Working Together

An occupational therapy perspective on collaborative consultation

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ABSTRACT
The focus of this study was to explore the occupational therapy consultation process used with students on the autistic spectrum attending their regular school. Individual, in-depth interviews with senior occupational therapists were employed to collect the data. Grounded theory (Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1998), a qualitative research methodology, was used to develop a high-level description and conceptual ordering as an initial step towards developing a consultation model. Constant comparative analysis of the data revealed three interactive and interdependent processes, *Joining Up, Finding A Way* and *Walking and Talking*. These processes often occur simultaneously and greatly influence each other. The central concept was identified as *Working Together*, which highlights the collaborative nature of the consultation process. The context of the inclusive education environment requires a strong ecological approach as an essential aspect of therapists' practice. The consultation process described uses occupational therapists' day-to-day experience and is grounded within the inclusive education setting in Aotearoa New Zealand.

Key Words
Autism spectrum disorders, collaborative consultation, ecological perspective, grounded theory, inclusive education, occupational therapists, professional practice, school based intervention.

BACKGROUND
Historically employed by health, occupational therapists have long worked in special education schools (Vaughan-Jones & Penman, 2004). Recently, the place of occupational therapists in the inclusive education sector as an educational- rather than health-based practitioner was legitimised through *Special Education 2000* (Ministry of Education, 1996, 1999a, 1999b, 2000a), and strengthened through the *New Zealand Disability Strategy* (Minister for Disability Issues, 2001). Implementation of this policy and strategy resulted in increased employment of occupational therapists in the general education context (Vaughan-Jones & Penman, 2004) as an increasing number of students with special needs choose to attend their local schools.

Occupational therapists newly employed by Special Education Services (latterly Ministry of Education, Special Education) were faced with therapy provision within a general education context. Traditionally, minimising disability by 'fixing the child' (Bundy, 1997, p. 1) using a '1:1 model of service delivery' (Swinth et al., 2002, p. 12) guided therapists' practice, but this approach became less relevant with the focus on enabling the student to attend school and access the curriculum (Anich, 1998; Hanft & Place, 1996). Whilst consultation models to guide clinical reasoning have been proposed by Bundy (1991, 2002) and Hanft and Place (1996), therapists have continued to struggle to define their role within the general school setting (Fairbairn & Davidson, 1993; Meanger, 1990; Spillane & Sterling, 1996; Vaughan-Jones & Penman, 2004).

Occupational therapists working in inclusive education are not only challenged by working in the consultative model, but also by providing services for the increasing number of students with autism spectrum disorder (ASD) (Center for Disease Control, n.d; Gilberg & Wing, 1999; Individuals with Disability Education Act (IDEA), n.d.) who present with more complex issues than the traditional client base of students with physical disabilities (Case-Smith & Miller, 1999). The needs of students with ASD differ significantly, specifically in the area of sensory processing difficulties, affecting their participation and occupational performance in daily life (Dunn, 1999; Smith Myles, et al., 2004; Watling, Deitz & White, 2001).

Clearly changes in employer, work context, service provision and clientele have challenged occupational therapists. There is limited school-based occupational therapy research to guide practice, and what exists is primarily North American. In addition, inclusive education occupational therapy models tend to be theoretically-derived, and based on individual expert opinion and personal philosophy. Differences in legislation, funding and culture warrant caution when applying these models to Aotearoa New Zealand practices. Local research is therefore crucial to develop the knowledge which can inform therapists' day-to-day practice. The focus of this study was to address this need by exploring occupational therapy consultation practice related to students on the autistic spectrum attending regular schools in Aotearoa New Zealand.

METHODOLOGY

Research Design

As a step towards developing a consultation model for use in Aotearoa New Zealand practice, the aim of this study was to develop a high-level conceptual ordering (Strauss & Corbin, 1998) based on therapists' professional experiences. To gain an understanding about the social processes which occur when occupational therapists work in an inclusive education context, grounded theory (Strauss & Corbin, 1998) was utilised.

Participants

Eight experienced female practitioners working for the Ministry of Education, Special Education were recruited by forwarding information through the occupational therapy/physiotherapy electronic mailing list, and subsequent "word of mouth" recruitment by the initial participants. The Ethics Committee of Otago Polytechnic approved the study, and the National Office of the Ministry of Education, Special Education gave permission to approach potential participants.

All participants were provided with information about the study and gave written consent. With between 2 and 8 years of experience in working with children, participants were employed by the Ministry of Education, Special Education to provide itinerant school-based services in regular schools in varied geographical areas (urban/rural), for students aged 5-21 years with a wide range of disabilities including ASD. The students with ASD were verified under the Ongoing and Reviewable Resourcing Schemes (ORRS), which include teacher-aide and specialist teacher support, specialist support services and funding for resources. All participants worked within a consultation framework of service delivery. Two of the eight participants had an occupational therapy diploma, four a bachelors degree and two had completed postgraduate studies, with all having attended at least one sensory processing and ASD course.

Face-to-face, one to two hour semi-structured interviews were undertaken with participants in a location of their choice. Participants were initially asked to share a story in which they worked with a student with ASD attending his/her regular school. Questions were used to encourage the participant to expand, to clarify, or as a prompt for further detail. To elaborate on their points, participants frequently drew on other experiences where difficulties occurred, or where everything had gone to plan.

Analysis

All interviews were audio-taped and transcribed for data analysis with pseudonyms used to protect anonymity. In keeping with grounded theory, the constant comparative method of data analysis was used. Each piece of data (a phrase, a sentence or paragraph) was compared to other data to determine similarities and differences (Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1998). Consistent with Strauss and Corbin's (1994, 1998) descriptions of coding, data was first divided into small pieces (open coding), then developed into concepts and finally linked into conceptual families (axial coding).

At this point, dimensions of individual concepts were clarified and the relationships between categories formalised into a theoretical framework (selective coding). Strategies employed to promote rigor included:

- a presupposition interview carried out by a colleague experienced with qualitative research and knowledgeable about the area under investigation
- a pilot interview with a colleague who met the participant selection criteria but was not one of the participants
- ongoing memoing as an audit trail
- regular peer review with two occupational therapists with experience in the area under investigation and understanding of qualitative research
- member checking with individual participants through face-to-face meetings discussing preliminary results
- review of results through the Grounded Theory Group at Auckland University of Technology (De Poy & Gitlin, 1998; Strauss & Corbin, 1998).

FINDINGS

As shown in Figure 1, the central concept emerging from this study was *Working Together*, emphasising the notion of collaborative consultation. This concept was strongly reflected in all three interactive, but distinctly different processes that were in the participants' stories. The processes of *Joining Up, Finding A Way*, and *Walking And Talking* are not linear nor independent. Although one of the processes might dominate at any one time, the processes can also occur simultaneously, overlapping and blurring into each other, and can take place during one visit, or over a period of time.

Figure 1. Working Together.

Each process is discussed in depth in the following sections.

Joining Up: Establishing a collaborative foundation

> **Judith:** … you have to sort of build those relationships first of all … with the student, with his parents, with the school. So … the first part of the journey is forming those relationships …

In *Joining Up*, the occupational therapist described focusing on building relationships with the key players: school staff and parents. Relationships with colleagues in the special education team, for example the speech-language therapist, psychologist, special education advisor and physiotherapist, are also important. All of the key players aim to come together to collaborate as one entity as the student journeys through the educational system. Given the number of people who could be involved with a student with ASD, the therapist starts by questioning "Where do I fit?" The therapist needs to find out whom to connect with for this child, at this time, in this situation and to what level. Therapists particularly emphasised the importance of connecting with the teacher's aide who works with the student every day and often require support regarding the student's management. However, therapists also expressed concerns that building strong relationships with the teacher-aides might at time lead to others, particularly the classroom teacher, taking less responsibility for the student with ASD. It can also be difficult for therapists to maintain regular contact with parents who may be in full or part-time employment as most contact time takes place in the school during school hours.

In order to meet the key players involved, the therapist enters the school's patch. Therapists described a temporal and spatial divide, as all the individuals involved are not situated in the same place, nor do they share the same background and perspectives. The therapist may feel a welcome or unwelcome visitor, which can relate to the school and family's previous experience of either occupational therapy in general, or more specifically, the individual therapist or Special Education staff. Irrespective of the welcome, the therapist, in aiming to get to know the key players, spends crucial time being around the school, touching base with staff and families.

> **Liz:** In some schools, you do a lot of hanging around with the teachers, and hanging around with the staff, or hanging around with the families, which doesn't look like you are doing anything, but is actually quite important to build that relationship.

In order to develop a relationship with all key players, therapists emphasised the need to clarify expectations, specifically those related to role and services provided. Working with members of the other teams over time, and especially through difficult situations, helped to build the relationship required to collaborate with each other effectively.

> **Theresa:** If a student comes into a school where you are already familiar with staff and they are already used to seeing you, I think that does make a difference as opposed to going directly into a whole new situation.

The outcome of the process *Joining Up* determines if the therapist partners with the key staff involved for the journey that lies ahead. Successful partnering means that all are on the same page with a shared understanding of the issues and of each other. To ensure this, the therapist adjusts the pace during the assessment and intervention process to accommodate that of the school staff and family.

Finding A Way: An ecological assessment process

When reflecting on developing understandings of the child, family, school staff and school environment, therapists frequently used descriptions such as "finding out" and "finding a way". In contrast to the "withdrawal approach" to assessment used within health-based services, therapists working in schools use an ecological approach of assessing the child in the context of their school.

> **Judith:** I like working in the school because I think that's where the students are all day. I very, very rarely would take a student out of the classroom or wherever because we always work where they are; in the classroom or in the gym and usually within their own group of students.

Aiming to not disrupt the classroom teaching or general school activities, the therapist becomes an invisible or silent observer blending into the background. Observation is the key assessment tool.

> **Theresa:** … you need to observe them [the student] on a number of different occasions and often in different environments to really get a good understanding …

Talking and listening to the school staff and family also provides the therapist with essential information.

> **Rachel:** … it's through that process of time that you establish a clearer picture about the team and the skills and abilities of the child, of the difficulties they face and the gains that they've made in time. Time with listening, with observation, with reflection, gives you a much clearer picture of what you're dealing with, with that child and with that team.

The use of standardised assessment tools, which require the child being out of the classroom, are considered carefully. However, congruent with the ecological process, all of the therapists used the Sensory Profile (Dunn, 1999), a standardised caregiver questionnaire focusing on children's responses to sensory information in daily life. Completed by teachers and parents, the Sensory Profile does not require the student to be withdrawn from class for completion.

The various contributing sources of information provide a snapshot of what is happening not only for the student, but also the school staff during daily school life. This snapshot gives the therapist an understanding of the student, the classroom context (both human and non-human), the difficulties which arise and the perspectives and concerns of the school staff and parents.

> **Liz:** To actually see what is happening is really important in terms of understanding the dynamics of the school or the classroom and then checking it out through talking and through having a cup of tea and saying I noticed such and such …

Key to the assessment process is accessing the school staff and family knowledge of the student and their environment. Therapists join the individual pieces gained in the assessment process with their theoretical knowledge of, and practical experience with, ASD to aid their interpretations. The multifaceted nature of ASD also contributes to the complexity of the assessment process, with therapists frequently using the term "trying" to indicate that the way to understanding is not straightforward. In the process of trying to understand, the therapist is able to identify and then prioritise their contribution to the collaborative intervention process.

Walking and Talking: A collaborative intervention process

Therapists did not view their interventions as one-off events, but rather as different "pieces of work" they might be involved in, or contribute to, as one of the members of the team. When working with children with ASD, "pieces of work" commonly addressed include issues related to sensory processing difficulties affecting the child's behaviour in the classroom, developing independent toileting skills, and written communication. These "pieces of work" are shaped by the school context, for example the emphasis on written communication in a regular school environment, the student's needs, and the concerns of the school staff and family. What is considered a valid piece of work is also influenced by the therapists' understanding of their role in schools, which focuses on supporting and equipping the key people around the student to enable the child to attend and learn in the school context. The occupational therapist intervenes with words, by providing information (talking) and through actions, by jointly implementing strategies and adaptations (walking).

> **Liz:** … and with this child it might be just after observing all that and making some hypothesis about it, saying to the teacher's aide "let's just see what he does if you just draw it for him and not say anything". Or I start intervening, let's have a go and see if we put a yellow highlighter on the mark, will it make it easier for him to do it more independently rather than with too much help. So it is an observing, but then also a "let's have a look". It is an observing and an intervening.

Through the use of trial and error the therapist finds out what might work for the student, the school staff and family. Each step in the process is a tweaking or making fine adjustments, rather than the trialing of completely different solutions. Frequently, therapists - in response to levels of concern expressed by school staff - would trial a strategy during their visit, thinking "on the spot" to provide strategies for situations that have arisen while they are there.

Reframing, which involves offering alternative interpretations, was an important tool used by therapists to facilitate a change in the perspective of school staff and family members.

> **Liz:** … one of the key things that I think we do a lot of re-interpreting for people around autism is "the behaviour is not about them being naughty, there is a reason for the behaviour". This is what I noticed and this is when the behaviour occurred and this is how it manifested and this is the interpretation I make of it. "How does that sound to you? Does that fit? Does that make sense?" And when they say "oh, yeah, that makes sense", you know you have reframed something for them.

At times, reframing lays the foundation for offering possible adaptations, while at other times the altered perspective achieved through reframing makes accommodations unnecessary.

> **Liz:** It is about them [the school staff] seeing it differently, understanding it differently and then altering their behaviour to match the child's behaviour or to match the child's need for a different way of interacting or creating the environment for them.

Adaptations offered commonly focus on the classroom environment and the task in question with the therapists ensuring that any suggestions they make fit with the school staff, the school and classroom. This is achieved by considering the school culture and the skills and resources available in a specific school or classroom.

> **Carrie:** … looking at the teacher and the way they run their classroom. Some classes you can introduce lots of tactile, messy kind of activities and that is ok, but other classes and teachers can't handle that. So you have to find non-messy ways to get the same sensation.

The desired outcome of *Walking and Talking* is to get the match between meeting the student's needs and what the school staff and family can provide. In doing so, the key people are able to take on board the suggested perspective or strategy. These adaptations enable and facilitate the student's participation and inclusion within the classroom.

> **Donna:** … to see him [the student] included in the classroom with his peers when everyone first started thought he wouldn't. Everyone thought he was a candidate for a special school and now, he's in there and the other children accept him.

DISCUSSION

With a view towards developing a consultative model, this study aimed to develop a higher level conceptual ordering (Strauss & Corbin, 1998) based on therapists' consultation practices when working in with children with ASD attending their local school. The therapists have developed a distinctive practice model in response to the considerable challenges encountered in employers, work context, service provision model and clientele. In sharing their stories, the therapists clearly articulated the processes they use to achieve the goals of assisting the child to attend their local school, to become part of the class community and to access the curriculum.

Occupational therapy consultation in schools is grounded in a collaborative, interactive process reflecting principles of consultation outlined by Schein (1999) and further elaborated by Bundy (2002). The process is not linear with a clear start or finish; rather it is iterative as new issues are raised by school staff and families. Working collaboratively with all involved, at different times and in different ways, therapists – drawing on their understanding of the sensory

processing needs and difficulties frequently experienced by children with ASD – use a range of tools such as intently listening to school staff and family during the assessment process, and adapting their suggestions according to others' needs. Additionally, the classroom context becomes the therapeutic media, with the creation of artificial situations considered less desirable. The therapist utilises as much as possible the resources, natural situations and skills available within the school and classroom environment, rarely working outside of the classroom or playground. This ecological approach, which is congruent with the occupational therapy consultation models suggested in the literature (Bundy, 1991, 2002; Hanft & Place, 1996), was a key feature of therapists' practice.

Instead of giving advice as a "one-off" event as an expert may do, consultation involves ever-evolving support to school staff and families over months or years, coming in and out as a visitor in the school as the needs are identified by those who know the child best. The therapists use processes to draw out others' understandings to ensure joint problem-solving occurs for the benefit of the child (Mickan & Rodger, 2000, 2005) and the needs of the school staff involved. Therapists emphasised a general attitude of being supportive and respectfully aware of the school staff's requests and solutions even though these may not be the most useful or effective ones from the therapist's perspective. Working alongside the school staff at their pace, the therapist may see the perfect solution but does not impose this immediately; rather they engage all key stakeholders in the problem-solving process in order to arrive at a jointly owned solution.

Issues needing to be addressed can be unclear or change quickly, as can the individuals and teams involved in the collaboration process. Membership can change due to staffing changes, but also can change in relation to the identified issue and potential solutions. Where teams remain reasonably constant, the process of identification and solution-finding can be relatively quick as all roles and unique contributions are known. However, where team membership has altered significantly or where the teams are new because a child has entered a school for the first time, then time and energy is given by the occupational therapist to the establishment and preservation of relationships (Mickan & Rodger, 2000, 2005) and determining where in the group of key people surrounding the child they fit.

Throughout the journey, the members of the family team (Lesar, Trivette & Dunst, 1995; Rosenbaum, King, Law, King, & Evans, 1998) are mostly constant, but liaising can be problematic as parent and therapist availability do not always match and workload pressures can prevent additional home visits. Phone calls and emails can ease the communication, but the therapists were aware of the pressing need to include parents more in the team (Brown, 2004; Hannah & Rodger, 2002; Rosenbaum, King, Law, King & Evans, 1998).

In contrast to existing occupational therapy consultation models (Bundy, 1991, 2002; Hanft & Place, 1996), therapists in this study described considerable differences in the level of relationship and collaboration with specific individuals from the school, family and special education teams depending on the respective student, situation, and reason for involvement. The therapists evaluate and re-evaluate their role, their position within the overall team and the level of involvement on an ongoing basis. The complex collaborative problem-solving process described by the therapists has a different emphasis than the respective stages described by Bundy (1991, 2002) who discussed that the client is primarily responsible for developing strategies as much as possible, while the therapist contributes from a repertoire of strategies.

Not only do the families and the teams influence the outcome of the consultation process but so does the inclusive education context, which is not surprising given the ecological approach to practice taken by these therapists (Bronfenbrenner, 1979, 1989). Therapists specifically highlighted how the consultation process differs between schools or within different classrooms within the same school. The concept of differing cultures between classes in a school or between schools is a recent acknowledgement in the educational literature (Stoll, 2000; Gaffney, McCormak, Higgins & Taylor, 2004). For the therapists in this study, the inclusive education context in general and specific school environmental influences shaped their every step and action. Bundy (1991, 2002) and Hanft and Place (1996) recognised the need for therapists to consider the overall culture of schools, however the significant cultural differences between individual schools and consideration of these differences within the consultation process is yet to be acknowledged.

Implications for Practice

The results of this research not only have the potential to inform occupational therapists' practice within the educational setting, but also that of other health and educational professionals.

For therapists commencing in education settings, having previously worked in health settings, there is a need to appreciate a different model of working. Hence consideration needs to be given to the induction of therapists into this particular field of practice. Novice therapists, even those with extensive paediatric experience in health, would benefit from a reduced caseload while transitioning into working consultatively in general schools. Given the numbers of teams the therapists will join, additional time may be required to develop relationships with school staff and colleagues. Additionally, the complex problem-solving required might take longer for these practitioners. Regular opportunities for supervision and peer mentoring are important to develop these essential skills. Joint school visits with senior occupational therapists as well as colleagues from other professional groups within Special Education would be beneficial to develop the consultation, collaboration and clinical reasoning skills necessary to practice effectively. Opportunities to join wider communities of school-based therapists through the use of technology (e.g. mailing lists or online discussion forums) to discuss general practice principles and specific issues may be valuable.

Caution is warranted when trying to generalise timeframes required in addressing a specific piece of work such as toileting or handwriting issues, or limiting a therapist's involvement to one-off visits or short timeframes of involvement. Therapists described situations in which workload pressures impacted on their ability to allocate the necessary time, which they felt hindered the overall consultation process. The development of relationships with key people in one school may take very little time if the therapist or educational professional is "known" in the school. However, in other situations much of the professional's time will be focused on engaging with and coming to know and be part of the school. Being engaged with the school staff has been identified as one prerequisite of effective practice by therapists in this study, therefore rushing or limiting the therapist's involvement is likely to considerably impede the overall outcome.

The professional development needs of these therapists are shaped by the specific skills and knowledge required in this field of practice. However, at present there are limited opportunities for therapists to build up these skills as part of their ongoing professional development. Working in regular schools using collaborative consultation requires considerable problem-solving by therapists. Therapists need to be flexible, to juggle many factors within their head, and to often do this very quickly, i.e. "on-the-spot". Therefore, actively engaging the therapists using a problem-based learning approach and real-life scenarios or case studies should be an integral component of courses and induction programmes offered by tertiary institutions and employers. The content of these courses needs to cover a wide range of topics which are essential to this area of practice, including:

- a sound understanding of inclusion
- the general education context and relevant legislation
- interactive reasoning skills and knowledge about concepts such as school culture
- practice skills such as adapting suggestions to the specific school and class context.

Additionally, it would be beneficial to introduce school-based occupational therapy to preregistration occupational therapy students. This could be achieved by including relevant concepts and theoretical knowledge into the curriculum, use of school-based therapy case scenarios in problem-based learning sessions and offering fieldwork education placements within relevant organisations or agencies.

Implications for Further Research

Clearly this is only the start of the development of a model of collaborative consultative practice that has emerged not from other discipline's writings on consultation, but from the actual stories of Aotearoa New Zealand occupational therapists as they describe their day-to-day work. The processes need to be further explored and tested by a number of therapists providing services to different student groups who receive services under different funding schemes. Additionally, as this research investigates just the occupational therapists' perspective, exploring the consultation process from the standpoint of the school staff, families and other special education professionals is essential to gain insights into the shared understanding of collaborative consultation in schools. Finally, specific concepts such as the process of adapting intervention and approaches to address the school culture, as well as skills and resources available in the respective school, require more attention in research as these concepts are essential for effective practice. Similarly, the interactive clinical reasoning processes used by school-based therapists requires further investigation as trusting relationships have been identified as an essential aspect in effective collaborative consultation practices. Further research into collaborative consultation as it is practiced by occupational therapists working in inclusive education will contribute to developing a coherent and effective collaborative consultation model grounded in practice.

Limitations of this Study

When considering transferability of the results, it is important to be aware that while congruent categories emerged from the therapists' stories, the size of the sample was small and all were female. In addition, the study occurred within the framework of a master's study where timeframes and resources were limited. A longer time period, observations in the classroom and inclusion of male occupational therapists may have led to the introduction of other categories.

Furthermore, the students with ASD mentioned in this study attended their local regular school and were verified under the ORRS, which include support staff, specialist services and funding for resources. Therefore, caution is warranted when generalising the findings to other settings, such as special schools, and students receiving funding under other schemes. Additionally, although the process described is interactive and collaborative in nature, this research offers only the occupational therapists' perspective with further research required to explore the perspective of all key players.

CONCLUSION

Grounded theory analysis of the experiences of eight Ministry of Education, Special Education occupational therapists provided insight into the consultation process used by these therapists when working together with the key people supporting students with ASD attending their local school. A high-level conceptual ordering emerged from the data, consisting of the three separate but at the same time interrelated processes, *Joining Up, Finding A Way* and *Walking and Talking*, which amount to the central concept of *Working Together*. This research is an initial step towards developing a consultation model grounded within the Aotearoa New Zealand context. In particular, these therapists' consultation practice reflects a collaborative as well as an ecological approach. Additionally, the findings shed light on the complex problem-solving and interactive clinical reasoning processes, which are essential components of the therapist's day-to-day work. In summary, these findings contribute significantly to the knowledge-base of practitioners working within the inclusive education context in Aotearoa New Zealand.

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Andrea Hasselbusch is an occupational therapist with extensive paediatric experience and specialised qualifications. She is currently employed as a lecturer and researcher by the National University of Ireland, Galway, Ireland. Andrea was employed by the Ministry of Education, Special Education, from 2003 until 2007. During this time she supported students with special needs attending general schools on the North Shore, Auckland. Her special interest in working collaboratively with colleagues, school staff and families of students with autism shaped the focus this research project. She graduated with a Master in Occupational Therapy from Otago Polytechnic in March 2007.

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Merrolee Penman (MA(Educ), DipOT, NZROT) is Principal Lecturer and Postgraduate Academic Leader at the School of Occupational Therapy, Otago Polytechnic, Dunedin. Merrolee had been interested in the role of occupational therapy in schools since her work in Britain in the 1990s. Merrolee has been Andrea's primary supervisor for this research project.

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