Autism Topics

Part 2: Occupational Therapy Service Provision in an Educational Context

Topic 2: Collaboration in the School Setting for Students With an Autism Spectrum Disorder

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Learning Objectives

1. Recognize the changes that have occurred in school-based occupational therapy practice as related to services for children with autism with the passage of amendments to the Individuals With Disabilities Education Improvement Act of 2004 (IDEA 2004).

2. Recognize the importance of school-based team collaboration and the role occupational therapists play in collaborating with others to promote success for the student with an autism spectrum disorder (ASD) in the general education setting.

3. Identify the skills necessary for an occupational therapist to be an effective team member in providing services to children with autism in the school setting.

4. Identify intervention strategies using team collaboration concepts for a child with an ASD in the school setting.
Introduction

Read Chapter 21, pp. 627–631

- More students with an ASD are in school systems because of increased prevalence of the disorder and better identification methods.

- Occupational therapists need to understand autism, IDEA 2004, and their roles in school intervention.
IDEA 2004

• Emphasis on services in naturally occurring contexts
• Emphasis on what students with an ASD need to be able to do to participate fully in school contexts and activities
• Emphasis on collaborative planning and teamwork
• Need for service delivery to include consultation with teachers, families, other professionals, and administrators.
School-Based Collaboration

“School based collaboration is an interactive team process that focuses student, family, education, and related services partners on enhancing the academic achievement and functional performance of all students in school.”

(Hanft & Shepherd, 2008, p. 3)
Collaborative Practice: Team Building

• Voluntary participation
• Equality among members
• Common purpose
• Joint responsibility for outcomes
• Shared resources
• Collective decision making.

(DeBoer & Fister, 1995; Shepherd & Hanft, 2008)
Collaborative Practice: Strategies

- **Mentoring**: Emphasis on advising and counseling.
- **Coaching**: Emphasis on facilitating and reflecting.

(Brockbank & McGill, 2006; Shepherd & Hanft, 2008)
Collaborative Practice: Challenges

• Interpersonal
  – Unwillingness to share expertise
  – Coming across as a boss or supervisor

• Personal
  – Reluctance to change familiar therapy practice
  – Difficulty managing time or resources

• System
  – An excessive caseload that doesn’t allow for team supports
  – Collaboration viewed as secondary to hands-on services

(Dettmer, Thurston, & Sellberg, 2005; Fishbaugh, 2000; Friend & Cook, 2007)
Collaborative Practice: Occupational Therapy Roles

• Hands-on services for students (direct services)
  – In context of school activities and routines
  – Out of context

• Team supports (consultation, monitoring)
  – Used by one team member to enhance competency of another team member

• System supports (consultation)
  – Initiatives, programs, and communications

(Hanft & Shepherd, 2008)
Collaboration in Action: Team Assessment

• For a child with an ASD, the team includes the child and parents and may also include an occupational therapist, a school psychologist, special education and general education teachers, a speech–language therapist, a physical therapist, and others.

• The purpose of the evaluation process is to determine the student’s needs so he or she can perform within the school setting (curricular and extracurricular activities).

(Swinth, 2010)
Read Chapter 11, pp. 285–304.

• The role of occupational therapists in evaluation of individuals with an ASD is endorsed by many professional organizations.

• Methods of evaluation include
  – Record review,
  – Skilled observation,
  – Interviews, and
  – Standard measures.

(American Occupational Therapy Association, 2008; Watling, 2010)
Collaboration in Action: Team Assessment (cont.)

Read Boxes 11.3–11.16 on pp. 292–299.

• Interview questions related to education should include the areas of
  – Academic strengths and weaknesses,
  – Relationships with teachers and peers,
  – Modifications used, and
  – Visual supports or attention to routines.

• Interview questions should also include school-related adaptive skills, social participation, play, and prevocational needs.
Collaboration in Action: Intervention

Key considerations for school-based occupational therapy intervention:

• School-based occupational therapy services are directed to support a child’s success in school and in after-school activities.

• Occupational therapists are part of a team for service delivery.

• Intervention needs to be provided in context whenever possible (e.g., in the classroom, on the playground, in the cafeteria, or on the bus) and involve related school personnel.

(Swint, 2010)
Collaboration in Action: Intervention (cont.)

For the child with autism in the school setting, the Ziggurat Model, which outlines five hierarchical levels of intervention, is useful:

1. Sensory differences and biological needs
2. Reinforcement
3. Structure and visual/tactile supports
4. Task demands/environmental modification
5. Skill development

(Myles, Grossman, Aspy, Henry, & Coffin, 2007; Swinth, 2010)
Collaboration in Action: Case Study

Blake is a 7-year-old boy diagnosed with an ASD. He attends his neighborhood school where he is enrolled in an inclusive 2nd-grade classroom (Daby, 2010).

1. Review Blake’s strengths and areas of difficulty, which were identified through the team evaluation process; see Slides 16 and 17.

2. Download and complete the Team Collaboration Worksheet provided on the CD.
Collaboration in Action: Case Study (cont.)

Blake’s strengths include the following:

• He is an intelligent, curious, funny, and loving child.
• He is very interested in knowing how things work and asks great questions (e.g., interested in school keys, door locks, computer cables, pencil sharpeners).
• He appears to enjoy being around his peers and wants to make friends (doesn’t always know how).
• He is creative and has an advanced vocabulary.
Collaboration in Action: Case Study (cont.)

Blake’s areas of difficulty include

• Joining in activities (classroom, physical education, and playground);
• Needing to do things his way when playing or working;
• A strong desire to touch other students, rock in chairs, touch walls as he walks, and seek hugs;
• Becoming easily overwhelmed by noise, changes in the schedule, and transitions between activities;
• Getting his work done in allotted time—has some fine motor/handwriting difficulties;
• Poor frustration tolerance and frequent meltdowns; and
• Difficulty talking with peers about things that interest them.
Collaboration in Action: Worksheet

1. Stop the CD and print the Team Collaboration Worksheet included on the CD.

2. Note that Blake’s areas of difficulty have been sorted on the worksheet to reflect the five levels of the Ziggurut Model.

3. Follow the instructions on the worksheet to complete it.
Collaboration in Action: Sensory Differences and Biological Needs

• Specific difficulties:
  – Seeks sensory input
  – Easily overwhelmed by noise (e.g., cafeteria).

• Intervention ideas:
  – In-service program to team members or all school staff the Alert Program; teach to child (hands on [HO], team support [TS], system support [SS])
  – Sensory strategies and other regulation tools (TS)
  – Schedule for sensory breaks throughout the day (e.g., errands to the office; pencil sharpening duty) (TS)
  – Lunch in the classroom with a few peers (HO, TS).
Collaboration in Action: Reinforcement

• Specific difficulties:
  – Frequent meltdowns
  – Decreased frustration tolerance
  – Getting work done in allotted time.

• Intervention ideas:
  – Behavior checklist; communication log (TS)
  – Sticker chart (use “key” stickers to earn points to “unlock” treasure chest at the end of the day) (TS)
  – Earn points toward favored activity (sharpening pencils) (TS)
  – All staff reinforce good behavior consistently (TS)
  – In-service program for team or all staff on use of behavior principles with children with an ASD (TS, SS).
Collaboration in Action: Structure and Visual/Tactile Supports

• Specific difficulties:
  – Transitions
  – Joining in classroom activities
  – Following instructions.

• Intervention ideas:
  – Classroom schedule listed on board; use of timer to warn of approaching transition (TS)
  – Set up peer buddy routine for joining in activities (TS)
  – Visual schedule for required physical education activities (TS)
  – Written instructions to supplement instructions provided orally (TS).
Collaboration in Action: Task Demands and Environmental Modification

• Specific difficulties:
  – Joining in classroom and playground activities
  – Talking with peers
  – Sensory issues (noise, touching others)
  – Getting work done in allotted time.

• Intervention Ideas:
  – Institute “Circle of Friends” curriculum (TS, SS)
  – Assign peer buddy (TS, SS)
  – Modify seating arrangements (TS)
  – Take test out of room; break up assignments into smaller components; use computer as needed (TS).
Collaboration in Action: Skill Development

• Specific difficulties:
  – Needing to do thing own way
  – Poor frustration tolerance; emotional meltdowns
  – Talking to peers
  – Fine motor difficulties.

• Intervention Ideas:
  – Social skills groups; social stories; skill rehearsal (HO, TS)
  – Practice positive self-talk; strategies to prevent meltdowns (HO, TS)
  – Practice fine motor skills during art/writing time (HO, TS)
  – In-service program to share ideas and resources with teachers or curriculum committee (TS, SS).
Collaboration in Action: Summary

• The case study illustrates collaborative team planning of intervention for a child with an ASD in the school system.

• The Ziggurat Model provides one way of framing the strengths and challenges faced by children with an autism spectrum diagnosis to guide development of intervention ideas.

• The case study interventions illustrate how “hands-on” interplays with “team supports” and “system supports.”
Collaboration in Action: Data Collection

Read Chapter 24, pp. 743–776.

• Data gathering
  – Formative evaluation data
  – Summative evaluation data.

• Progress monitoring
  – Define the behavior of interest
  – Gather baseline data and document current performance
  – Collect data; graph data
  – Make decisions based on child’s performance over time.

(Clark, 2010; Linder & Clark, 2000; Moyers & Dale, 2007; Shapiro, 2008)
Collaboration in Action: Early Intervening Services

Read Chapter 21, pp. 638–639.

• Response to Intervention
  – Services provided to struggling students not in special education as early as possible.
  – Generally used three-tiered approach to support:
    • Tier 1: Core instruction emphasizing preventative and proactive interventions
    • Tier 2: Targeted group intervention with some at-risk students
    • Tier 3: Intensive individual intervention.

(Clark, 2008; Swinth, 2010)
Other Team Possibilities: Early Intervention

• An interdisciplinary team approach, with family members as an integral part of the team, is often used in early intervention practice.

• Children with an ASD are not often identified early enough to qualify for early intervention services, but work is progressing on the early identification of these children.
Evidence to Support Collaboration

- Case-Smith (2002)
- Davies & Gavin (1994)
- Dreiling & Bundy (2003)
- Dunn (1990)
- Fertel-Daly, Bedell, & Hinojosa (2001)
- Kemmis & Dunn (1996)
- King et al. (1999)
- Oliver (1990)
- Palisano (1989)
- Vandenberg (2001)
Summary and Conclusion

• Occupational therapists play an important role in school-based teams working with children with ASDs.

• Collaboration with a team of professionals to provide the best possible services for children with an ASD requires commitment on the part of each team member to a shared goal.

• It is “the conduit through which professionals can ensure that students receive the most effective educational services to which they are entitled.”

(Friend, 2000, p. 132)
References


References (cont.)


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