Working Together

Exploring the Occupational Therapy Consultation Process Related to Students with ASD Attending a Regular Classroom

Andrea Hasselbusch
NZROT

A thesis submitted in partial fulfilment of the requirements for the degree of Master of Occupational Therapy at Otago Polytechnic, Dunedin, New Zealand

November 2006
Abstract

This study explored the occupational therapy consultation process for students on the autistic spectrum attending their regular, local school.

Grounded theory, a qualitative research methodology, was used to gather and analyse information to answer the research questions. The purpose of grounded theory is to gain understanding about social processes, in this case the social process taking place as part of occupational therapy consultation in an inclusive education context. Semi-structured interviews were employed to gather data from eight experienced school-based occupational therapists. This study developed a high-level description and conceptual ordering as an initial step towards developing a consultation model. The consultation process described, using occupational therapists’ day to day experience, is grounded within the inclusive education setting in Aotearoa/ New Zealand.

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 have significant influence on each other. A central category or overarching theme has been identified, Working Together, which highlights the collaborative nature of the consultation process. A number of important themes emerged regarding the school environment as a complex practice context, highlighting the variability between different schools and classrooms. A strong ecological approach surfaced as an essential aspect of therapists’ practice. Additionally, the therapists’ interactive reasoning process and the problem solving approach were explored. The study deepened the understanding of reframing as a tool frequently used by consulting therapists within an inclusive education context.

This research is significant as the results and key themes have the potential to inform occupational therapy practice within the educational setting and direct attention towards areas requiring further research. Consideration needs to be given to the induction of therapists into this particular field of practice as well as to the specific professional development and support needs of school-based occupational therapists working within a consultative model of service delivery.
Acknowledgements

*Experience is not what happens to you. It is what you do with what happens to you.*

Aldous Huxley

First of all I would like to thank the occupational therapists who shared their knowledge and understanding with me. I feel privileged to have had this opportunity to listen to their experiences of working as a consulting therapist. I value how openly they shared the success stories and also the difficulties encountered in their day to day practice. Without their commitment this study would not have been possible.

I would also like to thank my main supervisors Merrolee Penman and Anita Bundy for their professional support. Merrolee, special thanks for your patience and empathy during the ups and especially downs during this project. Julie Schneider’s support regarding grounded theory was very valuable.

I greatly appreciated the opportunity to attend the Grounded Theory Group at AUT, especially during data analysis. I would like to especially thank Shoba Nayar and Julianne Hall for their advice and encouragement.

I am thankful for the support from my OT colleague Chris Tutty during the entire research project. I am also grateful for the editing support in terms of grammar and spelling from Alison Hood, Jo Bowler and Alexander Mackenzie.

A special thanks to my boy friend Aaron and friends for being understanding and patient over the past years of my study.

Last but not least I would like to thank my family. I think I inherited the love of learning and inquisitiveness from my father Günther. My mother Elfriede has always been a living example of caring and supporting those in need. You both dedicated a lot of time and energy to enable Helmut (my uncle) to live a life as independent and fulfilled as possible despite his disability. Therefore I would like to dedicate this thesis to you, and all the people all over the world who try through their daily efforts to enable individuals to be included in their community despite any impairments or difficulties they might have.
### Table of Contents

Abstract ..............................................................................................................I
Acknowledgements .........................................................................................II
Table of Contents .............................................................................................III
List of Figures & Diagrams ...............................................................................VIII
List of Tables ......................................................................................................IX

**CHAPTER ONE: Introduction** .................................................................1
Reflection on Researcher’s Interest .................................................................2
Changes and Challenges: The Aotearoa/ New Zealand Context .................4
  *Changing Philosophies: From Segregation to Inclusion* .........................4
  *Educational Provision for Students with Special Learning Needs in Aotearoa/ New Zealand* .................................................................5
  *Defining Terminology – Inclusion and Diversity* ......................................7
  *Inclusion of Maori Learners with Diverse Learning Needs* ....................8
Special Education Service Provision ..............................................................10
  *Special Education Funding* .................................................................11
  *Special Education Team* ......................................................................12
  *Occupational Therapy within Special Education* ..................................13
Structure of Thesis ..........................................................................................15

**CHAPTER TWO: Literature Review** ......................................................17
Introduction .....................................................................................................17
Occupational Therapy in Educational Settings ............................................18
  *Adapting Old Tools: Theoretical Frameworks in School-Based Occupational Therapy* .............................................................20
  *Exploring New Tools: Reframing* .........................................................21
  *Summary: Occupational Therapy in Educational Settings* ....................21
Occupational Therapy Consultation ..............................................................22
  *Consultation Models* ..........................................................................22
  *Effectiveness of Occupational Therapy Consultation* .........................25
Collaborative Consultation: The Inclusive Education Context ....................26
Collaborative Consultation: The Key Players ...............................................27
  *Key Players: The Student* .................................................................28
IV

Key Players: The Class Teacher ............................................................29
Key Players: Teacher Aides .................................................................33
Key Players: Family/Whanau Involvement ......................................34
Key Players: Classmates ...................................................................36
Key Players: Summary ........................................................................37

Autism Spectrum Disorder: Facing New Challenges .......................37
Autism Spectrum Disorder: An Educational Perspective ...............38
Sensory Processing, Participation and Occupational Therapy ........40
Summary: Autism Spectrum Disorder ..............................................42

Summary ............................................................................................42

CHAPTER THREE: Research Methodology and Methods ..............44
Introduction .......................................................................................44
Development of Research Question and Methodological Choice ....44
Philosophical Understanding: Symbolic Interactionism ...............47
Grounded Theory and Research Design ........................................49

Ethical Considerations .................................................................50
Sampling Strategies .........................................................................52
Saturation ..........................................................................................52
Access to the Field ............................................................................53
Participant Selection .........................................................................53
Data Collection ................................................................................54

Data Analysis ...................................................................................55
Theoretical Sensitivity .....................................................................55
Analysis of a Word, Phrase or Sentence .......................................56
Constant Comparative Method .......................................................56
Memoing ...........................................................................................57

Coding ...............................................................................................58
Open Coding .....................................................................................58
Axial Coding ....................................................................................61
Selective Coding ...............................................................................63

Framework and Methods Promoting Rigor .................................64
Presupposition Interview and Interpretive Validity ..............64
Pilot Interview ..................................................................................65
Triangulation and Descriptive Validity ........................................65
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflexivity</td>
<td>65</td>
</tr>
<tr>
<td>Critical Groups</td>
<td>66</td>
</tr>
<tr>
<td>Peer Review</td>
<td>66</td>
</tr>
<tr>
<td>Member Checking</td>
<td>66</td>
</tr>
<tr>
<td>Transferability and Generalizability</td>
<td>67</td>
</tr>
<tr>
<td>Summary</td>
<td>67</td>
</tr>
</tbody>
</table>

**CHAPTER FOUR: Joining Up** | 69
---
Introduction | 69
Presentation Notations | 69
Introduction: Joining Up | 71
The School Context: Separate Teams – Trying To Become One | 72
Foundational Concept: Building Relationships | 75
Actions and Strategies: Being Around | 80
Intervening Aspects: Knowing and Being Known | 86
The Consequence: Becoming Partners | 89
Summary: Joining Up | 93

**CHAPTER FIVE: Finding A Way** | 95
---
Introduction | 95
The School Context: Being In The Classroom | 96
Foundational Concept: Trying To Understand | 100
Action and Strategies: Making Sense | 103
Intervening Aspects: Tapping Into Knowledge And Experience | 109
The Consequence: Getting A Picture | 112
Summary: Finding A Way | 116

**CHAPTER SIX: Walking And Talking** | 118
---
Introduction | 118
The School Context: Doing Pieces Of Work | 120
Foundational Concept: Finding Out What Works | 123
Action and Strategies: Utilising Tools | 128
Intervening Aspects: Adapting To Fit | 135
The Consequence: Getting The Match | 141
Summary: Walking And Talking | 147
CHAPTER SEVEN: Working Together .................................148
Introduction .................................................................148
Working Together: Occupational Therapy Consultation ..........148
Inter-Relationships between Components of Working Together ...150
Successful Consultation: Factors Impacting on the Process of
‘Working Together’ ..................................................151
Summary ......................................................................154

CHAPTER EIGHT: Discussion ............................................155
Introduction .................................................................155
Situating the Results in the Aotearoa / New Zealand Context ...155
Links with Existing Knowledge and Novel Perspectives ...........158
Collaborative Consultation: Bringing Together Theory and Practice ..................................................159
Changing Roles and Responsibilities: Adopting a Social Model of Disability ........................................161
Collaboration and Engagement: Exploring Relationships,
Establishing Partnerships .............................................162
Working Together: GSE Colleagues, School Staff and Family/Whanau ........164
Interactive Reasoning within Collaborative Consultation Practice ........167
The School Context – An Ecological Approach to Practice ........169
A Collaborative and Ecological Approach to Occupational
Therapy Assessment .....................................................171
Identifying and Refining the Problem ................................173
Problem Solving within School-Based Consultation .............174
Occupational Therapy Intervention: Reframing ..................176
Occupational Therapy Intervention: Adaptations and Strategies ..................................................178
Adapting Intervention to Fit With School Culture, Skills, and Resources ........180
Enabling Participation and Inclusion ................................183
Summary ......................................................................184
Implications of this Study ..............................................184
Implications for Future Research ......................................184
Implications for Practice .................................................187
Strength and Limitations of this Study ..............................187
Summary ......................................................................190
References ........................................................................................................................................191

Appendices ......................................................................................................................................211

List of Appendices .................................................................211
Appendix A – New Zealand Curriculum Framework .....................212
Appendix B – Special Education Funding Pyramid .........................213
Appendix C – Diagnostic Criteria Autism, DSM IV & ICD 10 ..........214
Appendix D – Ethics Application ..................................................218
Appendix E – Participant Information Sheet ..................................229
Appendix F – Participant Consent Form ........................................233
Appendix G – Summary Process Components
 (in table format) ...........................................................................235
Appendix H – Overview of the Entire Consultation Process
 (in table format) ...........................................................................238
Appendix I – The GSE Service Pathway – Poutama .......................239
Appendix J – The National Service Description .............................240
Appendix K – Stages of Consultation ............................................241
List of Figures

FIGURE 1:
Joining Up .........................................................71

FIGURE 2
The Assessment Process – Finding A Way .........................95

FIGURE 3
The Intervention Process – Walking And Talking ...............119

FIGURE 4
Working Together .................................................149

FIGURE 5
The GSE Service Pathway – Poutama ............................156

FIGURE 6
The National Special Education Service Description ..........156

FIGURE 7
Stages of Consultation (Bundy) ................................160
List of Tables

TABLE 1:
Open Coding Sample .................................................................58

TABLE 2:
Recoding Sample .....................................................................59

TABLE 3:
Conditional Paradigm ..............................................................62

TABLE 4:
Summary Process Components: Joining Up ..............................235

TABLE 5:
Summary Process Components: Finding A Way .......................236

TABLE 6:
Summary Process Components: Walking And Talking ..............237

TABLE 7:
Working Together – Overview of Consultation Process ..............238
CHAPTER ONE: Introduction

Over the last decade, the services provided by occupational therapists to students in inclusive school settings in Aotearoa / New Zealand have increased. This growth has resulted in a significant transformation of occupational therapists’ daily practice within the educational sector. An essential part of this service delivery is the use of consultation. As with inclusive education, there has been a shift in clientele receiving occupational therapy services. The clientele has moved from those with primarily physical disabilities towards including those with developmental disabilities. Accordingly, this shift has had implications for occupational therapy practice, with therapists now faced with addressing the needs of students with complex developmental disabilities, such as Autism Spectrum Disorder (ASD). In addition, a considerable number of students with ASD now attend inclusive education settings; thus bringing new challenges for both school personnel and support services, which include occupational therapists. These changes and challenges within school-based occupational therapy practice have shaped the aim of this study, which is to explore the occupational therapy consultation process that occurs while working with students with Autism Spectrum Disorder (ASD) in an inclusive education setting.

This study employs a grounded theory methodology (Strauss & Corbin, 1998). Grounded theory explores social processes and seeks to develop a theory, or high-level conceptual ordering that is grounded in day to day reality (Strauss & Corbin, 1998). This study aims to develop a high-level conceptual ordering regarding occupational therapists’ consultation practice with school personnel and families. In order to examine the consultation process from the occupational therapist’s perspective, interviews were conducted with eight experienced occupational therapists who work in this particular area of practice.

The first section of this chapter describes my personal interest and motivation for conducting this study. Next, the Aotearoa / New Zealand context, in which this research project took place will be outlined as the professional context of occupational therapists who practice within a general education setting. In order to fully understand the place of occupational therapy within special education today, it is important to look at the recent changes of educational provision for students with special needs as this sets the scene for the following literature review, results and discussion. One significant change in education has been the movement towards the inclusion of individuals with special needs into inclusive or regular schools. These changes are described in the second section of this
chapter. The third section summarises the development of special education service provision and the journey of occupational therapists as part of this service for students with special needs. The chapter then concludes with a brief overview and outline of this thesis.

Reflection on Researcher’s Interest

My research interest in this field has developed largely through personal experiences. In a sense, this research project is part of a personal journey which stemmed from my curiosity about occupational therapy consultation practice in relation to students with ASD attending inclusive education settings.

Growing up with a family member with a disability influenced my own attitudes in regards to inclusive education. As I grew older, I recognised my uncle’s efforts and struggle to find and sustain a place in society. For him, being part of his community and living his life as independently as possible was of considerable importance. The attitudes and openness of the people around him had a great influence, which either fostered or hindered his being, and feeling included. Watching a family member face the challenges of people not knowing how to react to or interact with a person with disability was a difficult experience.

In Germany, at the end of the 1980s, my mother and I became involved with after school care for children with disabilities. The agency we were involved with also gave support to the children’s families. The experiences of one family with a child with autism left me with a significant impression. The family’s concerns and struggles in terms of finding a suitable educational setting for their daughter appeared to be on-going and longstanding. They often felt their daughter and her behaviour were not well understood by school staff. This sense of misunderstanding was not limited to the school setting, and seemed to occur in society as a whole. I felt for this family and through my own personal experience with my uncle, I identified with their personal journey. It seemed that the long history of segregation of individuals with disabilities, from early childhood through to adulthood, negatively contributed to their often life-long struggle to find a place in society. These early experiences shaped my interest in how I, as an individual and as an occupational therapist, could contribute to the inclusion and participation of people with special needs into society.

In trying to learn more about occupational therapy consultation, I realised the need for further research in this area. During my professional career, as I studied and worked in a variety of paediatric settings in different Western countries (Germany, Netherlands, USA,
Aotearoa / New Zealand, Australia), I noticed considerable differences in occupational therapy practice. In Aotearoa / New Zealand, occupational therapists working within the school system frequently use consultation in their day to day practice, which I found both interesting and challenging. I could see the potential of occupational therapy consultation in terms of changing school staff understandings of disability and fostering inclusion in schools. However, I did not feel adequately prepared for this role, even though I was not a novice practitioner when I started working for the Ministry of Education, Special Education.

Consultation practice was not part of my professional training and offering advice and giving recommendations to parents and school staff used to be a minor part of my role as a paediatric occupational therapist. I felt confident in delivering hands-on therapy sessions, working directly one-on-one with a child or with a small group of children. Working as a consultant in an inclusive education setting offered new challenges, including insecurities regarding my role in this context. I discovered through talking to colleagues and reading about occupational therapy consultative practice in schools, that these experiences of insecurity and feeling unprepared were shared by others. On the one hand this feeling was reassuring as my experience matched the experience of others. On the other hand, I started wondering about how my transition into this area of practice could be supported. I asked myself, what knowledge would facilitate my understanding of the occupational therapist’s role and consultative practice within an inclusive education context?

This research project combines my different areas of interest and experiences, including the inclusion of students with ASD in general school settings and occupational therapy consultative practice. My personal relationship with the area under investigation has kept me motivated and passionate throughout the research process. However, it also made me cautious in terms of ensuring that my personal connection would not influence the research process and ensuing results in inappropriate ways. To account for this, a presupposition interview was conducted to ensure that personal views did not affect the research process (DePoy & Gitlin, 1998). The processes utilised during data collection and analysis in order to ensure a research project free from personal bias are described in further detail in Chapter Three.

Having described the personal context of this research project, the socio-political context will be next introduced and explored.
Changes And Challenges: The Aotearoa / New Zealand Context

The participants in this study worked for the Ministry of Education, Special Education, which provides specialist support services for children with a high level of special needs within the educational setting in Aotearoa / New Zealand. In order to interpret research accurately and effectively, the context in which it takes place has to be understood. The context is relevant as aspects such as legislation, governmental policies, and organisational philosophies influence the day to day practice of professionals working within the public service sector.

Legislation generally builds a framework, which guides and directs law making. Laws, frequently also called acts or regulations, in turn give direction for policies and strategies. Policies describe guiding principles, whereas strategies usually have a more practical slant in terms of their wording and aim. While developed for this country and reflecting national trends, the influence of international initiatives can also be seen in the laws and policies of Aotearoa / New Zealand. Legislative terminology, such as policy and strategy, used within this thesis will be congruent with the respective Ministry of Education and Ministry of Health documents.

The following section will describe how international events and national strategies have shaped and guided the development of education for students with special needs overall.

Changing Philosophies: From Segregation to Inclusion

Changes in the educational provision for students with special needs in Aotearoa / New Zealand should be seen within the larger paradigm shift taking place nationally and internationally; one of a philosophy of inclusion not only in education but in all areas of society.

One shift is the general acknowledgement of the rights of individuals with special needs to equal participation and inclusion in society, which is part of a movement towards equal rights for all (Paine, 2004) and social justice (Rawls, 2004). One aspect of this emerging philosophy was advocating for the inclusion of students with special needs in the regular classroom setting. Internationally, the United Nations conference in 1990, and the UNESCO conference in 1994, promoted the idea of “education for all” (Booth & Aniscow, 1998), which subsequently led to many governments developing legislation fostering inclusive education.
Nationally, this philosophy was reflected in documents such as The New Zealand Disability Strategy, which aimed for the inclusion of people with disabilities into all areas of society, thus creating a “fully inclusive society” (Minister for Disability Issues, 2001, p. 5). The goal was to foster a culture in which individuals with disabilities felt their lives were respected and full participation in society was obtainable. This vision included the provision of “best education for disabled people” (p. 16), which has been described as free access to their regular local school.

Not only is the inclusion of students with diverse needs practiced in Aotearoa / New Zealand, but also in other countries, including the United States, Canada, and the United Kingdom (Sahagian Whalen, 2003). Nevertheless, each country has its unique flavour of inclusive education as the day to day practice and the underpinning legislation produces considerable differences. The legislative foundation for inclusive education in Aotearoa / New Zealand will be further discussed as part of the journey from a segregated to an inclusive education provision for students with special needs.

**Educational Provision for Students with Special Needs in Aotearoa / New Zealand**

The Aotearoa / New Zealand government, in recognising and responding to equal opportunities for inclusion and participation in society for all, fostered changes in the educational provision for students with special needs. In doing so, Special Education has undergone considerable transformation in the past sixty years (Vaughan-Jones & Penman, 2004), with even more significant changes within the last two decades. Education of children with special needs in this time has shifted from no educational provision, to segregated special education, to mainstreaming, to integration, and now to an educational philosophy of inclusion (Vaughan-Jones & Penman, 2004).

Prior to 1990 students with special learning needs either did not attend a formal educational institution, or they commonly attended facilities that offered little academic education, such as special schools or units within the grounds of a regular school. The emphasis in these facilities for individuals with special needs was on therapy and minimising the individual’s disability, rather than academic learning.

In 1988, with the introduction of a major reform, entitled Tomorrow’s Schools (Department of Education, 1988), the need for educational provision of students with special needs was acknowledged. Aspects of this reform continued until the mid 1990s, and over time, educational practices have moved from segregation and exclusionary practices
towards more inclusion based practices (Mitchell, 1999). Through the establishment of Special Education Services (SES), the government has more specifically addressed the special needs associated with the education of students with disabilities.

The inclusion of children with disabilities into mainstream classes has been encouraged and enforced over time, beginning with the Education Act (Ministry of Education, 1989). This act stated that students with special education needs have the same rights as students without special education needs, and they were to be enrolled and educated in state schools. The amendment to the Education Act (1991) further enhanced the rights of parents to freely choose a school for their child, and in doing so, opened regular schools to students with disabilities (Ministry of Education, 1991). In turn, section 57 of the Human Rights Act (Human Rights Commission, 1993) prohibited schools from refusing, or failing to admit, students with special learning needs and disabilities.

In 1995 further changes were made to the provision of special education services with the introduction of the SE 2000 policy (Ministry of Education, 1996, 1999a, 1999b, 2000a). The focus of this policy was “to achieve, over the next decade, a world class inclusive education system that provides learning opportunities of equal quality to all students” (Ministry of Education, 1996, p. 5). Hence SE 2000 further promoted the inclusion of children with moderate, high and very high needs into general school settings. This document also included a funding policy that provided resourcing for children in a variety of ways, such as teacher aides and specialist support (Vaughan-Jones & Penman, 2004). The Special Education Legislative Framework (Ministry of Education, 2002b) further encouraged the inclusion of students with disabilities into regular classes. More recently the Schooling Strategy (Ministry of Education, 2005c) has made meeting the learning needs of diverse students and fostering all students to thrive a priority. “Responding to diverse needs” of students to enhance their participation has also been identified as a core practice principle for Special Education Services supporting school staff (Ministry of Education, 2005d, p. 10).

Significant changes in educational provision for students with special needs has led to a considerable number of students with a variety of developmental disabilities, including ASD, attending regular schools instead of special needs schools or units (Sahagian Whalen, 2003). In a regular school setting the focus is on learning instead of therapy. The New Zealand Curriculum Framework builds the structure and foundation for teaching and learning of all students in schools in Aotearoa / New Zealand (Ministry of Education, 1993). The Curriculum Framework demands schools “recognise, respect and respond to the
educational needs, experiences, interests and values of all students”, which includes students with “different abilities and disabilities” (Ministry of Education, 1993, p. 7). This not only highlights the right of students with special needs to attend regular school settings, but also accentuates an educational focus for all students attending an educational setting. The curriculum and education focus highlights the fundamental differences between an inclusive and segregated education philosophy.

In summary, legislation and associated policies have enabled students with special needs to be included in regular local schools. These initiatives have built the foundation for the practice of inclusion of students with diverse learning needs in schools in Aotearora / New Zealand. However, to understand inclusion or inclusive education it is also important to consider the influence of different theoretical perspectives, which shaped the use of this terminology. Within an inclusive education setting, these perspectives have shaped and guided inclusive education practices in general and school-based occupational therapy practice.

**Defining Current Terminology - Inclusion and Diversity**

There is ongoing discussion regarding the definition of ‘inclusion’ and ‘inclusive education’, which has produced many different schools of thought. The Ministry of Education describes inclusion as “a principle, an attitude and a set of processes which affirm the right of every student to learn in accordance with the principles and values of the National Educational goals and the New Zealand curriculum framework” (Ministry of Education, 1998, p. 36). Booth and Aniscow (1998) also characterised inclusion as a process to enhance the participation of students in, and decrease their exclusion from mainstream curricula, cultures and communities. Congruent with the general Ministry of Education philosophy, their emphasis is on responding to the diverse learning needs of all students rather than focusing on a group of students classified as having special needs or disabilities (Aniscow, 1999; Booth & Aniscow, 1998, 2000, 2002). Diversity in learning needs recognises the variety and difference inherent in all groups of students (Ministry of Education, 2005c); thus students with special education needs sit within a range of learners. This is congruent with the point of view that “disability is natural” (A new way of thinking, n.d.), which emphasises the focus on participation for everyone within the general school context and society. A focus on participation in the school and wider community has been described as an important guiding principle for inclusive practices (Aniscow, 1999; Booth & Aniscow, 1998, 2002; Ministry of Education, 2005d).
Even though terms such as “diverse learners” and “diversity” have been more frequently used in literature and Ministry of Education publications, the terminology of “students with special needs” or “special learning needs” is still widely used in Aotearoa / New Zealand’s policies and legislation. This is also reflected in the funding system, which categorises and allocates resources depending on the student’s needs. The terms “diverse learners” and “diversity” are also frequently used to describe the range of different learning styles of “typically developing” students (students without any classical special needs). Therefore, the term “diverse learners” is not synonymous with “students with special needs”; rather it describes a fundamentally different concept which does not differentiate between students with and without a disability. To some extent, the concept of general diversity within a classroom could be seen as a goal of inclusion, which is not yet represented in legislation or achieved in practice. Additionally, the focus of this thesis involves a group of students that were considered to have a disability or special needs; specifically individuals with ASD. To maintain a focus on the services related to students with ASD and enhance readability, the terminology “students with special needs” has been used throughout this thesis.

A group of students who not only have special needs related to their disability, but also specific cultural needs, are the indigenous people of Aotearoa / New Zealand. The inclusion of Māori learners with special learning needs will be discussed next.

*Inclusion of Māori Learners with Diverse Learning Needs*

Māori, although the indigenous people of Aotearoa / New Zealand, are nowadays a minority in their own country making up only 13.5% of the general population (Statistics New Zealand, n.d.). Therefore, Māori students with special needs could be considered doubly disadvantaged by belonging to a cultural minority as well as experiencing challenges due to a disability.

Generally, the bicultural relationship between Māori and New Zealand European descendents (Pakeha) influences many aspects of life in Aotearoa / New Zealand. The Government of the day, including its various Ministries, has obligations towards acknowledging and working in partnership with Māori tribes (Iwi) under the Treaty of Waitangi. Māori culture, and the provision of culturally appropriate and responsive services in the educational sector have been widely acknowledged by the Ministry of Education and addressed in different publications and strategies (Ministry of Education, 2002a, 2005a, 2005b).
Studies conducted in the late 1980s and in the first half of the 1990s indicated that the highest proportion of students displaying behavioural and learning difficulties in regular, as well as in special school settings were of Māori descent (cited by MacFarlane, 2005). This finding has implications for general education (Ministry of Education, 2005a), as well as special education services (Ministry of Education, 2002a, 2005b). Consequently, ensuring the educational success of Māori students, with and without disabilities, has been specified as a key priority (Ministry of Education, 2005a, 2005b). Group Special Education, which is part of the Ministry of Education and the main provider of specialist education services, has developed a specific Māori education policy (Ministry of Education, 2002a) that aims to foster practices to meet this major concern.

To ensure equal education for Māori, consideration of Māori culture is required. Tikanga Māori (values) build the foundation for providing culturally appropriate services (Mead, 2003). Whanau involvement is an integral part of providing services to students of Māori descent. Whanau traditionally includes members from different generations with particular roles and functions (MacFarlane, 2004; Mead, 2003). Instead of focusing on the well-being of the individual child, Māori culture emphasises the reciprocal, connected relationship of whanau well-being as fundamental for the well-being of the individual (MacFarlane). The New Zealand Disability Strategy clearly promotes not only participation of Māori with disabilities, but also encourages whanau (extended family) involvement (Minister for Disability Issues, 2001).

Furthermore the teaching and learning of culturally important practices, including involvement with Te Reo Māori (Māori language), Haka (traditional dances) and Marae visits (meeting area & buildings), and affirming cultural identity are also seen as imperative (MacFarlane, 2004) for all Māori, including children with a variety of special education needs. A recent study supported the importance of culturally valued activities and customs for Māori children on the autism spectrum and their whanau (Bevan-Brown, 2004).

Thus it is important to consider cultural needs in the provision of services to the indigenous people of Aotearoa / New Zealand. In essence, implementing and supporting educational programmes for Māori children with special needs requires a culturally sensitive practice from all professionals involved.

The commitment to providing culturally appropriate services by the main provider of specialist education services in Aotearoa / New Zealand, Ministry of Education - Special Education (MoE-SE), has been already mentioned. The next section will review the history
The previously described transformation and development in terms of educational provision, schools of thought and policies related to inclusion have all naturally influenced special education service provision in Aotearoa / New Zealand. At the same time that educational provision underwent considerable changes, special education service provision also changed and adapted.

The Education Act (1989) led to the establishment of Special (later changed to Specialist) Education Services (SES), which provided specialist support for students with special learning needs who attended regular school settings. A key element of these services was to offer support to the school staff who worked with a particular student, instead of just focusing on the individual student. SES initially included educational psychologists, speech and language therapists (SLT), advisers on deaf children (AODC) and visiting teachers for school aged students with disabilities. The Education Act stated the primary function of SES was the provision of “advice, guidance and support for the benefit of people under 21 with difficulties in learning or development” (p. 30). It was not until 1995 that occupational therapists started to work in regular schools under the SES service. As part of the recommended changes to special education that were made in the Wylie report (Wylie, 2000), the SES was integrated into the Ministry of Education (MoE) in 2001. Wylie was commissioned by the Minister of Education to conduct an analysis of the implementation of the Special Education 2000 policy. The resulting report provided recommendations for changes which would improve the provision of education for children with special needs. Externally the new organisation is now known as Ministry of Education, Special Education (MoE-SE), whereas within the MoE it is known as the Group Special Education (GSE) (O’Brien & Ryba, 2004).

In 1999 the Ministry of Education characterised special education as “the provision of extra assistance, adapted programmes or learning environments, specialised equipment or materials to support young children and school students with accessing the curriculum in a range of settings” (Special Education Policy Guidelines pamphlet, no page number). The key objectives of the guidelines are to foster appropriate inclusive educational settings that meet individual educational needs and promote schools’ responsiveness and accountability for the needs of disabled students (Ministry of Education, 1999c). Generally, the Ministry
of Education emphasises the student accessing the curriculum rather than achieving clinical outcomes (Ministry of Education, 1998). This focus on curriculum access guides the delivery of special education services. Within this focus, the New Zealand Curriculum Framework (Ministry of Education, 1993) is also very influential in shaping the practice of professionals, such as occupational therapists (Appendix A). Commensurate with an educational focus, the specialists’ role has shifted towards “sharing skills and expertise by working with the wider education sector, including families, whanau and educators in schools” (Ministry of Education, 2003, no page number). The specialist contributes to the student’s education by collaborating both with school staff and families.

Special education service provision takes place on the basis of available resources and the funds that are allocated to specific areas of service. Therefore, special education funding is another factor that has to be considered when exploring the practice of professionals.

**Special Education Funding**

The introduction of the SE 2000 policy considerably changed the funding structure in terms of how students with disabilities were categorised and allocated resources. There was a shift from a medical perspective, where needs were judged in terms of the degree of disability of an individual, towards a more educational perspective, which was based on the educational needs and support required for the student (Mitchell, 1999). This shift also involved an ecological stance that required modifications, adjustments and improvements to take place in the environment that the student lives and learns in (Davies & Prangell, 1999). The services for a student with special needs who is attending a school are now funded in accordance to this ecological framework, which in turn influences which services and resources are available.

The funding structure is divided into two main groups that consist of students with moderate needs and students with high or very high needs (Appendix B). Students with moderate needs can access occupational and physiotherapy services under the Moderate Contract for Physical Disabilities. Ongoing Reviewable Resourcing Scheme (ORRS) funding is allocated to support students who are considered to have ongoing high or very high special education needs. Here students are demarcated according to their need for curriculum adaptation, as well as for support and specialist interventions to assist them to access the curriculum (Ministry of Education, 1998). Therefore, the amount of support, such as that given by a teacher aide, specialist teacher, therapy and specialist support and a
consumables grant, is allocated to a specific student depending on their educational needs (Ministry of Education, 1999a). Also, some students with high special education needs can access a specialist teacher as well as other specialist support under the Supplementary Learning Support (SLS) scheme.

The ORRS funding is pooled and managed flexibly by the respective fund holder (Ministry of Education, 2000a, 2006), with the main fund holder being the Ministry of Education, Special Education. Some special schools and units attached to regular schools hold and manage their own funds. All schools get funding allocated from the Ministry for specialist teacher support and teacher aides, who are employed by the respective school. The teacher aide allocation varies depending on the needs of the specific student.

The therapy and specialist support provided generally depends on the specific needs of the child in terms of accessing education. Specialist support might include one or more of the following professionals: special education advisor (SEA), educational psychologist, speech-language therapist, advisor on deaf children (AODC), conductor in conductive education programmes, orientation and mobility instructor, teacher with additional specialist tertiary qualifications in learning, vision or hearing, registered music therapist, physiotherapist and occupational therapist (Ministry of Education, 2006). Māori advisors (Kaitakawaenga) are also available to support culturally responsive practices within a Māori whanau. Typically, a number of these specialists would be employed by the fund holder, which might be the Ministry of Education, Special Education; whereas others might work for outside agencies such as private practices.

**Special Education Team**

Services delivered from a team of professionals are generally influenced by the team structure and models utilised within the team. As part of a School Focus Team or a 0-21 Team, which includes early intervention services, the occupational therapists employed by MoE-SE provide services to ORRS funded students with ASD. The 0-21 team structure is frequently utilised in rural areas. Professionals are geographically grouped into a team within a district. Therapists usually work in a number of regular schools within this geographical area. The team structure and models of service delivery shape and direct the practice of individual professionals such as the occupational therapist.

In the past, the School Focus Teams have been described as frequently adopting either an interdisciplinary or multidisciplinary model in terms of their team structure (Ministry of Education, 2004). In an interdisciplinary model, service providers from
different disciplines work together in the assessment and development of programmes and suggestions (Dunn, 2000; Mu & Royeen, 2004). In a multidisciplinary model, each professional evaluates the student and determines priorities, aims, and the intervention without collaborating with other team members (Dunn, 2000). These two models of team structure result in different methods of service delivery by both individuals and teams.

In addition, a lead worker or key worker model has been adopted within GSE. This model involves one person in a guide role acting for all those involved with the student and as single or main point of contact (Drennan, Wagner, & Rosenbaum, 2005). In the Aotearoa / New Zealand context, one team member from Special Education and in addition to their professional involvement has a co-ordination task. This task not only involves being a main point of contact for parents and whanau, but also for the school and other outside agencies involved.

As noted earlier, it has only been seven years since an occupational therapist was employed within Special Education.

**Occupational Therapy within Special Education**

The occupational therapy role and involvement within the educational context has undergone extensive changes. These changes have related to the development and changes occurring within special education in Aotearoa / New Zealand (Vaughan-Jones & Penman, 2004). The first involvement of occupational therapists within New Zealand education took place in the early 1950s through employment by the Department of Education or Crippled Children Society (Vaughan-Jones, 2001). This was initially for children with physical disabilities and took place in segregated special schools, special classes or units (Vaughan-Jones). The common feature of these settings was the isolation from regular mainstream schools and students without special needs. Although the therapists worked in an education setting, there was ongoing discussion between health providers such as the Hospital Boards and the Department of Education about responsibilities for the next ten years (Vaughan-Jones & Penman, 2004). Confusion about these responsibilities became a continuing problem over the decades to come. This uncertainty meant that occupational therapists, although working in an education facility, stayed connected with the medical framework and were at least partially dependent on funding through the health system (Vaughan-Jones & Penman).

*Tomorrow’s Schools* (Department of Education, 1988), a reform of the education administration, defined occupational therapists as a profession with specialist skills relevant
to the education of children with special needs. It stated that “managers of district agencies will be able to hire the specialist skills of those such as occupational therapists, family counsellors and sexual abuse counsellors” (Section 4.26.). Occupational therapists worked in special schools and units at this point in time. In 1995, the SE 2000 policy enabled Special Education Services (SES), as the fund holder, to employ occupational therapists to work with students with special education needs in the general education sector (Davies & Prangell, 1999; Ministry of Education 1996, 1999a, 2002a, 2002b; Wylie 2000). Some special schools maintained a fund holder status that enabled them to employ or contract therapists to provide services to their students. Either way, the funding of occupational therapy services in schools was now exclusively provided by the Ministry of Education (Vaughan-Jones & Penman, 2004). Occupational therapists were employed to work with students verified under the Ongoing Reviewable Resource Scheme (ORRS) and later with students accessing services under the Moderate Contract for Physical Disabilities. When SES became part of the Ministry, it was the first time that occupational therapists were directly employed by the Ministry of Education, Aotearoa / New Zealand.

In 2006, occupational therapists work in special schools and units as well as in inclusive education settings in Aotearoa / New Zealand. Occupational therapists are part of the special education services that support the school personnel and work with students receiving ORRS funding, the Moderate Contract for Physical Disabilities or Supplementary Learning Support (SLS). A considerable number of students with special needs attend an inclusive education setting. This setting is most frequently their regular local school where special education services are mainly delivered using a consultative model of practice. Occupational therapists have therefore become increasingly involved in providing consultative services to the school personnel working with students with special needs, which includes those with ASD in regular school settings. Those students typically receive occupational therapy services as part of their ORRS funding.

Consultation has become a common service delivery method for occupational therapy services internationally as well as within Aotearoa / New Zealand. Consultation focuses on talking, conferencing and discussing recommendations with the school staff and families. Also there has been a special emphasis on collaboration, which entails teamwork and joint group effort of the Special Education team, the school staff and family/ whanau involved. Collaborative consultation has been defined as “a problem-solving process that reflects a high level of communication, and co-ordination. It allows educators and families to share their knowledge and expertise related to the problem. It involves collaborative
teamwork” (Ministry of Education, 2004). For the last decade, a number of occupational therapists who have worked in educational settings have used consultation or even collaborative consultation as their main mode of service delivery. Therefore it is timely to extend our understanding in this area of occupational therapy practice. A consultation model grounded within the day to day work practice of occupational therapists working particularly in an inclusive education setting would be of considerable value to the profession. Considering the unique Aotearoa / New Zealand context in terms of legislation, service delivery models and occupational history within special education, a better understanding of the consultative approach within this educational environment would be an important contribution to the profession’s body of knowledge.

Structure of Thesis

This first chapter outlined the practice context of this study in Aotearoa / New Zealand. It also included a reflection of the personal interest of the researcher. The development of special education towards an inclusive philosophy sets the scene for occupational therapy provision to students with special needs attending a regular school setting. The aim of this study is to explore the consultation process between occupational therapists and school staff in regular schools in Aotearoa / New Zealand. The purpose is to gain a better understanding of the underlying social process and identify aspects that support or hinder the consultation process.

Chapter Two will present the literature relevant to occupational therapy consultation that is related to students with special needs. The role of school staff and others involved in the process within an inclusive setting are considered. Special emphasis has been placed on services delivered to learners with Autism Spectrum Disorder (ASD) who attend regular school settings. This literature review took place prior to the data collection to ensure that this research project does not replicate an existing study, but adds new aspects and understanding about this area of occupational therapy practice.

In Chapter Three, grounded theory as the chosen methodology will be described. The underlying philosophical understanding is explained in relationship to this research. The research path is clarified by using practical examples.

The results and key themes that arose from the data collected are presented in Chapters Four through to Seven. Chapter Four to Six each focus on one of the three stages of the process. The components of the individual stages of the process are described in more detail in each chapter. Chapter Seven presents an overview of the entire process and
clarifies the relationship of the individual processes to each other as well as to the core process.

Chapter Eight discusses the findings within the Aotearoa / New Zealand context, wider literature and research related to the findings. A further literature review, which took place at a later stage of the research process, is integrated into this discussion. Implications for practice, limitations and future research are also presented.
CHAPTER TWO: Literature Review

Introduction

This literature review provides an overview of the current knowledge of occupational therapy consultation within the educational context. In the review, various aspects of occupational therapy practice within the school setting will be considered, along with different models of consultation, such as collaborative consultation. The relevance of the inclusive education context, including the other individuals and key players involved with the student with special needs, to the role and day to day work of occupational therapists will be also explored. In addition, the diverse learning needs of students with Autism Spectrum Disorder (ASD) and occupational therapy involvement with individuals with ASD will be investigated.

There are different schools of thought around reviewing of literature within grounded theory. Glaser (1998) clearly emphasised that literature should not be reviewed before the initial data collection and analysis has taken place. He was concerned that pre-conceived ideas and hypotheses might influence and shape the data analysis. Strauss and Corbin (1998) disagreed with Glaser in their approach of “doing” grounded theory. They argued that a literature review assists in developing and clarifying the research question, and in positioning the study within the research that has already been conducted. Furthermore they acknowledged it was an opportunity to stimulate theoretical sensitivity and questioning. Congruent with Strauss and Corbin (1998), an initial literature review was carried out prior to starting data collection for this study. This was done to avoid replicating a similar project and to explore the significance of this enquiry to occupational therapy practice and its theoretical knowledge base. Congruent with Strauss and Corbin, additional sources and literature were reviewed and considered at the later stages of the data collection and after data collection was completed. The findings from this final literature evaluation are integrated in the discussion chapter.

A considerable amount of research and literature about school–based occupational therapy is situated within the North American context. Differences in policies, legislation, education system, and culture call for caution when generalising these findings to the Aotearoa / New Zealand context. There is little research that directly reviews aspects of occupational therapy and related practice within the educational setting in Aotearoa/ New Zealand. This scarcity highlights the need for this research project.
Occupational Therapy in Educational Settings

It is evident that the involvement of occupational therapists in regular schools has increased and considerably changed within Aotearoa / New Zealand as well as internationally. This growth and change has contributed to a developing discussion about this area of practice within paediatric occupational therapy literature since the beginning of the 1990s (Bundy, 1991, 2002; Case-Smith, 1997; Case-Smith & Rogers 2005; Hanft & Place, 1996). The following section sets the scene by reviewing aspects of this discussion, such as occupational therapy service delivery, the understanding of therapists’ roles within the educational practice context, and the application of theoretical frameworks within this practice context. These aspects guided and shaped the research intent of this study.

Traditionally, occupational therapists provided direct "hands-on" therapy intervention to their paediatric clients in different settings, such as private practices and special schools. In the USA context, the service provision models described for school therapists have been direct service, monitoring and consultation (Case-Smith, Rogers, & Johnson, 2001; Dunn, 1988). Direct service involves the therapist working directly with the student either as part of individual or group therapy sessions. Monitoring entails the therapist providing a therapy programme that is carried out by school staff on a regular basis. The therapist has the role of supervising the implementation of the programme and the progress of the student. On the other hand, consultation involves talking with the school staff and discussion of proposed suggestions. These suggestions are frequently intended to be included into the student’s daily class activities and routines. The American Occupational Therapy Association (AOTA) encourages occupational therapists practicing in an educational setting to view these different service delivery models not as either/or, but as a fluid continuum determined by the collaborative team process (American Occupational Therapy Association, 1997; Chandler, 1997). Shifts within occupational therapy philosophy and models towards an occupational and participation focus have concurrently supported changes towards indirect and consultative service delivery (Townsend, Stanton, Law, Polatajko, Baptiste, Thompson-Franson, Kramer, Swedlove, Brittnell, & Campanile, 1997).

The Ministry of Education of Aotearoa / New Zealand described the services delivered by therapists as “both hands-on therapies for students, and supervise[ing] others (such as parents, teacher aides) in implementing programmes” (1998, p. 7). This description highlights direct service and monitoring as service delivery models, but clearly does not mention consultation. However, in reality, an occupational therapy consultative practice has evolved in schools that reflects the international shift towards greater use of collaborative
consultation (Barnes & Turner, 2001). Collaborative consultation has a strong emphasis on the equity between the different partners involved, sharing responsibility, and enabling mutual respect. Bundy (2002) suggested collaborative consultation should be the main model of service delivery used by occupational therapists in schools. However, there is little current research exploring occupational therapy consultation practice in schools and existing research is mainly limited to the American context.

With changes in service delivery, the focus of occupational therapists also altered, particularly within inclusive education. Traditionally, minimising the disability is part of a remedial framework, which has been part of a therapist’s practice in the medical context. The contemporary occupational therapy practice in schools is not aimed at “fixing the child” (Bundy, 1997, p. 1), but rather at contributing to the educational programming which takes place. Hence therapist focus on assisting the student to develop the skills required for the student role, which includes the facilitation of learning and the ability to express knowledge (Bundy, 1997). In Aotearoa / New Zealand, the Ministry of Education states that “the key task for education therapists lies in assisting the student to overcome barriers to learning, rather than achieving clinical outcomes” (1998, p. 7). The role of the occupational therapist within the educational setting could also be described as enabling students with special needs to access the curriculum (Anich, 1998; Hanft & Place, 1996). Within the education context, the changes from a medical to an educational focus led to uncertainty and confusion for the therapists and others involved with therapy services.

Within the Aotearoa / New Zealand context there is a long history of difficulties associated with Education Boards and other official sources not understanding the role of occupational therapists in special education (Vaughan-Jones & Penman, 2004). This also went hand-in-hand with the confusion occupational therapists had about their own role. School-based occupational therapists (Fairban & Davidson, 1993; Meanger, 1990; Spillane & Sterling, 1996) have struggled to clearly define their role and functions. They recognised considerable differences between their medical model training and their practice in an educational system (Hanft & Place, 1996). This struggle has been, and is still, evident to an extent in Aotearoa / New Zealand (Meanger, 1990; Vaughan-Jones & Penman, 2004). Furthermore, many American therapists reported that it is still challenging to move "beyond the traditional 1:1 model of service delivery" (Swinth & Hanft, 2002, p. 12). Coming from a professional background that has had its roots in the medical setting for some years, occupational therapists still feel inadequately prepared for working in the educational context (Brandeburger-Shasby & Trickey, 2001; Bundy, 2002; Swinth & Hanft, 2002).
The theoretical frameworks and treatment approaches utilised by occupational therapists when working in a medical model have been transferred by therapists to their new practice context.

Adapting Old Tools: Theoretical Frameworks in School-Based Occupational Therapy

In the move to inclusive education, occupational therapists are faced with the challenge of utilising a familiar frame of reference (e.g. sensory processing) and adapting it to an unfamiliar model of service delivery; in particular consultation practice. Traditional occupational therapy frameworks and approaches were developed and utilised within a health setting and a medical model of thinking. These theoretical frameworks and practical treatment approaches guide day to day practice from assessment to intervention. The frameworks guiding school-based practice have been described as multilayered, with sensory integration theory and neurodevelopmental theory being named as the predominant frames of references utilised (Storch & Eskow, 1996). Even though these theoretical frameworks are also employed in hands-on occupational therapy, the question remains as to how, when a consultative model of service delivery is used, are these theories applied within the educational context?

One study by Case-Smith (1997) explored which theories shaped school-based occupational therapy. The findings indicated therapists utilised a sensory processing perspective to frame or reframe the behaviour of students for the school staff. These results supported the findings of an earlier study from Storch and Eskow (1996) that showed sensory integration theory was a frequently applied theoretical approach. In addition, Case-Smith (1997) highlighted the different flavour of this theoretical framework when applied within school-based occupational therapy. Instead of utilising it to create direct intervention for the student, the therapist uses the sensory integration framework to re-interpret and share this point of view with the school staff. In working in this way the therapist role is a “broker of knowledge” (Dunn, 2006), applying and sharing their specialised expertise. Bundy (1991, 2002) formulated suggestions about the application of a sensory integration framework in educational practice, including utilising sensory integration as an alternative perspective for explaining the student’s behaviour and skills.

To gather data about occupational therapists practice, researchers have either used an interview technique (Case-Smith, 1997) or administered questionnaires (Storch & Eskow, 1996). However neither of these studies gathered data through observation, which
may have addressed the concern that self-report has limited reliance (Polit & Hungler, 2001). Additionally, there has not been sufficient investigation as to the process utilised by therapists to select, apply and adapt these theoretical frameworks within this markedly different context and model of service delivery.

**Exploring New Tools: Reframing**

The notion of “reframing” is not only mentioned as part of applying sensory integrative theory in an educational setting, but is a re-occurring theme in the occupational therapy literature pertaining to consultation practice. Different occupational therapy researchers (Case Smith, 1997; Niehaus et al., 1991) have pointed out that occupational therapists contribute to a “reframing” process which changes the school staff’s perspective of the student. Particularly in the educational context, as it is not mentioned in general occupational therapy literature, the notion of reframing appears to be a therapist’s tool that has developed over time. When part of occupational therapy consultation practice, there is little known about what is involved in this reframing process. Although reframing has been mentioned in counselling and psychology literature (e.g.: Bander & Grinder, 1982; Burnham, 1986; Bruner, 1990; Eckstein, 1997; Gordon, 1978; Schön, 1979, Watzlawick, 1974), it can not be assumed that reframing performed by other professions will be identical. Besides, even though therapists in Aotearoa / New Zealand learn a variety of different treatment approaches and techniques during their graduate and post-graduate training, occupational therapy does not cover consultative practices or tools such as reframing in depth. While these techniques have been widely acknowledged in counselling and psychology training, occupational therapists appear to be using, for them, what might be considered unfamiliar tools. The profession may be developing its own flavour of “reframing”, but this has yet to be investigated in depth.

However, Bundy (2002) emphasised that reframing is usually an initial step of the therapist in assisting school staff to develop new strategies and possible adaptations. This aspect of consultation practice will be further explored as part of reviewing various occupational therapy consultation models.

**Summary: Occupational Therapy in Educational Settings**

The changes of service delivery models, the associated struggles and transformation of roles and functions, application of theoretical frameworks, and tools of practice experienced by occupational therapists all emphasise the need for research in this area. It is
crucial that therapists themselves gain a better understanding of what they are doing and how they are doing it. If the current practice and roles of school-based occupational therapists is confusing for them, it must be even more unclear for therapists starting in this line of work, for other professions, for managers and of course for legislative bodies. It also raises questions and concerns about the cohesiveness of services. Because of the current prevalence of consultation as a service delivery model in both the occupational therapy literature and in practice, this chapter will further review the relevant literature and research.

**Occupational Therapy Consultation**

It has been proposed that therapy consultation in school-based settings should be educationally relevant (Case-Smith, Rogers, & Johnson, 2001; Hanft & Place, 1996). Therefore, consultation should aim to enhance or support student performance in academic as well as non-academic areas. Within the occupational therapy literature, consultation has been described as focusing on occupational performance rather than solely addressing a person’s performance components (Baum & Law, 1997). In practice, this means focusing on the student’s participation and access to the curriculum, instead of exclusively addressing fine motor skills and gross motor skills independent of the context in which they are used. This focus would be congruent with a top down approach versus the classical bottom up approach that is utilised in the medical area (Hagedorn, 2000; Jerosch-Herold et al., 1999). For some decades, occupational therapy has followed a bottom up approach that focused on difficulties in performance components. This approach assumed that addressing such difficulties would automatically lead to overall improved occupational performance. Conversely, a top down approach starts by considering occupational performance, as well as the barriers and enablers to achieving occupational performance. Consequently, educationally relevant consultation focusing on occupational performance would involve a considerable change of a therapist’s perspective, as well as in their practice.

The next section will introduce and discuss the main consultation models mentioned in current occupational therapy literature.

**Consultation Models**

In relation to occupational therapy consultation in an education setting, a number of different consultation models have been described in the literature (Bundy, 1991, 2002; Case-Smith, Rogers, & Johnson, 2001; Hanft & Place 1996; Idol, Nevin, & Paolucci-
Whitcomb, 1993; Ross, 1995). These models appear to be logically derived rather than based on empirical research. Some are based on consultation models from other professional areas (Bundy 1991, 2002), while others appear to have originated from the professional experience of the author (Hanft & Place, 1996). The most frequently mentioned models are expert consultation and collaborative consultation. Often they are described as opposites on a continuum, at times conflicting with each other. Moreover, expert and collaborative consultation differ in philosophy and methodology.

The expert consultation model has clearly defined roles. The consultant, in this case the occupational therapist provides expert advice. It is a directive approach, with the teacher not involved in the problem solving process (Case-Smith, Rogers, & Johnson, 2001; Schein 1999). Case-Smith, Rogers and Johnson (2001) suggested that this might be an appropriate approach in situations when a crisis requires an immediate solution. However, dangers involved in using this consultation approach have been identified. Fundamentally this approach provides quick often incorrect or inappropriate advice without getting to the bottom of the problem (Bundy, 2004; Case-Smith, Rogers & Johnson, 2001). As DeBoer (1995) suggested, “giving advice is easy – usually wrong but fast and easy” (p. 63). Schein (1999) further cautioned that in an expert model the consultant might be tempted to offer whatever the professional knows he or she is good at, or in other words “when you have a hammer the whole world looks like a bunch of nails” (p. 8).

In comparison, collaborative consultation has been defined as an “interactive process that enables groups of people with diverse expertise to generate solutions to mutually defined problems. The outcome is enhanced, altered, and produces solutions that are different from those that the individual team members would produce independently” (Idol, Nevin, Paolucci-Whitcomb, 1993, p. 1). There is an emphasis on an equal engagement and relationship between consultant and consultee (Case-Smith, et al., 2001). Although consultant and consultee work in cooperation, some authors have proposed their roles differ somewhat (Case-Smith, et al., 2001; Zins & Erchul, 1995). It has been suggested that the consultee maintains the full responsibility for the respective student, considers the appropriateness of suggestions and implements recommendations (Case-Smith, et al., 2001). The occupational therapy consultant has been described as being involved by offering a novel or deeper understanding, contributing possible intervention ideas and assisting with the implementation (Case-Smith, et al., 2001). On the other hand Idol, Nevin and Paolucci-Whitcomb (1993) suggested that the identified problem is owned by the entire team. The student’s individual education plan (IEP) guides, in terms of goals
and objectives, the actions of all involved in the collaborative work process (Kemnis & Dunn, 1996). A particular type of collaborative consultation is process consultation (Schein, 1999), which strongly emphasises the consultee as the expert both on the problem and the suitability of potential solutions. Bundy (1991, 2002), drawing on Schein’s work, highlighted that a collaborative process may enable the consultee to deal with similar difficulties in the future without requiring ongoing consultation. However, due to insufficient field research this notion has not yet been supported by research.

In general, there has been a clear emphasis in the literature supporting collaborative consultation and cautioning about the use of an expert consultation model (Bundy, 2002, 2004; Hanft & Place, 1996). However, it is still unclear how therapists work consultatively in their day to day practice. Some authors have suggested that the therapist consultant’s approach might vary from being very directive to being mainly supportive depending on the consultee’s needs (Hanft & Place, 1996). Again, this assumption is unsupported by research.

Proposed consultation models (Bundy, 1991, 2002; DeBoer, 1995; Hanft & Place, 1996; Idol, Nevin, Paolucci-Whitcomb, 1993; Schein, 1999) have not been explored and validated by research. To reduce the likelihood of preconceived ideas about the individual components of an occupational therapy consultation process influencing the research process, the proposed models and stages of consultation were reviewed towards the end of data analysis. Therefore, these models will be reviewed in more detail in the discussion chapter.

To ensure best practice, variables affecting positive outcomes of the consultation process have to be considered. Despite differences in collaborative consultation models, there seems a general acknowledgement that collaborative problem solving involves a time commitment from everyone involved (DeBoer, 1995). Hanft and Place (1996) described it as a myth that consultation as a service delivery model leads to an increase in caseload. Nevertheless, there is no research evidence to guide practice in terms of time requirements, caseload size or case management.

Influences contributing to effective consultation have been proposed by different authors. These include dynamic interaction over time, relationships built on respect, and collaborative efforts to attain common ground (Case-Smith, Rogers, & Johnson, 2001; Hanft & Place, 1996). However, these are theoretical ideas about good consultation practice that have not been thoroughly explored by research. Barnes and Turner (2001), using a teacher questionnaire, found that occupational therapists within the USA use collaborative
practices. These included developing goals with school staff, working jointly and collaboratively within the classroom, monitoring interventions and reviewing student progress together. This study did not ascertain if and how these practices influenced the consultation process and outcomes.

Generally there are more anecdotal reports than there is research evidence regarding what is best practice in occupational therapy consultation. Even though there is still ongoing discussion about consultation models and practice in the literature, some studies have explored occupational therapy consultation and the effectiveness of school-based therapy services in achieving student outcomes. These studies will be reviewed in the following section.

**Effectiveness of Occupational Therapy Consultation**

There is some initial evidence supporting the benefit of occupational therapy for students within the school environment. In the school setting, occupational therapy services have been found to make a difference to students with special needs participation and achievement (King, et al., 1999; Sahagian Whalen, 2003).

Moreover, there is some research supporting the effectiveness of consultation as a service delivery model of occupational therapists practicing in schools. Studies comparing “pull-out” occupational therapy, consultation and large group sessions in the classroom (Palisano, 1989) as well as comparing direct intervention and consultation over the time frame of an academic year (Dunn, 1990), found the same progress in terms of skill development of the student in the agreed upon and targeted areas of focus. Also, other studies suggested that occupational therapy consultation is equally effective as direct intervention or indirect service in meeting objectives with preschoolers with mild motor difficulties (Davies & Gavin, 1994; Dreiling & Bundy, 2003; Kemnis & Dunn, 1996). Even though these studies show a promising trend, there is some need for caution in terms of generalising the results. The sample size in the individual studies was generally small and from a narrow geographical region. Some of the studies (Dunn, 1990; Kemnis & Dunn) might also differ in their design from services typically provided in school settings. For instance, 60 minutes was allocated for the therapists providing direct services as well as for the group engaging in collaborative consultation with the teacher. Even though this time frame is typical for direct intervention, it is probably less common for a therapist and teacher to meet for 60 minutes each week. This highlights the need for research exploring
collaborative consultation at different frequencies and different lengths as this might influence the outcome of the intervention.

Interestingly, teachers receiving consultation emphasised the occupational therapist’s positive contribution and also acknowledged additional changes in their own attitudes that included more friendly and inclusive perspectives (Dunn, 1990). King et al. (1999) suggested that maintaining a combined model of service delivery, which includes consultation and direct services, would lead to considerable progress of the child. Another identified benefit was the high degree of service satisfaction experienced by parents and teachers.

Even though this preliminary evidence is encouraging, further research is required to highlight aspects that define and foster practice of effective consultation. Also, in most studies, therapists did not describe a specific consultation approach or principles that they shared. Therefore, cohesiveness of services delivered might have been limited between the practitioners. Thus, comparing outcomes is difficult because the intervention provided by therapists might differ considerably.

Dunn’s study (1990) involved one student with ASD, while the other studies focused on students with other special needs, mainly motor difficulties. As school-based therapists are increasingly involved with delivering services to a variety of clientele, studies focusing on specific groups of students with developmental disabilities, such as ASD, are needed.

When exploring and examining occupational therapy consultation practice the school context has to be considered. Therapy consultation as a service delivery model has developed concurrently with inclusive education. The contribution of the inclusive education context to changes and challenges in occupational therapy practice will be reviewed in the subsequent sections.

**Collaborative Consultation: The Inclusive Education Context**

While government policy in New Zealand promotes inclusive education (Department of Education, 1988; Ministry of Education, 1991; Minister for Disability Issues, 2001) there is continuous debate in the literature (Ballard & MacDonald, 1998; Booth & Aniscow, 1998) as well as in schools and between groups of parents about the realities of inclusion. The legislation has simply established a legal framework. Nevertheless, the practical implementation of inclusion for the day to day way of working in schools is still developing, changing and growing.
Hobbs and Westling (1998) described inclusion as an evolving process, which requires successful, collaborative problem solving, rather than a one-off event. Inclusive education has been generally described as requiring intensive and ongoing communication and collaboration between all individuals involved (Janney & Snell, 2004). The collaborative nature as well as the emphasis on the process character of consultation has implications for best practice in school-based therapy consultation. Changes to the occupational therapist’s role developed partially in response to the changes of educational models and particularly the movement towards inclusive education. Consequently, occupational therapists were faced by challenges associated with practicing in an unfamiliar context: the local regular school. Both the therapy services and special education support delivered in an inclusive education setting, usually differ from traditional “pull out” services in many special schools and self-contained units (Janney & Snell, 2004). Instead of delivering services solely and directly to the respective student with special needs in a separate room away from peers, therapy services often take place in the general education classroom and involve consultation (Janney & Snell, 2004). This is compatible with the described changes towards a consultative model of service delivery in school-based occupational therapy practice.

The therapist’s perspective and approach towards inclusion also requires consideration when discussing an inclusive education environment as a practice context. Some occupational therapists in the United States of America have clearly expressed their support for full inclusion of all individuals regardless of their disability (Dunn, Foto, Hinojosa, Boyt Schell, Kohlman Thomson, & Hertfelder, 1996; Grady, 1995; Hansen, 1999; Muhlenhaupt, 1996). This positive perspective might not necessarily be shared by school staff (Mitchell, 1999). Hence therapists and school staff might potentially have very different starting points in terms of their perspectives and attitude towards inclusion.

The differing context in which therapists work possibly influences their day to day practice. It raises the question of how these professionals work together in relationship to the needs of a student attending an inclusive education setting. Therefore, the next section will introduce the other key players who are involved in the collaborative consultation process in an inclusive education context.

**Collaborative Consultation: The Key Players**

Generally occupational therapists have been encouraged to assume a collaborative partnership with the individual with a disability and the others involved in supporting the
person (Bundy, 1991, 2002; Dunn, et al., 1996; Hanft & Place, 1996). Giangreco et al. (1996) emphasised that the needs of students with special needs are so complex that in order to provide appropriate and comprehensive services, Special Education services and school-based individuals, have to collaborate and share their expertise. In the case of inclusion in a school setting this might include the class teacher, teacher aide, the parents, the classmates and of course the student with special needs. Therefore, these key players, their contribution and role within inclusive education and collaborative consultation will be reviewed.

**Key Players: The Student**

Depending on the student’s age, disability and needs, his or her role within the consultation process might vary considerably. Based on some consultation models, such as the one proposed by Schein (1999), the consultation may take place directly with the student. Bundy (2002) supported this perspective and emphasised that the therapist should engage directly with older students to assist them in developing new strategies for solving their own problems. Conversely, Hanft and Place (1996) focused on the role of the student’s needs in influencing the necessity of the occupational therapist’s expertise and kind of services required. Within the Aotearoa / New Zealand context, active participation and engagement of children and young people in the collaborative decision making process has been encouraged (Ministry of Education, 2005d). However, differing levels of participation have been acknowledged depending on the ability and level of understanding of the child or young person (Ministry of Education, 2005d). In the absence of any research regarding the role of the student in occupational therapy consultation, the question remains: How actively are students engaged in the problem solving and decision-making processes on a daily basis?

Additionally, a student with ASD described his experience of therapy as feeling like a “lab rat” when “people come to test me [him] and ask me [him] to learn about how autism works for other people” (MacArthur & Kelley, 2004, p. 46). Generally, students might feel different and isolated from peers when removed from the regular classroom for therapy intervention. Therefore, a “pull out” model of therapy provision is widely regarded as less compatible with and less desirable within an inclusive education setting.

Because socially belonging to a peer group is at the heart of inclusive education, the day to day experience of attending an inclusive education setting of student’s with special needs is important. Research suggests that social relationships with peers is an area where
children with disabilities probably experience the most difficulties during their schooling (Davies & Watson, 2001; Lovitt, Plavins & Cushing, 1999; MacArthur & Gaffney, 2001; Meyer, 2001). The importance of “friends who understand” for positive school experience has been highlighted by a recent Aotearoa / New Zealand study that focused on students with learning difficulties (Marshall, Hocking, & Wilson, 2006). Bullying appears to be a salient issue (Davies & Watson, 2001; Marshall, Hocking, & Wilson, 2006; MacArthur & Gaffney, 2001). New Zealand based research highlighted that some students with disabilities feel lonely, particularly during the unstructured break times (MacArthur & Gaffney, 2001). It is unknown if these findings have been acknowledged and addressed by educational or occupational therapy personnel who are involved with the student.

Apart from concerns regarding relationship with their peers, students with diverse learning needs have also described how low teacher expectations restrict their curriculum access (Cooke, Swain, & French, 2001; Hunton & Doyle, 1999; MacArthur & Kelly, 2004). Reasonable expectations by teachers require understanding about and a positive attitude towards the student and his or her particular needs and strengths. Therefore the class teacher is another key person who has to be considered when examining and discussing occupational therapy practice in an inclusive education setting.

**Key Players: The Class Teacher**

Due to some people staying within a medical paradigm of thinking, it has been suggested that there might be some resistance by educational staff to move towards inclusive practices (Mitchell, 1999). This medical perspective may contribute to the opinion that students with special learning needs learn best with other students with similar needs; regular teachers are not equipped to teach students with special needs; the education of classmates could be affected; teacher assistance is inadequate and teachers are already stressed (Mitchell).

Overseas and local research has acknowledged the concern in a lack of teacher training in the area of special needs. In the main, teachers do not have any specific training for teaching children with special needs in Aotearoa / New Zealand. In a study conducted in the United States of America, regular teachers reported that they generally feel poorly prepared to teach students with disabilities (U.S. Department of Education, 2001). This finding was supported by a local study, which suggested that New Zealand teachers had little knowledge about Asperger Syndrome, even though they were teaching a student with
this condition (Tippett, 2004). This lack of understanding appeared to impact their teaching and their interactions with the student (Tippett).

Teachers of students with sensory processing difficulties have often demonstrated a negative attitude and perspective towards the student’s difficulties, which then influenced the teacher’s interactions with the student as well as their expectation of the student’s performance and behaviour (Case-Smith, 1997). These findings leave the impression of teachers being “pushed in at the deep end”, facing the task of interacting and teaching students with special needs without sufficient understanding and training. For school staff, this situation has the potential to become the breeding ground for frustration, feelings of inadequacy, and negative attitudes towards inclusion. This also raises questions in relation to both inclusive education and school-based occupational therapy practice. In particular, it is not clear which possible factors might influence a teacher’s attitude towards inclusion of students with special needs in general, or towards a particular student with a disability in the classroom. Moreover, what are the implications for occupational therapy consultation practice within an inclusive education context?

Generally, positive attitudes of key school personnel have been identified as one of the most critical prerequisites for successful inclusion of the student with a disability (Cook, Semmel, & Gerber, 1999; Horne, 1985; Semmel, 1986; Villa, Thousand, Meyers, & Nevin, 1996). A recent study confirmed the importance of teacher attitudes as a key element for successful inclusion in Aotearoa / New Zealand schools (Ministry of Education, 2004). Attitudes are generally formed through indirect and direct experiences (Triandis, Adamopoulos, & Brinberg, 1984). Bundy (1995, 2002) suggested that the ability to develop teaching and management strategies were informed by the teacher’s knowledge and perspectives of the student and the situation. The teacher’s knowledge and perspective could be influenced through collaboration with other professionals offering support services, such as occupational therapy. This was supported by Hobbs and Westling (1998), who highlighted not only teachers’ preparation and attitudes, but also the opportunity to collaborate with other professionals as the most important prerequisites for successful inclusion for the student. Research suggested that teachers believe there is a role for occupational therapists in the school system (Fairban & Davidson, 1993) to share their knowledge about children with special needs and provide support by offering recommendations or adapting equipment. This study highlighted the importance of making occupational therapy available as a support service within an inclusive education context because it offers the teacher access to specialist knowledge.
This finding has been supported by the work of Phillips, Alfred, Brulli, and Shank (1990) who identified a relationship between the development of positive attitudes over time when inclusion was accompanied by training, administrative and other support, as well as lowered class size and support services. It appears that initial cautious feelings or concerns of teachers can be positively changed and transformed through their journey with a student with special needs (Giangreco, Dennis, Cloninger, Edelman & Schattman, 1993). This is further supported through research comparing attitudes of teachers in inclusive schools with the position of teachers in non-inclusive schools. Teachers working in inclusive schools have demonstrated a more positive attitude towards inclusion (Roberts & Lindsell, 1997). This implies that even though a teacher might not feel adequately prepared and confident about teaching a student with special needs to begin with, this can potentially change through experience with the student and ready access to specialist support services. Even though support services such as therapy support have been mentioned as influencing attitudes, their specific role and possibly unique contribution in the transformation process is unknown. This knowledge gap leaves therapists with little direction to how they can specifically address the teacher’s attitudes; especially if these hinder a student’s inclusion, participation and access to the curriculum.

Occupational therapists, as part of these support services, offer the teacher a different perspective and understanding of the student, which might then influence the teacher’s attitudes, interactions and involvement with the student (Bundy, 1991, 2002; Case-Smith, Rogers, & Johnson, 2001; Hanft & Place, 1996). The collaboration between the teacher, occupational therapist, and other individuals involved with the student has been identified as a factor influencing the participation and educational outcomes for the student with a disability (McWilliam, 1996; Thousand & Villa, 1992). Research conducted in Canada indicated that teachers with considerable first hand experience of collaborating with occupational therapists appreciated the school-based therapy services (Fairban & Davidson, 1993). However, little is known whether this perspective is shared by “novice” teachers or teachers with little previous experience in occupational therapy services. The needs of teachers might differ considerably depending on their previous experience, which would in turn have implications for the services provided to an individual teacher.

Teachers who expressed some initial concerns about inclusion, identified communication between teachers and others involved with the student as a key element of developing successful inclusive practice (Vaughn, Schumm, Jallad, Slusher, & Samuell, 1996). The importance placed on communication appears to be congruent with the
collaborative nature of consultation described in occupational therapy literature. Werts, Wolery, Snyder, Caldwell and Salisbury (1996) indicated that some teachers prefer consultants to provide specific recommendations, thus whilst teachers favour communication, at the same time it also appears that they would like explicit suggestions. This requires a balancing act by the therapist to collaborate and to be specific, while simultaneously not falling into the role of an expert consultation model. This highlights the complexity and possible difficulties of school-based occupational therapy consultation.

Teachers have indicated a preference for the occupational therapist working inside the classroom rather than outside (Cole, Harris, Eland, & Mills, 1989; Fairban & Davidson, 1993), which is congruent with an inclusive philosophy and an ecological, top down and occupation focused approach recommended in recent occupational therapy literature (Townsend, et al., 1997). The disadvantages of the classical approach of “pulling out” the student from the classroom have been described by Janney and Snell (2004). These were identified as the therapist’s lack of knowledge of what is happening in the general education classroom, the therapist’s lack of understanding of the student’s behaviour and participation in the classroom, and the student’s inability to generalise skills from the individual situation. Additionally, Griswold (1993), an occupational therapist, has suggested that therapists should offer interventions complementing the individual teaching and classroom management style of the respective teacher. This suggested approach has not been explicitly mentioned in educational literature on inclusive practices or highlighted by teachers as a crucial step. Moreover, this proposed way of working highlights the need for therapists to spend time in the classroom to gain an understanding of the teacher’s style. However, there has been insufficient research into whether occupational therapists work within a general classroom environment in their day-to-day practice and how they do so. Additionally, research is required to explore factors impacting the likelihood of a teacher implementing or discarding therapist’s suggestions.

Considerable gaps within the available knowledge and understanding of the interplay between the occupational therapist and the class teacher exist. However, within inclusive education and in school-based occupational therapy consultation, there is a general acknowledgement of the key role of the class teacher. This raises many questions relevant to occupational therapy practice. How can occupational therapists best support the class teacher whose attitude is so crucial for successful inclusion of a student with special needs? How does the therapist gain the necessary understanding that appears to be a prerequisite to offering appropriate intervention? This underlines the general lack of
understanding and need for more research investigating the “how to” in the working relationship of occupational therapist and teacher.

While thinking about the relationship and collaboration between therapist and teacher, it is important to remember that these two professionals are actually part of a triangular relationship. The third member is the teacher aide, who is involved with the student with special needs within the classroom.

**Key Players: Teacher Aides**

Within New Zealand’s regular schools, students with disabilities are often supported by teacher aides to ensure their participation and learning. As a consequence of spending a considerable amount of time with the student, the teacher aide becomes a key person to be considered by the occupational therapist when delivering services to a student. This consideration is especially important for students receiving ORRS funding.

Several countries have increased the use of teacher aide support, to a point that this is the main strategy of putting inclusive education into practice (Giangreco, Broer, & Edelman, 1999; Giangreco, Edelman, McFarland, & Luiselli, 1997). However, there is some evidence that the continual availability of additional adult support can mean that in some cases the student ceases to participate in class lessons (Aniscow, 2000). This implies that a teacher aide who has been put in place to support inclusive education can become a barrier to the child engaging with their peers. The Wylie Report (2000) also raised concerns about the extensive and sometimes exclusive use of teacher aides to support inclusion of students with ORRS funding within Aotearoa / New Zealand.

Hulston (2000) found in her research that teacher aides were often unsupported by teachers and were not well prepared in terms of their training and knowledge of the curriculum to support the student’s learning. This concern has been supported by other authors (Aniscow, 2000; Giangreco, Boer, & Edelman, 1999; Rutherford, 2002), who have been critical about the extent to which many students with special needs are taught by teacher aides, and thus received limited contact with their class teachers. It has been suggested, that teachers need to take responsibility for all of their students, including the students with special learning needs (Hulston, 2000). Occupational therapists have to be aware of these concerns regarding the possibly unbalanced distribution of responsibility between teacher aide and class teacher. The therapist’s interaction with the teacher as well as with the teacher aide can potentially influence this imbalance. Interactions solely involving the teacher aide could promote a further disengagement of the teacher and lead to
the teacher aide taking even greater responsibility than they might be able to carry. However, Downing, Ryndak and Clark (2000) suggested that teacher aides also feel well supported when included in the collaborative team. This highlights the complex balancing act of engagement and interaction with different school staff, which is part of occupational therapists’ clinical reasoning in their daily practice.

Teacher aides often feel a strong connectedness with the student, which can lead to them believing that they know the student better than anyone else (Tutty & Hocking, 2004). The special bond experienced by teacher aides working in Aotearoa / New Zealand schools has even been described as “one step away from mother” or “being as one” (Tutty & Hocking, p. 7). This further emphasises the need for support services, including occupational therapists, to consciously and carefully consider and collaborate with the teacher aide. Understanding the teacher aide’s perspective, which might be different to those of the teacher, and joining the teacher aide and student to form relationships, can be of considerable significance in terms of the implementation of successful interventions.

The relationships formed between teacher aides and other members of the collaborative team, such as the occupational therapist, appear to be related to team members spending time alongside teacher aides and their students (Tutty & Hocking, 2004). The other team members’ efforts of getting to know the teacher aides day to day reality has been identified as building some shared understanding (Tutty & Hocking). This has implications for occupational therapy practice within the inclusive education context. Nevertheless, little is known about therapist’s practice in relationship to developing affiliations and collaborating with teacher aides.

The teacher aide and teacher are the school staff directly involved with the student on a day to day basis and therefore have to be considered as key players in the occupational therapy consultation process. In addition, family and whanau constitute another group of individuals who are part of the therapist’s practice context.

**Key Players: Family/Whanau Involvement**

Within collaborative practices, parents indicate that they would like to be part of the communication and decision-making process with the occupational therapist and other professionals involved (McCall & Schneck, 2000). This is congruent with recent Special Education policy in Aotearoa / New Zealand, which places an emphasis on family and whanau engagement (Ministry of Education, 2005c, 2005d). However, again there is little known about the process therapists use to collaborate with parents.
Research has suggested that parents of children with special needs prefer direct and individual occupational therapy services (Giangreco, Edelman, MacFarland, & Luiselle, 1997; McCall & Schneck, 2000). This is contrary to the teacher’s perception that occupational therapy provision inside the classroom rather than outside is more appropriate and beneficial (Cole, Harris, Eland, & Mills, 1989; Fairban & Davidson, 1993). It has been suggested that these parents’ preferences might be related to a general attitude of “more therapy is better” (Thress-Suchy, Roantee, Pfeffer, Reese, & Jennings, 1999). Although, there is no research demonstrating that parents generally request more therapy than necessary to meet the needs of their child. Nevertheless, the diverse perceptions on how services should be delivered could potentially lead to tensions between the different adults concerned. There is no research on how contradictory starting points and expectations might influence the consultation process in an inclusive education setting or how these might be effectively addressed by the occupational therapist involved.

The most common issue both parents and teachers identify when considering the effectiveness of occupational therapy services is that not enough services were provided for the child with special needs (Thress-Suchy, Roantee, Pfeffer, Reese, Jennings, 1999). These findings were supported by other research that explored the attitudes of parents of children with cerebral palsy or deaf-blindness (Case-Smith & Nastro, 1993, Hinojosa, 1990; Giangreco et al., 1997). Again, this attitude could be related to a general perception of “more therapy is better” (Thress-Suchy, et al., 1999), but this time teachers and parents seem to share this position. Therapists can then be left in a situation where certain expectations are placed on their level of involvement, frequency of visits or even the desire for hands-on therapy. Working within a consultative model the occupational therapist might have to consider how to address these expectations. Further, it raises questions regarding how much service is required to be effective and what the therapist’s perspective is on this issue.

While working collaboratively, the goals and aims of the individuals engaged in the process require reflection and mindfulness. Parents of children with sensory modulation difficulties identified social participation as a main area of concern and one where hope for change is evident (Cohn, Miller, Tickle-Degnen, 2000). Social participation in the school context was also described as being highly valued. This is congruent with the importance of social relationships and belonging that was emphasised by children with disability who attended a general education class (Davies & Watson, 2001; Lovitt, Plavins & Cushing, 1999; MacArthur & Gaffney, 2001; MacArthur, 2002; Meyer, 2001). At the same time the
parents also wanted to learn new strategies to support their child to increase their competence to achieve a sense of personal validation (Cohn, Miller, Tickle-Degnen, 2000). These are definite hopes and expectations which are relevant for occupational therapy practitioners providing services to these parents. Again, there is little known about how much of these parents’ wishes are generally considered and reflected in the services provided. Additionally, the processes which occupational therapists might use to understand the parent’s perspective have not been explored by research.

Keeping in mind the importance parents place on social participation, there are another group of individuals, who are considered to be key players within an inclusive education context. The student with special learning needs does not solely engage and learn with the teacher and teacher aide; classmates play a considerable role in the student’s inclusion and participation.

**Key Players: Classmates**

Developing communication, social and co-operative skills have been described as essential skills for every student with and without special learning needs (Ministry of Education, 1993). Studies by Helmsstetter, Peck, and Giangreco (1994) and Stainback, Stainback, Moravcek, and Jackson (1992) found that students develop positive attitudes towards students with special needs based on the experience of having students with disability in their classroom. The attitudes and perception of classmates of students with special learning needs are influenced by their experiences. Students attending an inclusive education setting generally demonstrate a more positive attitude and lower degrees of abusive behaviour towards their peers with special needs (Bunch & Valeo, 2004; Roberts & Lindsell, 1997). A correlation was found between the students’ attitudes and their behavioral intentions (Roberts & Lindsell, 1997). Bunch and Valeo (2004) determined that advocating for peers with disabilities was more routine in the inclusive settings, when compared to students attending a regular school. Occupational therapists practicing in an inclusive education environment may have to consider the classmates’ experience of the student with a disability. Considering the fundamental philosophy of inclusive education, it might be significant to ask if a certain intervention or suggestion might support the student’s engagement with classmates or act as a possible barrier between the student with special needs and peers. Again, there is little known regarding whether therapists consider this need in their practice and how they go about addressing this issue.
A general school culture focusing on learning and understanding for all students rather than social comparison and competition among students has also been suggested as promoting positive attitudes of individual students towards peers with special needs (McDougall, DeWit, King, Miller, Kilip, 2004). This suggests there is not just a micro-level of individual student’s experiences, but a macro-level of the entire school culture. There is no research available looking at the concept of school culture and its relevance and implications for school-based occupational therapy.

In contrast to the earlier described focus on teacher aide support for students with special needs, Aniscow (2000) suggested child-to-child support as a strategy for promoting inclusive practices. Following this recommendation, therapists may have to re-think some of the more traditional strategies which are adult focused and may involve withdrawing the child from peers, and instead consider strategies enabling child-to-child support.

**Summary: Key Players**

The literature highlights the different roles of the various individuals who might play a part in the occupational therapy consultation process. The individual key players come with their own areas of strength, with their own needs in terms of support required and with perspectives and expectations regarding what and how occupational therapy could be of benefit to the student’s inclusion. There is generally a lack of research exploring how occupational therapists consider and attend to the various key players.

School-based occupational therapists face many changes and challenges in relationship to practicing using a consultation model and working within an inclusive education context. However, these are not the only aspects of their practice which have changed over time. The changing clientele that occupational therapists work with has also transformed the demands of their role and their daily practice.

**Autism Spectrum Disorder: Facing New Challenges**

Occupational therapists have increasingly become involved with providing services for students with autism (Case-Smith & Miller, 1999). This relatively new and growing client group brings new challenges for therapists providing services within the school context. Autism Spectrum Disorder (ASD) is a disorder in which symptoms occur on a continuum with varying degrees of intensity. It has been described as a complex and pervasive disability (American Psychiatric Association, 1994; World Health Organization, 1993) consisting of a triad of difficulties: social interaction, communication, rigidity and
inflexibility (Education Queensland, 1998). Although people with ASD share common features, at the same time they are highly individual (Ministry of Education, 2000b). This adds to the complexity of the condition. The diagnostic criteria ICD 10 (World Health Organization, 1993) and DSM IV (American Psychiatric Association, 1994) include qualitative impairment in reciprocal social interactions, and verbal and non-verbal communication (Appendix C). It has been widely acknowledged in the literature that students with ASD also experience difficulties in the area of sensory processing as well as clumsiness (Huebner, 2001; Miller-Kuhaneck, 2001). Even though motor difficulties are not part of the diagnostic criteria for ASD, it has also been recognised that individuals with ASD often experience difficulties in motor planning, postural control associated with low muscle tone, and fine motor control affecting their ability to develop functional handwriting skills (Huebner; Miller-Kuhaneck).

It is estimated that the incidence of Autism Spectrum Disorder (ASD) in western countries might be between 4 and 6.7 in 10,000 (Gilberg, 1988; Gilberg & Wing, 1999) or even between one and two in 1,000 (Rapin, 1996). As there is no statistical data available about the incidence for ASD in Aotearoa / New Zealand, making a conservative estimate there might be between 1,600 and 2,600 or following Rapin’s incident rate between 4,000 and 8,000 individuals on the autism spectrum. There has been a 173% increase in students diagnosed with ASD in American schools from the school year 1992/93 to 1997/98 (Fight Autism, n.d.; Individuals with Disability Education Act (IDEA), n.d.; Center for Disease Control, n.d.). Different reasons have been suggested for the increased rate of diagnosis of autism in Western countries such as the USA. These include the development of more precise diagnostic criteria; the growing knowledge of doctors, teachers and other professionals; the development of inclusive education rather than segregated facilities; an increased awareness of autism and possibly environmental factors, such as toxins.

The reasons behind the increase of individuals being diagnosed on the spectrum leaves room for speculation; nevertheless, the reality is that there are a higher number of students diagnosed with ASD in need of specialist services, including occupational therapy.

**Autism Spectrum Disorder: An Educational Perspective**

A recent New Zealand study that examined the experiences of students with Asperger Syndrome attending a general education setting, painted a rather bleak picture (Tippett, 2004). The main issues impacting students’ experience were identified as “difficulties accessing the curriculum, social difficulties, misunderstanding of the parents’
roles, teacher responsibility, bullying, lack of teacher aide support, placement difficulties and sensory and environmental factors” (p. 12). Tippett suggested that these might all be related to lack of support as none of these students was ORRS funded. This raises questions about how crucial support services, including teacher aide support, are for successful inclusion.

Students with ASD might experience a variety of difficulties while attending and learning in a regular school setting. A student with special learning needs related to autism described his challenges at school in the following way (Lawson, 1999, no page number):

Life is like a video,
I watch but cannot partake.
My uneven skills are but an echo,
Of the frustration which I hate!
School was a nightmare!
I was so easily caught away with child’s interruptions.
It might have been a child coughing,
A bus passing by on the road outside,
A bird singing,
Or simply my own thinking trying to work out words from a previous conversation.
I couldn’t organise myself either myself, or my time,
I knew that I didn’t fit in anywhere.

This poem illustrates the experience of students with ASD in a typical school environment, which highlights the importance of further developing inclusive education practice as well as specialist support services for students on the autism spectrum. It is essential to consider barriers to these students’ participation and inclusion and how these could be addressed. Occupational therapists as one of the professionals working with this clientele have to investigate their possible contribution.

Education has been identified as an important factor for the development of a child with ASD (National Research Council, 2001). “Good teaching can make a difference, and high expectations (as long as they accept the child’s difficulties) are as important … in autism as for any other group” (Powell & Jordan, 1997, p. 25). In teaching students with autism the emphasis should be on adapting to their difference, rather than attempting to modify the student’s efforts and way of learning (Gilberg & Peters, 1999). This implies that
teaching students with ASD often requires different or atypical teaching and management strategies from a regular, mainstream teacher. Due to the complex nature of autism and the very individual presentation, individual packages of support, including occupational therapy, are required to meet the student’s needs (Ministry of Education, 2000b).

Little is known as to if this general emphasis on adapting and modifying the curriculum for the individual student has influenced the nature of special education services provided. The focus of intervention has been described as “the child, the learning, and the participation, not the special education need” (Ministry of Education, 2004, p. 7). Furthermore, there is initial evidence that inclusive practices involve adaptation of a student’s physical environment, use of technology and visual strategies (Ministry of Education, 2004). Even though this preliminary data is encouraging, the educational reality for some students with autism and Asperger Syndrome is less than ideal.

Sensory Processing, Participation and Occupational Therapy

An area that has been discussed widely in the occupational therapy literature related to autism is the abnormalities in sensory processing that often go hand in hand with the condition (Huebner, 2001; Miller-Kuhaneck, 2001). Individuals with ASD have specific difficulties with sensory processing impacting on their occupational performance in daily life (Jones, Quigney, & Huws, 2003; Rogers, Hepburn & Wehner, 2003). This has been well established through anecdotal reports of individuals with ASD (Grandin, 1986, 1990, 1992a, 1992b, 1995; Lawson, 1999; Williams, 1992, 1996, 1998) and empirical studies (Smith Myles, Hagiwara, Dunn, Rinner, Reese, Huggins, & Becks, 2004; Talay-Ongan & Wood, 2000; Watling, Deitz & White, 2001).

Additionally, it has been recognised that these abnormal sensory reactivities have a significant relationship with overall adaptive behaviour (Baranek, Foster, & Berkson, 1997; Rogers, Hepburn, & Wehner, 2003). Generally, the performance in the adaptive behaviours of community use and social skills appear to decrease as symptoms of sensory modulation difficulties increase (Pfeiffer, Kinnealey, Reed, & Herzberg, 2005). Hypersensitive senses involving vision, hearing, smell, taste and touch are often reported to cause great discomfort (Jones, Quigney, & Huws, 2003). These sensitivities commonly cause difficulties in the classroom (Tippett, 2004). Temple Grandin (1986, 1990, 1992a, 1992b, 1995), an American woman with ASD, has strongly advocated considering the affect of sensory processing issues on individuals’ daily life. "For almost decade, I have discussed sensory sensitivity problems in autism…These problems are often overlooked in treatment
programs for children with autism. Problems caused by noise sensitivity, oversensitivity to touch, and difficulties with rhythm all cause many behaviour problems. These sensory sensitivities influence learning, communication, and social abilities" (Grandin, 1995, p. 39).

Several recent studies highlighted the practice of occupational therapy with people who have autism. One theme emerging from the research was the use of sensory integration or sensory processing as a frequently used theoretical framework. Watling, Deitz, Kanny and McLaughlin (1999) surveyed 72 occupational therapists experienced in autism treatment and found that sensory integration was the dominant theoretical framework used. Huebner and Headlander (2002) studied the clinical reasoning of occupational therapists. When asked about the unique contributions of occupational therapy to the treatment of autism, more than 90% responded that occupational therapists contribute an understanding of how sensory processing and sensory modulation disorders affect behaviour, communication, and functional skills.

The second theme that surfaced was the service delivery models used. Occupational therapy practices included both a 1:1 focus of intervention (82%) and frequent collaboration with other professionals involved such as school teachers (84%) (Watling, Deitz, Kanny, & McLaughlin, 1999). Case-Smith and Miller (1999) surveyed 292 occupational therapists in school system practice and found they applied sensory integration and environmental modifications in their direct and consultative roles with children with autism.

Some studies focused on the effectiveness of sensory integration intervention for children with ASD and issues related to their sensory processing difficulties. A few recent studies have indicated that some positive results were achieved in terms of decreasing the child’s hyper-responsiveness to sensory input (Case-Smith & Byran, 1999; Linderman & Stewart, 1999) and reducing self-stimulating and self-injurious behaviour through hands-on sensory integration treatment (Smith, Press, Koenig, & Kinnealey, 2005) and deep pressure techniques (Edelson, Edelson, Kerr, & Grandin, 1999). Although these results are promising, therapists should be cautious to generalise the results as all studies used single-subject research designs. Although these studies make a contribution to the body of knowledge of occupational therapy practice with children with ASD, studies with larger samples would be important to consolidate the findings.
Summary: Autism Spectrum Disorder

Occupational therapists have increasingly become involved with providing services to individuals on the autism spectrum, who have complex and pervasive needs. The importance of participating in the education of students with ASD has been highlighted as an important factor for their overall development. The school environment and teaching strategies require adapting and modifying to enable the student to partake in a regular school setting. Sensory processing difficulties have been identified as having a considerable effect on the participation of students with ASD in the classroom. Consistent research findings demonstrate that occupational therapists often use a sensory processing framework in their work with people who have autism, where they collaborate with other professionals involved with the respective individual. In the case of the individual attending a school setting these professionals include the teacher and teacher aide(s) as well as other relevant people involved with the respective student. This was also the case when treating children with ASD using a sensory integration / sensory processing frame of reference. There is an emerging understanding (Bundy 1991, 2002) of how sensory integration, which has been traditionally a hands-on therapy approach, could be utilised within a consultative model of service delivery. There is still a need to explore aspects, such as how occupational therapists utilise their sensory integration knowledge to contribute to the understanding of other individuals involved with the student. Little is known about how therapists actually apply the sensory integration framework within a consultative model of service delivery in an inclusive education context on a day to day basis.

Summary

This chapter has outlined the role of occupational therapy consultation within the school setting. A number of aspects relating to school-based consultation have been reviewed, including different consultation models, inclusive education as context, and the other individuals involved in the consultation process. Finally, important literature regarding students with special learning needs related to ASD was reviewed, especially the sensory processing difficulties impacting the student’s occupational performance at school.

Occupational therapists have increasingly been employed to work in Special Education (SE). They are involved in providing services for students with ASD included in regular classes in their local school. The need for further research in this specific area of occupational therapy practice has been identified. Generally there are more questions than answers regarding occupational therapy consultation within an inclusive education context.
Furthermore, this chapter has highlighted the complexity and diversity of this area of practice.

This research aims to contribute to the body of knowledge about occupational therapy practice for individuals with ASD in the educational context using a consultation service provision model. It aims to explore the social process that takes place while the occupational therapist supports the other individuals involved with the student. Stimulating, facilitating or hindering aspects influencing the consultation process will be considered.

The following chapter discusses the qualitative research methodology chosen to explore the occupational therapy consultation process. It will outline grounded theory, the philosophical underpinning of symbolic interactionism and the research path followed in this research project.
CHAPTER THREE: Research Methodology and Methods

Introduction

This chapter will outline the research methodology that was utilised for this research project. There are two parts to the chapter. It will begin with considerations regarding qualitative research in occupational therapy. It will also describe the path towards the methodological choice and developing the research question. Next an overview of the underlying philosophy and theoretical basis of grounded theory will be presented. These considerations will be done in respect to the focus of this study.

The second half of the chapter focuses on specific grounded theory techniques, which were used during data gathering and analysis. These techniques include constant comparative analysis and theoretical sampling. Examples from this research project will be utilised to clarify how these techniques were used. Ethical considerations such as confidentiality and ways rigour was established will be discussed.

The grounded theory research process presented in this chapter might appear linear at times, but in reality it occurs at many levels simultaneously (Strauss & Corbin, 1998). There is a constant interplay between data collection and data analysis. Moreover, different coding steps of data analysis take place at the same time (Strauss & Corbin, 1998). This will be discussed in further detail and re-examined later in this chapter.

Development of Research Question and Methodological Choice

In comparison to other professional groups such as psychologists, relatively little research has been conducted by occupational therapists regarding topics relevant to their practice (Cusick, 2000). Considering the general movement towards evidence based practice within health professions; there is a growing recognition that occupational therapy requires a sound research base.

Initially, research in occupational therapy had a quantitative emphasis, but in the last decade the focus has moved towards acknowledging the need to capture the experience of people (Royeen, 1997). Occupational therapists have begun to look beyond quantitative methodologies and techniques, using qualitative research to capture the experience of individuals in the natural setting, drawing knowledge from first-hand accounts. The focus of qualitative research has been described as capturing facets and characteristics of the specific phenomenon in their wholeness (Polit, Beck, & Hogler, 2001). Following Creswell’s (1998) definition of qualitative research the emphasis is on developing a
complex, holistic picture through the analysis of words, and by reporting the perspective of informants in a detailed way.

The aim of this study focuses on gaining a more holistic picture of a consultative model of occupational therapy practice in the educational setting. Consequently, a qualitative framework was indicated. The personal experience of the therapists as captured by their stories was the centre of interest. This focus on personal experience led, early in the development of the research proposal, to the exploration of a variety of qualitative research methodologies.

The limited research related to the consultative process in schools further encouraged this research project. Much research into the consultative process in schools has focused on aspects such as the effectiveness of consultation in comparison to withdrawal therapy (Davies & Gavin, 1994; Dreiling & Bundy, 2003; Dunn, 1990; Kemnis & Dunn, 1996; King, McDougall, Tucker, Gritzan, Malloy-Miller, Alambets, Cunning, Thomas, & Gregory, 1999; Palisano, 1989), and therapy concepts utilised by therapists working in schools (Case-Smith, 1997; Storch & Eskow, 1996). Similarly, research specific to occupational therapy practice with clients with ASD has also focused on effectiveness (Case-Smith & Byran, 1999; Linderman & Stewart, 1999; Smith, Press, Koenig, & Kinnealey, 2005) and therapy concepts (Huebner & Headlander, 2002; Watling, Deitz, Kanny & McLaughlin, 1999). However, few studies have empirically explored the components of the occupational therapy consultation process and aspects which facilitate positive outcomes (Barnes & Turner, 2001; Case-Smith, 1997; Niehues, Bundy, Mattingly, & Lawlor, 1991). Additionally, there is little qualitative research specific to occupational therapy practice in the New Zealand context. Hence, a qualitative research methodology would add new knowledge and understanding.

Hassselkus (1995) advocated for occupational therapy researchers to use a greater variety of research methodologies including grounded theory, due to its specific focus on theory building. Grounded theory is a qualitative research methodology intended to generate or discover a theory that is grounded empirically in data from the field; especially in the actions, interactions, and social processes of people (Creswell, 1998; Stanley & Cheek, 2003; Strauss & Corbin, 1994; Strauss, 1987). It explores the basic social process of a respective phenomenon as it is experienced by individuals who have first hand knowledge. To date, grounded theory has not been widely used in occupational therapy research. However, Stanley and Cheek supported Hasselkus’s view and argued that grounded theory is a very suitable approach for developing occupational therapy’s own
unique theories; especially considering the profession’s current stage of early development. Given that little is known about the processes of consultation, grounded theory was considered a suitable methodology for this research project.

The choice of grounded theory as qualitative methodology for this research project has also been directed by the nature of the research question. Initially the study was intended to focus on the occupational therapist and other key players in the consultation process, how they share and influence each others’ perspective and aspects which might facilitate or hinder this process. The phenomenon under investigation was the social process taking place between occupational therapists and other individuals involved with a student with ASD. This again supported use of a grounded theory research methodology.

The focus of the research was slightly modified and extended during the initial stages of the research process. In the initial stages of the research project it became apparent that the process of the occupational therapist and other key players sharing and influencing each others’ perspective was strongly embedded in the overall consultation process. Thus, to gain a fuller understanding, it is essential to understand the process of sharing and influencing perspectives in the context of the consultation process. Therefore the entire consultation process became the focus of the study. The study’s aim was modified to explore the social processes that take place while the occupational therapist supports the other individuals involved with the student, including stimulating, facilitating or hindering components of the consultation process. Again, the focus on exploring consultation as a social process inferred grounded theory as an appropriate research methodology.

Jaffe and Epstein (1992), Bundy (1991, 1995, 2002) and Hanft and Place (1996) have all suggested theoretical models for occupational therapy consultative practice, but these lack an empirical research basis. Therefore, as an initial step towards developing a theory that is based in day to day practice, a high level conceptual ordering would be of considerable benefit to the profession. High level conceptual ordering involves exploring the individual components of the process and their relationship to each other in depth, and from there developing these components into an advanced theoretical construct. In grounded theory there is an emphasis on staying away from preconceived ideas or theories, letting the theory emerge from the data (Strauss & Corbin, 1998).

When determining which research methodology is the best fit for exploring the subject in question, the philosophical underpinning of the particular methodology also has to be considered. The philosophical understanding influences and determines the
philosophical position a researcher takes when conducting a study. Therefore it fundamentally influences the research process.

**Philosophical Understanding: Symbolic Interactionism**

The underlying philosophical thinking of grounded theory is based on the notion of symbolic interactionism. In this section the central ideas and assumptions of symbolic interactionism will be discussed and at the same time related to the focus of this study. Symbolic interactionism builds the framework in which grounded theory research interprets the social processes taking place. In this case, the social processes taking place when occupational therapists engage in a consultation process with school staff and other individuals in relation to a student with ASD attending a regular local school.

George Herbert Mead (1934), an American philosopher, laid the foundation for symbolic interactionism, with his focus on in-depth analysis of social interaction. Blumer (1969) and Charon (1998) further developed Mead’s ideas and contributed considerably to the development of symbolic interactionism. The thoughts of both Blumer and Charon underpin the philosophical understanding and underlying assumptions about social interaction for this research project.

Symbolic interactionism originated from the field of social psychology (Charon, 1998) and considers reality as a product of a person’s social world. Through interaction individuals create their own reality; however a joint reality is shaped through social interaction as well (Stanley & Cheek, 2003). Symbolic interactionism focuses on human beings as socially constructed individuals. Through a process of interactions with each other they make sense of the world (Stanley & Cheek).

In building on Mead’s ideas, Blumer (1969) described three essential premises underlying symbolic interactionism. The first premise emphasises that humans act toward things (physical objects and other human beings) on the foundation of the meaning that the respective thing has for them. The second premise highlights that the meaning of those things is developed out of the social interaction. And the third premise, meanings are interpreted and modified through a process used by the person dealing with the things encountered. These principles are reflected in the design of this research. This study focuses on the meanings that are developed by occupational therapists through the interactions they have with a number of individuals, while working with a student with ASD attending a regular classroom. The meanings are attached to the human beings (e.g. school staff), and physical objects (e.g. the physical set up of the classroom), which
influence the occupational therapists’ actions. At the same time, these meanings are understood and adapted by the occupational therapist when dealing with the people and physical world encountered. This research aims to uncover and explore some of the meanings that occupational therapists attach to the individuals and physical environment which constitute their work context.

Charon (1998) advanced these concepts proposed by Blumer (1969) to five central ideas of symbolic interactionism. The focal point is the nature of social interaction, the dynamic social activities happening between people, in this case the occupational therapist and the other individuals involved with a respective student. Human action is grounded not only in social interaction, but also results from interaction inside the individual person. In this research these internal processes within the occupational therapist are also explored. Humans do not perceive their environment directly, but instead identify their situation following their actions. In relationship to the focus of this research project, this means that the occupational therapist does not respond to the words or actions of the other individuals involved, but instead to whatever meaning he or she has given those words or actions at that time. This meaning is both a result of the interaction with others and also a reflection of actions towards themselves. Therefore, the thinking processes which therapists undertake will also be explored as part of this research.

Social interaction, interactions with self, and the definition of the situation are core concepts of symbolic interactionism (Blumer, 1969; Charon, 1998). Human actions are caused by what happens in the present situation and how the individual defines what is happening. In terms of the phenomenon of occupational therapy consultation, this means that the actions of the occupational therapist are caused by his or her definitions and the social interactions at that point of time. Humans are able to take an active part in the cause of their own action. In this case, the occupational therapist is a dynamic player who thinks, names, applies his or her past, envisions a future, and decides on objects in the environment for his or her own use. This research aims to find out more about these facets, which influence the consultation process.

Symbolic interactionism, as the underlying assumption of grounded theory, emphasises the suitability of grounded theory as a methodology to explore aspects and situations of clinical practice in which humans interact. As this study aims to explore the interactive process between occupational therapist and educational staff and families working with a student with ASD in a regular classroom setting, grounded theory is an
appropriate research methodology. The meaning derived from those interactions will be investigated from the occupational therapist’s perspective.

The next section introduces the application of grounded theory methodology and the design of this research.

**Grounded Theory Methodology and Research Design**

Grounded theory is an analytic inductive technique situated in the interpretative tradition (Stanley & Cheek, 2003). The researcher poses the general question "What is happening here?" (Giddings & Wood, 2000, p. 6). The emphasis of grounded theory is on letting theory emerge from field data, which is in contrast to theory that has been developed based on prior theoretical assumptions (Creswell, 1998; Patton, 2002). Strauss and Corbin (1994) define a theory as a plausible relationship among concepts and groups of concepts. Grounded theory can also be utilised to build a high level description or conceptual ordering (Strauss & Corbin, 1998). Conceptual ordering is the systematizing of data into categories according to their properties and their dimensions and using description to explain those categories. High level conceptual ordering is significant to the development of knowledge and can be important in advancing the theoretical basis of a discipline (Strauss & Corbin, 1998). As this study is necessarily restricted to a master’s research project, which involves time and resource constraints, the aim is to develop high level conceptual ordering.

Within grounded theory there are different approaches and schools of thought put forward by different researchers (Charmaz, 2000; Dey, 1999; Strauss, 1987; Strauss & Corbin, 1994, 1998). Initially grounded theory was developed co-jointly by Glaser and Strauss (1967). Glaser and Strauss have since parted and developed separate and distinct grounded theory approaches. The specific approach employed for this study is that of Strauss and Corbin (1998), as they offer clear guidance and "rules of thumb" for the novice grounded theory researcher (McCallin, 2003; Strauss, 1987; Strauss & Corbin, 1998). The use of a structured approach as proposed by Strauss and Corbin enhances rigour of data and results. Strauss and Corbin’s method of grounded theory is also more congruent with the researcher’s own personal style. Nevertheless, it has to be acknowledged that Glaser (1992) is strongly opposed to Strauss and Corbin’s approach, claiming it is too structured, hindering the emergence of theory and leading to data being forced. Acknowledging this concern, a number of methods were used throughout this project to counteract the risk of
the data being forced. These included the use of critical groups and are further outlined in the section addressing rigor.

The ethical considerations underlying this study are an important foundation influencing every step taken in the research process. Therefore the ethical principles which guided this research are discussed in the following section, prior to examining the data collection and analysis in detail.

Ethical Considerations

The core ethical principles applied in this research include non–harming, voluntary participation, informed consent, avoidance of deceit, confidentiality, and respect of cultural identity. The practical implications of these principles were summarised and clarified in an ethics application prior to commencing the study (Appendix D).

This research gained approval from the Ethics Committee of the Otago Polytechnic and the National Office of the Ministry of Education, Special Education in Wellington. Furthermore, this research was designed to abide by the Code of Ethics for Occupational Therapists as issued by the New Zealand Occupational Therapy Board (1998).

Permission was sought to access occupational therapists working for the Ministry of Education, Special Education with the exception of colleagues working within the researcher’s own district. This was to ensure that these colleagues did not feel obligated because they knew the researcher and worked with her on a daily basis. It was also considered that these interviews could impact adversely on the existing working relationship with the researcher’s colleagues.

The probability of harm occurring to the participants was considered low. However, sharing professional experience with another therapist might involve reliving stressful situations so the opportunity for professional counselling support was made available if required. This was not required as no participant indicated any interview related distress or emotional difficulties to the researcher or her supervisor.

The researcher fully disclosed to research participants the type of interview, other possible data collection procedures that could occur, and the scope and nature of the person's involvement. This happened "without revealing specific hypotheses or introducing biased perspectives that may shape the informant's responses during the study" (DePoy & Gitlin, 1998, p. 154). An information sheet containing details about the study, and explaining confidentiality was provided prior to the interview (Appendix E). The information sheet had the contact details of the researcher and supervisors, giving potential
participants the opportunity to ask any questions. During a follow up phone call the researcher answered any questions and an appointment was scheduled. Before the beginning of every interview verbal and written consent was obtained.

The length of the interviews was between one or two hours. The appointment time and place for the interview was discussed prior to the interview, with an emphasis on the participants choosing a venue and time convenient to them. The time commitment involved with the interview was openly discussed with the participants.

Potential participants were informed about their right to withdraw from the study up to the point of data analysis without suffering any prejudices or disadvantages of any kind (Appendix F). Furthermore participants were reminded of their right to terminate the interview at any time during the conversation, to delete information from the tape during the interview and to choose not to answer a question they did not feel comfortable with. All participants were provided with copies of the typed transcript and were given the opportunity to edit the information they provided. None of the participants expressed concerns regarding the content of their transcript nor chose to withdraw.

As a consequence of ensuring that only the researcher and the supervisors involved in the research project had access to the participant's information, and the information shared was not linked to the person's identity in any way, all information shared by the research participants was kept confidential. The name of the respondent was removed from all documentation and the researcher assigned identification numbers to individuals who were interviewed. Every effort was made to maintain participants’ anonymity, for instance by using pseudonyms. However, due to the relatively small community of occupational therapists working for MoE - SE in Aotearoa / New Zealand, there is a potential risk that participants could be identified. The participants were made aware of the potential risk to ensure an informed decision about participation in this study.

The researcher took care to respect the participants' cultural backgrounds and values and not to impose cultural beliefs on the participants when conducting this research; thus safeguarding the participants' sense of cultural integrity. When scheduling the appointment for the interview the researcher enquired about participants’ needs to make them feel culturally acknowledged and comfortable. None of the participants identified any specific cultural needs.

The process for gathering and interpreting data will be reviewed in further detail in the following section.
**Sampling Strategies**

Within grounded theory two sampling methods that are commonly used to select participants are purposive and theoretical sampling (Chenitz & Swanson, 1986; Strauss & Corbin, 1998). In the initial stage of the study purposive sampling was utilised. Purposive sampling is a selection technique to identify participants who have some knowledge or experience of the phenomenon under investigation (Schatzman & Strauss, 1973). This sampling method supports the forming of concepts, categories and sub-categories out of the data. It is especially helpful under time constraints. Therefore it was utilised to determine the first four participants.

In keeping with grounded theory further participant selection was led by theoretical sampling after the fifth interview (Chenitz & Swanson, 1986; Glaser, 1978; Glaser & Strauss, 1967; Stanley & Cheek, 2003; Strauss, 1987; Strauss & Corbin, 1998). Theoretical sampling refers to a sampling process in which further steps of data collection are led by the data analysis of the initial interviews, aiming to gain a different perspective on the concepts that are emerging. Therefore, the emerging concepts and identified categories assisted the researcher in determining the next participants. For instance, it appeared that senior therapists with more than two years work experience in the same geographical area and concurrently the same schools, could give the information required to further develop the emerging categories. Thus for the subsequent interviews senior therapists meeting the above mentioned criteria were sought.

**Saturation**

The sample size in a grounded theory study is usually determined by saturation. Saturation is when data gathered by the investigator does not provide new insights or understandings (Glaser, 1978; Glaser & Strauss, 1967; Schreiber, 2001; Strauss & Corbin, 1998). If saturation can not be achieved due to constraints, such as time or number of participants, or theory generation is not the aim of the research project, grounded theory can be utilised to build a high level description or conceptual ordering. High level conceptual ordering is also an important contribution to the generation of knowledge and can make a valuable contribution in terms of an initial understanding (Strauss & Corbin, 1994, 1998). Due to the constraints of a master thesis research project the intention of this study is to develop a high conceptual ordering. It aims to contribute to the development of knowledge of occupational therapy consultation practice around clients with ASD in an educational setting.
Access to the Field

The participants of this study were all occupational therapists. As part of the purposive sampling the researcher forwarded information about this research project through the occupational therapy/physiotherapy electronic mailing list to all occupational therapists employed by MoE-SE. The e-mail invited MoE-SE occupational therapists to participate in this project. A considerable number of participants heard about this study from other occupational therapists. This “word of mouth” recruitment appeared to be a more successful way of accessing possible participants as some of the early participants talked to colleagues encouraging them to volunteer.

The researcher aimed to gather data from different areas of the country and opportunities for interviews in different regions were offered, ensuring that the findings would represent the practice of occupational therapists in Aotearoa / New Zealand. The final data collection site for this study was the North Island of Aotearoa / New Zealand. No occupational therapists from the South Island volunteered to take part in this study.

Participant Selection

Occupational therapists interested in participation were asked to fulfil the following criteria, as they were thought to have knowledge and broad experience of the consultation process:

- self identify as “seeing” oneself as presently working in a consultation model
- have provided services to students with ASD in regular school setting for more than two years
- be either a) currently employed by the Ministry of Education, Special Education (MoE-SE) for at least a year or b) have left the service within the last six months
- have knowledge and experience of sensory processing issues often experienced by students with ASD

These criteria were part of purposive sampling which was employed in the initial stage of the research project (Schatzman & Strauss, 1973). Later, theoretical sampling sought participants with extended experience in the one geographical area or school setting of more than 2 years.

All occupational therapists who participated in the study fulfilled the criteria in terms of work experience within a regular school setting. All participants had extensive experience working within the paediatric field of occupational therapy practice. The range of experience in working within the regular school environment was from two to eight
years. All participants had attended courses and workshops related to sensory integration / sensory processing. To avoid possible identification of participants, no further background details will be disclosed.

The students with ASD referred to by the occupational therapists within this research project were supported under the Ongoing Reviewable Resources Scheme (ORRS). The Ministry of Education, Group Special Education was the fund holder for the ORRS funding of the students receiving occupational therapy services.

Participants consisted of eight occupational therapists, therefore eight interviews were conducted. Only the first participant was asked to answer some follow up questions at a later stage of the research. This was to further question some of the stories she shared during the first interview and to pose some theoretical questions concerning categories that arose from later interviews.

**Data Collection**

A range of different data collection methods can be employed within a grounded theory study, including interviews and observations. When choosing the data collection method the aim of the project, ethical consideration and constraints of the research project have to be considered. Due to this study being part of a postgraduate programme, the timeframe was relatively short and resources were generally restricted. This limited the data collection in terms of the number of interviews conducted and data sources utilised. The data was collected solely utilising interviews. Field visits and observations would have been beneficial to supplementing the self-reported data, however were not realistic due to the constraints of this project.

The data collection process took place from September 2004 to March 2005. The participants were all interviewed individually. Each therapist participated in one open ended, face to face interview. These interviews were semi-structured and audio taped for later transcribing. The interviews conducted by the researcher were one to two hours long and were carried out either in person or utilising the video conferencing sites situated in some MoE-SE offices. The interviews took place at a location of the participant's convenience. Notes were taken during the interview; this is also congruent with grounded theory (Dick, 2002). The interviews were transcribed by the researcher and a person from a transcribing service who signed a confidentiality statement. The transcripts were reviewed by the respective participant prior to data analysis.
In grounded theory studies the interviews have a retrospective perspective (Morse, 2001). Questions asked encourage participants to tell their stories about an event or past experiences (Morse). In this case, the occupational therapists were asked to share their past experience about working as a consultant in an inclusive education context in relationship to a student with ASD. The therapists were reminded prior to the interview not to identify schools, students, teacher and other individuals involved. Frequently participants chose to use different past experiences to highlight their range of experiences and variations between different situations.

Between the interviews considerable time was allocated for analysis of the obtained data, specifically for the identification of emerging categories, sub-categories and the hypothesised relationships between them. The immediate analysis of the data is an important aspect of a grounded theory study (Strauss & Corbin, 1998), which will be described in detail in a later section. Part of this process was developing questions for further interviews from the ongoing analysis. This process is called theoretical questioning and assists with further concept development (Strauss & Corbin). This involves asking subsequent participants questions in relationship to concepts and categories that have emerged from previous interviews. Therefore, clarity in meaning is sought not necessarily from the same individual, but from different participants.

Further data collection was guided by the emerging themes, categories and relationships between categories of earlier obtained data. It is a significant aspect of grounded theory that data collection and analyses is an alternating process (Strauss & Corbin, 1994, 1998).

Data Analysis

Grounded theory offers different methods and tools for data analysis in the different coding stages, which are meant to enable the researcher to see what is in the data with greater sensitivity and awareness (Strauss & Corbin, 1998). After a brief discussion of theoretical sensitivity in grounded theory research the tools applied in this research are outlined below.

Theoretical Sensitivity

Glaser (1978) and Strauss (1987) highlighted the importance of theoretical sensitivity, which describes the researcher’s familiarity with the topic and context in which the research is carried out. The researcher has to be sensitive to thinking about the collected
data in theoretical terms (Strauss, 1987) and to theoretical issues when scrutinizing data (Glaser, 1978). To facilitate theoretical sensitivity, wide reading in the literature of one’s field and related disciplines focusing on ways of looking at social phenomena has been described as very useful (Strauss, 1987). In this study, theoretical sensitivity was ascertained by extensive reading relating to occupational therapy and other relevant literature, including general consultation literature. It was also gained from years of practice as a paediatric occupational therapist working in various settings, including work as a consulting therapist in an inclusive education context.

### Analysis of a Word, Phrase, or Sentence

One of the techniques utilised is analysis of a word, phrase, or sentence (Strauss & Corbin, 1998). One word frequently used by participants was “trying” in terms of “trying to understand”. Trying can mean an attempt, an endeavour, but it can also mean a struggle. So it could mean that it is perceived as something difficult, that the individual has to make an effort and that the therapist may even fail. This type of analysis helps to prevent preconceptions entering the analysis and encourages exploring the meaning of a word as intended by the participant. It also supports theoretical questioning, which is the development of questions for further data collection based on the previous stages of analysis, for example asking a participant “what does trying to understand mean to you?”.

### Constant Comparative Method

In grounded theory the emphasis is on inductive strategies of theory development arising from the data and other sources. In keeping with grounded theory, the process of the data analysis taken was the constant comparative method (Glaser & Strauss, 1967; Strauss 1987; Strauss & Corbin, 1998). Each piece of data was compared with other data to determine similarities and differences. The aim of the constant comparative method is not only to reveal categories; it also enhances the exploration of diversity of experiences in each category and identifies links among categories (DePoy & Gitlin, 1998). Pieces of data were compared with pieces of data from the same interview, and of different interviews. The data from later interviews was compared with the data from previous interviews. This is part of simultaneous data collection and constant comparative analysis process.

One comparative method utilised was the flip-flop technique. An emerging concept is turned “inside out” or “upside down” to gain a different perspective (Strauss & Corbin, 1998). Different participants mentioned their experience of “being in the background” or
“being a fly on the wall” when visiting a classroom to make observations. To better understand what this means, the opposite question is asked. What would happen when the visiting therapist is in the foreground? Would it make a difference in terms of the observations the occupational therapist will make? Would it be different for the others in the classroom? These questions directed additional questioning around the concept of “being in the background” during data gathering.

**Memoing**

Memoing is employed as an important aspect of the data analysis process in grounded theory (Dick, 2002; Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1998). A memo is a note made by the researcher regarding emerging categories and relationships between categories. These were written in the form of thoughts, queries, hypothesis, ideas, or diagrams and guided the analysis process as well as support the development of questions. Memos foster conceptualisation and abstraction of concepts from raw data, support theory development and assist in recording the analytical process (Chamberlain, 1999; Strauss & Corbin, 1998) Memos were written by the researcher during the entire time of data collection and analysis. An early memo (17.10.2004) summarises some thoughts around the phrase “painting a picture between us” used by the first participant:

*Painting a picture between us* (interview 1, line 388 – 389)

Who are the painters involved? OT, teacher, teacher’s aide? How are parents and other professionals, such as the Special Education Advisor involved? It appears that there are situations where others hold the paintbrush and paint a picture for the OT, e.g. when the OT tries to understand the concerns of the school staff… What are the paint pots used? Professional experience and knowledge? Day to day experience with the student? What is the picture about? The student, the classroom, the teacher’s way of teaching?...

This sample memo demonstrates again how essential it is to ask questions of data to open it up. The questions promoted further exploration of different categories, subcategories and the relationship between them. Early memos involved naming and comparing categories, while later memos increasingly focused on relationships between different categories and of the individual categories to the core category. Diagramming was
utilised to visually comprehend the possible relationship of different categories to each other and to the core category.

**Coding**

In keeping with grounded theory as described by Strauss and Corbin (1994, 1998) three types of coding procedures were used (Strauss, 1987): open, axial and selective coding. Each coding process has unique features but at the same time is connected with the other processes.

**Open Coding**

Open coding refers to the process of generating initial concepts from data (Strauss, 1987; Strauss & Corbin, 1998). Initial open coding was done by going through the printed transcript line by line using a highlighter to mark passages of the interview. The transcript was line numbered for easy referencing of passages. The lines were short to encourage opening up of the data and to avoid summarising of paragraphs and longer passages. Line by line coding is an essential component of grounded theory analysis. The interview text was centred in the middle of the page, leaving space for the codes on the right hand side and theoretical notes on the left side (see table 1).

<table>
<thead>
<tr>
<th>Theoretical notes</th>
<th>Line</th>
<th>Text</th>
<th>Open Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being difficult – it appears that finding time with the educational staff is difficult – what makes it difficult? One factor mentioned is the class programme – are there other factors? Has the therapist had experiences were it was easy? “good conversation” – what does good conversation mean? Somehow it also sounds like something around working within the school environment - what are appropriate times to talk within the class/ school environment?</td>
<td>504</td>
<td>… often like in the classroom it can be quite difficult sometimes to catch the teacher or teacher’s aide. I if they are busy … you know… working and carrying out the classroom programme … sometimes it can be really difficult to actually have a really good conversation. So I often wait until like morning break time or lunch time and then …after my visit I usually try to catch up before I go…</td>
<td>In the classroom Being difficult Catching teacher/ teacher’s aide Teacher being busy Teacher carrying out class programme Being difficult Having conversation Waiting for break time Trying to catch up</td>
</tr>
</tbody>
</table>
The theoretical notes, similar to memos, are reflections, thoughts and questions to stimulate the development of initial concepts, and to identify areas and aspects which should be followed up and further explored in consecutive interviews. Theoretical notes were written by the researcher for all interviews during the open coding stage.

During the open coding phase the emphasis was on in vivo codes, staying with the words used by the participants as much as possible. This ensures that the researcher does not impose their interpretation on the data.

After this initial opening up of the data, the information was transferred into a coding grid to gain a deeper understanding of the data (see table 2 on the next page). During the transfer process the initial categories and codes were reviewed by the researcher.

Table 2: Recoding Sample (participant number 3)

<table>
<thead>
<tr>
<th>Transcript (line numbers)</th>
<th>Context/ Interpretation</th>
<th>In vivo - Code</th>
<th>Recode</th>
<th>Theoretical notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 to 35</td>
<td>OT - classroom observations &amp; about the classroom</td>
<td>Being a little school</td>
<td>Environmental observations</td>
<td>The other students – How much do they get considered from the OT? How much does the teacher have to consider the others? Is this just about the physical factors or is something else that makes the class a “quiet one”? What does “good” mean? What does it involve?</td>
</tr>
<tr>
<td>I think it was an advantage for him, because it was a very little school, and obviously it was very quiet and calm environment… so that was really good, but in saying that it was probably more difficult for the other students and the teacher.</td>
<td>Being a quiet and calm environment</td>
<td>Meeting needs of student</td>
<td>Considering the other students &amp; teacher</td>
<td></td>
</tr>
<tr>
<td>516 to 522</td>
<td>Talking with the teacher and teacher’s aide – issue around time</td>
<td>Teacher having concerns</td>
<td>Identifying concerns</td>
<td>In the classroom….. – the classroom is the environment that the OT enters. What are the rules about talking there? When</td>
</tr>
<tr>
<td>I mean if there are any concerns and anything that they want to bring up as well. If they haven’t had any time of</td>
<td>Teacher having concerns</td>
<td>Not having time/ being busy</td>
<td>Finding time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>in the classroom</td>
<td>In the</td>
<td>Being in the</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
they have been busy in the classroom while you have been there, than you can talk about while you are there.

classroom Talking while you are there

classroom Talking while you are there

is it ok to have a chat/ When is it a distraction or interruption of the teaching?

Although a number of the recodes remained in vivo codes, others changed through conceptualisation. This part of the process involves moving from a descriptive type of analysis to a deeper level of exploring the underlying concepts. Other in vivo codes changed to reflect the perspective of the occupational therapist, for example from “teacher having concerns” to “identifying concerns”. As demonstrated in the example, the transcript was a component of the recoding process ensuring grounding in the data of the re-codes as well as the further theoretical notes. Additionally, a column describing the context and interpretation was added. As the transcript was broken down into smaller pieces during this step, it appeared necessary to maintain an understanding of the meaning within the broader context of the interview. The in-vivo codes were noted before the recode was stated. This helped maintain a clear, understandable and identifiable path from the in vivo code to the recode and allowed easy back tracking. As the recoding step took place, more theoretical notes were added.

Early in the data analysis the focus was on discovering and describing the dimensions of the categories and identifying the salient, core categories (Bowers, 1998). At the beginning a theme appeared around “painting a picture between us” or “walking together”, which became central to the research. Participants frequently used words and phrases such as “together”, “jointly”, “as one”, when describing their involvement. Therefore it developed into a notion of “doing/ working together”. The therapists emphasised an aspect of collaboration in the different stages and categories of the consultation process. Nevertheless, the concept was still vague at this stage and did not get fully developed until the further data analysis in the selective coding stage.

The open coding was done with all interviews and data collected. Due to the considerable time difference between the individual interviews, later interviews still went through the open coding stage while the earlier interviews were already coded in an axial fashion.
Axial Coding

The second stage of the data analysis is called axial coding. Axial coding refers to the development and linking of concepts into conceptual families (Strauss, 1987; Strauss & Corbin, 1998). It is the beginning of the procedure of reconstructing data that is broken into pieces during the open coding stage. This was done by manually printing the “re-coding” grid on coloured paper (using a different colour for every interview), and cutting these into pieces for every row. The pieces were sorted in terms of how they connected with other codes and parts of the data. Axial coding involves the development of categories and connecting them with related sub-categories. Subcategories provide details about the category. The subcategories provide information such as “when, where, why, who, how, and with what consequences” to further explain the category (Strauss & Corbin, 1998, p. 125). In open and even more so in axial coding, asking generative questions is an important part of the process (Strauss & Corbin, 1998).

One of the early emerging categories pertained to the classroom environment and included “the teacher’s way of running the class”. Later another participant introduced the term “class culture”, which appeared to cover a number of the earlier described aspects around the classroom environment. It became apparent that there are different aspects of the “classroom environment” or “classroom context” in relationship to the therapists’ “being” or “working” within this specific environment. The earlier described “classroom environment” and its property “structure” were observations relating the classroom environment to the student’s needs and difficulties. During axial coding a category developed of the therapist “being in the classroom” as part of doing observations and carrying out an assessment. In connection with “being in the classroom”, two sub-categories emerged, both of them providing more detail and depth for the category, as “being the background” and “getting a snapshot”. These describe the “how” as well as the consequences of the therapist “being in the classroom”, which are of significance to fully understand the category itself.

Throughout the axial coding stage of data analysis, the development and exploration of properties and dimensions of emerging categories remained a focus. Data was collected in relation to individual categories to understand characteristics and attributes along a continuum. “Structure” was grouped as a property of “classroom environment”, and was found to involve the set up of the classroom. It ranged from a level of structure which could create difficulty in terms of making accommodations for the student, to structure allowing
necessary environmental changes and modifications to take place. Other structure was perceived as positive for a respective student without intervention from the therapist.

…it was that very little classroom environment and it was almost … incredibly structured and very, very, very quiet and very little that it was probably more difficult in some ways to … incorporate ideas that would be going to be different from what the rest of the class were doing (Theresa, 119 - 128)

...there have been ... changes in how they possibly structure the classroom... positioning and stuff like that… (Theresa, 1462 - 1463)

and very ordered, very structured and … I mean it is great, it is a really good room for him to be in as well. (Theresa, 793 - 796)

During the axial coding the researcher contextualises a phenomenon and relates structure to process (Straus & Corbin, 1998). Because this is a grounded theory study following Strauss and Corbin's guidelines, paradigm components guided the analyses and assisted in building categories and sub-categories. A paradigm is a theoretical framework, or an organisational scheme to systematize the data. Furthermore, a paradigm is “a perspective taken toward the data, another analytic stance that helps to systematically gather and order data in such a way that structure and process are integrated” (Strauss & Corbin, 1998, p. 128). Paradigm components describe the individual elements, building blocks, and pieces of the emerging process. These paradigm components consist of causal conditions, contextual conditions, intervening conditions, actions/interactions, and consequences (Strauss & Corbin, 1998). The following coding grid (table 3) was used to structure the process.

Table 3: Conditional paradigm

<table>
<thead>
<tr>
<th>Paradigm Component</th>
<th>Categories</th>
<th>Sub-Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Causal Conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contextual Conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervening Conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actions/ Interactions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consequences</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The conditional paradigm by Strauss and Corbin (1998) was utilised to explore and gain understanding about the dynamic relationship between the categories and sub-categories. Conditions have been described as “sets of events or happenings that create the situations, issues, and problems” (Strauss & Corbin, 1998, p. 130) and are vital in gaining understanding of a phenomenon. Causal conditions are events or happenings that influence the phenomenon. Contextual conditions describe the set of circumstances in which individuals respond to the phenomenon. Intervening conditions alter or change the impact of causal condition on the phenomenon. Actions and interactions are the responses, i.e. what is said and what is done, over time. These evolve in response to contextual condition. The consequences develop in turn from the actions and interactions that take place. The consequences are the result, the outcome of what is said and done. These consequences in turn influence the situation and affect the phenomenon. Using this theoretical framework, it became apparent that “being in the classroom” with its subcategories “being in the background” and “getting a snapshot” describe the context, the set of circumstances in which therapists assess the student.

Conditions may possibly be at a micro or macro level (Strauss & Corbin, 1998). Micro conditions describe aspects closer to the basis and narrow in scope. Macro conditions are wider in scope. During data analysis, categories emerged that were related to class characteristics as experienced by the therapist (e.g. class culture). The class culture included teacher attitudes and the ways of running the class. At the same time another category developed around the wider school environment, including the school culture. This involved attitudes and ways of running the programme of the wider school. The school characteristics represent the macro level and the class features the micro level. Macro and micro conditions are interconnected and influence each other.

**Selective Coding**

During the last stage of data analysis, selective coding, the formalising of the relationships between the categories into a theoretical framework takes place (Strauss, 1987; Strauss & Corbin, 1998). The degree and range to which a concept differs dimensionally along its properties is clarified. At the selective coding stage diagrams were used to assist integrating the individual concepts and components of the individual processes.
At this time it became clear that there were actually three key processes which were part of the phenomenon under investigation, the occupational therapy consultation process. The processes were named using the participants’ words. The process of “Joining Up” focuses on building relationships with other key individuals involved, “Finding A Way” describes the assessment process and “Walking And Talking” captures the intervention part of the consultation process. These three distinctive processes were at the same time interdependent and influenced each other considerably. This complex relationship between the different processes was not fully understood until this last part of data analysis. These three processes will be explained more fully in Chapter Four, Five and Six. An overview of the individual components within each of the process can be found in Appendix G.

Furthermore, the core category central to all stages of the process as well as the individual categories was consolidated during selective coding. The core category, the main theme of the research, emerged as “Working Together”. The core category will be described in detail in Chapter Seven.

**Framework and Methods Promoting Rigor**

Rigor describes procedures that enhance the scientific integrity and trustworthiness of the research findings (DePoy & Gitlin, 1998). There has been some discussion about the trustworthiness of qualitative research results, with some people arguing that the results are generally unreliable (Glasser & Strauss, 1995). Therefore it is imperative to utilise thorough processes and approaches to ensure trustworthiness during all stages of data analysis. The following strategies were employed and are congruent with grounded theory as described by Strauss and Corbin (1994, 1998).

**Presupposition Interview and Interpretive Validity**

A presupposition interview was conducted by a colleague with the researcher to disclose possible bias. This interview was audio taped and transcribed. Personal biases were analysed and identified. These biases were used to avoid the respective terms or themes when questions were phrased and special caution was given to these terms when data was interpreted. One theme in the presupposition interview was around “relationships”. Therefore the researcher avoided using this terminology and theme in questions until used by one of the participants. Furthermore, the data analysis that related to categories featuring “relationships” was carefully analysed. Forced interpretation was avoided by utilising methods such as member checking and peer review. This assisted with interpretative
validity, ensuring the correct interpretation of the participants’ understanding about phenomena, actions and interactions (Maxwell, 2002).

**Pilot Interview**

A pilot interview was conducted prior to the first interview. This interviewee was a therapist who met all the criteria. However, because she worked in the same district as the researcher she was unable to participate in the research. The interview was audio taped. Both supervisors reviewed the tape and gave feedback regarding interview techniques and focus of the interview; for example, asking open questions and avoiding leading questions.

**Triangulation and Descriptive Validity**

Triangulation was employed during this study. Triangulation describes the process of drawing from multiple references to draw conclusions about what constitutes the truth (Polit & Hungler, 2001). Multiple data sources in terms of different research participants were utilised to gather information about the same topic. After each interview, detailed field notes were written to supplement the transcript of the interview. These notes included for example body language, facial expression, and gestures. Transcripts of all interviews were provided to participants for review, giving participants the opportunity to verify their transcript. These techniques supported the descriptive validity of the data used in the study. Descriptive validity describes the accuracy of the materials used, for example, tapes, transcriptions, and field-notes (Maxwell, 2002).

**Reflexivity**

Reflexivity describes a constant self-disciplined reflection by the researcher during all stages of data collection and analysis (Mruck & Breuer, 2003; Roth & Breuer, 2003; University of Huddersfield, n.d.). Memoing offered an audit trail, which gave detailed information about the analysis process. This approach allowed the supervisors and members of the critical groups to track the individual steps and see how certain categories and relationships between categories evolved. Further theoretical notes were documented on individual coded transcripts, the utilised coding grid and extra pages in the used coding folder. This documentation offered a comprehensive trail of the entire coding process.
Critical Groups

To ensure validity and credibility a network of critical groups were utilised to review the different steps of data collection and analysis. Different processes were put in place to critically review and evaluate the data analysis at all stages.

Regular, fortnightly phone supervision with the primary supervisor was used to critically appraise and discuss progress. The second supervisor joined these phone discussions as required. Further feedback was obtained by e-mailing parts of the analysed data to both supervisors and requesting feedback.

The researcher regularly attended monthly meetings of the Grounded Theory Working Group at Auckland University of Technology (AUT). During these meetings there was an opportunity to present and discuss the research project with the group members and seek feedback on the data analysis. The regularly discussed regularly her data analysis and findings at these meetings.

During an intensive data analysis, these meetings were supplemented by individual meetings with one experienced group member. In this regard, informal meetings with an occupational therapy masters student from AUT took place. This student also utilised grounded theory for her own research. The purpose of those meetings was to discuss data collection, to give support, and to critically review each other’s data analysis. Furthermore, the researcher had e-mail contact during data analysis with an occupational therapist in Australia who had used grounded theory for her masters and doctoral research project.

Peer Review

Peer review was employed to check the researcher’s interpretation of the data (Krefting, 1991). In this regard, individual meetings were held with both an occupational therapist colleague and paediatric occupational therapist. Both individuals have extensive experience in the area under investigation, as well as in utilising qualitative research methodology. This type of peer debriefing/consulting is congruent with grounded theory literature (Glaser & Strauss, 1967; Strauss & Corbin, 1998).

Member Checking

There is controversy within grounded theory regarding the use of participants to confirm and assess the findings of the study. On the one hand Glaser (1998) argued against using participants for this purpose because they might not completely comprehend the abstract theory, which their own actions and behaviours are merely a part of. On the other
hand, Straus and Corbin (1998) encouraged checking the findings with selected participants as they should notice some of their own pieces within the bigger puzzle. As this study follows Strauss and Corbin’s (1998) approach to grounded theory, emerging findings were shared at different stages with three participants. These participants could identify with different concepts and could recognise the suggested sub-processes and their components.

**Transferability and Generalizability**

Transferability refers to the level to which qualitative research results can be transferred to other contexts (Trochim, 2002). Similarly, generalizability describes the extent to which outcome of research can be generalised to other groups of people, time periods, or environments (Maxwell, 2002). The participants and context of this study have been described in detail in Chapters One and Two. The information in these chapters will assist with decisions regarding the applicability of the results to other professionals, services to other client groups, and within different environments such as an early childhood centre or the home context. However, generally caution is warranted.

To foster a level of generalizability within the parameters of this study, the following strategies were employed. There was a time delay between the individual interviews, which allowed the researcher to establish a broader picture instead of a brief snapshot of occupational therapy consultation practice. Participants from different geographical areas, rural and urban zones, varying district offices and teams within Aotearoa/New Zealand were all interviewed. This was to ensure that practices which were very specific to a certain region or team did not direct or even manipulate the results of this study.

All of these previously mentioned procedures critically reviewed the data analysis path and increased the rigor and validity of the findings (DePoy & Gitlin, 1998). Nevertheless, it has to be acknowledged that there is an interpretive aspect to any qualitative research conducted. Furthermore, the sample size is relatively small, which might limit the wider application, generalizability and transferability of the concepts and high level conceptual ordering that emerged from this study.

**Summary**

This chapter has summarised the grounded theory methodology utilised in this study. The overview included considerations regarding qualitative research in occupational therapy and symbolic interactionism as the philosophical understanding underlying
grounded theory. Insights were shared into the “how to do” data collection and analysis that follows grounded theory procedures. These steps had been originally proposed by Strauss and Corbin (1998). The ethical considerations and efforts taken to ensure trustworthiness of the results were described. The following four chapters will describe and explore the results of this study following a grounded theory methodology.
CHAPTER FOUR: Joining Up

Introduction

The complete findings of this research study are discussed in chapters Four, Five, Six and Seven. The processes outlined in the next three chapters describe the occupational therapist’s experience when working in a consulting role within a general educational context. To develop a deeper understanding of occupational therapy consultation within an inclusive education context and to explore the processes taking place, it is essential to separately look at each process and its various components. The three processes are named using the participants’ words: Joining Up, Finding A Way and Walking And Talking. In chapter Seven, the stimulating, facilitating or hindering aspects within each individual process will be described and summarised in respect to their respective themes and categories.

The fourth findings chapter, chapter Seven, discusses the connection and relationship between these three processes and with the central connecting process Working Together. Working Together offers a comprehensive explanation of the interactive consultative process amongst the occupational therapist and other individuals involved with the respective student; mainly being the school staff and parents.

Presentation Notations

In presenting the findings and to illustrate the individual components of the processes described, quotes from the interview transcripts have been utilised. As all of the participants are female occupational therapists, ‘she’ and ‘her’ are used to represent the participants in order to contribute to easy readability. For the student, ‘he’ or ‘his’ are used as representation. As most therapists referred to the Ministry of Education, Special Education (MoE-SE) as Group Special Education or GSE in their interviews, GSE will be used in adjunct paragraphs to discuss and explain the contents of the quotes.

To enable localisation and identification of the quotes used, brackets at the end of each excerpt give the pseudonym of the participant and the line numbers of the transcript, for example (Liz, 134–135). Some of the excerpts are separate paragraphs; others are incorporated into the flowing text. Short direct quotes are written within the text using italics and in inverted commas with the reference in a bracket behind it.

For ease of reading, the name of a process is written within the text in italics and each word starts with a capital letter. The names of the components of the process
(categories and sub-categories) are also written with each word beginning with a capital letter. A visual representation showing the relationship of the individual components of the process is presented at the beginning of each chapter. The components of each of the three processes are summarised using Strauss and Corbin’s (1998) paradigm in a table format in Appendix G. An overview of the entire process in table format can be reviewed in Appendix H.
Introduction: Joining Up

One distinct process which emerged from the data was Joining Up (Donna, 1129, Theresa, 812, Rachel, 697, Judith, 1555). Here, the occupational therapist “joins the school or the parents” (Judith, 310-311) for a section of the student’s journey through the educational system. Christine and Judith described Joining Up as similar to a travel companion participating in part of a journey. Specifically, they described it as being aware that the journey started prior to the therapists joining and continues after they leave. The following figure outlines the process of Joining Up.

**Figure 1: Joining Up**

Building Relationships is perceived by occupational therapists as the basis for the entire consultation process. The context of Separate Teams, which are Trying To Become One, contributes to the effort and time spent to establish relationships with the key people involved with the student on a daily basis. Occupational therapists build these relationships...
by Being Around within the school environment. This process determines if the occupational therapist Becomes Partners with the student, the parents and family, the school staff, and others involved for the journey that lies ahead. The outcome of this process is influenced by Knowing And Being Known and having a shared understanding of each other.

The different components of the process will be outlined and discussed in more depth in the following sections of this chapter. Because therapists anticipate the complexities of working within a regular school context, they place an emphasis on Building Relationships.

**The School Context: Separate Teams – Trying To Become One**

...we are two separate teams trying to be one team for the student. So we come in with differing perspectives and between the two teams we come to a mutual point... (Liz, 642-647)

The participants described between two and four distinct teams that were involved with a student with ASD who was attending a regular school. Therapists did not see themselves as individuals, instead they emphasised their place in the GSE team. They also acknowledged the school team and GSE team as the two key teams that come together to work as one team. Therapists also acknowledged the role of the home team, meaning the family and at times the extended family/whanau. Liz explained that there “are almost three teams, because although we say the parents are part of the team, there is also the family team” (647–650). The GSE, school and home team are initially independent and unconnected units with usually two or more people collaborating and working together within each of these teams. These different teams are not automatically connected.

These teams are not only located in different places, they also have different socio-cultural characteristics, agendas, and interests. Therapists highlighted their general experience of the school environment’s focus on education, which differs considerably from their experience working in health facilities. For these Separate Teams to come together as one team to achieve a common goal they have to come to a shared focus.

*I always like to think that there was one team, but the reality is that there are two teams. There is the one here at GSE and there is the one at school and then the goal*
is to try and squash the two together, which makes it really difficult when one team is not on site and the other team is on site with the student on a day to day basis. (Liz384-392)

Therapists frequently talked about “Being A Visitor” and “Meeting On Their Patch And Territory”, which describes their experience of the physical and temporal separateness between the GSE and the school team. The physical environment in which the Building Relationships mainly takes place is the school. Liz used the description of “on their patch, their territory” (203) to describe her experience of entering the physical terrain of the school environment. This environment included “the staff room, or outside of the classroom or while they are on duty” (203-206), which are part of the student’s, school staff’s and family’s day to day life.

Additionally, the therapist is not located in one school, which makes sharing routines and day-to-day contacts with the school staff and the student difficult. Therapists express this itinerant aspect as being different to working and being in a school with the same school staff on a daily basis, which is likely to be the case in other settings such as special schools. The therapist working in different regular schools constantly enters unfamiliar terrain as one school differs from another. The participants described themselves as a “visitor in their area” (Rachel, 1205-1206), the word “visit” suggests a temporality. Theresa mentioned that she “often just pop[s] in for a short hour here and there” (990-991). The occupational therapist’s visits are momentary and brief in contrast to the time school staff and parents spend with the child. Theresa emphasised that she as the therapist differed to the school staff, because she “only going [goes] in there and is not with her [the student] every day, or working with her [the student] every day” (1379-1384).

It is quite humbling sometimes, because these are all the people who know the student really well and I’m hopefully going to support them in some way. … Most times when I have gone into a classroom it has been a positive experience. I find schools and teachers generally are welcoming. Even in schools where I feel like… or even parents sometimes… who are not necessarily positive to me personally or they feel like they haven’t had the service they expected or whatever it is, I actually still think, I usually enjoy helping them kind of working through what is their concern. … (quote continues on next page)
I think of other situations that I might have worked in; it doesn’t necessarily allow that kind of immersion of me in their environment.

(Alison, 982-1003)

As a visitor within the school or at times the home environment, some occupational therapists feel as “the outsider coming in” (Liz, 1367). As an outsider, the occupational therapist is a foreigner entering an unknown terrain. The therapist is a visitor who stops by and is “not part of their team” (Liz, 1364). Even after “a few regular visits” (Alison, 1090-1091), or “visiting over time” (Liz, 503-604) the therapist maintains her visitor status. Liz emphasised that “you are still always a visitor... you are never actually part of the school team” (624–626). The occupational therapist as a visitor often does not have the “local knowledge” that the school staff and parents have acquired. If not acknowledged, this can hinder the therapist’s efforts to become connected and to become one team with the school staff for this student.

...we are also a visitor in their area and therefore we need to come in really recognising that they are experts and they have expertise in their areas and that we have to listen to their expertise and their experience of the child and their view of the child. (Rachel, 1205-1211)

“We as occupational therapists are visitors, but the school staff has invited us in” (Rachel, comment after taped interview concluded). Being invited implies that the therapist has actually been asked to come. Some participants mentioned variations in terms of being invited and being welcomed in different schools. This alters the context in which the process of Building Relationships takes place. The amount of separateness or divide experienced by the therapists is likely to increase and influence other aspects of the therapist’s involvement.

Therapists contrasted their unfamiliarity with the environment with the familiarity of the environment for the school staff, which was described as putting the school team more at ease or giving the school staff a feeling of security when engaging with the GSE staff. Rachel highlighted “coming in to their turf is really important for them [school staff]. It’s safe for them [school staff], it’s very safe ground” (1228-1230). This was mentioned as a positive attribute of Building Relationships with the school staff within the school context.
On the contrary, Theresa described that “the thing I find most difficult is the liaison with the parents... because, when you are visiting at school it is obviously during school time” (545-550). The occupational therapist “go[es] and visit[s] him [the student] in the classroom” (Donna, 80-81). When meeting with parents at the school, the parents are also entering a less familiar terrain for them. The position of a visitor is not limited to the school environment, but also involves the home environment. If a therapist does a home visit she enters another territory, the parent’s terrain, which is again unknown to her.

Separate Teams, Trying To Become One, show how therapists are aware of Being A Visitor entering unfamiliar territory; whether it is a school or home. Therapists are visitors as they initially enter the team of people around the child. These circumstances shape the process focusing on Building Relationships.

Foundational Concept: Building Relationships

...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 ... (Judith, 1768-1773).

Building Relationships was emphasised by all therapists as a key element in enabling a constructive and collaborative consultation process. As noted earlier, the fundamental assumption of Building Relationships acknowledged the role of the individuals involved with the student on a daily basis as being of equal standing and importance in the consultation process. Liz explained her focus as supporting these key people, especially the school staff, due to her perspective that “you are not dealing with the student in a vacuum, you are dealing with a student who also has other people wrapped around them” (1359–1362).

...if you believe that the best way to help the child is also to help the people who work with him, and that, maybe, is more of the emphasis, then you work differently. You build the relationships and you try to understand where they are coming from. (Liz, 998-1004)

Even though Judith talked about “establishing some sort of working relationship” (917-918) with the school staff and parents, she went on to highlight the relationship as not
really a formal one, instead one that required some bonding. This was supported by Christine and Rachel, who described their involvement as a “connecting” or “making connections”. Theresa also emphasised establishing trust and an understanding of each other as important aspects in Building Relationships.

Therapists frequently used descriptions such as ‘building’ or ‘building up’, which highlights a temporal aspect because relationships between individuals are gradually established over time. Therapists emphasised three aspects of their experience of Building Relationships including Being Involved, which describes the connection with others, the re-occurring question of ‘Where Do I Fit?’ with the other people involved and Connecting With The Teacher Aide.

*I always think the first part of the involvement is really crucial because how you start off, it often determines how people see you for the rest of your involvement. So you have to start off really well and really positively and have those communication lines with the parents and the school...you have to be approachable and also sort of make them believe that you have the ability and the credentials to be involved and to make an impact.* (Judith, 1773-1783)

The therapist’s involvement is not a static event; it is a changing process depending on the needs of the student and the individuals around the student. The therapist described becoming involved at some point of the journey, being involved for a certain time frame or staying involved over time, increasing or decreasing involvement depending on needs and situation, and changes in the type of their involvement. Different participants shared experiences in which they were involved for considerable time and led to them forming a stronger connection. At other times, when the involvement was more intermittent the character of the connection with GSE colleagues, school staff and family changed as well. Judith described students with ASD as “tend[ing] to stay on our books for quite a long time, so, there are different peaks and troughs in our communication and in our intervention as well” (360-364).

In some cases, the situation, the time or the circumstances in which the occupational therapist becomes involved impacts on whether a connection or bond can be established. Alison shared a situation that was affected by the teacher’s unwillingness to engage with the therapist. “By the time I kind of got aware ... that there is a need and to have some input, that teacher was already really angry and quite resistive to the child and anything
that could be done” (640-646). Thus, it was difficult for Alison to connect as this also requires openness from the other person involved.

During her involvement, the therapist has to determine which people she needs to connect with at what point of time and to which level. The occupational therapist tries to “figure out where she fits” (Rachel, 768) and “who she needed to connect with for that child” (Rachel, 631-632). ‘Where Do I Fit?’ implies the occupational therapist’s understanding of being part of a complex team of individuals supporting the student. Therapists emphasised that particularly with students with ASD there are often “lots of people involved” (Judith, 1802). “Around each child there’s a psychologist, physiotherapist, occupational therapist, speech-language therapist and SEA (special education adviser)” (Donna, 491-495). This contributes to the need to determine who to connect with, as it is difficult to establish and maintain a close relationship with everyone. The initial task is “finding out who the key people are” (Judith, 55). The general structure of this team changes depending on situational factors and the student’s needs over time. There are no strict rules where the occupational therapist fits. Instead, the therapist’s role, position and visibility within the team structure depend on the particular situation and the purpose of the therapist’s involvement.

It depends on the student. There are some students who I’m not involved with at all and there are other students with ASD who I’m very involved with. So it’s not all students with ASD I’m involved with. I think for students with certain types of strengths and needs, an OT is quite integral. But in other cases not, so it just depends on the student... (Judith, 118-124)

Christine compared experiences in which she had “a big role to play” (1096), which required stronger connection with specific individuals. She also described other situations where she was “just in the loop” (1088-1089) through her GSE colleagues, but not strongly involved with the school staff and parents.

I didn’t bond with them very much because I knew that she (the SEA) needed to. And so I was there but I wasn’t...with Claudia I had to build the relationships and it was about me and they would say that they made a big difference. With Tom it was, but with Liam his primary relationship was the SEA and the specialist teacher and I needed to help them. (Christine, 1104-1113)
The therapist constantly re-evaluates her role and position within the key individuals involved. Part of this process is building “collegial connections” (Rachel, 140) with “the other team members from our GSE team” (Theresa, 455-456), who then build a support team for the school staff. “It depends again on the student and what their individual needs are and the team members sort of put together around that student” (Judith, 1600-1603). Most participants described the diverse linking required with team members, which is necessary for students with ASD, compared to students with other diagnoses on their caseload. Rachel and Christine mentioned a stronger link with speech-language therapists than physiotherapists as typical for their work related to students with ASD.

The therapist’s questioning “Where Do I Fit?” also applies to finding her position when collaborating with the “school team” (Judith, 79) and the “wider school team” (Judith, 80). The teacher and teacher aide are the classroom team. There is also a wider school team, including the special needs coordinator (SENCO), principal, specialist teacher and other teaching staff.

…it’s dependent on your school community, it’s dependent on the teacher aide, it’s dependent on the ways a specialist teacher drives things, …for me it depends on everyone … then there are specialist teachers and the SENCOs who drive everything. This is happening, this child’s transitioning, this is the support I need, and they’ll really manage and my main conduit would actually be through them. (Rachel, 811-824)

Principals, depends on the school … some principals just totally remove themselves … some principals are a lot more involved than others in terms of what is happening with their students with special needs. (Theresa, 1360-1366)

All therapists described “the teacher aide [as] being the key person within the school community” (Rachel, 748-749). Christine highlighted the central position of the teacher aide; especially at the beginning of her involvement with a student. However, Judith described how she often spends considerable time “working with the teacher aide” (455-456) on a more on-going basis. This was supported by Rachel, who described that “the majority of the time in terms of key support, key relationship building, key
identification of need, because of delivery of day to day input would be the teacher aide” (824-828).

The key relationship of the occupational therapist with the teacher aide is partially due to the teacher aide’s role within the day to day education of the student. Judith depicted situations in which “the teacher aide tended to run the programme” (267) with the student. The key position of the teacher aides is often not only a result of them spending a considerable time with the student, but also the position of the teacher within the school team. Judith encountered a situation in which “it was made very clear that the teacher was busy with the rest of the class and I should go and speak to the teacher aide” (274-276). Another issue emphasised by the participants is difficulty in finding time to talk with the teacher due to other demands on the teacher’s time and attention. Often it is simply easier to talk to the teacher aide than to the teacher.

Sometimes it is the class teacher, because the class teacher is really buying into “the child is part of my class and I need to have just as much awareness of him or her as any other child”, but that historically hasn’t been the norm for me, so I wouldn’t say they’re always the key person. (Rachel, 614-621)

In some schools it’s the teacher aide, which isn’t an ideal situation but that’s the way some schools work and that can be quite difficult. The teacher doesn’t make time to speak to you …(Judith, 253-256)

Christine highlighted the number of people to collaborate with as another reason for the teacher aide position being seen as the key person. “I don’t think there is enough time to work with the classroom teacher and I don’t 100% know how to get around that. Because for each child there are so many people to collaborate with” (2099-2104).

Different therapists raised concerns about some “teacher aide[s] was carrying a very big load and trying to master everything with not necessarily a lot of support”(Rachel 162-164). For this reason the therapist might connect more with the teacher aides “to really hear them and to really support them in what they’re doing and affirm them” (Rachel, 608-610). At the same time therapists expressed concerns that through spending a considerable time with the teacher aide, other school personnel might disengage even more.

In some cases the occupational therapist establishes a stronger connection with the “home team” (Judith, 76), which might be the parents, caregivers, and other family
members. The link can be strong or weak depending on circumstance. Christine highlighted that at times there might be need for increased family engagement, but this might be not possible due to time constraints, or caseload demands for the therapist.

While the therapist spends time in the school, she takes deliberate actions to shape the relationships with school staff into a mutual partnership. These actions will be discussed in the next section.

**Actions and Strategies: Being Around**

Being Around in the school environment and spending time with the key people involved with the student with ASD is a key strategy employed by the therapist to overcome the physical and temporal divide of Separate Teams, Trying To Become One.

*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.*

(Liz, 135-141)

In order to develop relationships with the school staff, the therapist has to be with them and around them in the school context. Being Around is about “having time” (Rachel, 1688), or “spending time” (Alison, 1050-1051), “being present in the school” (Liz, 713-714). As much as the therapist spends time with the respective child during school visits, she also spends vital time with the school staff, particularly the teacher aide. Rachel emphasised how “have[ing] time with especially with the teacher aides “(1688-1689) is vital in the process of connecting with them.

Judith highlighted “making that effort to be approachable” (838-839) as crucial. Liz described the importance of taking time, “I didn’t do anything different other than go and chat to them, relate to them” (124-126) and conveying a sense of being “available for you” (207-209). For these therapists, establishing a connection happens through being there and talking with the school staff.

*And letting them know that what they have to say is important and I don’t think we do it enough. I think it is also a starting point ... to spend more time in the relating and hanging around phase before zooming in and saying do this, do that...*

(Liz, 209-216)
Therapists described Touching Base and Clarifying Expectations as important aspects of Being Around. Additionally, Working With the school staff and others involved, as well as Working Through difficult situations and times contribute to the establishment or further development of the relationship. An opportunity for keeping in touch and touching base with the school staff might eventuate during a school visit related to the student in question or while in the school for another reason.

...if I am going into the school, perhaps maybe not primarily to see one child, but if there is a concern then they can say “While you are here, what do you think about this?”, pass a comment or I can say “How are they doing?”, just kind of keep in touch. (Alison, 1270-1277)

Touching Base is impacted on by constraints such as time available, caseload numbers, sheer number of people, organisational systems and physical distance between the different teams involved. Despite all efforts, at times the therapists can struggle to stay in touch with everyone or specific members of the team around a student. Theresa described her experiences of keeping in touch with the parents.

Sometimes you can make an appointment or can catch up with the parents at the end of your visit time, other than that it’s just a phone call, which is really hard to do for every child. I usually write quite a comprehensive summary especially if there are things that I am recommending or things that we have talked about while I have been there so at least the parents have a copy of that, but I find that most difficult really. (Theresa, 510-521)

The occupational therapist Touches Base with school staff and families through personally visiting the school or home, and by utilising different ways of communicating over the distance such as being “in phone contact with them” [the school staff] (Christine, 656-657), use of triplicate sheets or using E-mails. Donna, Theresa and Christine described the Individual Education Plan (IEP) meetings as a good opportunity to communicate and catch up with everyone involved with the student, while most participants highlighted communicating through the key worker.
Because for each child there are so many people to collaborate with and that is why the IEPs are so important. And that is why writing in the triplicate sheet, because you can try ... you usually get to meet with one or two people when you do a visit, but you need ... there is always the parent, the specialist teacher, the classroom teacher, and the teacher aides and in Claudia’s case probably three teacher aides. (Christine, 2102-2113)

The occupational therapist also tries to regularly touch base with her GSE colleagues. This deepens the connection between the GSE staff involved with a student. Some therapists emphasised the importance of catching up with her colleagues prior to and after going into a school visiting a student.

When I do my notes, I always photocopy my copy for the main file, so at least the case co-ordinator knows what I am doing and she can liaise with the other team members. And we have informal communications as well. (Judith, 668-673)

Different therapists spoke about staying in touch with school staff and families through GSE colleagues, especially where their direct involvement might be limited at the time.

... and we can’t go into schools and see students as much as we would like because we do have a caseload and those sort of things, so it’s just a way of keeping that contact with the student and with the school but through other team members. (Judith, 811-816)

In Being Around and by being able to Touch Base, the occupational therapist might realise that the expectations of one or more of the school staff or family members involved might be different from what she can and will deliver in terms of services and support. Therefore, the therapist has to first find out what the school staff and families understand and expect from occupational therapy. Therapists shared the experience of being seen by school staff as the person “fixing” the student’s difficulties. Liz described the focus on finding out as “what they understand and expect from occupational therapy, which is supposed to fix hands, and fix handwriting” (735-738), while Rachel emphasised that
occupational therapists “are sometimes perceived by the school as the person who is going to fix the behaviour” (1261-1264).

Another misconception is often related to the way services are delivered. To illustrate situations in which school staff or parents had a belief that occupational therapy would involve regular hands-on therapy with the child, Alison used the expression “you are the OT, do OT, do therapy” (1014-1015). This expectation is likely to include the therapist “taking the child away, taking it out of the classroom to do to the therapy and then bring them back when I’m [the therapist has] finished” (Donna, 1407-1410). If the therapist instead intends to work consultatively within the classroom, the relationship between the school staff, parents and therapist can become strained or encounter considerable difficulties. Additionally, the therapist might see the school staff’s role as being actively involved in the process instead of the therapist giving quick advice about what to do, which the school staff might expect.

...a lot of the schools do just want you to come in and tell them what to do, but I don’t think that benefits the student and I don’t think it alters the whole school. So in the long term it is not a useful way of doing intervention. (Liz, 369 -374)

Christine mentioned expectations such as “the family wanting a lot of OT” (780), which she encountered not only with families but school staff as well. High expectation in terms of hours of occupational therapy services was mentioned frequently as an issue.

They were expecting hours of input, because they saw that that is what he needed and they hadn’t really heard that we were saying he doesn’t need, from our perspective, hours of input. He is great as he is, what you are doing is great as it is. ...And the way to clarify it, which is really weird, it is to go in several times. Not to do something with the student, but to keep going in and keep reinforcing that. It was us being present in the school that helped them understand that. (Liz, 701-715)

The therapists acknowledged different possible underlying reasons for school staff’s and parents’ expectation, such as “how they had therapy in the past” (Alison, 1024-1025) or being overwhelmed by the situation and not knowing what to expect. Generally, the therapists displayed a sympathetic and accepting attitude towards the causes and motives that contributed to the hopes and beliefs of the school staff and family members connected
to occupational therapy services. Nevertheless, all therapists identified addressing differing expectations as an important step towards developing trusting relationships.

*If they have been exposed to any therapist who has offered a remedial programme to any child in their school and it has worked or not, or if they have been given things to do with a student in the school, that will be their perception that is driving what they think we should be providing as a service.* (Liz, 740-748)

*Sometimes we get a new teacher that may have in mind that that’s what we would do, so we just come in the classroom and see how they’re going. You have to rapidly explain to them what our role is and how we’re going to do intervention.* (Donna, 1427-1433)

Some of the expectations that the therapist might encounter could be related to specific qualifications or therapy approaches; particularly with the client group with ASD that experience sensory processing difficulties. Specialist sensory processing training might be sought after by families and school staff.

*...because as a family they were very strong on the treating model and ...they would have wanted sensory sort of treatment but they didn’t get that ...we just tried to say...these are things we want you to build in your daily routines....* (Christine, 902-910)

If expectations vary between the different individuals involved, it can lead to disappointment and difficulties in the developing relationship. They might keep “unconsciously asking for something that we don’t actually deliver” (Liz, 751-753).

*Because in schools, ... if the school expected us to come and treat the child ... and we had expected to come in and help the school make the accommodations that were needed for them to be able to teach the child, then that would be a huge mismatch. We would have let each other down. Because we would be saying “they are not listening to what this child needs” and they would be saying “they are not providing enough services for this child to be successful at this school”. So we wouldn’t be able to trust each other.* (Christine, 1227-1233)
In order to foster relationships, the occupational therapists Work With (Judith, 891) the school staff and families involved and Work Through (Donna, 663-665, Carrie 983, Judith, 849) “tricky” situations, difficult times or other barriers. Therapists described a continuum in terms of how easy or difficult they experience working with specific schools, certain school staff and family members related to a student.

And it’s easier with some people. You know some schools you just click with the teacher or click with the teacher aide and it all works really well. And others, there’s perhaps some communication barriers there that you have to work through. (Judith, 844-849)

The occupational therapist might Work With the school personnel involved when staff and parents specifically request support from the occupational therapist in a certain area. In some situations what is requested by the school or family might not be, from the therapist’s perspective, what is needed to solve the identified barriers that are hindering the student’s participation and learning. Following their request might mean setting the school staff or families up for failure, which would undermine the developing relationship. Through Working With each other they have an opportunity to get to what is needed instead of just delivering what has been asked for, which supports Building Relationships.

I was thinking …I am not sure that … a computer will solve this problem. But I worked with them on the computer for a little bit until I could get off that without saying you are wrong. So we tried some things on the computer and then we moved on. (Christine, 1326-1333)

So if I gave them the sensory diet they would be trying to get her to do the sensory things and I thought I might be setting them up to fail. So I resisted, I gave them things to pop in during the day, but I didn’t give them a Sensory Diet. (Christine, 1554-1561)

Working Through includes times when “there was a crisis and it was all kind of falling apart” (Alison, 632-635). Therapists described various instances, issues and circumstances that can be complex or difficult. Instead of withdrawing their input, the
therapists choose to work through the issues together with school staff and families. Christine experienced a situation during which “the IEPs were difficult at that point, but we kind of just stuck with it and had the meetings” (1693-1696). By “sticking with it” even when it might be uncomfortable, the therapist further develops trust and strengthens the relationship.

The process of Building Relationships with some of the school staff, GSE colleagues and the family member is influenced by different factors, especially the therapist knowing or being known by some of the key people involved.

**Intervening Aspects: Knowing and Being Known**

The process of Building Relationships is impacted on and altered by Knowing And Being Known within the school, both by individual school staff or generally within a particular school. The knowing each other can be related to different factors, such as a Shared History in a more general sense or the therapist Being The OT In The School.

*I mean you get to know over time and through visiting over time you get a sense of who the teacher is, who the teacher aides are, where do they see the student fitting into their classroom, what is the teacher’s investment in that student and is it them that is wanting the child to move on rather than the child is able to and wants to move on. They are like this thing, because we don’t have any control over them. We don’t have any inside knowledge of them other than what we get when we go there, other than what we see and hear and experience while we are there. You kind of end up getting a sense of the school’s philosophy about having students with autism or a sense of the school’s interest in having the child or keenness to make the child belong to them, to the school.* (Liz, 602-624)

History in this case entails previous experiences between the GSE professionals and the school staff. Over time, ground rules for dealing with each other and an understanding of the other’s role has grown and developed. Past experience leads to the school staff having more realistic expectations in terms of services and support offered by GSE.

*If it’s an established school they know about your role, they know about the things you can offer, and they know when is a good time when they should contact us. They*
know about what sort of issues and they know the general structure of the organization. (Donna, 1363-1369)

I think with some of the schools where we’ve worked with them for years now, in one particular school that I go to and ...it is very comfortable. And that is because we’ve sort of spent seven years going in and seven years worth of hanging out over short, sharp bursts, but it has taken that long. (Liz, 626-635)

In contrast, negative experience with GSE services can build a considerable barrier for the therapist’s effort to support the school staff and families. Liz contrasted this positive experience in one school by cautioning that “you are doomed if you happen to be the outsider coming in and they don’t like GSE. You have to go through all of that first and convince them that you are credible” (1366-1370).

The occupational therapist must become familiar with the school staff’s educational approaches, underlying philosophies, and view on inclusion, as this knowledge enables the therapist to engage with the school staff in a way that is meaningful for them. Situations that might cause distress to individual school staff or a school community can be more easily anticipated and accommodated by the occupational therapist. This has the potential to foster a good rapport and trusting connection between school staff and therapist.

Amongst the different parties involved, the understanding of each others’ perspective is reciprocal. The occupational therapist, while being aware of the school’s perspective, shares her view with the school staff as well. This further enables the school staff to develop trust with the therapist.

I think the school had a level of trust with GSE. And ... we knew that they had a view about inclusion in that school. So we kind of signalled, we gonna do this thing and we gonna view it positively and we gonna ...we kind of believed that Liam would be able to succeed in that school and ... we knew they would go on that journey, too. (Christine, 1122–1129)

As an aspect that can influence the present relationship or attitude towards current occupational therapy involvement in the school, a number of therapists reported that “OTs have worked in that area for a long time” (Christine, 324-325). Christine highlighted that
“it has to do with history. It is that sense of respect and belief … or maybe it is a shared knowledge of what we are about” (1213-1217).

... because OTs have worked in that area for a long time, and we run courses and we would have talked to a group. We have courses for teacher aides and we have courses for teachers and so I couldn’t say exactly when, but we had talks about sensory processing and a whole lot of things that would relate to how we would view problems as OTs. And so they knew me and they knew what an OT approach might be. (Christine, 324 – 337)

In some situations the individual occupational therapist had a history of working in a school prior to a certain student with ASD enrolling there. “The school knew me, because I was the OT in the school” (Christine, 106-107), which also facilitates the experience of working together.

*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.* (Theresa, 1116-1122)

In this situation the school staff might have a general idea about what occupational therapy is and have experienced the specific flavour of occupational therapy services by this particular therapist. Being The OT In The School entails having already established relationships with some of the personnel in the school. The therapist feels at times almost part of the school team, an informed “outsider” whose knowledge is sought by school staff.

*I guess one of the benefits over time of being in practice is that even if the child hasn’t been at the school long, I’ve now been in most of the schools, so there’s a rapport established over time. It may just mean making the connections with that teacher aide and that class teacher but there’s already links with the specialist teachers and the SENCOs and all that sort of stuff, and the principal. So that’s, I tell you, that’s so huge over time, to feel like you’re welcomed as you walk in the school,... they know you’ve come with an intention to really be of as much assistance as you can.* (Rachel, 1211-1227)
Even though the needs of the students were totally different, totally, totally different and we were looking at quite different things. I think it made a difference because I formed a relationship with her [the teacher] last year when I had worked with her with the other student. So you’ve already got that relationship established to start off with. (Theresa, 1161-1170)

In some of the schools the occupational therapist has worked and continues to work with more than one student. Therapists mentioned “go[ing] into that school quite often because I have several other students there” (Donna, 377-379) or being “in and out of the school for other kids” (Christine, 651-652), which led to a good rapport with a number of the school’s staff.

…the advantage I guess is that the schools where I worked with other children, it broadens my relationship with the school…(Alison, 1266-1270)

A consistent and stable involvement can help the relationship develop into a trusting partnership. In the next section the aim of the process of Building Relationships, that is the establishment of a collaborative partnership will be explored.

The Consequence: Becoming Partners

Becoming Partners is the intended consequence, the aim of the occupational therapist’s efforts at Building Relationships with the key people involved with the student.

…as you establish relationships, you buy into a partnership around the common goals, around this is the child, this is who we want to see the betterment of and therefore let’s partner together to make that happen. (Rachel, 720-725)

As described by Rachel and other therapists, Becoming Partners entails sharing resources, and equal responsibility and risks while supporting a student with ASD in his regular school setting. As a partnership implies collaboration between the different individuals affiliated with the student’s inclusion and education, it constitutes the fundamental basis for the therapist’s practice. Theresa highlighted that she and the school staff “have to be on board together and working together for the child” (875-876). Christine also emphasised the importance of the GSE staff and school staff “become[ing]
partners in supporting the work with the child rather than the people who come in and provide the alternative because this child is too hard” (Christine, 2061-2065).

The participants emphasised the importance of working in a partnership within the GSE team as a prerequisite for successful consultation with the school staff and home team. The occupational therapist and her GSE colleagues work together as partners, which Judith described as “we are a team and we have a co-ordinated service” (710-711). Working in partnership with the colleagues might include for example “alternating school visits,... somebody going in every two weeks” (Liz, 552-553), joint school visits, supporting each other’s work and on-going communication between the different team members. Judith described understanding each other’s role and work as fostering collaborative practices within the GSE team.

...there was an incredibly strong team around that child, the SEA was very skilled at communicating where things were at, the OT, the SLT, myself and I think for the beginning stages we had a Psych as well, where we all said we will support this child quite intensively to begin with and provide a pretty strong service around that child. (Rachel, 180-188)

...there’s some team members who know my role quite well and I know their role quite well and if they’re going in for a visit I’ll just say “oh look, can you check up on Johnny’s programme that he’s doing?”. And I know that they will have an understanding of the type of programme that I would put in and they will be able to ask the right questions and feedback. (Judith, 793-801)

Within the notion of partnership, therapists accentuated the role of the individuals living and working with the student on a day to day basis over the in-coming professionals. Alison described that as partners “all actually have a role in the therapy themselves, whether it is parents, teachers, or who ever it is” (1026-1028). This was supported by Judith, who emphasised that within a partnership it is “not me [the therapist] going in as the professional and saying that is what I think you should do” (1123-1124). Rachel illustrated her role within the partnership with the school staff as to “come in to supplement what they do” (1434). The occupational therapist might contribute and offer suggestions, but the leading role is taken over by the school staff and families. This starts with identifying the
needs in the assessment process and continues with finding possible solutions and deciding which might work as part of the intervention process.

You don’t come in with an expert model. You don’t say this is how it should be done. You truly listen and then you attempt to complement what they are doing and attempt to absolutely acknowledge the good that they are doing and support them in the good and then ask their permission to put in other ideas and strategies. (Rachel, 1434-1443)

Donna described a successful experience of working in a close partnership with professionals from other outside agencies; whereas Christine encountered some difficulties.

The Resource Teacher for Visually Impaired was very much involved and so she was at that IEP. I’ve gone in and done a visit with her as well, looking at fine motor things. So she was doing a lot of the tactile auditory toys and so I was bringing in from my knowledge of the sensory processing and the developmental fine motor skills and where he was at. And so that worked really well. (Donna, 724-735)

...he had ISARD therapists there and we tried to build relationships with them... that didn’t go very well at all, but we tried... (Christine, 787-190)

As part of Becoming Partners the different individuals are “trying to find some common ground” (Judith, 919-920), or as Donna said “being on the same page” (935). Being On The Same Page describes some shared understanding, a level of mutual perspective and having some “common goals, around this is the child, this is who we want to see the betterment of” (Rachel, 720-725). Liz described the communication involved with getting and keeping the GSE team on the same page.

We have to do... the GSE team has to do a lot of communicating and it is really important so that we are always up-to-date with what is happening with the school team. In that way ...when someone goes back, the school team can then be up-to-date with what is happening with the GSE team, because everybody knows what everybody else has been saying and doing in the school. (Liz, 454-455)
The occupational therapist listens and responds to the concerns and needs of the school staff and parents. Donna gave the following example: “something else that Ainsley [the teacher aide] asked me to come in about the seating. He [the student] wasn’t sitting at his desk very well” (860-862). Instead of going in and identifying issues purely from an OT perspective, the GSE staff’s, school staff’s and family’s perspectives have to be brought together ‘onto one page’.

*There are three perspectives to bring together, three pages to squash together onto one page in the best possible way that will be useful for the student and for the school.* (Liz, 650-655)

...there is the matching us and them type of thing. Us being the GSE team and the school being them and the family and trying to match up all those perspectives to get to a common place from which you then begin to look at what would or could work. (Liz, 2001-2008)

As equal partners, it is important to move forward together at a pace that everyone can follow and where no one falls behind. Liz and Christine both mentioned the importance “to work at his [the student’s] pace” (Liz, 1681-1682), because in case of ASD “they can’t adapt really quickly” (Christine, 1191-1192). Therapists emphasise this as a special feature of their work related to students with ASD.

Step by step the occupational therapist, school staff and families walk and work together on their journey; fostering the student’s inclusion and participation in the school context along the way. Instead of the therapist setting the pace, the speed at which the consultation process takes place is determined by the key people involved.

*It is a going at their pace. There is no point in going ahead of them or behind them or hurrying them along. It is kind of giving them the information at the level that they want it and can take it on board.* (Liz, 353-358)

In terms of the various adults involved, the pace varies. Therefore the therapist has to adapt her pace to fit the respective individual she is dealing with.
...some people will get there really quickly, to where you and your best professional opinion have worked out what needs to happen for the student if they are gonna learn in the school setting, but with some people you need to do this very slowly and go for a very long time before what happens. (Liz, 332-340)

In some cases the pace has to be considerably slower due to one individual requiring more time. Even though the others might be able to move faster, this could mean losing or leaving someone behind. This might be especially difficult in situations where people move at different speeds. For example, where the teacher aide whom works directly with the student, would be able to move at a quicker pace than other key personnel, such as the teacher or principal.

For the SEA it’s been fortnightly meetings to give greater awareness and for me it’s been way more visits than what I would normally do for a child at his level of functioning and at what I would have believed his teacher aide network of support. Because his teacher aide was early intervention trained teacher, brilliant lady, I couldn’t believe she decided to be this teacher aide and she’s been amazing, but it’s been the difficulty of buy in from the principal driving it down ...of absolute struggle of acceptance of that child. So we can’t move any quicker. Absolutely can’t. We have to go at the pace they can, just take the small steps that we can take. (Rachel, 1611–1628)

**Summary: Joining Up**

The relationship of the different components of the process *Joining Up* to each other are complex. They are closely related and significantly influence each other.

The therapist *Joins Up* with the school staff and families for part of the student’s educational journey. *Joining Up* takes places within the situation of working in Separate Teams, Trying To Become One. This describes not only a physical and temporal separateness, but also differences in the perspectives and understanding of each other amongst the GSE team, school team and families. The occupational therapist as part of the GSE team initially finds herself Being A Visitor and mainly Meeting with the school staff On Their Patch, Their Territory, within the school environment.

The ambiguous context of separateness and fusion emphasises the importance of establishing relationships between the teams and individuals involved in supporting the
student. The therapist seeks a trusting connection with the other key individuals involved with the student. By asking “Where Do I Fit?” the occupational therapist tries to determine her position within the group of people supporting the student. The therapist aims to find out who the key people to liaise with are for this student, in this situation and at this point of time. Therapists consider that frequently, Connecting With The Teacher Aide is a crucial aspect. It is important because the teacher aide is a key person working with the student on a day-to-day basis in the school environment.

The occupational therapists spend time in the school context, Being Around the school student and school staff. While doing so, the main strategies utilised to foster a relationship are Touching Base on how things are going, Clarifying Expectations of each other and Working With each other And Working Through difficult times and situations. If the school has previous experience working with GSE in general or the specific occupational therapist, a level of connection and relationship might be already established. Being The OT In The School, describing a previous personal involvement with the school, is often experienced as a “head start” by the therapist.

The intended outcome of the occupational therapist’s efforts is to Become Partners with the other GSE staff, school personnel, and families. They gain an understanding of each other, which facilitates them Being On The Same Page. Furthermore, the therapist adjusts her speed, aiming to be Going At Their Pace, and the pace of her partners. Even though a partnership is the general aim, therapists described times and situations during which it was difficult to achieve.

In the next chapter the assessment process of Finding A Way, which emerged from the data collected, will be explored in more detail.
CHAPTER FIVE: Finding A Way

Introduction

This chapter outlines the different components of the assessment process, called *Finding A Way*, which surfaced during data analysis. When reflecting on their journey towards knowledge and understanding, therapists used descriptions such as “finding out” (Judith 1422, Rachel 1796, Liz 1628) and “finding a way” (Liz, 790). The participants outlined an assessment process embedded in the school context.

While Being In The Classroom or wider school environment, the occupational therapist Tries To Understand what is happening, and what is going on not only for the student but also for the school staff and family. The process of Trying To Understand is shaped by the occupational therapist’s efforts of Tapping Into Knowledge And Experience, which includes not only the therapist’s knowledge and experience, but also that of the key individuals around the student. Making Sense of all the gathered information results in the therapist Getting A Picture.

**Context: Being In The Classroom**

(Being In The Background, Getting A Snapshot)

*Figure 2: The Assessment Process - Finding A Way*
The individual components of the assessment process *Finding A Way* are outlined and discussed in depth throughout this chapter.

**The School Context: Being In The Classroom**

All participants emphasised a considerable proportion of the assessment taking place in the student’s classroom. However, *Being In The Classroom*, does not start and end at the classroom door, but includes the wider school environment. The participants acknowledged the school context as “the natural environment” (Theresa, 218-223) in which the student with ASD has to learn to function. They also stressed the importance of understanding how the context might contribute to the student’s difficulties. Rachel emphasised that “I won’t have an honest picture of the child within a school setting unless I go into where they are engaged and learning” (1231-1234). The therapist wants to get a genuine picture of the respective child within the particular context of school. In contrast to an assessment in a separate room involving “pulling” the child out of the classroom, the occupational therapists described an ecological approach to assessment.

*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.* (Judith, 972-978)

*...if you take a child out and then go into another room or another part of the school you are not seeing how they are really doing... You have to take into account all the other factors within that room ... how they are going to affect the performance...* (Theresa, 223-231)

*... why is it important for me to be in the classroom? ... so I can see what the class is doing, so I can learn about class routines, teaching it, what the programme is for them so that I can make suggestions, that are appropriate,... so I can see what the child is doing...* (Donna, 1228-1235)

A key benefit of assessment in the school environment is the opportunity to assess the student’s performance in educational and non-educational tasks; especially in relationship to their peers, which provides an immediate comparison.
If the class is doing handwriting and I sit with some of the other children and that’s also sort of important for me to see what other typically developing children are doing at that age too and that helps me. (Donna, 1129-1134)

In The Background was a common expression used by participants not only to describe their physical position within the classroom, but also their involvement in actions and interactions that are naturally occurring. Liz highlighted the aspect of “stepping back” (767-768), especially in the beginning stages of their involvement with a student. Theresa described that “initially when I went in there, when we first saw him I was more or less just sitting in the background” (49-52). Alison also supported this emphasis of “just spend time sitting at the back of the classroom, particularly when I am getting to know someone fairly new” (958-961).

I just try and be a fly on the wall really, I try and blend in. I usually go in quite quietly and whatever the class is doing at that time I sort of sit and join in…

(Donna, 1125-1129)

The therapist tries to be as unobtrusive as possible, being in the classroom environment without interfering, “being as least disruptive as possible” (Donna, 1199-1200). She assumes the role of an “invisible observer” (Liz, 854), a “silent observer” (Rachel, 857-858) aiming “to not disrupt the classroom teaching” (Donna, 1203). The therapist’s efforts to “blend in” (Judith,1557; Donna, 1126) may involve not engaging with anyone; engaging with other students in the classroom without engaging with the student with ASD; or joining with the student with ASD while maintaining invisibility for the others in the classroom.

… when I’m working with students especially in a mainstream class where the other kids don’t have any difficulties, it’s always trying to be part of a group of kids, so I’m not just there only talking to this one child. So if they’re sitting at a group desk with another four kids, I’ll maybe help another child or be part of the group rather than just concentrating on just that one student. Because I think that takes the pressure off them as well because if they are seeing this adult who they’ve never met
before focussing in on them it can be quite inhibiting. So I quite like working in a small group for the first, well for the first couple of sessions anyway.

(Judith, 1528-1542)

But even quite often I’ll ask the student to do some things for me. So maybe I want them to draw something or do some shapes or I want to see them do particular things. But I would always do that during a time when the rest of the class is sitting down doing things as well. So they might be sitting down doing writing but I might be doing a different type of writing but it’s still the same.  (Judith, 1569-1577)

The occupational therapists emphasised the importance of verbalising their intention to the school staff of gaining an impression without impacting on what is happening in the classroom.

I’ll sit back and I’ll say “you do what you would typically do and I just sit here and watch” and they’ll start… (Liz, 871-874)

I think it’s really important to be part of the class and I always say that to teachers when I go in. I say, is it all right if I just join the class for the morning or for a couple of hours so that I just try and blend in with what the class is doing...

(Judith, 1553-1557)

Therapists emphasised that even though they try to spend a considerable amount of time during their assessment in the classroom, compared to the school staff and family the therapist still just gets a snapshot of the student.

So you try and go in and get as much information in a short time as you can, but often you don’t get that feeling of really getting to grips with the situation and what is going on… (Alison, 1333-1337)

Like a snapshot, the image that the therapist takes with her is just a reflection or an impression of that moment, which might not fully reflect what happens on a day-to-day basis. Being aware of this and the possible risks involved, means that the therapist has to rely on the school staff to put her observations into a broader context.
I guess there is always the danger the day I am there it is a snapshot so I can’t say this is how it always is and I am quite aware of that. That is where I listen to the other people around who say “he has had a really good day today” or “he has had a really bad day. (Alison, 944-951)

Being aware that their observations are but a snapshot, therapists aim to see the student in a range of activities and situations that can later be interpreted within the context of other observations.

I’ve always arranged when to go in, so I try to go in at a time when I can just observe the student doing the activities that he would be doing anyway. So maybe at work time so they’re on the mat. I find the mornings better because then you see mat time, you see some work, often especially in the early years they have some choosing time, so you’ve got some time to see some games. And then if you want to have a look at morning tea and running around, you can see them having their morning tea and play time as well so you can see quite a broad spectrum. (Judith, 1558-1569)

Using the school environment as the main context for the therapist’s assessments contributes to getting less insight into other pertinent environments such as the home. This understanding of other environments and the student’s functioning within them could be pivotal to getting a holistic picture of what is taking place and what might be affecting the student’s school performance.

That is probably the most challenging, because it is easy enough to get the school… to see what is happening in the school, but to then see what is happening at home and to understand the parent or the family. And we dedicate sufficient time to the school, but not so much the family. And sometimes it is important to just step back and say “okay, it is the family’s side that I need to focus on”.

(Liz, 1022-1032)
The assessment within the school environment is driven by the notion of Trying To Understand the student within his school context, as well as the school staff’s and family’s needs.

**Foundational Concept: Trying To Understand**

At the heart of the assessment lies the therapist’s wish to gain understanding of the student with ASD, the classroom situation and contextual factors, the difficulties which arise and the perspectives and concerns of the school staff and parents involved. Therapists frequently used the term “trying”, which indicates that it is not a simple or straightforward process. Therapists highlighted the efforts involved in trying “to understand the child” (Carrie, 708-709). Donna and Theresa described their focus on gaining insight into “what his [the child’s] needs are” (899-900; 856-858). It is about “figuring out what’s going on for that child” (Rachel, 1049-1050). Therapists generally emphasised the complexity of gaining an understanding about a student with ASD as being related to the nature of the condition.

*And autism is not as staged, it’s not as predictable and you have to look at what’s driving the behaviour, what’s underlying it and that takes probably a bigger collegial input and probably longer time to figure out what’s going on for that child.* (Rachel, 1046-1050)

Furthermore, the therapist tries to gain an understanding about both the physical school environment and the school staff working with the student, as well as “to understand the parent or the family” (Liz, 1027-1028).

*... understand the school setting more, the classroom more, and the child more and the teacher’s aide, and the teacher, and the principal, who doesn’t want the child there but the teacher does.* (Liz, 1178-183)

The occupational therapist’s efforts of Trying To Understand what is going on are guided by the Issues Coming Up from GSE colleagues. However, more importantly they are guided by concerns raised by the school staff and parents involved with the student on a day to day basis. This might be in regards to a more general concern or “when specific issues come up” (Donna, 418-419). Donna described a situation in which the school staff’s
The primary reason for referral begins the process of discussion. Normally the referral is an internal referral through the ORRS process, which is the majority of cases, then they have come with a specific need and they have requested a specific type of support. (Rachel, 23-31)

...things like feeding weren’t a priority to start with but then they became a priority and that was identified at the IEPs... the issues that come up at the IEP usually helps guide me what I do next,... (Donna, 925-932)

The occupational therapists emphasised that the assessment is related to a concern identified, rather than being a general assessment. Theresa described how she “listens to what their [school staff] concerns are” (1296) and lets these guide her occupational therapy assessment. The focus is “what they [the school staff] perceive the issues are for them, what they want to have addressed” (Theresa, 994-997). One of the reasons for focusing on staff issues is as expressed by Judith, “they’re not really going to get on board with you addressing that issue if that’s not their issue” (Judith, 1216-1218).

The concerns can vary widely from one student to another, or for a certain student can vary at different times of his education. Specific concerns that were commonly expressed included academic skills, such as handwriting or inappropriate behavioural actions.

...sometimes handwriting is a huge issue, sometimes it may be he’s biting other children, ..., it can be sensory things that become a huge issue, or smearing phase, or toileting issues, it just depends what the issues are for that student at that time. (Judith, 1198-1201)

Another entry point for the occupational therapist’s assessment is the issue of sitting still. A considerable number of class activities require the student to stay in one position, seated either on the floor during mat time or at the desk during other academic tasks.
So she used to throw herself back and at first... they asked me to find a chair for her that she could not tip over. So that was what they said. They worried about her tipping over backwards and hurting herself. (Theresa, 1207-1214)

One of the really big issues ... one of the things that they really wanted to work on was him being able to sit still on the mat, because they felt that was very much part of the routine for new entrants and was a real goal for him to be able to sit still and concentrate with his peers. (Theresa, 62-70)

All participants mentioned issues or concerns regarding the student’s behaviour that shaped the focus and course of their assessment. The therapist’s focus was to find the underlying reason for the student’s behaviour.

The school asked me to come and see him, because they thought there might be some sensory issues ... that might help them to deal with his behaviour... he was hurting the other kids, he was hurting the staff, he was biting and hitting and ... so they had concerns about his behaviour. (Christine 107-115)

... he started pulling out his hair and his eyebrows, which was very worrying for the mum. (Carrie, 308-310)

While behaviours are a key issue, academic skills are also noted as important issues that school staff and families are concerned about. Theresa and other therapists mentioned situations in which the school staff “just wanted him to write, but it was not working” (344-345). Therapists suggested that these concerns are in the foreground because of the importance of written communication within a school curriculum.

A lot of children with autism may or may not end up handwriting... but often when we go into the school, because it is a school, because it is about learning and learning is measured by written output, the first thing that schools want is for the child with autism to be able to write. (Liz, 259 - 267)
In some cases handwriting remains an ongoing and crucial concern for teachers and teacher aides, which might include concerns regarding the student’s pencil grip and ability to control the pencil movement to form legible letters.

*There was one student, one of the concerns was that the student... it was a handwriting issue. The student could write in large letters, but very soft, very light touch..., but it was an on-going concern for the school.* (Alison, 1076-1084)

As the areas of concern of the school staff change over time, this leads to changes in the focus of the assessment process and the tools and strategies utilised during the assessment. These assessment tools will be explored in the next section.

**Actions and Strategies: Making Sense**

The therapist “*tries to make sense of*” (Liz, 1744) the complex amounts of information obtained through Just Observing, and Using Standardised Assessment Tools as well as Talking with and Listening to the school staff, parents and other people involved. However, “*observations in the classroom*” (Carrie, 60), during typical school activities and class tasks, such as handwriting, sitting on the mat during story time or doing maths, were highlighted by all therapists as a central assessment tool. Therapists emphasised that instead of conducting formal assessments when working with students with ASD, they generally do more classroom observations. Observations give important information that could not be obtained by using standardised tools or conversing with school staff and families. Therapists consciously choose to observe the student in different situations, under varying circumstances and at different times.

*It takes time to build up a really good picture and you need to observe them on a number of different occasions and often in different environments to really get a good understanding of where the kids are at and how they are functioning and what is really happening for them*...(Theresa, 830- 838)

*...it’s just observing the student in as many different situations as possible. Perhaps at work time when they’re doing their sort of written work or maths work, at morning tea, seeing how they eat, how they interact with other students in the playground and at gym time.* (Judith, 1451-1457)
Even though therapists used the phrase “Just Observing”, which has a passive connotation, they described an active self-questioning process which takes place in their mind. The initial questions the therapist asks usually focus on how the student is participating in different classroom activities.

*What I am looking at is... is it working? How is the student feeling? Just by looking at their behaviour and their responses about this activity, how hard is it, how easy it is, are they actually interested? Are they actually attending? Are they actually motivated? Is there any meaningfulness in this activity? Do they make sense of it? Are there connections or are they just mechanically doing the task of the pre-writing strokes?* (Liz, 874-885)

Through this self-questioning process, therapists aim to identify aspects that might act as a barrier to the student’s learning, or those that enable the student’s inclusion, participation and access to curriculum tasks.

*I am looking environmentally, the bigger environment. What else is happening in the classroom? Are the other students doing handwriting at the same time? Are the children at his table interacting with him or noticing what he is doing? Where is he placed when he is doing this activity? Is it distracting him? Is it facilitating him?* (Liz, 898-907)

Not only are observations made of the child but also of the teacher and teacher aide who are interacting with the child. Judith highlighted “how the teacher interacts with the student is part of my observation ...what the teacher’s approach to the child is” (1457-1459) as important questions during her observations.

*And then I am also looking at ... trying to get a sense of what is the teacher aide’s vested interest in this child achieving this, how much does she then end up doing the activity, how much is she verbally prompting the student, how much is she putting her hands on the student and actually doing it for him,...* (Liz, 885-886)
Depending on the aim and focus of the assessment, such as handwriting or the student’s behaviour, the guiding questions change accordingly.

*How is he sitting on the chair? What is happening … even down to the components to do with handwriting. What is happening with his grip? What is happening with his sitting position? Is he actually looking at his pencil?* (Liz, 907-913)

*I just went and observed him with his teacher-aide and he was quite disruptive in the classroom. … He wouldn’t sit on the mat, was up and about and screeching, turning around in circles and flapping his hands.* (Donna, 81-88)

While time is needed to make the necessary observations to answer the therapist’s questions, the therapist frequently accumulates an extensive amount of information within a small time frame.

*…because I had a spare half an hour I decided to sort of watch him in the classroom. So I just observed how he was doing some maths, …looked at his fine motor. He had also some laterality difficulties that I picked up, and I also noted which hand he tended to use himself and whether he crossed the midline. I noticed that the teacher actually put the pencil in one hand rather than letting him choose… Mum had thought he was right handed. So the teacher was just putting everything into his right hand. …I asked if she would just let him choose because I wanted to see how he was naturally. So I just watched how he manipulated the objects, how he related to the teacher and teacher aide, how he related to the children at the table. And I watched him during morning tea to see whether he could open his packets and how he eats, which hand he eats with, which interestingly was his left, I’m not convinced he’s right handed. Just observed how he followed things and when he went to get his bag how he walked, so when he was on the floor he had difficulty getting up from the floor.* (Judith, 1482-1508)

Information gained through conversations with the school staff supplements and adds to the therapists’ impressions gained through her own observations. Liz described this process as “*checking out*” (776-777) her observation. In some situations the therapist gets an impression of a “*discrepancy between what I saw [the therapist sees] and what I heard*
people saying” (Carrie, 721-723), which emphasises the function of the conversations in terms of confirming and substantiating the therapist’s observations.

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 … (Liz, 772-779)

…at my last visit the teacher again talked about him being naughty. And when I was in the classroom he was busy involved in an activity and they just said, he just had to change to a different activity to do something else, but they just like picked him up and they said it is time for this now. And of course he totally lost it… and the teacher made some reference to him being naughty… (Theresa, 1248-1259)

Therapist’s informal interviews with school staff, during their school visit, often have the character of conversations, rather than formal interviews. “I talked to the aide, I talked to his mum at length, and I talked to his teacher” (Carrie, 57-59). In order to gain further information from the key players, such as the teacher aide and teacher, the therapists have an active role in initiating and maintaining conversations about the child. The purpose of the conversation is not to simply verify or contradict the therapist observation. The therapists reported and emphasised that they respected the “school staff expertise” (Rachel, 1209-1210) and their knowledge of the child; knowing that it was really important to get their perspective “of what they think is happening for the child” (Theresa, 985-988).

…they work with that child every day of the week and they have incredible insight about what’s going on for that child. I still had to process it for me, to determine whether I believe that that is a fair assessment because I think there’s that whole entwining that happens and their desire for the best for that child. And there’s a danger that they interpret what they do as being … meaning this or being this. Like when they do something, “oh see he knew”, that that’s what that meant and in fact, if you looked at it objectively and critically, it probably didn’t. So I have to filter that through,…(Rachel, 485-500)
The therapists described conversations that focused on the present as well as the past of the student. Therapists can gain information about the student’s background, which enables them to take his history and past experiences into consideration.

...probably more my first assessment is just talking to people, finding out about the student, reading up what sort of background they have, the medical notes and all that information. Speaking to people who’ve been working with them before. That’s probably the most important, the first part. (Judith, 1420-1426)

I think he had quite a history of a whole lot of things happening to him ... some of the things that have happened, his mum could not manage. He has autism and his mum could not manage him ... I think she just had him on her own and then he had been in some kind of, put in some sort of rest home and later on these stories kind of unfolded but apparently he had some time when he was in some quite bad care and that had been quite recent, immediately before he went to this school...
(Christine, 77-92)

The conversations may take place in person during school, morning tea and lunch time break in the staff room, home visits or IEP meetings, and may be by phone or by e-mail. In some situations it might take some time for stories to unfold, and thus the time spent with different people involved also may vary.

It looks like all we do is talk and have cups of tea. It is the same in schools as well, it looks like we just sit around, watch the child and have a cup of tea. But in actual fact, there is a reason for that and it is about collaborating and communicating and sharing collectively what we know about the child... (Liz, 481-489)

Following observations in the classroom and conversations with school staff and families, the occupational therapist might utilise standardised assessment tools to gain more understanding about a specific area, such as sensory processing. Therapists strongly emphasised that this questioning, through the use of tools, was a secondary strategy to questioning through classroom observations and informal conversations with the school staff and families.
...probably more just clinical observations, I don’t tend to do formal, like I wouldn’t do a Bruinniks or something because it’s more just sort of observations of how they manipulate things and observations in the classroom.  (Judith, 1569-1577)

Although the occupational therapist generally relies less on standardised assessment tools, the Sensory Profile (Dunn, 1999) is often used to gather further information from the families and school staff. The Sensory Profile (Dunn) is a standardised questionnaire for caregivers, which assesses sensory processing issues contributing to the overall behaviour and learning of an individual. “I use a sensory profile, quite frequently with kiddies with autism and it’s rarer that I would use it with other children” (Rachel, 930-933). Therapists emphasised that through using the Sensory Profile (Dunn), some of the student’s behaviours observed in the school environment and described by school staff and families can be referenced to the child’s sensory processing. The Sensory Profile (Dunn) enables the therapist to “see those behaviours as him seeking and avoiding things” (Donna, 246-246).

...and then usually from those sort of clinical observations, areas are highlighted. Maybe some sensory issues are highlighted so I may do a Sensory Profile... sending that to home and school.  (Judith, 1429-1433)

The occupational therapist might post the profile to the parents or might meet with them to go through the assessment together as this provides the opportunity to ask additional questions.

... they agreed that they would like to have a sensory profile done with him, so I arranged to meet with the mum and the step-father at home and they were both there and we went through the interview then and asked a lot of other questions around it...  (Donna, 100-108)

The school staff might also be asked to look through the questionnaire in order to add their perspective. Due to frequent differences in a student’s behaviour when at school and home, therapists mentioned getting the perspectives of the family as well as school staff as important.
I’ve also asked mum if I can send the sensory profile to the school too because I felt like the issues were different between home and school. (Rachel, 1857-1860)

The type of information the therapist gains through the primary tool of observations determines how much time she might have to spend collecting data from a different source, such as conversations with school staff. At other times the therapist might have to more heavily rely on observations as it might be difficult to gather information from the family or school staff.

I actually spend a lot more time at this second school and I spend a lot of more time observing in the classroom, because it was more difficult to get information about what actually was going on...(Alison, 580-585)

Therapists emphasised tapping into professional knowledge as well as the school staff’s and families’ expertise as a crucial aspect in the assessment process.

**Intervening Aspects: Tapping Into Knowledge And Experience**

Therapists described being able to Tap Into Knowledge And Experience as an important aspect that might either inhibit or facilitate the assessment process. The occupational therapist’s practical experience with and theoretical knowledge about students with ASD is a vital resource.

... in terms of knowledge, you can’t work with children with autism unless you actually understand what autism is about. (Liz, 2047-1051)

Judith explained that when “you know the background to the diagnosis you know the types of difficulties that this student is likely to have” (1071–1073). Similarly, Carrie noted “as I become more experienced and you observe more children, I guess you get ... a picture of what is typical for children who behave this way and it is kind of an intuitive thing” (696-700). Hence, the therapist’s knowledge about sensory processing and handwriting were frequently mentioned as important while working with students with ASD.
And what therapists do, we read books about autism and we go on courses on autism, and then we come into the field and we have some knowledge about autism and then the children re-train us or tweak us in a sense to get a better, more real understanding and the parents do, and the teacher’s aides do and the teachers… knowledge is kind of a foundation, but it is in our experiences of people with autism that that knowledge becomes more sound… (Liz, 2051-2062)

Participants described varying levels of training and knowledge about autism and related topics when they first started working with students with autism. They highlighted that knowledge and experience builds a base to draw from; if it is limited this can act as a barrier towards gaining understanding. Alison described an assessment during which she struggled and explained that “it probably had a little bit to do with my ability to sort of understand some of the sensory processing” (245-248).

I was thrown in the deep end, I wasn’t paediatric trained and I certainly wasn’t sensory integration trained so it was like right, here I go. So the more I can learn about what’s going on for these children the better… (Rachel, 707-711)

Even though therapists identified that their professional knowledge and experience was important during the assessment process, they do not consider themselves as experts holding all the knowledge required. Therapists highlighted the importance of being able to Access the Day To Day Knowledge of school staff and parents and the Knowledge of the GSE colleagues as enhancing their understanding.

It is quite humbling sometimes, because these are all the people who know the student really well. (Alison, 977-985)

Therapists are “not with the student every day” (Theresa, 690-691), which emphasises the importance of accessing the school’s staff’s knowledge as they have the “first hand experience to pass back” (Alison, 237-238) to the therapist.

A lot of my time thinking about working with the school and when I was working with him, because the teacher’s aide, who is also the point one teacher, because she
knows him very well and she is very, very skilled, I have spent a lot of time working with her.  (Theresa, 302-309)

The teacher-aide knows the child best, and they will get to know the child better than I will ever know them, working with them everyday, so it’s really important to listen...  (Donna, 1394–1398)

Aside from the school staff, the parents also have everyday experience with the student, which can further increase the therapist’s understanding.

Parents have worked out before we come along as the specialists what works for their child and they found ways to make things work. So I think it is important that we find out what those are and tap into them and then maybe translate some of those into the school setting.  (Liz, 1086-1093)

Another aspect also widely acknowledged by participants was the information, the professional knowledge and experience which are shared between colleagues within the GSE team. Christine described tapping into the pool of knowledge and experience within her team as “key”, and “part of that is to talk to the GSE staff” (730-731). Within the GSE team, “reporting back to the team” (Liz, 427-428) after a school visit, home visit, telephone conversation or other contact related to the respective child is an important part of their practice. Through this sharing of information the GSE team develops a collective knowledge base which is larger than each individual’s base. The occupational therapist might “hear things through other team members” (Judith, 183), which adds to the information she has already gained.

They’ll come back and they’ll report on what they experienced and found at the school. If I am going in next, I then have that knowledge or sort of second hand experience... (Liz, 414-419)

Liz further emphasised the exchange of information taking place within the Special Education team. “The GSE team has to do a lot of communicating and it is really important so that we [the GSE team] are always up-to-date with what is happening with the school team” (Liz, 455-459).
It goes back to that collective knowledge. Whatever they see and hear and interpret from the classroom, will come back and be shared and then collectively be re-interpreted and agree or disagree or debate it and then we will understand the school setting more, the classroom more, and the child more and the teacher’s aide, and the teacher, and the principal, who doesn’t want the child there but the teacher does. Or the parents who say “that child shouldn’t be at this school”.

(Liz, 1172-1184)

Rachel described “having a combined look” as the central feature of discussing each other’s observations and experiences with her GSE colleagues. The therapist might pass on a certain observation to a colleague due to the colleague’s special area of expertise. “I ran it by his SEA as well because I wasn’t sure where he was educationally at as well as the SLT, so we had a bit of a combined look at it” (Rachel, 462-465). At other times the therapist uses her colleague to confirm impressions. For example, Theresa described a situation in which she wanted to verify if the school staff interpreted the child’s behaviour as being naughty “and this speech therapist who is working with this child as well feels the same thing, too” (Theresa 804-806).

The therapist requires knowledge and experience of the student’s condition, in this case ASD, and how this might impact the student’s inclusion, participation and access to the curriculum. However, through tapping into the knowledge of school staff, families and colleagues, the therapist has an opportunity to gain a good understanding of the student and the school context in which the student has to learn to function.

The Consequence: Getting A Picture

It’s a busy classroom. There are a lot of 5 year olds running around. The desks are all sort of higgledy … and kids at that age, they were constantly bumping into him and that would then set of his flapping more and his screeching more and that would raise the volume levels of the other students which would then increase his stress levels and so it was just kept going around. (Donna, 339-350)

When describing the desired outcome of the assessment process, therapists consistently used the expression “Getting A Picture” (Alison, 957; Carrie, 113; Liz, 1021;
Theresa, 832; Rachel, 1558 & 1587). This picture consists of an understanding of the student, knowledge of the school context and possible barriers and enablers within the environment. This picture is similar to an unfinished piece of art. It is constantly added to and altered, based on both new emerging information and the understanding the therapist gains through the assessment.

... 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. (Rachel, 523-532)

In order to form a holistic picture, the therapist has to Join The Pieces of information that were collected during the assessment. The different pieces are the student, his strengths and difficulties, his way of managing in the classroom, and the environment and the set task. The relationship between these different pieces and how they fit and influence each other becomes clearer, and is an important part of Joining The Pieces.

I might not even be able to verbalize exactly what it is that I have observed, it is lots of bits and pieces that all kind of come together to get a picture of what is going on. (Alison, 953-958)

All participants related that it took time to form a good picture, a sound understanding, to really know what is happening in the classroom, what is going on for this child and those involved with the child. Rachel emphasised that “my initial work with them often takes longer and it is more involved in getting a clearer picture of what the needs are of the child” (1555-1559). Even though changes in the child and school staff occur, a basic picture will stay with the therapist and makes future assessments easier.

Even though I haven’t seen David or Sam for quite some time, I am sure I could go back and having a lot of background knowledge I could kind of pick and go forward quite quickly, but to kind of get to know a whole new situation does take quite a lot of time and effort. (Alison, 1372-1379)
Some information of the student’s life at home is gained through conversations with school staff and the parents and at times through a home visit. Some participants expressed that if they did not manage to gain sufficient knowledge of the student in his home environment, they felt there was a part of the picture missing.

…it is not enough just to see what is happening in the school. Mainly because the child goes through the day and has a range of experiences and you’ve got to try to get the sense of the whole picture of the child’s life. (Liz, 1017-1022)

Through Joining the different Pieces the therapist attains a clearer, more complete idea of what is going on or what is happening. The picture the therapist gets is the outcome of her interpretation of the current issues and contributing factors. This leads to Identifying And Prioritising the focus of the occupational therapy involvement.

…it to me there is a real feeling of I have a reasonable understanding of the situation, the people around the child, the classroom, I kind of know what is happening there… (Alison, 1320-1324)

The therapist starts Identifying And Prioritising, which entails recognising clusters of information as well as distinguishing and classifying between significant and less important aspects. Liz described it as “making some hypotheses” (918-919), considering the student’s needs and keeping the needs and priorities of the school staff and parents in mind as well. This analysis usually happens in collaboration with school staff, families and colleagues.

I prioritise from my observations and from the needs that I’m hearing from the staff, the team and the parents, what the parents really wanted for him as well.

(Donna, 915-920)

The process often starts with an obvious surface issue, which is more the tip of the iceberg than the real underlying reason for the difficulties. Identifying the underlying issues is a crucial outcome of the assessment process.
...the first thing that schools want is for the child with autism to be able to write. And that is not where as a professional the assessment might indicate that that is what is needed. The first thing maybe from my perspective ...would be that the child is able to learn the routines and move with the group and become part of the group and follow the rules and get a sense of “you are in this world and you are supposed be with the part of the world.” That writing for me becomes ... not the priority goal, whereas for the school it will be the priority goal. (Liz, 265-280)

So that was kind of the initial focus “how can we get him writing”... he could write, he could draw, he is quite ...his fine manipulation was quite good, but ...his dealing with situations often wasn’t. So from that we then looked at what other things and it was... I guess it was my suggestion to look at it from a sensory point of view to try and help him to work within his class. (Alison, 601-612)

Theresa also described a situation in which the school’s and family’s aim was to improve the student’s written communication. This determined the therapist’s focus on written communication during her assessment. Through a thorough assessment process the therapist identified assistive technology as a priority area.

The school staff’s concerns might be related to the student’s behaviour, but the underlying issue might be sensory processing issues. In this case, the therapist’s assessment process shifts the focus of their intervention towards a sensory processing frame of reference. This was supported by stories shared by Alison, Christine, Theresa and Donna.

... I pulled on what I saw as a priority in terms of the sensory seeking behaviours, because the most difficult for him was to be in the classroom. It just seemed to me that we needed to understand what his sensory needs were first...

(Donna, 893-900)

She has got quite a number of different sensory issues and ... one of their aims for her was to be able to go to the local shopping centre ... because she could not cope with the noise and she would just scream loudly, because it was too much for her. (Theresa, 611-618)
The priorities identified, as well as the picture in the therapist’s mind are not rigid. On the contrary, they are altered and adjusted on an on-going basis. The initial focus might become a lesser priority as the main concerns change over time.

…and it’s literally been a process of continual change, identifying what those new needs are, identifying what the shared goals are, identifying what new direction we are to take… (Rachel, 336-341)

Identifying and Prioritising is an outcome of the assessment process and determines the focus of the occupational therapy intervention.

**Summary: Finding A Way**

The assessment process, *Finding A Way*, is strongly shaped by an ecological and collaborative approach. The relationships of the different components to each other are multifaceted, highlighting the complexity of the occupational therapy assessment within an inclusive education context.

*In order to find out what works, first you’ve got to know what is happening and to know who they are and what they think and feel and believe is right and what they think should be happening and find out why. So it is almost like an investigating period…* (Liz, 1329-1335)

The context in which the assessment takes place is the classroom. While Being In The Classroom, the therapist tries to blend in and avoid interruptions by Being In The Background. During her classroom observations the therapist Gets A Snapshot of the relevant aspects influencing the student’s ability to participate in the classroom activities and learn.

Through her assessment, the occupational therapist Tries To Understand what is happening within the classroom and particularly for the student and school staff involved. The focus of the therapist’s assessment is influenced by Issues Coming Up from the school staff and family.

The therapist tries to Make Sense of the information gained through Just Observing, Using The Standardised Assessment Tools, as well as Talking And Listening to the school
staff and family. The opportunity of Tapping Into Professional and Day To Day Knowledge influences the therapist’s efforts of gaining understanding.

To gain a holistic picture the therapist has to Join The individual Pieces that were collected throughout the assessment process. This allows the therapist to Identify And Prioritise the focus for her further involvement and most importantly, gives the direction for the next stage of the consultation process, the intervention process.

In the next chapter the intervention process, *Walking And Talking*, which emerges from the data collected, will be explored in more detail. Facilitating and hindering aspects within the intervention process and its individual components will be explored.
CHAPTER SIX: Walking And Talking

Introduction

This chapter explores the third process which emerged from the data analysis. The intervention process, Walking And Talking, takes place within the school environment, and, like the processes of Joining Up and Finding A Way, is shaped by that context. A number of therapists described their role within the intervention process as supplying what is needed for the student to attend and learn within the school context; thus supporting the school staff and families in the process. “My understanding of my role is to equip and support the key people around the life of the child” (Rachel, 377–379) by “walking and talking with them” (Liz, 311-312). The occupational therapists intervene with words (talking) and actions (walking). Theresa described the conversations, as a “talking together” (940), which suggests the exchange and discussion of ideas instead of simply telling the school staff and family what to do.

It is a way of walking and talking with them so that they come to the same conclusion or understanding without making them feel like they don’t know enough or what they were doing was bad. (Liz, 311-316)

As for the assessment process, different therapists emphasised the importance of the chosen conversational style as part of the intervention. “Sometimes I would write up some suggestions. ... I think I preferred to do the verbal thing more often, because often it was a dialogue” (Alison, 780-784). Theresa highlighted that as a therapist she “can’t just go in there and throw all that stuff at them and walk away” (821-823). Rather she spends time with staff guiding them towards possible solutions. As the occupational therapist and school staff try something together, they talk with each other. Christine’s words, “we talked as I went” (209), suggest a collaborative process.

Figure 3 summarizes the components of the intervention process Walking And Talking.
The Pieces Of Work the therapist addresses during her involvement consist of educational and non-educational tasks, which are part of a regular school context. The underlying notion of Finding Out What Works drives the therapist’s efforts and influences the choices of Tools Utilised to address the issues or concerns. The occupational therapy intervention is not only aimed at addressing the student’s needs, but has to be Adapted To Fit with the specific school context and school staff involved. The therapist intends to Get The Match, thus enabling the student to be included and to participate.

The following sections will review the individual components of the intervention process and their relationship with each other in more detail.
The School Context: Doing Pieces Of Work

Therapists described working on different “pieces” during their involvement with supporting a student, the school personnel and family. At one point the therapist might work on a handwriting “piece”, later the therapist might work on a sensory processing “piece” or recommending assistive equipment. The therapists pictured the Pieces Of Work as individual, separate units, which were shaped both by the inclusive education setting and the emphasis on written communication in regular schools. Pieces Of Work include such things as handwriting, self care and independence skills, planning and organisational skills as well as sensory processing. The specific Piece Of Work, which is addressed in the intervention process, is similar to the assessment process in that it is influenced by the student’ needs and the concerns and issues of the school staff and family.

*I suppose that comes from like what the student’s needs are at that time. You know sometimes handwriting’s a huge issue, sometimes it may be like he’s biting other children, and then you know, it can be like sensory things become a huge issue or smearing faeces or toileting issues, just depends what the issues are for that student at that time.* (Judith, 1196–1205)

Pieces Of Work describes both a time aspect and the changing focus of the therapist’s intervention. Judith emphasised working on “*different pieces of work but responding to what the needs are*” (1236–1237). The temporal aspect relates to the therapist’s intervention not being on-going or at the same level of intensity at all times. If the therapist’s input about a specific issue is no longer required, she withdraws and will re-enter if another piece of work requires occupational therapy intervention.

The therapist’s involvement usually focuses on addressing just one area of need, which may be different at various different times. However, in some cases the therapist may also address different areas of need at the same time. Nevertheless, the therapists clearly acknowledged that there might be a number of areas that could be addressed at any one time due to the complexity of the condition.

*When I started the sensory bit and then probably we started the handwriting…. And probably after that I did very little…and that was maybe one or two visits and I got*
him on the computer, I got him on to clicker and taught the school staff how to use clicker ... and than after that I heard from the SEA how it was going.  
(Christine, 1026-1034)

Even though the therapist might not have to support or assist the school staff in a specific area for some time, strategies and adaptations are often not finite solutions, but require regular reviews, up-dates and alterations. A therapist might pick up a piece of work she has done previously as circumstances might change within the school context or the student’s skills. Christine described a situation in which the student’s “sensory preferences had changed a bit and she didn’t like some of the things that she liked before and so they asked me to come back” (1564-1568).

A therapist might predominately focus on a specific area, but still consider other areas of concern or contributing factors, which at times led to overlaps between different Pieces Of Work. An example might be where the initial concern was handwriting, but the therapist also observes and considers the student’s reactions to different sensory stimuli and how these contribute to the presenting issues that were raised by the school staff.

You’re still thinking about all the other areas and environmental issues and, and what’s going on at home for that student or their cognitive level or ...there’s lots of different things you take into account. So we’d never just work on handwriting and nothing else or just sensory and nothing else. (Judith, 1257–1263)

While concentrating on a particular Piece Of Work, the therapist tries to keep an open mind about what is happening in general. The therapist looks at the issue from a variety of angles and considers alternative hypotheses, which some therapists described as Taking the OT Glasses Off or having a wider perspective.

I think I have learned to suspend judgment and to use time and to wait and see and consider all other aspects and explanations for behaviour as well... I learned to take my OT glasses, my sensory processing glasses off sometimes. And think about other reasons…(Christine, 2132–2140)

In considering the wider perspective, the therapist thinks about possible underlying reasons for a student’s difficulties, school staff’s needs and possible approaches to address
these. This requires constantly changing from a narrow to a wide focus similar to a zoom lens of a camera.

«My OT glasses are quite big. They try to be 360 in the sense that I am not just looking at [one thing]... So it is based on the individual and the environment and the activity and the occupation they are engaged in. That is a huge pair of glasses.» (Liz, 1619-1626).

«I might be thinking of this in terms of sensory processing but maybe it is about deprivation and emotional stuff so I went home and met the caregivers.» (Christine, 498-501).

Not only does the therapist draw on her own knowledge, but also considers other professionals’ views and possible approaches. This wider perspective, which drives the therapist’s actions, leads in some cases to strongly Teaming Up with co-workers to address an issue or specific area. Although teamwork was generally emphasised in the consultation process, therapists mentioned a particular need to work in close collaboration with some of their GSE colleagues during the intervention phase. This was especially the case with speech-language therapists and psychologists.

«There are other team members from our GSE team. With Marc we had physio involvement, although she did not see him for very long. The key worker was a psychologist, and a speech language therapist was involved. Coming back to Marc, what we did trial with him, and it was a team approach; we collaborated and discussed which technology would be best for him.» (Theresa, 419-428)

«And for that school, and it wasn’t just myself, but the whole GSE support team around that student. There was a lot dialogue that went on as far as having the child in the classroom, supporting the class teacher to have a programme that accommodated the child, to have the teacher’s aide... There was a lot of time needed, a lot of discussion needed.» (Alison, 1190–1199)

Not only do the team members work together to identify what is best to be done, but therapists frequently described situations in which either they supported the
recommendations of a colleague, or vice versa. Together the team presents a clear and reinforced message to the school staff.

*If I suggest something then she [the Special Education Advisor] will reinforce that with the teacher and the teacher’s aide and the parent, “let’s give that a go” and “I think it will make a difference”. (Carrie, 1099–1103)*

Teaming Up occurs both informally and formally. More formally, therapists attend joint visits, share and review reports, co-ordinate alternating visits and regular meetings. In addition, the therapists emphasised the high level of informal communication and teaming that takes place within the office. At times, changing the perspective or approaches taken by a colleague towards a certain issue constitutes an important step in the intervention process.

*I really like that opportunity to have everybody together and to hear what they found as a result of what I suggested… talking to people about the student’s needs and what the implications of those might be, part of that is to talk to the GSE staff as well, because then they change the way they might attack a problem.* 

(Christine, 721–732)

Within the context of Doing Pieces Of Work the therapist’s intervention is guided by the underlying notion of Finding Out What Works.

**Foundational Concept: Finding Out What Works**

Finding Out What Works is a problem solving approach. The occupational therapist deliberately searches for strategies, possible adaptations, or a different perspective that not only works for the student but for the school staff and families. It is a complex collaborative process of exploration which takes place within the class and general school environment.

*I was working out what might work with the people who are going to have to make it work.* (Christine, 1299-1301)
The working out might require a step by step process that would try out and observe the student’s response. The student’s response indicates to the therapist that something might work, at least for the student.

... the moment where you think, ok, she loves this and then she would start to come to us, but they were simple things ...I got a big house painting brush and we brushed her hands and she really liked it and when we brushed the soles of her feet she really loved that and so she would come up to you and she would put her foot up to you, so you would do it again and the old arm squeezing that...she liked that and she would give you the other one (Christine, 1356-1366)

Finding Out What Works might be initiated by the therapist, although the school staff often further developed these suggestions provided by the therapist. This highlights the therapist’s supporting role of assisting school staff in working out how strategies, recommendations or new perspectives could be utilised. “I gave them some strategies probably and then they worked out how to use them and I talked to them about how to use them” (Christine, 446-449).

The search to find what works involves the occupational therapist going through a Trial And Error process. All therapists used descriptions such as trial and error or hit and miss (Liz, 1317-1318) to describe the path they walk on to find out what works. Judith described it as “a process you have to go through. You have to try some things and see if they work” (1790-1791) and “what works and what doesn’t work” (1728), which is a process of repeatedly trying and learning from failures as well as successes.

I probably made some suggestions of how about we try this kind of thing and she might have then said “oh ok, we tried something similar to that before, but we haven’t done whatever.” So it is using what knowledge she has and the kind of knowledge that I had to kind of work out some kind of solution or something that might be tried that perhaps we hadn’t tried previously that might work.

(Alison, 1146-1156)

Sometimes finding something that works for the student requires considerable trial and error, at other times the process might be relatively short. Some participants described a feeling of “not knowing” as part of the trial process. Donna mentioned “they aren’t magic
solutions” (627). There are no guarantees that an idea will work, even though it worked in a similar situation for another student, or for the same student in a different situation.

And, as I’ve said to people, try this, if it doesn’t work try this, if it doesn’t work come back to me and we’ll try something else because you’ve got no guarantees that what you’re putting in place is going to be the thing that’s going to help that child. (Rachel, 1050-1056)

At times therapists did feel more or less in control of the trial process with a particular student or in a certain situation. They related this feeling to factors such as experience, knowledge, and resources available. This becomes apparent when comparing Liz’s, a senior’s and Alison’s, a novice’s experience of working with students with ASD within the school context.

I say hit and miss, but it is a measured, calculated hit and miss based on the evidence and my experience. There is some very sound clinical reasoning that happened around it, some very in-depth reflection on what might or might not work or going back to the literature or whatever or another colleague and checking it out. (Liz, 1396-1404)

... it was probably hit and miss to be completely honest how I came to that decision. And it probably had a little bit to do with my ability to sort of understand ... some of the sensory processing really. (Alison, 243-248)

Some therapists felt that more trialling is required when working with students from the autistic spectrum as compared to students with other diagnosis.

There are certain things that an autistic kid has for sure, but they’re also quite different from each other and when you look at a kid that’s cognitively delayed or physically delayed, the steps of development are staged, they’re predictable. Oh great, they’ve started doing this, then they’ll probably be moving to this and this is how we can help facilitate that to happen. And autism is not as staged, it’s not as predictable. (Rachel, 1034–1045)
Judith described that as a therapist “you have to try things before you can become more realistic” (1733-1735). The aspect of trialling is vital to arrive at a practical and reasonable suggestion. Thus going through a Trial and Error process means the therapist does not usually go from one activity to a completely different one. Rather as the therapist gets closer to a possible working solution, it becomes more an act of “Tweaking” (Liz 1318, Rachel 863), which implies making improvements through fine adjustments and alterations. These adjustments are often small steps, making it easier for the school staff to follow without feeling that what they have done previously was inadequate.

And it is a hard thing for therapist to do, to tweak, because we want to go “wooom”, here this is everything. I don’t think that works, unless it is someone who can take it on board. (Liz, 978-983)

Tweaking also involves acknowledging what is already working well and not just dismissing everything and starting from scratch. The therapist suggests small alterations while acknowledging the positive aspects of the school staff’s work with the student.

My role is not to have a hands on interactive role with that child necessarily, they’ve got all this network of people around them, it’s to say, this is what you’re doing great, maybe you could tweak this, maybe this would be useful to impart. (Rachel, 858-864)

In situations where the therapist has been previously involved with the student and suggestions are already in place, tweaking becomes an even more pronounced feature. Depending on changes within the child and his environment, often just small aspects of the original recommended strategies and adaptations might require adjustment.

Re-involvement is often just tweaking what’s there. So it’s saying what is working well within this that we’ve put in place for the child and what isn’t and re-looking at how best to make things different for that child, to make things work. (Rachel, 1574–1581)

There appears to be differences between different therapist’s styles of working in terms of how immediately their intervention takes place. Some therapists emphasised
Working On The Spot, which describes an immediate way of intervening, mostly taking place while being in the classroom with the school staff and observing the student.

... 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.

(Liz, 916-929)

Liz puts her ability to easily Work On The Spot down to her long experience and advanced knowledge.

But often it will happen on the spot, because I am at a more advanced level it happens on the spot. You might find with other therapists they do need to go and check it. So their trial and error might be not so immediate, I have sense that this might work, but let me just go away and think about it first, don’t change anything yet. I will get back to you, which is a safe way of doing it. (Liz, 1405-1415)

Working On The Spot might happen in this immediate fashion due to situations arising during the occupational therapist’s visit in the school.

And when I was in the classroom he was busy involved in an activity and they just said, he just had to change to a different activity to do something else, but they just like picked him up and they said it is time for this now. And of course he totally lost it and the teacher made some reference to him being naughty ... And to me that was just lack of understanding, so I sort of gently said ...they have got a schedule, a visual schedule in the classroom that they are not using very well. So I sort of said to her ... maybe next time ... if you showed him on the schedule or you gave him warning, because kids with ASD often get very locked into what they are doing and if you just suddenly disrupt that, they can’t make that change really quickly.

(Theresa, 1250-1273)
On some occasions the school staff or parents might expect the therapist to immediately provide some suggestions related to areas that cause them considerable concern. The school staff feel the need for immediate support and the therapists do the best to provide guidance.

...whenever I went into the classroom door the teacher would say “the student is spitting again, spitting again” and kind of expected me to come up with an answer that would cure the situation on the spot. (Carrie, 974-979)

...they come up with key issues, you observe it in the classroom, you see what’s happening and you’re automatically saying well let’s brainstorm around it, let’s look in depth what else could be going on for that child, could it be this, could it be that. If it’s this, have a go with that, if it’s this, have a try with that, especially around sensory issues because they can actually so much get in the road of learning that the school’s called you up because they need quick ideas and suggestions that they can put in place, while you think more in depth about it. (Rachel, 1830–1845)

In summary, on some occasions the therapist might find something that works right then and there, Working On The Spot. In other situations the Trial and Error process might be more involved and stretch over time. Tweaking becomes a prominent feature as the therapist and others involved come closer to a possible solution. During this problem solving process therapists utilise different OT tools from their toolbox as required.

**Actions and Strategies: Utilising Tools**

Therapists described a variety of tools from concrete objects, toys, and resources used, to their skills and knowledge utilised in their daily work within the school context which make up “the tools in the tool bag” (Donna, 1154-1155) or the “tools of the trade” (Liz, 1595). The tools are selected in response to the individual Piece Of Work focused on by the therapist at the time.

* I have a toolbox definitely. There are different pieces of equipment that you have as a toolbox and there are also therapy ideas and suggestions that you develop as a toolbox that you can pick and choose from. There’s training that gets established as
a toolbox, that you can pick and choose from, that you either deliver as a whole group or deliver one on one to teacher aide or a specialist teacher.

(Rachel, 1711-1722)

The therapist constantly adds to or removes from these concrete tools depending on her developing experience as well as through information and feedback from colleagues, school staff and other sources.

Strategies that I’ve tried before, or things that colleagues have tried before or things that I’ve read about, or things that I’ve just picked up you know over my years of experience, that I’ve seen work … (Donna, 1087-1092)

Therapists expressed the importance of a toolbox, a repertoire of concrete and abstract tools to choose from. While a tool box helps to work efficiently in terms of time required to do certain things, there is no “one size fits all”. Personalising a tool for the respective child, staff involved, situation and context is also important.

Yep, toolbox is essential. And it’s time saving. It’s absolutely time saving because that’s a critical need, underneath it, yep that’s what’s going on for the child, this will be helpful. If it’s not then you know it’s a pick and choose. I can grab this, I can personalise it to the child and then give it a go. (Rachel, 1722–1730)

An important tool identified by all participants in their work with students with ASD, was “re-interpreting for people or reframing” (Liz, 1772-1774). Theresa described increasing the school staff’s understanding by “offering our suggestions to what might be going on for her [the student]” (692-694). This was seen as a key in changing how the school staff handled certain situations and behaviours. Theresa described reframing as “trying to sort of explain to her [the teacher] or educate her more about why he [the student] sometimes reacts the way he does” (811-814). In doing so, the therapist sheds a different light on some part or characteristic of the student’s behaviour to make it easier for others to understand.

…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.

(Liz, 1830-1843)

Liz’s reframing shifts the perception of the teacher from deliberate naughtiness to the teacher understanding the underlying sensory processing difficulties. Therefore, the occupational therapist’s expertise in sensory processing is a crucial aspect of her intervention. Theresa described an important part of her intervention as “just talk[ing] about sensory sort of issues. …I just introduced the idea to them and talked about how we all respond to different things in different ways. And introduced it as another way of understanding him and his behaviour and what is going on for him” (952-960). All therapists described situations in which they introduced a sensory perspective to the school staff and families.

Sensory issues are quite a good example because sometimes the sensory issues for kids with ASD can be quite daunting for teachers especially as they get older. If they’re not used to kids mouthing things or touching them or, or needing that contact. Sometimes it’s good for them just to understand why it’s happening and, and give them that information. But also I think it empowers them because it’s something we all understand to a certain degree, because a lot of it is common sense. We’re all people with sensory needs ourselves so, we know that sometimes we want to be cuddled but at other times we have that fight or flight response that if somebody touches you think you would scream. (Judith, 1392–1407)

Christine mentioned a situation in which “we [she and the school staff] reinterpreted the behaviour as a sensory need that wasn’t understood or meet and then we just dealt with the sensory needs” (739-742). Due to the school staff’s changed understanding the sensory needs might be accommodated. “Once they understood that why she was doing that, it was alright. And they did not feel as they needed to stop her” (Theresa, 638-642).
I sort of explained what she is hearing might actually be painful for her ... what we find annoying... all that loud noise when you are in a big enclosed space may actually be painful for her... (Theresa, 622-627)

I tried to say just let him go for a walk because that is his way of managing and when he goes for walks give him a circuit, which he already had and just value what he was doing... (Christine, 407-411)

Therapists also shared accounts in which other areas, such as written communication and assistive technology, required some re-interpretation as well. However, understanding does not always come immediately. Changing someone’s perspective is a complex process requiring some persuasion, time and communication skills. Alison described it as requiring “a little bit of coaxing perhaps would be the right word to say, to kind of get them to kind of think slightly differently” (749-752). Several therapists talked about the importance of drawing on the language used within the school environment. Donna emphasised the importance of “trying to use as little jargon as possible” (278-279), as the occupational therapy jargon is not always correctly understood by school staff as their language is one of education. Theresa went on to warn about situations in which “people will smile at you and say “oh, yes” and go away and... they don’t really understand what you presented to them” (1527-1530). This was often evident if the language used was not appropriate for the teachers or parents.

One strategy that a number of therapists described was getting the school staff to understand their own sensory needs. This was considered important because understanding their own actions and behaviours would assist them in understanding the student. Judith summarised it as “if they can understand themselves, how their different sensory needs affect them, then they can understand it and the students as well” (1407–1410). Depending on how deeply rooted the school staff view might be, it might take considerable time to create any change.

With the teacher who was resistant and did not really want to know about the sensory things, if he would have stayed in her class... there would have been a lot of more work to do just in sitting down with her and communicating about what I was trying ... what we were trying to achieve and how this was helpful for him.

(Carrie, 556-566)
Reframing or changing the other person’s perspective is frequently an initial step, a pre-requisite to offering possible adaptations or suggestions. It lays the foundation for the other person to understand and implement the recommended adaptation. At other times there might be no longer a need for accommodations as the staff might be more accepting or understanding due to their new perspective.

_The adaptation is not on the student’s part …it is for the student... In the sense that you are helping people adapt their thinking and their understanding and in the sense that in that understanding they then create an adapted environment that is more matched with the child’s needs. The adaptation is at the adult level in terms of perceptions, understanding and at the physical level, in terms of environment._

(Liz, 1871-1882)

While reframing focuses on the adult, the occupational therapist can also offer adaptations and accommodation to meet the student’s needs within the school environment. The adaptation is aimed at making the physical environment more suitable for a student with autism and his specific needs. Therapists defined environment as the physical surroundings and conditions, especially those affecting the learning, development and well-being of the student with ASD.

The occupational therapist has a knowledge base of different suggestions, activities and possible adaptations to address issues such as handwriting difficulties. Liz mentioned that she “has got lots of strategies and tricks and tips” (1563-1564). Donna described “some of the things that I’ve been using a lot, things like the movement breaks, just the strategies, are the tools in the tool bag” (1096–1099).

The therapist’s intervention might entail changes such as adapting the classroom equipment or furniture. Donna described getting “a lower table for him and a bigger chair and the sloped writing surface so he’s sitting really well now” (863-866). An altered classroom set up might involve creating “a little corner which isn’t so noisy” (Donna, 867) or a clearly defined work space where they can “go to do their most demanding work. They work there when they need to be able to focus and not be distracted” (1888-1893). A number of therapists mentioned that creating small learning or withdrawal spaces, with less visual and auditory distractions were important environmental modifications for many students with ASD.
Therapists also mentioned adaptations required in relationship to the student’s behaviour. Adaptations were often related to sensory processing difficulties experienced by the student, such as sensory oversensitivity or over-responsiveness leading to sensory overload. In terms of sensory seeking behaviour the general idea is to find something providing the same or similar sensory information for the student.

*Someone would say “oh, he seems to be doing flicking or picking or something rather”, so we would look at an activity that might give the same sensory input perhaps that was a more appropriate one.*  (Alison, 850-855).

*I talked with the school about using some… good food rewards, just because he was really trying to put everything in his mouth, and he was biting people, he put everything in his mouth and just chewed it. So we got more strategies for him to get things in his mouth that would give him the chewing but that were ok things, so he might know what things he could chew and what things he couldn’t.*  (Christine, 571-582)

Therapists described efforts to meet student’s needs in terms of movement, as the student might otherwise seek movement in ways and to an extent that interfere with his participation and learning in class. Alison mentioned suggesting “a lot of gross motor, running, spinning, kind of activities” (863-865), which are considered appropriate within the context and can be incorporated at appropriate times. This appears to become especially important as the child moves up though the classes and the expectations of time spent sitting increases. The therapists frequently suggested use of playground and PE equipment as well as using daily chores to offer appropriate movement breaks.

*…the errand runner to take things to the office or you know let the child go out, to push the bin out, let them be the bin monitor or something, to push the wheelie bin out or it’s practical things that every student in the class has a chance to do but perhaps this student it might be useful for him to do it at certain times over others.*  (Judith, 1172–1179)

The adaptations might involve regular scheduled activities, to meet the student’s needs. For example “*trying to put into place some sort of a sensory diet type thing, where*
they would be doing regular bursts of activities” (Alison, 788-791). Other therapists described a more incidental way of including activities into the student’s daily life.

*I decided that he probably did not need a full blown sensory diet where he had prescribed activities every half hour, that the sensory input could probably be included into his daily routine and done on a more incidental basis. So there would be some days where he needed more movement and sensory activities and other days were he probably he didn’t need it so much. So it could be a bit more responsive to his needs rather than as prescriptive as it had started off.*

(Carrie, 673-685)

Furthermore, Making Accommodations involves other things such as learning materials and tools; especially concerned with writing, self-care activities and the use of assistive technology.

Conveying their practical strategies frequently includes demonstrating suggestions and doing them together with the school staff. Therapists talk but they also provide information in a written format. Rachel and Judith emphasised handouts, especially regarding sensory strategies, as part of their practice to highlight certain suggestions. Liz frequently uses a duplicate or triplicate book to write notes while she is visiting. One copy of these notes is shared with the school staff, another one with the family of the student.

Reframing, Changing Perspectives of the school staff as well as Adapting the environment, resources, teaching approaches and behavioural management are crucial steps on the journey towards Getting The Match for the student in his regular school.

*... It is about them 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.*

(Liz, 1844-1850)

The therapist while thinking about recommendations and suggestions which would meet the student’s needs, has to consider the suitability of her ideas within the school context, such as school culture, teaching style and the skills of school staff involved.
Intervening Aspects: Adapting To Fit

The suggestions offered by the therapist, which can be either an alternative perspective or a practical strategy, have to fit with the school or class culture, as well as the skills and resources available in the school. Carrie emphasised that “in some schools some things fit and in other schools other things fit” (482-484), thus suggesting a level of unpredictability about the acceptability of recommendations to the school staff. This has been described by the therapists as a challenge and necessitates the therapist using trial and error, and working at personalising tools from their toolbox. The acceptability of the intervention suggested is crucial as it determines whether the suggestions will be implemented by the school staff.

There are endless lists of strategies and that ... the fix it strategies are often what the school want, but in fact, they are the easy part of getting to what works. You have got to take those strategies and then mesh them with the school scenario. (Liz, 1575-1577)

You attempt to complement what they are doing and attempt to absolutely acknowledge the good that they are doing and support them in the good and then ask their permission to put in other ideas and strategies. (Rachel, 1437–1443)

The occupational therapists consider the cultural context of the school environment they enter. Culture has been defined as accumulated habits, attitudes, and beliefs of a group of people that defines for them their general behaviour and way of life (Glossary of Geography, n.d.). Rachel acknowledged “how heavily our culture influences what things we see and do. That’s our filter on our world, so I think we have to take time to understand the culture of the school.” (1499-1506). Liz talked about “levels or layers of culture” (1311-1312), pointing out that there is not only one school culture; but a class culture as well which has to be considered.

Rachel described school culture generally revolving around “an education, a learning, a stimulating, an environment that on the whole is centred around children and learning and giving them skills and abilities for life” (1241-1245). This educational culture shapes the therapist’s work.

Therapists emphasised differences in cultures between schools and even classes within the same school. Carrie mentioned that “the school culture makes me less or more
cautious in the things that I would suggest” (572-574). Therefore, it requires time to gain insight and knowledge about the individual culture of a particular school. This again highlights an aspect of unpredictability around whether suggestions will be deemed acceptable and realistic in a certain school.

The school culture... I guess as I go through so many different schools, each school has its own flavour. You look at the school motto; it often reflects the flavour of the school. And some are purely around excellence and there’s a hint of it, this is predominantly about academic excellence and there’s others around nurturing and caring for each other. Schools have their school mottos and their philosophies and I think their culture has evolved that over time. (Judith, 1485–1496)

Cultural aspects that were frequently described were values, attitudes and beliefs. Judith described difficulties she experienced when working in a school where the general attitude implied that “everything is always a big issue, it’s always a problem. So I think it’s coming from the culture of the school rather than anything else” (645-648). Judith and other therapists also mentioned schools where a generally positive approach existed; nothing was ever too much, too hard or not worth trying.

One of the big things about working in schools and school culture is attitudes. Some schools have a real can do attitude, everything you suggest or any ideas they take on board. Whereas [in another school] you might have a very similar student and give very similar advice but it’s just too much trouble and it’s just everything is a problem. So I mean attitudes are probably one of the most influential aspects that affect how we work. (Judith, 996–1004)

Some participants mentioned the principal as the person shaping the culture and the attitudes in the wider school community, which ultimately influence school staff’s behaviours and actions. Carrie described an experience where “the principal has a high level of anxiety ... around the safety concerns. And I think she will pass that on probably to the classroom teacher as well” (1191-1201).

The principal leads those staff whose attitudes are so critical to accepting that you can make adaptations and that they can make a difference for this child ...or else, if
you don’t do that then the view is that the child has got the disability and so the child has do accommodate ...(Christine, 1180-1196)

Between different cultures or even within one culture there are considerable variations of values, beliefs and customs that influence ways of thinking and doing things. Different therapists described the particular way a classroom is run was of significant importance for their intervention.

Each classroom will have a particular flow to it, a particular … some classes are very, very noisy and busy and it is linked to the teacher. The teacher thinks that is an okay thing to have happen. Some classes move like little clockworks. (Liz, 1196-1202)

... it was that very little classroom environment and it was almost … incredibly structured and very, very quiet and very little that it was probably more difficult in some ways to incorporate ideas that were going to be different from what the rest of the class where doing. (Theresa, 119-128)

Therapists highlighted the importance of adapting to the school rules and the rhythm of life in the classroom. This adaptation involves considering the class as a group, rather than just the child with ASD, and suggesting activities which staff can easily integrate into daily school activities.

 Or perhaps give her ideas that she can do with the whole class. You know maybe just if she sees this student that I’m working with or the other students getting restless, give her maybe a little five minute programme of ideas that she can really do to get the whole class up and doing some exercise. (Judith, 1152–1161)

The therapists are aware that their suggestions will be viewed by the school staff from an educational perspective.

They are teacher and teacher aides. They needed something that looked like an educational task. ... when it is writing time one of the problems is Claudia does not
have anything that looks like writing that she can do, so the other kids don’t see her as being able to participate in the things the class are doing.

(Christine, 1880–1890)

If a possible suggestion does not fit with the teacher’s way of running the classroom, the therapist has to consider adjusting her recommended strategies as they might otherwise not be put in place by the school staff.

…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. (Carrie, 507-514)

…the vibrating pillow, which he absolutely loved. He used to sit with it behind his back and lean onto his teacher’s aide. And when he did that he could watch the teacher … so I thought that was great, but the teacher did not like it, because it was too noisy. She found that distracting. And she felt it was distracting for the other students, so she choose not to go ahead with it, which was a real shame, because I think for him it was a really good solution and really met a lot of his sensory needs, but there was no way that she wanted that in her room. (Theresa, 93-111)

Adapting To Fit is not only about the culture, but also about the skills of the school staff and the resources available within the school, which have to be considered by the therapist in selecting suggestions or strategies.

And if that’s the skill set I’ve got, then let’s take it in a way that’s still going to benefit for that child but it’s going to use and make the most of what we have within the community around the child, the school community around the child.

(Rachel, 398-404)

Rachel and Judith both related experiences in which the level of computer literacy of the school staff influenced their intervention. The school staff’s skills might lead to, changing the focus of the intervention, adapting it to the individual’s skills or other members of the school team taking over certain tasks.
...the other thing I’ve had to do in processing is shift because this new teacher aide is, is completely computer illiterate, and so the stuff that we’d initially pushed within, with the previous teacher aide we’ve actually had to say it’s not relevant anymore, it’s not achievable anymore, because the skill set is not there anymore. (Judith, 538–555)

So the reality is that I have to keep touching base with the skill set that I am working with. And actually part of that was a training day that we ran on sensory integration and the teacher aide at that time came to it. So that was part of that, but it’s always saying what’ve we got to work with? What are the strengths of the team around the child and how can I work with those strengths? There’s definitely sometimes when I say this is worth training, this is worth saying I want to upskill you in this area but sometimes the reality is I have to work with what I’ve got. (Rachel, 384–389)

In some situations, the skills of the school staff require the therapist to visit more frequently in order to support the implementation of strategies and recommendations. It might also be necessary to adapt the strategies to the skill level of the respective school staff or offer specific training in order to up-skill the key people involved.

I think they were really happy to have some advice. They’ve quite an inexperienced teacher and actually a high turn over of teacher aides. If I can be honest it’s a very hard class to work in because they don’t always follow through on suggestions and ideas. It’s not the kind of unit you can say here’s a programme, carry on with it and I’ll come back next term, because from experience I know they won’t carry on with it so when I go back next term they’ll say “oh I’ve lost the sheet that you gave me” or they can’t find the programmes. It’s the type of unit, if you want something done you have to keep going back in. So I suppose because I know the unit, I know the particular school quite well, I know that to achieve something, you have to keep sustaining that level of intervention. (Judith, 538–555)
Another aspect that the occupational therapist has to consider is the available resources, which includes materials, toys, and equipment. The general notion is to “use what was in the school and build on their resources” (Christine, 2160-2161).

I like to use things that are in the classroom so it’s not special equipment … using the teacher if she’s got a nice spinning chair, using that or using the school playground and the toys that they have there. So that it’s not seen as being special things or you need to be a specialist or an OT to be able to do this. It’s something that you know lots of people can do. (Judith, 1364–1374)

Sometimes I find it frustrating cause I always like to go in to the school and use the materials that are in the classroom and some classrooms are just resourced so much better than others. So I love going in to a classroom where they have nice activities and nice resources that you can see that are there for the student to use. I don’t see much point in taking in my resources for the hour that I am there and then taking them away again and the student doesn’t know what to play with and the school teacher doesn’t know what to use. I’d much rather see, the resources that they have in the classroom and I find that quite frustrating when the school don’t have resources that I think would be good for all the students to use, so that can be an issue. (Judith, 980–996)

Different participants also described having to consider activities that do not require any specific materials or unusual equipment, which makes them easy to use in any classroom or school environment. These included arm squeezing and movement breaks.

I wouldn’t ask a teacher to do anything or ask a teacher aide to do anything if it didn’t fit, if I didn’t think it could be achievable in the classroom situation. I mean if it was a mainstream classroom I wouldn’t say have a sensory corner with a trampoline and a hammock and a den because I know they just don’t have the space, they don’t have the resources, all the other kids would want to be spending all their time there. So I know that wouldn’t be realistic. But we need to give him some time out, let him do errands, let him have time to play on the school playground, let him spin in the teacher’s chair. It’s just trying to find things that could meet the same needs but which are more accessible. (Judith, 1343-1458)
Furthermore, therapists mentioned that resources (e.g. funding, staffing, and release time available) were an altering or impacting factor.

But I usually find that because there’s always funding issues and staffing issues, things like how much teacher aide and small items grant and how much release time the teacher gets, that also has an impact on how willing they are to work different programmes for students. So often it can be resources sort of and support for the teacher that has an impact as well. (Judith, 952-960)

The therapists’ efforts of adapting their suggestions to fit with the culture, as well as skills and available resources, facilitate Getting The Match between the student’s need and what the school staff can provide.

**The Consequence: Getting The Match**

The desired outcome of the intervention process is Getting The Match amongst the respective student with ASD and his specific needs, the school staff, the physical environment and the learning tasks presented. Getting The Match also involves giving suggestions or offering perspectives, which can be Taken On Board by the school staff and families. This Enables the student’s Participation And Inclusion with his peers in class activities within a regular school context.

Christine described the aim of the intervention as “trying to get the match between what Claudia [the student] wanted and what the school could do” (1754-1756). The therapist aims for “a good match for that child” (Donna, 654-655) in order to ensure the student’s inclusion, participation and learning. To get a match between the school staff and the student, their way of interacting with and teaching the student has to be at the child’s level of functioning. A mismatch can lead to the student’s behaviour deteriorating and impede his participation and learning. On the contrary, a match fosters the student becoming part of the classroom community and being educated at his academic level. Christine stated “often we are getting a match, we can see that there are some changes in the behaviour” (929-932).
He is settled in the classroom and he is making good progress and there are no current issues. So the match of him and his class, and his teacher, everything is working. (Carrie, 857-862)

A student with ASD has needs which have to be met for him to function in the school environment. These needs are essential and therefore have to be addressed and accommodated, otherwise the student will not be able to cope with the classroom environment, and participate and learn. Christine highlighted that “the other things might fall in place once we had a better match between what his sensory seeking and avoiding” (307-310). This was a notion shared by the other therapists, “if you match the demands with where the child is at, the child then begins to learn to respond equally back to the environment and then you can start spiralling it to a higher level” (Liz, 1951-1955). Disruptive behaviours disappear as the child’s needs are met by the school.

It was just that they all accommodated, they knew his needs and it all had become so much like not a big issue anymore and that is the kind of match between the kid’s needs and what the school does. (Christine, 1051-1056)

Liz described Meeting Needs as “creating an adapted environment that is more matched with the child’s needs” (1876-1877). It involves matching “the physical environment and the people environment with his needs” (Carrie, 877–879).

It is about matching … It’s about ensuring that what the child needs is supplied in his learning environment. And by the learning environment I mean not just in terms of his curriculum, but from the people who are in his school life. It is about matching the environment in its broader sense so he can come out with his best response to what the world is demanding of him … (Liz, 1935-1945)

A number of therapists described experiences in which meeting the student’s needs were difficult; required considerable time and possibly was not achieved in the end. This might be related to the local school context, the class level and developmental level of the student, and perspective taken of individuals involved with the student. Christine mentioned a situation in which “we couldn’t get the match between what people understood
of these sensory issues and what Claudia needed” (922-925). Christine went on to highlight that at times “it is hard to get the match in the local school” (1040-1041).

...so maybe part of the problem now that it is harder to get the match because the classroom work is more in seat and it is more ...and maybe this teacher is more teaching ... in more traditional teaching ways. Their desk arrangement is different and that maybe made a difference. (Christine, 1892-1900)

Even though there is a focus on meeting the student’s needs, the needs of the school staff and family have to be considered and met as well. Donna described an experience in which everyone’s needs were met, “just seeing the teacher-aide comfortable, the teacher’s comfortable and the special teacher, and he’s just settled in really well and the parents are happy” (975-979). Giving the school staff the opportunity to be involved in the process makes it more likely that they will take on board suggestions.

...when I talk with them it’s a lot of questions to find that out and to get to the bottom of what their issues are at times, and in that way if they’re involved in that process they are then more receptive to try new things to take things on board. (Donna, 1401-1407)

Christine shared an experience in which the teacher “talked to me and took on board what I was saying and was really interested” (268-273). Donna mentioned a situation in which the school staff “took on board a lot of those things themselves just from the report I did” (131-133). Therapists mentioned indicators of Getting A Match, which were at times subtle and at other times very pronounced. If some of the suggestions are taken on board, the therapist might notice a different way of dealing with the student’s behaviour or teaching curriculum content. Changes within the physical set up of the classroom and the structure of the student’s day might occur as well.

I think if there has been suggestions and thing we talked about, we documented them, there has been equipment that has been put into place, there has been ... changes in how they possibly structure the classroom ... positioning and stuff like that ... that shows you that they have taken something on board of what I said. (Theresa, 1458-1467)
I did the sensory profile and came up with some strategies to do in the classroom and then went back in and went through it with them and they really took in on board. The school took a lot of the suggestions on board, they got a moving cushion for him, they started doing the deep pressure … (Donna, 118-126)

In situations where suggested perspectives, strategies or equipment are not taken on board, it is important “to work out why she (in this case the teacher) is not wanting to take that on board” (Theresa, 113-115). Nevertheless, the last decision lies with the school staff and families. Unless the school staff and family own the suggestions made or perspective shared, the match is not achieved.

If they don’t take that on board, then that’s their call as well. I have a responsibility to give that information but I don’t have a responsibility for them to implement. That is theirs because it’s their ownership, it’s ownership of their child, within their school. (Rachel, 1471-1478)

Inclusion and Participation, which is rarely achieved quickly, is another indicator that the therapist’s intervention is moving towards Getting A Match. The therapists described the small successes towards a child of ASD becoming an accepted and included part in the regular classroom community. The therapist works towards the student becoming “part of the class” (Christine, 1043), to be just another student in the classroom. This often starts with fostering the student’s “ability to be in the classroom” (Alison, 73-74). From there it is about the student being “settled and participating in the class” (Carrie, 297-298).

... they talk about children with autism not being in the real world. It is about trying to get that happening, but at the level that they can cope with, so that they don’t go into overload or shutdown. So that they are always slowly staying in the world more and more, but that you respect that they have autism.

(Liz, 1385-1393)
I could see at the last IEP she [the teacher] was much happier to have him in the class and could see that he has made some academic progress and that he fitted into the classroom routines. (Carrie, 527-532)

The therapist facilitates the student’s participation and inclusion in his class and wider school community. This is achieved through meeting the student’s needs and encouraging the school staff to take recommendations on board. Therapists described inclusion, as going hand in hand with participation and the student taking part in the learning and socialising. Participants emphasised inclusion as the final object of their intervention, it is what they aspire to in all their efforts. “It was about getting him into the school and using my knowledge to get him into the school” (Christine, 1093-1095).

...everything that we do is a sort of like a creating something possible for these children or creating an environment or a learning situation or a best possible participation in a regular school setting. (Liz, 84-89)

Donna compared different experiences from her practice and pointed out her stories being “similar in their focus on inclusion, being part of the class, but different in their needs and the people are working with them are different, and the personalities of people working with them are different and the child is different, they’ve got different needs, different ways of coping with things” (1185–1195). Donna went on to describe inclusion as her focus as well as the shared focus of the entire GSE team.

A number of therapists emphasised the aspect of the student becoming or being part of his group of peers. This might range from gradually getting the student in the physical proximity of his peers to being fully accepted by and engaged with the other students.

... to see him 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 other children accept him. (Donna, 950-956)

... the kids had started to know some of these things that the teacher aide had been doing and they were doing them with Tom, so... the kids were so brave. And they changed their view really quickly, they didn’t hold it against him...
(Christine, 363-370)
As previously mentioned, school is an environment which revolves around learning. In some cases students might be able to learn at their age level due to the support of the GSE team and school staff. In other cases “keeping up with his peers” might not be a realistic aim for a student. The important objective for the therapists is that learning becomes possible in an area relevant for the specific student and his needs.

And that there is evenness to the student’s life at school and that the student is learning in its broader sense at school. Whatever it is, learning to move with the flow of the class, it might not even be academic learning. Whatever it is, learning to toilet himself… (Liz, 1992-1999)

Getting The Match is about change at the level of the school staff and at times peers, which can simply mean feeling more comfortable with the student.

…there were issues with him running away and one day I was in the class, probably about the computer, and he ran away and kids went “Liam run away” and then other kids just went and got him and brought him back. So it was like Liam ran away and Liam is back. It was just that they all accommodated, they knew his needs and it all had become so much like not a big issue anymore and that is the kind of match between the kid’s needs and what the school does.

(Christine, 1044-1056)

Enabling Participation and Inclusion can only take place by ensuring that the student’s needs are met. This entails coming together as a team to find adaptations. These can be in terms of shared perspectives or practical strategies and suggestions that are taken on board by the school staff and integrated in the classroom environment and activities. The occupational therapists described their intervention as one contributing factor enabling the student’s successful participation and inclusion in his local school.

At the end of the day, everything that I’ve talked about sounds like it has not been about the student, but at the end of the day that is what it all boils down to is the student. (Liz, 1987–1991)
Summary: Walking And Talking

This chapter has described the third process, Walking And Talking, which focuses on the therapist’s intervention within the regular education context. Collaboration and teamwork are an important features of the intervention process, which is congruent with the two previously described processes. This entails acknowledging and adapting the intervention according to the specific features of the local school in question as well as the respective school staff.

During this collaborative process the therapist walks with the school staff and families, trialling possible suggestions or strategies while being with them. The therapist talks at the same time, offering her expertise and perspective. While doing so, the occupational therapist acknowledges and balances the unique needs of a student with ASD with the reality of the local school environment.

The context of the therapist’s Doing Pieces of Work is shaped by the needs of a student with ASD attending the regular education context. The therapist attends to one Piece Of Work at a time, but maintains a wide perspective by Taking the OT Glasses Off. Teaming Up with her GSE colleagues is another important part of the framework of the intervention process.

Finding Out What Works is the underlying notion within this process, which entails the processes of Trial And Error and Working On The Spot while in the classroom with the student and school staff. The therapist usually makes small changes at a time, often Tweaking what is already done or available in the classroom.

Through Working Within School Culture and Considering Skills And Resources, the occupational therapists ensure adaptation of their intervention to make it fit with the school staff working with the student. Adapting To Fit influences the Tools Utilised From therapist’s Toolbox. The tools are chosen to Reframe, Change Perspectives of the school staff and possibly others involved, thus enabling them to Adapt, and Make Accommodations for the student.

Getting The Match is the consequence of the therapist’s efforts and utilised tools. The therapist aims to Meet the Needs of the student as well as the needs of the school staff and parents. The therapist aims for suggestions to become part of the day to day work with the student by finding and encouraging recommendations. These can be Taken On Board by the school staff, thus Enabling the Participation and Inclusion of the student with autism.

In the next chapter the core process Working Together will be summarised and the role and position of the three individual processes within the core process clarified.
CHAPTER SEVEN: Working Together

Introduction

The preceding three results chapters have outlined in detail the conceptual processes, Joining Up, Finding A Way, and Walking And Talking. This research project identified them as important to occupational therapy practice in an inclusive education context. This chapter describes how these distinct but interrelated processes come together into one central concept – Working Together. In addition, factors which present barriers or facilitators to the process will be presented.

Working Together: Occupational Therapy Consultation

'It's about collaboration, communication and finding out what the issues are, finding out what contribution you can make to that overall aim and then working together to do that.' (Judith, 1628-1631)

When talking about the occupational therapy consultation process, therapists frequently used phrases such as “working with” and “working together”; thus indicating the strong collaborative nature of their work. Working Together is the central process, the overarching theme connecting and linking all individual processes. It describes the collaborative and client centred characteristics of occupational therapy consultation that exist in an inclusive education context. Working Together emphasises collaboration, but participants described a continuum of teamwork and partnership which might take place. Even though the therapist aims for Working closely Together with the school staff, at times this might be more or less possible.

The following diagram presents the consultation process in its complexity.
Figure 3: Working Together

Congruent with Strauss and Corbin (1998), the causal conditions which emerged through the research process are fundamental, underlying concepts that contribute to the course of the overall occupational therapy consultation process:

- The underlying concept of *Joining Up* is to Build Relationships, which explains the connecting with key people involved with the student.
- The underlying concept of *Finding A Way* is to Try To Understand, which describes the assessment process within the school setting.
- The underlying concept of *Walking And Talking* is to Find Out What Works, which illustrates the intervention process.

Furthermore, the inclusive education context, consisting of the physical school environment, the school culture and the curriculum, strongly shapes the collaborative process.
Inter-Relationships between Components of Working Together

The three individual processes are shown as overlapping and interdependent, as these processes do not take place in a strictly linear fashion, but often occur simultaneously. One process does not have to be concluded before another one begins, in fact they often blur into each other. All processes can take place during one contact or one visit in the school. The occupational therapist might observe the student in the classroom Trying To Understand what is happening and concurrently begin to make some suggestions to work on Finding Out What Works. The assessment and intervention process can take place at the same time. Therapists talked about it happening all at once, observing and intervening at the same time. While giving some suggestions, the therapist is mindful to do it in a way that supports or maintains her relationship with the key people involved with the student. This approach is part of Building A Relationship, the first process focusing on developing a collaborative partnership.

One of the processes might be more pronounced at a certain point of time and a different process at later point of time. The Building of Relationships described in Joining Up often plays a stronger role at the beginning of the occupational therapist’s involvement. This occurs at a time when the therapist is not familiar with the school and/or staff, when new concerns arise, or changes in the student’s needs or in the environment occur. In the early stages of the therapist’s involvement, gaining an understanding might be a core objective. At a later stage, the intervention process of finding something that works for everyone involved might become more the focus. Nevertheless, there are no clear boundaries of where one process stops and the other process starts. Therefore, therapists’ tools used in their consultation practice are often utilised almost simultaneously or at least within the relatively short time frame of one school visit. These skilled therapists create a flow, working on different levels at the same time and demonstrating the complexity of the consultation process.

Working Together is influenced and affected by the outcome of Joining Up. Joining Up is where the therapist, instead of taking the lead as ‘an expert’, aims to create a collaborative problem solving process with the school staff, parents and others. As these processes are not solitary endeavours, the established partnerships strongly influence the assessment and the intervention process. While gathering information to develop an understanding of a respective student, partnerships with key people involved play a pivotal role. The therapist requires good relationships with school staff and the student’s family to be able to tap into their knowledge. School staff and families must feel comfortable sharing
information, especially about the difficulties experienced. During the assessment process
the therapist listens and acknowledges the staff as well as the parents’ perspective. This can
enhance the relationship, and at the same time develop a trusting connection to enable open
conversation and the sharing of information and perspectives.

The partnership established is also essential for the intervention process. One aspect
of the intervention has been described as trialling, which involves possibly discarding some
suggestions or adapting others. This leads to a level of unpredictability and uncertainty,
which requires trust in the therapist, from both the school staff and families. The
relationship becomes strengthened during the intervention as the therapist discusses and
trials suggestions with the school staff and at times the family. The therapists do the
Walking And Talking in a way that supports and does not undermine Building Relationships
with the other individuals involved. The way in which the assessment and intervention
process are conducted can foster or hinder the development of a connection and a sound
relationship with the school staff and families.

The assessment process also strongly influences the intervention process. The
specific understanding of the school context gained within the assessment process is crucial
for offering appropriate suggestions. At the same time, the therapist has opportunities to
continue to collect assessment data during the trialling process, which is part of the
intervention process. Furthermore, the outcomes of the individual process connect similarly
to pieces of a puzzle, thus building the foundation for effective consultation practice.

Therapists described various aspects which influenced the individual processes and
had an impact on the overall consultation process. These aspects will be summarised in the
next section.

**Successful Consultation: Factors Impacting on the Process of**

‘Working Together’

The occupational therapists described effective, collaborative consultation as
requiring considerable effort, skill and time.

Due to the collaborative nature of the consultation process the key players, such as
school staff and family, play a significant role. For instance, the school staff’s familiarity
with the therapist, the therapist’s access to the key players’ knowledge of the student and
what might work, and the need for the key players to buy into the suggestions all
considerably alter the consultation process. The involvement of and collaboration with
school staff and families is key to successful consultation.
Time constraints and demanding caseloads have been noted by therapists as a barrier to effective collaborative consultation. Allocation of sufficient time from everyone involved facilitates relationships, whereas limited time due to other demands could be a barrier to developing a partnership. Spending time within the school environment, during daily school tasks, increased the therapists’ understanding of the student’s participation and the influential contextual factors. Lack of time might lead to an incomplete picture of the student, his classroom context and the activities he is expected to engage in. Therapists mentioned experiences during which a rushed assessment led to difficulties that affected the entire consultation process. Lack of time also potentially impedes therapists’ efforts to adjust the intervention to the school culture and school staff. Time restrictions also impede the therapist in educating the school staff about the underlying reasoning in certain suggestions.

In terms of were I am at and the children who I feel I have actually had that kind of all around, developed a relationship, developed the knowledge and things, I think sometimes there are other pressures like pressures of work and time and that often inhibits that happening really. (Alison, 1360-1367)

Therapists regularly described what they would have liked to do in an “ideal world”, but were not able to do due to situational factors that were beyond their control and hindered the consultation process. The “real world” confronts the therapist with difficulties such as staffing issues, which have a considerable influence on the consultation process and the therapist’s involvement. Carrie described a situation in which “we didn’t have a full team at that point, whereas now we have a full team and we do work much more collaboratively together” (1063-1067). Similar experiences were shared by other therapists. “In the real world it is not always ideal. In our team, I didn’t have a psychologist to come with me, I would have probably liked one, but there wasn’t one” (Christine, 595-599). The individual team players within the group influence the work of each other, therefore a missing team member has the potential to influence the others’ work.

The often high number of professionals involved with an individual student could be challenging, but consistency of GSE staff working in the same geographical area and schools made a positive difference. Additionally, establishing one main contact person, especially within the school team, assisted the therapists to establish a partnership. Therapists also had concerns if the main point of contact was the teacher aide working with
the student, as this often led to this aide taking too much responsibility and the teacher disengaging. Therapists mentioned the often limited opportunities to connect with the class teacher were due to class teaching commitments.

Establishing a partnership with the parents and extended families has been experienced as difficult at times as most contacts took place during school time within the school context. Some therapists had positive experiences of connecting with families through home visits during school holidays, or through other means of communicating such as phone calls or e-mail.

Lack of understanding of each other’s role could create barriers to forming partnerships because expectations might be unrealistic and individuals might become disappointed. In contrast, relationships were nurtured by clear expectations, a good understanding of each others’ role and working through difficulties.

Understanding of the school context is crucial for the intervention process. Limited understanding of the general school context, for example the school curriculum, can hinder even an otherwise experienced therapist from providing appropriate intervention within a general school environment. A balancing act between the needs of the student, which have to be considered and accommodated, and the reality of the school environment, including a school culture and resources and skills available within the school, takes place. Flexibility and willingness to adapt recommendations emerged as a key feature of successful occupational therapy intervention, as the final decision as to whether a suggestion is implemented lies with the school staff.

Therapists have described schools with cultures that focus on community and nurturing as often more accommodating for a student with ASD and his needs. Furthermore, therapists experienced school cultures with a strong academic focus or less inclusive attitude as a possible barrier to their intervention. Limited skills and resources within a school can result in restricted and possibly inadequate options in terms of the therapist’s suggestions. Training for the school staff and up-skilling in specific areas are provided by therapists as they might not otherwise be able to suggest the necessary accommodations for a student.

Therapists also mentioned building up a repertoire and a tool box for this specific practice context as an important factor. For therapists starting off working in schools, the ability to adapt tools that they might have used in other paediatric settings to the inclusive education context is crucial.
These numerous aspects have highlighted the complexity of the process of consultative occupational therapy. The therapists participating in the research demonstrated a high level of skill in juggling these various considerations while engaging with the school staff and families in a collaborative problem solving process.

**Summary**

The central process of *Working Together* is the overarching theme connecting the individual parts that make up the occupational therapy consultation process within an inclusive education context. The relationship amongst the three processes and various components that constitute the consultation process is generally complex and interdependent. Generally, there is a strong emphasis on collaboration and ecological practice.

The following chapter will discuss the findings within the context of existing research and literature.
CHAPTER EIGHT: Discussion

Introduction

This study explored the occupational therapy consultation process for students on the autistic spectrum, who attended an inclusive education setting. Factors influencing the process were investigated, along with barriers and enablers of the consultation process. As an initial step towards developing a consultation model, this study developed a high level conceptual ordering. In addition, an increasing understanding of relevant facets of school based occupational therapy consultation was presented.

The first section of this chapter will position the results of this study within the Aotearoa / New Zealand context. The next section will discuss the key findings of this study in relation to existing literature. The following section provides an evaluation of the implications of this study for professionals, policy and practice, and includes directions for possible future research. The chapter concludes with a discussion of both the strong points and limitations of the study.

Situating the Results in the Aotearoa / New Zealand Context

In discussing the findings of this study, it is essential to acknowledge the Aotearoa / New Zealand context in which it took place. Most existing theoretical models of occupational therapy consultation are US based; however due to considerable differences in terms of legislation, funding and culture, caution is imperative when considering those models from other countries. The practice of the therapists who participated in this study developed within, and as a result of, their cultural and socio-political context.

The National Service Description, which was published after the interviews for this study had been conducted, offers an operational framework for all professionals working within Special Education in Aotearoa / New Zealand (Ministry of Education, 2005d). The National Service Description consists of the client or service pathway, key strategies and principles. A pictorial overview is displayed below and in a larger format in Appendix I and J.
Figure 5: The Service Pathway – Poutama (Ministry of Education, 2005d)

Figure 6: The National Special Education Service Description
(Ministry of Education, 2005e)
The client pathway consists of a number of phases, including access, engagement, ecological assessment, programme planning, implementation, review, closure, follow-up and reflection. This study confirmed some of the individual phases, such as ecological assessment and analysis, but also added clarity regarding the process used in programme planning, implementation, and review. These aspects or phases will be further discussed in the relevant parts of the discussion chapter.

It is also important to consider the possible differences between the various professions providing Special Education services. The National Service Description (Ministry of Education, 2005d), including the service pathway, has been developed for various professionals and provided services. This study offers an insight into the consultation practice of occupational therapists, which may differ from practices of other professions, for example educational psychologists or speech-language therapists.

Additionally, it is possible that there are variations between services provided for different groups of clients, such as students with severe developmental disabilities or physical disabilities. This study highlighted the consultation process in relationship to students with ASD, which might have contributed to various aspects of the consultation process per se. These could include aspects such as the high-level of Trial And Error required during the interventions phase due to the complexity and unpredictability of the condition.

This study has highlighted the varying needs between different schools and school staff. Those needs required more emphasis on specific aspects of the process or changes in the therapist’s approach that have not been acknowledged in the National Service Description (Ministry of Education, 2005d, 2005e). For example, school staff and families unfamiliar to special education or the specific occupational therapy service provided, may require considerable time in the “engagement” phase prior to addressing the student’s particular needs. Moreover, the therapist might have to re-visit and focus on “engagement” on an ongoing basis throughout the entire consultation process. This may contribute to spending considerably more time working with a group of school staff or specific members of the school team, than would usually be expected considering the reason for the therapist’s involvement. Therefore, it is very difficult to estimate the time required to address a certain students’ needs. For example, difficulties with letter formation, or in completing a specific piece of work such as trialling alternative classroom seating. These might vary greatly amongst schools, as well as school staff and the families involved.
Nevertheless, this variable (time) has to be acknowledged and addressed in the therapist’s practice, or the successful outcome of the consultation process may be compromised.

While it is important to consider the results within both the specific Aotearoa / New Zealand context and the service framework of Special Education, it is equally imperative to explore the results of this study within the context of existing literature and research.

**Links with Existing Knowledge and Novel Perspectives**

The discussion here revolves around comparing the emerging conceptual ordering from this research with existing models of occupational therapy and collaborative consultation. As outlined in the literature review, a greater number of publications are based on professional experiences of individuals rather than on empirical research. In some instances, the findings of this study both support and disagree with a view expressed by a specific author. However, this study has expanded on some of the existing concepts and introduced novel notions, which are indeed part of the occupational therapy consultation in an inclusive education context. Therefore, this study moves on from theoretically derived consultation models towards an understanding that is based in the day to day practice of occupational therapists in Aotearoa / New Zealand.

Therapists in this study emphasized the nature of consultation as a developing and progressing process that stretches over time. This concept is congruent with Schein (1999), who proposed a “process consultation” model as a general model for helping individuals, groups, organisations, or communities. However, this study has extended this concept. The therapist’s involvement is not an “one off” event of giving advice, but rather involves evolving and changing support over school terms or years. Therefore, individual visits or contacts are viewed within the context of the consultation process. Therapists in this study also emphasised that importance of long term planning and patience, especially during times when visits or contacts with school staff or family may be difficult, or little change or progress seems to have occurred.

Schein (1999) also believes that how things are done might be even more important than what is actually done. He further advised consultants to consider that “everything you do is intervention” (Schein, 1999, p. 22). This notion became clearly apparent when listening to the therapists’ stories. Therapists described incidents such as having a cup of tea with a teacher or teacher aide in the school staff room as being an intervention, as it was during these times that therapists were able to share their perspective of the student or suggest possible intervention strategies. This less formal approach and the non-threatening
character of the situation facilitated an open conversation between equal partners. The situation and the interactions taking place may appear to others as random and unrelated to the therapist’s professional involvement, however these are crucial aspects of collaborative consultation practice.

In the next section, commonalities and discrepancies between existing consultation models for school-based occupational therapy and also with the process described in this study will be discussed.

**Collaborative Consultation: Bringing Together Theory and Practice**

Different consultation models for school-based occupational therapy have been proposed that were either theoretically derived, developed from personal professional experience, or are based on the knowledge of other professions (Bundy, 1991, 2002; Idol, Nevin & Paolucci-Whitcomb, 1993; Hanft & Place, 1996). As the model proposed by Bundy (2002) is the most recent model, it will be compared with the high conceptual ordering that emerged from this study. Other authors will also be cited to emphasise the prevalence of concepts or variations in the literature.

Bundy (2002) described a consultation process involving a number of definite stages, which is similar to the service pathway and service description (Ministry of Education, 2005d, 2005e). As outlined in figure 7 below, the process consists of four consecutive stages, including formulating expectations, establishing a partnership, planning strategies, and implementing and assessing the plan (Bundy, 2002). Bundy drew on Schein’s (1999) process consultation model, which is a general consultation model for a range of professions and fields of work. Interestingly, there is no research supporting the proposed order of the individual stages of the consultation process by Bundy (2002) or Schein (1999).
The individual stages of the proposed consultation models in the literature (Bundy, 1991, 2002; Hanft & Place, 1996) are generally described in a linear fashion, which is contrary to the experience of the therapists that participated in this research project. Even though the diagram of the client pathway (figure 6) suggests a linear process, it has been acknowledged that the progression is not necessarily a “one-way process” (Ministry of Education, 2005d, p. 12). Clients, together with the Special Education staff involved, may revisit a specific phase of the process as circumstances change or additional information emerges. Nevertheless, it has been proposed that the client and Special Education staff generally “will take a particular pathway characterised by a range of important and necessary phases” (Ministry of Education, 2005d, p. 12).

This study supports the view that there are some common phases that are usually part of the occupational therapy services. Additionally, some phases or aspects of the consultation process, such as ecological assessment and analysis, emerged as essential to ensure a successful outcome of the consultation process. However, the study also emphasised the notion of aspects or phases of the processes being re-visited which is a less linear process than that described as the client pathway (Ministry of Education, 2005d) or in Bundy’s (2002) consultation model. The complex multifaceted nature of the consultation process may be related to the complexity of the school context and ASD as condition.
The concurrent nature of the individual processes is a crucial aspect to occupational therapy consultation practice, which should be understood by the novice therapist for a successful transition into their new role as consulting therapist.

*Changing Roles and Responsibilities: Adopting a Social Model of Disability*

While earlier research and literature described therapists’ struggles to clearly define their role and functions when working in an educational context (Fairban & Davidson, 1993; Meanger, 1990; Spillane & Sterling, 1996), as well as the moving away from a traditional 1:1 model of service delivery towards a consultative role (Swinth & Hanft, 2002), the therapists in this study have created a new and unique understanding of their role within an inclusive education context. Most therapists shared a number of stories from their professional journey, allowing a glimpse into early struggles and their later skilful practicing in the school context. However, congruent with recent American publications (Brandeburger-Shasby & Trickey, 2001; Bundy, 2002; Swinth & Hanft, 2002), therapists in this study emphasised feeling inadequately prepared for working in the educational context when they first started. Even though all participants in this study had previous work experience in other fields of occupational therapy, or even in other paediatric therapy contexts, their initial experience was one of considerable change when working within a school context using a consultative service delivery model.

These therapists described a process of growing into the role and learning to appreciate working within a general school environment. Furthermore, when talking about their contribution towards the inclusion and participation of the student, therapists gave a sense of valuing those aims. It is unclear if therapists developed those values as part of working in an inclusive education context, or if those values contributed to them choosing to work as a consultant supporting student’s inclusion in their regular school. However, it seems that therapist’s values and beliefs are an integral part of the therapist’s identification and satisfaction with the role as a consulting therapist in the school context.

Concerns have been raised in the literature that therapists trained in the medical model perspective can experience difficulties when practicing in an educational environment (Hanft & Place, 1996). Therapists participating in this study all finished their training at a time when a medical perspective dominated occupational therapy training. A medical perspective, which focuses solely on changing the student’s skills (A new way of thinking, n.d.), is likely to be inappropriate when developing strategies and making the necessary accommodations required for the student’s inclusion and participation in the
school environment. However, while the therapists’ training was based on a medical perspective, their perspective, and congruently their approach to practice, changed over time. This research suggests these occupational therapists practicing in the school context have moved towards adopting a Social Model of Disability (A new way of thinking, n.d.), which focuses on removing barriers in the environment which impact on a student’s performance.

This Social Model of Disability adopted by the participants of this research project acknowledges the individuals within the student’s environment as either facilitator or possible barriers towards the student’s inclusion and participation. Therefore, this perspective considerably influenced the therapists’ practice, in particular the general emphasis on collaboration and engagement.

**Collaboration and Engagement: Exploring Relationships,**

**Establishing Partnerships**

The key concept identified in this study, *Working Together*, emphasises the collaborative nature of the consultation process as experienced by occupational therapists. Idol, Nevin and Paolucci-Whitcomb (1993) defined collaborative consultation as “an interactive process that enables teams of people with diverse expertise to generate creative solutions to mutually defined problems” (p. 1), which is congruent with the process described in this study. The National Service Description framework states working collaboratively as a principle of practice (Ministry of Education, 2005d, 2005e), which is also congruent with the practice culture of the therapists who participated in this study. Participants stated that it was essential to establish a collaborative partnership with the key people involved with the student, usually the school staff parents and Special Education colleagues. Hanft and Place (1996) have also described respectful relationships as a crucial element of collaborative consultation in schools.

However, the National Service description suggests that engagement is established through meetings: “[Special Education] Staff set up meetings with the relevant people involved in a child’s support and education. These meetings aim to develop relationships, identify roles and provide information on key aspects of the services being offered” (Ministry of Education, 2005d, p.12). However, the experiences shared in this study highlighted that every step of the therapist’s practice is shaped by the underlying consideration of whether the action taken will facilitate or hinder engagement and collaboration. Hence, the notion of developing relationships and fostering engagement
influences every aspect of the therapist’s assessment and intervention. Therapists in this study appreciated meetings, such as the student’s IEP, as an opportunity to communicate with a number of team members at the same time. However, most relationship building took place outside of formal meetings.

Therapists in this study described the vital importance of “being around”, spending time, especially with the school staff, in order to build sound and trusting relationships. In this regard, “just being there” to connect with the teacher and teacher aide might leave novice therapists in this area of practice with a feeling of a need to act, to actively suggest or do something. However, therapists described situations and incidents that simply required being there in order to establish a trusting partnership and give school staff the feeling of being supported, instead of any kind of traditional occupational therapy intervention.

Therapists described the development of deferential relationships with key individuals, which entail acknowledging the special knowledge and experience of everyone involved. These respectful types of relationships have been mentioned in occupational therapy literature (Bundy 1991, 2002; Hanft & Place, 1996). This acknowledgment is an essential part of the collaborative approach described in this study, and fostered a collaborative team approach instead of an individual approach towards assessment and intervention.

Bundy (1991, 2001) described formulating expectations and establishing a partnership as the initial two stages of the consultation process. However, in this study these two stages were described in the therapist’s stories as actually being one process of focusing on building relationships. Hanft and Place (1996) support therapists’ accounts described in this study of clarifying expectations as an important factor towards establishing relationships, instead of a separate stage or process. Therapists in this study emphasised the importance of discussing the expectations of each other as a step towards building trust. The differing expectations which were most frequently mentioned as requiring clarification included service delivery (e.g. consultation versus hands-on therapy), amount and frequency of therapy provided (e.g. regular, possibly weekly therapy session), the anticipated outcome, and school staff’s and families’ roles and responsibilities within the consultation process. These areas were also reported by Bundy (2002). Additionally, therapists in this study encountered situations in which families or school staff had specific expectations regarding the therapist’s training and qualifications; most notably in the area of sensory integration or sensory processing. These specific expectations may be related to
the specific focus on students with ASD in this study, as these student’s frequently experience sensory processing issues. However, some therapists did not feel confident in terms of their theoretical knowledge and the practical application of sensory processing. A number of therapists felt they did not have the adequate training; others seemed to feel uncertain about how to apply sensory integration theory specifically within an inclusive school context and/ or with students with ASD.

Therapists in this study highlighted that the clarifying expectations commonly takes place in a conversational style, while spending time in the school environment. Interestingly, even though some of these “frequently asked questions” or misunderstandings, such as frequency of therapist’s visits and type of service delivery, appeared to be very consistent, none of the therapists described using a brochure or pamphlet to facilitate a discussion in order to clarify school staff’s and parents expectations.

Therapists in this study pointed out the considerable difference between working in a school in which they have been involved previously, and in a new unknown school. Having a Shared History with each other and Being The OT In The School can indeed offer a head start. Working in a school for some time leads to a familiarity with each other; the school staff knows the therapist and vice versa. Therefore certain connections, a level of trust, and clear expectations have already been established. This supports Bundy’s (2002) claim that in instances in which the school staff and therapist have already worked together, their expectations (e.g. services provided, roles and responsibilities, outcome) may be very similar.

This study identified the GSE staff, school staff and family/whanau as key individuals, which through a process of Building Relationships, start working collaboratively to support the student in the school environment.

**Working Together: GSE Colleagues, School Staff and Family/ Whanau**

Therapists in this study emphasised the collaboration with their GSE colleagues as a crucial element for successful consultation. This is congruent with Hanft and Place (1996), who named other therapists as close collaborative partners. However, Bundy (2002) did not discuss the role of other therapists or special education personnel within her consultation model. The National Special Education Service Description (Ministry of Education, 2005d, 2005e) emphasises that services are provided by staff working in teams, “using a team approach” (p. 6). It was clearly evident that a “team approach” is consistently used throughout the consultation process by occupational therapists participating in this study.
Therapists strongly emphasised the collaboration with colleagues from their Special Education team in regards to supporting, reiterating and reinforcing each others suggestions. The support from other team members with implementing strategies and recommendations has been described as an influencing factor by Hanft and Place (1996). The reciprocal nature of this support, described by therapists, extends our understanding on how it influences the consultation process. Therapists do not only repeat colleague’s recommendations to school staff, but also consider those suggestions while planning their own interventions. For example, incorporating sign language into sensory-based activities for the student in order to facilitate this mode of communication suggested by a speech-language therapist. At times therapists and their GSE colleagues develop joint programmes, ‘mashing their ideas together’ prior to discussing the suggestions with the school staff. Therapists especially expressed the importance of working jointly with the speech-language therapist in the area of written communication and when exploring assistive technology options. This emphasis may be related to the fact that students with ASD frequently experience difficulties with the physical aspect of handwriting as well as the language aspect required for story writing. Generally, these therapists value close collegial collaboration, however often there is limited opportunity to do so.

The collaboration with colleagues is shaped by the team structure. Even though the School Focus Teams have been described as adopting either an interdisciplinary or multidisciplinary model (Ministry of Education, 2004), therapists in this study described the team structure not as multidisciplinary, but instead tending more towards interdisciplinary or transdisciplinary. The different disciplines work together in assessment and in the development of programmes and suggestions, which are congruent with an interdisciplinary approach (Dunn, 2000; Mu & Royeen, 2004). Additionally, team members frequently share or transfer information and skills across traditional disciplinary boundaries, which is also compatible with a transdisciplinary approach (Mu & Royeen, 2004). Therapists in this study described some level of ‘role release’ while working with their GSE colleagues. Therapists used descriptions such as some of their colleagues “being half an OT” or described themselves as having acquired knowledge usually associated with a different profession. These skills and understandings might have been obtained through close collegial collaboration in the past. Therefore, therapists felt at ease to ask some colleagues to “check on the OT suggestions” during their visit, knowing that the colleague would be able to give them adequate feedback. However, therapists emphasised diverse level of role release with different colleagues.
Dunn (2000) emphasised that only an interdisciplinary or transdisciplinary team structure are compatible with collaboration and family centred practice, whereas a multidisciplinary team does not promote collaboration and family centeredness. Therefore, according to Dunn, the team structure assumed by GSE professionals, as described by the therapists in this study, fosters collaboration and client centred practice.

Therapists also described working in a key, or lead worker model, within their GSE team. Therapists in this study emphasised the co-ordinating role of the GSE key worker as a main contact for school staff and families, as well as for GSE colleagues. However, differences were described in terms of how much, and in which situations, therapists choose to work through the lead worker instead of engaging with student, school staff and families in person. Some therapists preferred to liaise with the lead worker prior to an IEP and not attend the IEP themselves. These therapists expressed the view that too many professionals at an IEP may be overwhelming and uncomfortable for school staff and parents. Other therapists valued the opportunity to talk with the key people involved with the student at the same time and therefore prioritised IEPs over other work commitments. However, it is important to acknowledge that there is insufficient research evidence supporting a key worker model as being more effective or beneficial than other service delivery models (Drennan, Wagner, & Rosenbaum, 2005).

Therapists in this study highlighted a strong connection with school staff as an essential aspect of their consultation practice. Although the National Special Education Service Description (Ministry of Education, 2005d, 2005e) reports engagement of educators as important, it appears to be secondary to the involvement of families/whanau. However, it seems that in practice therapists more frequently engage and collaborate with the school staff than families/whanau. Even though there is general agreement about the importance of family engagement, therapists in this study emphasised their struggle to involve families/whanau as much as they would like to due to time constraints and other work pressures.

This raises questions about how family-centred practice could be encouraged, especially considering the value that has been placed on the family/whanau engagement by the Ministry of Education (Ministry of Education, 2005a, 2005b, 2005c, 2005d). Parent engagement, or lack of, is likely to considerably influence the consultation process and the possible outcomes from the consultation process. Dunn (2000) and Jaffe and Epstein (1992) emphasised family-centred services and parent participation as an important principle in effective service provision.
A number of school staff, including the class teacher, 0.1 teacher, teacher aide and principal have been mentioned by therapists as part of the school team. Within the occupational therapy literature, the class teacher and special education teacher are usually identified as the main individuals involved (Bundy, 1991, 2002; Hanft & Place, 1996). Other sources described the teacher aide as increasingly taking over responsibility for the student’s education, programming and inclusion (Giangrecco et al., 1997; Marks, Schrader & Levine, 1999; Tutty & Hocking, 2004). This tendency was acknowledged by therapists participating in this study. While therapists mentioned a clear need for connecting with the teacher aides and value for their knowledge about the student, they expressed concerns about the teacher aide taking on too much responsibility with at times too little support. Therapist expressed concerns that focusing their consultation efforts on the teacher aide might increase this tendency, or even foster disengagement of other team members.

The role and contribution of school staff generally varies from one school to another, as well as between different situations and circumstances. Nevertheless, in this study, as well as in some of the literature (Hanft & Place, 1996; Schein, 1999), identifying and focusing on key people involved with the student and implementing the therapist’s suggestions is part of the consultation process. Considering the training and experience of the school staff emerged as an important theme, which was also mentioned by Hanft and Place (1996). Therapists in this study generally cautiously and thoroughly considered when and how much to engage with each individual involved with the student.

It became clearly evident when listening to the therapists’ stories that their collaboration with key individuals involved required complex interactive reasoning.

**Interactive Reasoning Within Collaborative Consultation Practice**

While exploring the consultation process, the therapists’ clinical reasoning is crucial to understanding the processes taking place. Although there is existing literature, as well as research exploring clinical reasoning in occupational therapy in general, there is no research specifically exploring the clinical reasoning of school-based occupational therapists working with a consultative model of service delivery. Therapists typically use different modes of thinking and perceiving for different purposes in regard to particular features of a situation or problem; including procedural, conditional and interactive reasoning (Mattingly & Fleming, 1994). As these processes are tacit, therapists are often unaware of them taking place (Mattingly & Fleming). Nevertheless, these different modes of thinking were clearly reflected within the therapists’ narratives in this study.
This study highlighted the significance of interactive reasoning, which guides the interactions with the individual (Mattingly & Fleming, 1994). This type of reasoning aims to better understand the person in particular, and is often intuitive (Mattingly & Fleming). Interactive reasoning is often described in the literature as taking place between the therapist and an adult client, and is frequently in relationship to treatment compliance (Blank, 2004; Crepeau, 1991; Mattingly & Fleming). In the consultative practice context described in this study, the student is a client, but the key individuals involved with the student are also considered clients. An important aspect of the therapist’s interactive reasoning was highlighted in this study as finding out who is involved with the student, in which way, who is a “key player”, and determining where they, as the occupational therapist, fit into the team. Furthermore, the therapist focuses on creating and preserving positive relationships with the adults involved with the student. Therefore, the interactive reasoning described by the therapists in this study is broader, complex and more multifaceted than that in the original study by Mattingly and Fleming.

Mattingly and Fleming (1994) depicted interactive reasoning as aiming to help the therapist to interact better with, and better understand the person. In listening to the therapist’s stories, it became apparent that they were constantly involved with making decisions about their interactions with the other individuals involved. Therapists would question whether it would be better to give a suggestion directly in the situation or wait for a conversational opportunity afterwards. Expert therapists have been described as becoming exceptionally skilled in determining how to interact with a particular individual (Mattingly & Fleming), which was reflected in the therapists’ stories. Experienced therapists highlighted the complexity of the interactive reasoning through their re-occurring answer, “that depends”. In this school, or with this teacher, or in this situation the therapist might follow one path, however it is always a case by case decision. They acknowledged factors such as the teacher being busy with the entire class; therefore it might be easier for them to talk after the lesson rather than during it. They also described having valuable and constructive conversations with a class teacher during a lesson while the students were occupied with a task. This ambivalence may be confusing for novel practitioners as it does not offer clear guidelines or simple rules. However, it shows the expert skills of the experienced occupational therapists in determining which individual is a key person and when is the most appropriate time to communicate with the different people involved.

Skilled interactive reasoning is crucial for effective collaborative practice (Mattingly & Fleming, 1994). Therapists frequently mentioned the importance of talking in
their practice. Liz stated, when asked about the most important tool in her toolbox, without hesitation the “talking and interacting tool”. The significance of effective communication skills has been well documented in the literature regarding occupational therapy consultation (Bundy, 1991, 2002; Hanft & Place, 1996; Schein, 1999) and has been substantiated by this study. Therapists in this study emphasised the aspect of jargon-free verbal as well as written communication to enable all team members to understand and participate. Hanft and Place (1996) also emphasised the importance of using meaningful language with school staff and families, and avoiding occupational therapy jargon.

While interacting and communicating with school staff and family, therapists constantly consider the school context, which draws attention to the strong ecological approach these therapists take in their practice.

**The School Context – An Ecological Approach To Practice**

This study emphasises the significance of the school context, in which the occupational therapy consultation takes place. The school and class environment play a significant role in the therapist’s day to day practice. Therapists in this study embraced an environmental perspective. Those therapists by adopting an ecological model of practice that not only focused on a student’s disability, but also on their context, which included physical and social dimensions. Rather than viewing disability as a problem of an individual, disability has been suggested to be conceptualised as a mismatch between the person and environmental factors (Coster & Hayley, 1992; Coster, 1998; Coster, Deeney, Haltiwanger, & Hayley, 1998; Foungeyrollas, 1995; Foungeyrollas, Noreau, Bergeron, Dion, & St. Michel, 1998; Haley, Coster, & Binda-Sundberg, 1994; Law & Dunn, 1993; Law, Cooper, Strong, Stewart, Rigby, & Letts, 1996; Law, Haight, Milroy, Willms, Stewart, & Rosenbaum, 1999; Simeonsson, Lollar, Hollowell, & Adams, 2000; World Health Organization, 2001). The therapists emphasised a person’s context, the environment as a critical variable in the student’s ability to perform tasks such as paying attention to teacher’s instructions, handwriting, maths, or participating during lunch time. This perspective is congruent with recent models outlining the interactive relationship of individual and environmental factors; including the awareness of the impact of the environment on individuals with disabilities (Pollock & Stewart, 1998; Law et al., 1999; WHO, 2001).

Therefore, therapists’ efforts to make the environment more suitable to the student’s needs have become an essential component of their intervention. Utilising the environment
to enable occupational performance has been increasingly described within occupational therapy literature over the last two decades (Law, et al., 1994; Law, et al., 1996; Letts, et al., 1994; Townsend, et al., 1997). It is possible that this general attention towards changing environmental factors within occupational theory and research has facilitated the therapists’ ecological practice within the school context. At the same time, it is likely that the changing practice contexts, such as therapists providing services in general education settings, has influenced theoretical development.

Therapists in this study not only considered the relationship between a student’s skills and the context in which the task is performed, but also the task components as interrelated and crucial in their day to day practice. Therapists considered the typical school activities and tasks a student is required to participate in, which are shaped by the educational context. Consideration of these school tasks were clearly reflected within the therapists’ accounts. Therapists emphasised that typical school tasks, such as story writing in a Primary School setting, are complex and require many skills in a number of areas. Therefore, therapists usually go through a thorough task analysis process in order to pinpoint which aspects of the task causes difficulties and how to adapt the task to improve the student’s participation and performance.

This three-sided approach, environment-task-student’s performance, is congruent with the Ecology of Human Performance (EHP) framework and the Canadian Model of Occupational Performance (CMOP) (Dunn, Brown, & McGuigan, 1994; Townsend et al., 1997). Both offer frameworks to extend data gathering and intervention to include the environmental context and task components. Notions of both theoretical models were reflected in the therapist’s stories, most notably in their clinical reasoning emphasis on the relationship between environmental factors, task components and student performance. However, none of the participants clearly mentioned the use of any theoretical models or the use of related tools such as the Canadian Occupational Performance Measure (COPM). Nonetheless, both models could be further explored in their application within this context; especially as frameworks for the induction of therapists starting to work within an inclusive education context.

The unique feature of working within the school environment shapes the different components of the consultation process, including the assessment process.
A Collaborative and Ecological Approach to Occupational Therapy Assessment

The assessment process described in this study presents a unique integrated model of occupational therapy practice in an inclusive education setting, whereas in the literature, the occupational process and consultation process are described separately. While Bundy (1991, 2002) focused on the consultation process, Hanft and Place (1996) discussed the occupational therapy assessment within the school context, yet separately from the stages of consultation. However, in a therapist’s day to day practice in the school context these processes merge and become inseparable. This integrated nature became particularly evident when listening to therapists’ descriptions of the complex collaborative and ecological approach to assessment chosen. These focused on the student and his difficulties accessing the environment and participating in class tasks.

Observations within the class or general school environment have been highlighted by the therapist as crucial. Therapists described an ecological approach in their assessment process, emphasising an ecological evaluation examining the student’s performance in relation to what the child has to do within a particular environment (Alhage Kientz & Miller-Kuhaneck, 2001; Dunn, 1998; Hanft & Place, 1996; McCormick, 1997). Therapists clearly described the advantage of assessing the student within the environment where they learn and clearly stated the disadvantages of pulling a child from the classroom. Rather than assessing student’s skills in an isolated situation, as occurs with standardised assessment tools, therapists assess the student’s functional performance within the everyday school context. This is also congruent with a “top-down” approach, which emphasises a functional perspective prior to assessing any possible underlying difficulties, such as with fine motor skills (Hagedorn, 1999, 2000).

Although therapists emphasised the value of classroom observations, at times they almost sounded apologetic about not using standardised assessment tools. They frequently used the phrase “just” when talking about observing a particular student. This might be related to the more frequent use of standardised assessment tools in other areas of occupational therapy practice. However, listening to the information gathered by therapists while spending time in the school environment, it became clearly apparent that classroom observations are a legitimate assessment tool.

Another reason for the use of observation is related to the difficulties in using standardised assessment tools when assessing children with ASD; thus, suggesting observation in the environment, or an ecological assessment, could be an alternative (Kientz & Mills, 1999; Tomcheck, 2001). While one reason for the limited use of
standardised tools are likely to be the difficulties in administering those to students with ASD, therapists emphasised the importance of understanding contributing contextual factors while working with this client group. A number of aspects that are part of a typical classroom, for example noise level and close physical proximity to a high number of peers, have the potential to hinder the students’ ability to function within this environment.

Different authors have developed observation forms that focus on the student’s performance or school environment (Hanft & Place, 1996; Jenkinson, Hyde, & Ahmad, 2002; Royeen, 1992). Even though these might offer guidance, especially for the novice practitioner, therapists in this study preferred to follow guiding questions or structured checklists in their minds. The questions used seem to differ depending on the student, the respective task, the environment, and the reason for the therapist’s involvement. This approach appeared to offer flexibility, and at the same time, allowed the therapist to blend into the class activities or stay in the background. Filling out a checklist could potentially intimidate school staff, create an uncomfortable atmosphere, and draw unnecessary attention to the therapist.

Hanft and Place (1996) encouraged therapists to keep a neutral stance during their assessment, emphasising that “environments by themselves are value neutral” (p. 63). However, therapists in this study described trying to observe the environment and the learning tasks from the perspective of the student they were observing. The therapists’ aim was to “walk in the student’s shoes” in order to get to get an impression as to how the student might experience his or her environment. For instance, the noise level in a classroom might be generally considered quiet, however a student who is over-sensitive to noise may still experience it as stressful in certain situations. Furthermore, while observing the student with ASD, therapists simultaneously observe their peers. This instant comparison offers a reality check of the occupational performance of the student’s peers and assists with identifying useful skills or strategies to develop for the student in question. This ensures a functional emphasis during the assessment process.

Therapists described how the observations give a snapshot, an impression of what is happening however that this is not a full picture of what is occurring on a daily basis. Therapists go through a systematic process of triangulation, using different sources to validate the information collected. To ensure the validity of the collected information, classroom observations are made of different academic subjects and at varying times, conversations take place with school staff, families, and GSE colleagues and at times standardised assessment tools are used. This information were collated, compared and
pulled together. Although Hanft and Place (1996) mentioned a triad of sources including classroom observations, assessments and discussion with other team members, they did not capture the complex validating process that takes place which was described by the therapists in this study.

Conversations with other individuals involved are key to putting these observations into the day to day context and validating the therapist’s impressions. For instance, “family, whanau and educators contribute to the assessment purpose and the information gathering and analysis” (Ministry of Education, 2005d, p. 12). Tapping into the knowledge of the other individuals involved has been described in this study as an intervening factor. This highlights how crucial this information is in order to get a complete picture. Knowledge and experience of the child when not shared with the therapist, can act as a barrier to the child’s participation and learning and be a missing piece in the picture. This characteristic emphasises the collaborative nature of the assessment process.

Therapists also mentioned the Sensory Profile as an important part of their assessment of students with ASD. This standardised assessment has a strong ecological grounding and acknowledges contextual factors as a critical variable of a student’s performance (Dunn, 1999). As it evaluates sensory responsiveness in daily life by utilising a caregiver questionnaire (Dunn), it acknowledges that the school staff, as well as the parents, can provide valuable information about the student’s performance in daily life situations.

An important aspect of the collaborative and ecological assessment process is the concept of clarifying and refining the problem which needs to be addressed.

**Identifying and Refining the Problem**

Therapists in this study described clarifying the issue or problem to be addressed as an important part of their assessment process. They highlighted the issues arising by school staff and families as the starting point, and working towards identifying needs and prioritising “pieces of work”, as the outcome of the collaborative assessment process.

Problem identification constitutes an important part of a number of existing consultation models (Bundy, 1991, 2002; Hanft & Place, 1996; Idol, Nevin & Paolucci-Whitcomb, 1993). Therapists in this study emphasised the importance of refining the problem by eliciting as much relevant information as possible from the key people involved, as their experience or perspective might vary considerably. For example, school staff’s concerns regarding a student’s written communication might be related to the
student’s ability to convey a message in a written form, to express and extend ideas, to form legible letters, to keep up with the class writing speed, to independently perform a class task, or to improve on-task behaviour during this class activity. This possible range of issues emphasises the importance of talking to school staff and families, and in ensuring that their concerns are well understood.

The consultation models (Bundy, 1991, 2002; Hanft & Place, 1996; Idol, Nevin & Paolucci-Whitcomb, 1993) also acknowledge that consultees frequently struggle to clearly and specifically identify the area or issue to be addressed. This has been supported by therapists’ stories of where issues are highlighted by key people in the beginning, change throughout the collaborative assessment process. The need for refining the issues to be addressed may be related to the consultee requiring time and assistance to become clear about what they need or want (Schein, 1999). Therapists often mentioned that the issue arising from school staff and families are related to the student’s functional performance, such as in areas such like handwriting. However, school staff and family are often unaware of the causal relationship between possible underlying aspects affecting the student’s performance. For example, the student’s difficulties may actually be related to other areas, such as postural problems or distractibility due to sensory modulation difficulties. Therefore, it is crucial to engage the key people involved with the student in a collaborative process, and to identify and refine the aspects which contribute to the problem area. Furthermore, addressing the initial issue raised by school staff and family, for example providing handwriting tasks, might not only be ineffective, but draw attention away from other areas which require consideration.

Identifying and refining the problem is just the start of the complex problem solving process, which takes place as part of occupational therapy consultation process.

**Problem Solving within School-Based Consultation**

Idol, Nevin and Paolucci-Whitcomb (1993) acknowledged that collaborative consultation within an educational context requires creative problem solving skills due to the nature of the difficulties and issues involved. However, unexpected significance was given to the complexity of this problem solving process by the participants in this study. Although, there is general literature regarding the problem solving processes, there is no research about this aspect of occupational therapy practice in an inclusive education context.
Often within information processing and problem solving theory there is a differentiation between well defined and ill defined problems (Gagne, 1985; Reitman, 1964; Santrock, 2004). Well defined problems can be solved with clear and well-defined solutions that follow precise and definite paths. Ill-defined problems, on the other hand, are unclear and possible ways of solving them are uncertain. Therapists in this study described the many variables they have to consider when designing their intervention. The participants in this study mentioned trialling different solutions and strategies as an essential feature of their intervention within the school context. This “trial and error” process highlights the ill-defined nature of various situations and the difficulties therapists encounter when supporting school staff involved with a student with a complex disability; such as with ASD. Additionally, the already mentioned complexity of the school context might contribute to the ill defined nature of the problems encountered and the trial and error approach required to solve them.

Interestingly, the therapists with longer experience working in the school context, appeared to feel more comfortable and more in control of the “trial and error” process. Instead of becoming distressed when a strategy did not achieve the intended outcome, experienced therapists saw it as gaining more understanding and moving towards a solution. At times more novice therapists felt more uneasy with this experimental type of intervention, and expressed concerns of loosing the school staff’s trust if a strategy did not work. The “trial and error” process not only involves the therapist, but the collaborative team to implement more than one solution or approach. Idol, Nevin and Paolucci-Whitcomb (1993) emphasised that trialling different solutions requires prioritisation and knowing when to move on to a subsequent intervention. Therefore, sound and capable problem solving skills are of significant importance for occupational therapists practicing as consultants within schools. In this regard, the expert practitioner is more likely to know when to move on.

The differences experienced by more novel and more experienced therapists might also be partially related to their level of practice in pattern recognition with students with ASD, as well as within the educational environment. The same or similar problem may be more or less difficult for different individuals depending on how well their practiced pattern recognition developed through experience and learning (Gagne, 1985). Individuals encountering novel situations and problems commonly struggle to determine the path between the problem and goal (Gagne). They are uncertain about which actions to take and have little assurance that what is tried will lead closer to solving the problem.
The advanced problem solving skills reflected in expert practitioners’ stories could also be explained by examining concepts such as “chunking” and schema theory” (Chi & Glaser, 1985). Experts looking at an apparently complicated situation are able to “chunk information” (Chi & Glaser, 1985). Chunking describes the ability to represent information in terms of small numbers of pattern and chunks. Moreover, an expert practitioner has the ability to organise information into embedded sets or hierarchical structures in particular complex and difficult situations (Chi & Glaser). The senior therapists in this study demonstrated considerable skill in identifying the crucial cues related to the specific school context. These were aspects such as classroom tasks and routines, and accordingly sorting those into patterns. Schema theory assumes that there are memory structures or schemata in memory containing information about recurrent situations that are frequently experienced. These schemata contain prototypical experiences about situations, and they are used to interpret new situations and observations (Chi & Glaser). The novice or beginner might not recognise the salient features due to inexperience, whereas the expert practitioner notices relevant cues and pattern. This further highlights the significance of a sound skill and knowledge base as a foundation for effective and efficient practice. Additionally, this sound foundation enables the therapists to feel comfortable and in control during the trial and error process they go through.

Therefore, both experience and knowledge build the sound foundation required to be able to practice effectively. Different therapists described, often to highlight a certain aspect of this area of practice, their own experience of this journey towards becoming a proficient consultant.

Stage three and four of Bundy’s model (2002), planning strategies and implementing and assessing the plan, are described as part of an occupational therapy intervention process in this study and are discussed next.

***Occupational Therapy Intervention: Reframing***

In their stories, therapists highlighted that an essential part of their intervention was sharing their perspective of the student’s behaviour or difficulties with the school staff and families. Initially, the process of sharing and influencing each others’ perspective between occupational therapist and school staff was the focus of this study. However, it quickly became apparent from the therapists’ stories that the reframing process is embedded in the entire consultation process. Therefore the focus of the study widened to explore the consultation process, and the use of reframing was explored as part of this process.
Nevertheless, this study extended the understanding of reframing as it is used in occupational therapy practice within the educational setting.

Bundy (1991, 2002) and other authors (Case-Smith, 1997; Niehues, et al., 1991) acknowledge reframing as a tool utilised by occupational therapists working in the educational context. Frequently reframing is described as taking place prior to introducing new strategies or suggestions (Bundy, 1991, 2002). However, therapists in this study described accounts in which reframing has become an independent and powerful tool in itself.

Framing and reframing has been described in more detail in literature of other social professions such as counselling (Burnham, 1986; Cade, 1980; Watzlawick, 1974). These sources can assist in deepening our understanding as well as interpreting the results of this study. The therapists described reframing as changing the conceptual and/or emotional perspective in relation to which a situation, behaviour or interaction is experienced, placing it in another frame which fits the facts of the situation equally well or better. This is a definition congruent with those found in counselling literature (Burnham; Watzlawick). The school staff and other key people involved with the student organise and attach meaning to their daily experience of the student, which was acknowledged by the therapists. The school staff’s frame is influenced by their values and understanding, which therapists feel might not always be appropriate. Therapists in this study described school staff frequently viewing a student’s behaviour as “being naughty”, whereas the therapist attributed such behaviour to the student’s sensory processing difficulties. This experience is consistent with research suggesting that teachers often develop negative attitudes towards the student’s behaviour related to sensory processing difficulties, due to their limited understanding of this area (Case-Smith, 1997).

While reframing a situation, incident or behaviour, frequently the meaning of the situation gets changed while the situation itself may stay unchanged (Watzlawick, 1974). Therapists in this study described situations in which the behaviour of the student remained unchanged; the only change was in how the behaviour was viewed by the adults around the student. Through changing their perspective, some behaviour, such as certain strategies used by the student to cope within the classroom environment, were no longer seen as disruptive, but rather they became acceptable. Reframing frequently highlights the potentially positive aspects of behaviour that is being viewed in a negative light (Burnham, 1986). The notion of not necessarily aiming to change the situation or behaviour, but rather to critically review and possibly alter the viewpoint has been clearly reflected through
participants’ stories. Counselling literature emphasises that if the framework through which an experience or situation is viewed can be altered, the meaning can be changed, therefore influencing the experiential and behavioural responses of the individual (Cade, 1980). Therapists’ described situations in which the school staffs’ attitudes and approach towards a student changed as a side-effect of their changes in perspective.

Interestingly, research has highlighted the importance of the attitudes of key school personnel for successful inclusion (Cook, Semmel & Gerber, 1999; Horne, 1985; Ministry of Education, 2004; Semmel, 1986; Villa, Thousand, Meyers & Nevin, 1996). To varying extents, attitudes can act as facilitators or barriers (World Health Organization, 2001). This emphasises the importance of reframing to change school staff and families/whanau in removing barriers towards the student’s inclusion and participation. Therapists in this study described their contribution to changes of attitudes of school staff, which in turn impacted on the acceptance of the student with ASD. Research has also indicated that teachers receiving occupational therapy consultation have reported more positive changes in their attitudes (Dunn, 1990).

Reframing clearly emerged from this research as a vital aspect of the therapist’s intervention, which is thus important to convey to practitioners starting to work in this field. Otherwise, beginning therapists may rush into giving suggestions or providing strategies to school staff when actually the underlying view or perspective taken by the school staff needs to be addressed first.

**Occupational Therapy Intervention: Adaptations and Strategies**

Adapting and making accommodations was another tool mentioned by therapists in this study and in certain publications (Bundy, 1991, 2002). In the literature, adaptations have been described in the area of teaching strategies, equipment adaptations, or modifications of the classroom environment (Bundy, 1991, 2002; Dunn, 1990; Hanft & Place, 1996; Idol, Nevin & Paolucci-Whitcomb, 1993). The therapists participating in this study described a wide array of strategies, equipment and adaptations in their stories. Additionally, therapists mentioned changes to the wider school environment as being part of adapting to the needs of a student with ASD, including accommodations during entire school activities such as assemblies. This might indicate that the school staff, instead of simply implementing suggested strategies for one student, had realised the potential benefit for other students. It appears, although the therapist’s involvement is related to a specific student, that some suggested ideas may become part of the school staff’s tool kit.
This study confirmed that school-based occupational therapy involves recommending interventions aimed at improving student’s skills that are related to school performance (Bundy 1991, 2002; Hanft & Place, 1996). However, therapists in this study emphasised a careful reasoning process, weighing up which skills to work on and whether in fact changing the task might be appropriate. Therefore, the occupation itself is another factor mentioned by therapists when talking about potential areas of change. “Occupation refers to groups of activities and tasks of everyday life” (Townsend et al., 1997, p. 34), in this case part of a student’s life within a school context of learning. Therapists in this study described adapting the activities and tasks to make them more achievable and appropriate for the student as a key aspect of their intervention.

Bundy (1991, 2002) highlighted, as part of the process of planning strategies and implementing and assessing the plan, that school staff and therapists “mutually developed strategy” (p. 320) and “mutually evaluate its effectiveness, modifying it as necessary” (p. 321). Conversely, in this study, therapists frequently described clearly differing contributions of the individuals involved in the process. The therapist usually suggests an initial idea or strategy, whereas the school staff frequently adapts and refines this suggestion. This highlights that the therapist’s suggestions are often not fixed ideas, but are instead presented as a starting point and are malleable. Therapists usually felt at ease with this process, emphasising that typically school staff adapt the strategies to both the student’s and their own needs, while preserving the main intention. During follow-up visits, therapists usually check how suggestions have been implemented, stating that seldom did they encounter situations in which suggestions were inappropriately implemented or were even contradictory to the therapist’s objective. If misinterpretations occurred, therapists often spent more time with the school staff, re-explaining the underlying intention, and together implementing and adapting the recommended strategies. Therapists frequently experienced school staff appropriately implementing suggested strategies. This positive outcome could be related to the skill of the therapist to choose recommendations which are suitable and acceptable for the school staff working with the student. However, it also emphasises the therapist’s openness to change and not insisting on their “way” as the only way; instead demonstrating appreciation of the school staff’s skills. Therapists also described how they added the school staff’s strategies to their own toolbox, trialling those strategies with other students on their caseload.

Therapists acknowledged that some of their ideal recommendations might include unfamiliar ideas to other key people involved. This might lead to the school staff being
hesitant to implement these suggestions. Strategies or suggestions might be drastically
different, even unusual to the school staff and family (Hanft & Place, 1996). Hanft and
Place (1996) suggested that if possible, making changes to equipment or class routines
should entail small modifications and be the least disruptive. This is certainly reflected in
the therapists’ stories. Therapists frequently described themselves suggesting considerably
minor adaptations which were the least unsettling to the classroom schedule and practice. In
situations which involved more significant changes, therapists emphasised the importance
of taking small steps at a timed pace; going at the “school staff’s pace”.

While considering which accommodations might be needed to enable the student’s
inclusion and participation, therapists carefully consider and adapt these suggestions to fit
with the specific school context and school staff.

*Adapting Intervention To Fit With School Culture, Skills, And Resources*

Occupational therapy consultation in the school context also requires specific skills,
knowledge and experience from therapists for successful practice. These school-based
therapists demonstrated a comprehensive knowledge about important aspects of the specific
school context, including comprehensive knowledge of the general curriculum and an
understanding of the classroom expectations, rules, routines and dynamics. Case-Smith and
Rogers (2005) described this understanding as crucial for successful occupational therapy
consultation in a school context. It appears that these therapists have acquired a
considerable part of this knowledge “on the job”, while working in schools. However, this
learning process could be guided and facilitated during the induction of new therapists and
specific professional development courses.

The data collected in this study shows that the therapists, in offering an intervention,
have to consider the feasibility and practicality of each recommendation within the
respective school and class cultures, as well as considering the resources and available
skills. On returning to the consultation literature, it appeared that although the importance
of discussing intervention within the collaborative team has been mentioned (Idol, Nevin &
Paolucci-Whitcomb, 1993; Jenkinson, Hyde, & Ahmad, 2002), there is little known about
how this is done in day to day practice. Furthermore, discussing interventions with school
staff is the mere tip of the iceberg, as the teacher and teacher aide’s acceptance of
recommendations is related to factors they may not even be conscious of. Therefore,
therapists have to skilfully monitor non-verbal responses and multiple aspects of the school
context to adapt their suggestions accordingly.
There is only one study that focused on adapting therapists’ interventions to fit the existing teacher’s style (Griswold, 1993). In this ethnographic study, Griswold developed an observation guide to identify relevant information about the teacher’s educational approaches. The gathered information allows the occupational therapist to recommend classroom activities that suit a particular teacher’s style (Griswold). However, there is no research available to either support or dispute the usefulness or effectiveness of this observation guide in school practice. Hanft and Place (1996) also proposed that occupational therapy consultation in the school context has to be educationally relevant and that the therapist should attempt to design activities and suggestions that can be integrated into the existing daily schedule. However, they did not explore the differences between schools, individual classrooms or school staff’s personal style. A more recent publication discussed the importance of the occupational therapist understanding and considering teaching and learning theories, which influence a teacher’s style and strategies, learning expectations and materials used (Block & Chandler, 2005). This is congruent with concerns raised by Bundy (2002) that strategies might be uncomfortable for school staff if they do not reflect their teaching style or values. However, the concept of “adapting the intervention to fit”, which explores how this could be done in practice, has not been previously explored within occupational therapy research. This study clearly highlighted, as well as extended, the idea of “adapting to fit” as utilised in occupational therapy consultation within the educational setting.

Therapists also emphasised the concept of “school culture”. And this was seen as influential in terms of whether suggestions will fit into the respective school or classroom. School culture has not been mentioned in occupational therapy literature and is a new concept in terms of understanding schools and the way they work; even within educational literature and research (Gaffney, Higgins, McCormak, & Taylor, 2004). School culture has been defined by Stoll (1999, 2000) as describing how things are done and viewed within a school. It is similar to a screen or lens defining reality for those within the school, giving support as well as identity. Each school has its own unique reality or frame of mind of school life, often captured in the simple phrase, ‘the way we do things around here’ (Stoll, 1999, p. 9). Therefore, it can be assumed that school culture influences how school staff might respond to certain suggestions or adaptations recommended by the therapist. Participants in this study described situations in which a suggested intervention, which was acceptable in one school or class, was unacceptable in another. Therefore flexibility seems to be imperative when suggesting strategies and possible accommodations.
Structures and routines have been identified as an outcome of school cultures which are underpinned by values and beliefs (Gaffney, Higgins, McCormak, & Taylor, 2004). Therapists in this study described classroom structures and routines, as well as values and beliefs as crucial aspects considered during their assessment and intervention. These aspects of school culture influence which difficulties the student might experience as well as which behaviours and aspects might be viewed by the staff as problematic. Therapists also consider these aspects while making suggestions. “One size fits all” programmes or general strategies that seem appropriate within the school context are treated with caution by therapists, as specific adaptations for a school culture may be crucial for success.

Therapists in this study also described a balancing act, or weighing up between, adapting or altering their intervention to better fit with the respective school culture or trying to reframe the perspective held within a certain school, class or by an individual teacher. A changed perspective through reframing might facilitate the school staff’s openness to adapt or alter the class routines or teaching style. However, if reframing attempts were unsuccessful, therapists generally went back and considered alternative options which may be more acceptable for the school staff.

An inclusive school culture, a sense of community, and valuing of human diversity have been emphasised as important for successful inclusion (Janney & Snell, 2004). A number of factors have been proposed as being important in terms of changing culture (Gaffney, Higgins, McCormak, & Taylor, 2004). This entails the importance of leadership as the school principal holds a key role in bringing staff on board and getting buy in (Gaffney, Higgins, McCormak, & Taylor). This aspect is congruent with the findings in this study. Therapists stressed the role of the principal in leading the staff towards changes in attitudes, values and beliefs that might act as barriers towards a student with ASD being included, participating and having access to the curriculum.

The central role of relationships in fostering changes of school culture has been emphasised in literature (Gaffney, Higgins, McCormak, & Taylor, 2004), as well as in the stories shared by therapists as part of this research project. The process of changing school culture has been described as requiring considerable time and energy, especially in the beginning of the process (Gaffney, Higgins, McCormak, & Taylor). As therapists in this study viewed some issues as being related to the school culture, they approached those with patience as they did not expect things to change quickly. Therefore, an understanding of the concept of “school culture” and how it relates to a student’s inclusion is crucial for
appropriate intervention. Otherwise, therapists might expect school staff to change their approach or class routines without understanding the underlying contributing culture.

The therapist’s efforts of understanding aspects of the school context and adapting their intervention is just part of the complex problem solving and clinical reasoning process, which was highlighted in this study. All the therapist’s efforts, while working through these complex processes, aim to enable the student’s participation and inclusion in his local school classroom.

**Enabling Participation and Inclusion**

Therapists described that one of their main aims of their intervention is to get the match, which is similar to fostering a “goodness-of-fit”, for students in their learning placement (Hanft & Place, 1996, p. 30). Within the occupational therapy literature the expected outcome of consultation has been described as a change in the school environment and development of new strategies, which enable the student to succeed at school despite limitations or restrictions imposed by their condition and the environment (Bundy 1991, 2002; Dettmer, Thurston & Dyck, 2002; Hanft & Place). Even though this description was reflected in the therapists’ stories, it became apparent that the therapists patiently pursue a bigger vision. The therapists’ focus has clearly shifted towards enabling participation and inclusion instead of healing or minimising the disability of the student. Participation emphasises the student’s right to be included in their local school, and this element came through in therapists’ stories of their students and practice. Therapists’ aspiration to foster and support inclusion and participation of students with ASD reflects their understanding of their role within an inclusive education context and is consistent with the New Zealand Disability Strategy (Minister for Disability Issues, 2001).

Therapists in this study embraced inclusion and participation as the overarching long term aim. These therapists were future oriented. They considered the student’s need to participate and engage in their class, but also to move with their peers through Primary School to Intermediate, as well as to College and then into adult life. This highlights the long term vision which guides therapists’ practice. This notion is congruent with International Classification of Functioning, Disability and Health (ICF) of the World Health Organization (WHO, 2001) and local legislation such as the New Zealand Disability Strategy (Minister for Disability Issues, 2001).
**Summary**

The new insights gained from this study contribute to the growing knowledge base of occupational therapy consultation within an inclusive education context. This study highlighted the ecological and collaborative emphasis within occupational therapy consultation in an inclusive education context. These experienced school-based practitioners have developed unique interactive reasoning and complex problem solving skills, which are essential for successful outcomes in the consultation process. As a next step, it is important to explore the implications of this study for research and practice.

**Implications of this Study**

The consultation process described holds key messages for occupational therapists, other professionals working within inclusive education, and policy makers.

**Implications for Future Research**

A variety of different conditions have been identified as being of considerable importance within the occupational therapy consultative process. This study informs of significant aspects of consultation practice, which would be important to explore in more depth. Most existing research into occupational therapy practice in a school context, and/or with individuals with ASD, has mainly taken place in North America. Differences in terms of occupational therapy training, relevant legislation, and culture all give reason for caution against transferring these American results into a different country and cultural context. These differences accentuate the need for local research in Aotearoa / New Zealand. Further research regarding therapist’s understanding of their role as a consulting therapist within this cultural context would be beneficial.

It is important to be mindful that this study only included therapists who worked for the Ministry of Education, Special Education for a minimum of two years, with the majority having worked for more than five years. It is likely that therapists who go through a successful transition into a consulting role remain working in this area of practice. It is also possible that therapists who struggle with the transition into their new role within an inclusive education context may actually move into other fields of occupational therapy practice. Therefore, it would be beneficial to determine which aspects contribute to moving into the consulting role and how the transition process could be facilitated by colleagues and management.
Studies concerning clinical reasoning have so far focused on therapists working in hospital settings with both inpatients and outpatients. The clinical reasoning and problem solving within consultation practice appears to be complex. It would be valuable to gain a further understanding of how school therapists think and what they think about. This could involve further exploration of what the therapist perceives, and the way they view the student and others involved, what they focus on as the central problem, what they ignore and why, how they describe the difficulties, what kind of language they use, and their view of the student, school staff, family members and other professionals involved. A better understanding of these reasoning processes could assist practitioners in taking a reflective perspective on their own practice as well as assist novice therapists to improve their skills.

In this study the considerable influence of school context and culture on occupational therapy work within the educational setting has been emphasised. Concepts such as adapting recommendations and suggestions to fit the class and school culture have been identified as a critical component of successful consultation. Nevertheless, it would be of considerable benefit to further explore some of these aspects and concepts. For example, a teacher’s way of running the classroom, or teaching skills such as writing and reading from an occupational therapy perspective. Research in this area is limited however with suggestions in the literature often theoretically derived or based on individual experience.

Therapists frequently use reframing as one of their tools. The importance of this approach for consultative practice has been established, while the technique itself would benefit from further attention. However, this research described only the therapists’ perspective of the process. It would be of benefit to further explore this tool through field visits, and in joining therapists, school staff and families during their conversations and interactions. This information would provide a more holistic picture of reframing as it is used by occupational therapists practicing in school setting.

The focus of this research was the process described for consultation in relation to students with ASD. Even though participants emphasised at times aspects unique to their work with this group of students, other aspects appeared to be more relevant to working with wider student groups. Liz mentioned that she “it is a general process that we use across. In fact all the processes that we’ve talked about… I know we are talking about autism, but it is what I use for every single student” (1386-1391). Further research exploring occupational therapy consultative practice, both in general and specifically focusing on other client groups, such as learners with physical disabilities or dyspraxia would enrich practice and deepen understanding. Recognising the different flavours may
contribute to ensuring the provision of services that acknowledge different needs and offer
a framework acknowledging the unique Aotearoa / New Zealand context.

A further step could be exploring and comparing consultation practices from
different countries. This may identify new ideas and contribute to local and international
practice. Aspects contributing to successful consultation processes could be generally
explored in relation to occupational therapy consultation and consultation practice in
specific situations. Furthermore, therapists in western countries frequently engage with
clients, school staff and parents from various cultural backgrounds. Understanding the
variations between consultation practices in different countries might therefore facilitate
offering culturally affirmative services to clients.

This research project explored the occupational therapists’ perspective. The
consultation process has been clearly described as an interactive and collaborative process.
Therefore the experience and perspective of those collaborated with, including school staff,
parents and other professionals involved, is vital. Combining these different perspectives
would offer a more complete and holistic picture of the process taking place between the
different individuals involved. This may offer insights into occupational therapy support,
which was experienced by the “consumers” as more or less helpful, and would be important
in regard to developing effective and best practice guidelines.

Occupational therapy involvement with individuals with ASD has grown
considerably over the last decade. Nevertheless, rigorous research about the contribution
and effectiveness of occupational therapy to services for this client group is lacking. This
study focused on the consultation practice related to students with ASD, highlighting
aspects which have the potential to inform practice. Further research is required to develop
occupational therapy practice with individuals with ASD, and specifically students
attending an inclusive school setting. The ecological aspect of occupational therapy
intervention with students has also been described. More studies are needed to determine
the contextual factors and features of particular settings, which may be critical for the
performance of students with ASD within an inclusive educational environment.

The initial evidence of the effectiveness of collaborative consultation as an effective
service delivery model (Kemmis & Dunn, 1996) has been supported by the experience of
the therapists participating in this study, thus highlighting the necessity for further
exploring and gaining a deeper understanding of occupational therapy consultation within
the school setting.
**Implications for Practice**

This study highlighted many areas that have implications for the day to day practice of occupational therapists working for the Ministry of Education, Special Education in Aotearoa / New Zealand.

The introduction and orientation of new occupational therapy staff joining the organisation is crucial. An induction package and programme within Ministry of Education, Special Education for any occupational therapists starting, even those having worked in other paediatric settings, is necessary to ensure a smooth transition into this specialised area of practice. The uniqueness of this way of practicing should be acknowledged. Furthermore supervision and opportunities to review and discuss consultative practice on an ongoing basis are of significance. Different participants explicitly mentioned the interviews as providing an opportunity to reflect on their practice and emphasised the need for these opportunities on a regular basis.

Further development opportunities in this unique area of paediatric occupational therapy practice could be offered through specific workshops and postgraduate courses. This research, as well as previous research conducted overseas, has highlighted the differences between this specialised area of practice and other areas of occupational therapy. The distinctive skills and knowledge required to practice as a school therapist should be considered within occupational therapy training at an undergraduate, and especially at postgraduate, level. This training requires an emphasis on the skilled interactive reasoning required to facilitate collaborative practice. An ecological approach to consultation practice, including an in-depth understanding of the school context and concepts such as adapting interventions to fit within a specific classroom setting, would be another area of focus. Offering student placements as part of their fieldwork education could be a further opportunity to expose occupational therapists to this area of practice and build skills required for later in their practice.

An area highlighted by different participants was time and caseload pressures. This has implications for staff well being, satisfaction and retention. Adequate available time to effectively collaborate with school staff and parents is imperative ensuring the provision of quality services and job satisfaction.

**Strength and Limitations of this Study**

The design of the study and aspects of validity have been outlined in Chapter Three. Both will be reviewed in this section alongside other relevant factors. The strengths and
limitations of this study influence the transferability of the results, which will also be considered as well.

There are likely to be differences in other countries, such as the level of support available, the organisational structure of service providers, and each country’s underlying legislation. These are all likely to influence occupational therapy services and practice. These elements have to be taken into account when considering the relevance and implications of this study’s results outside of the Aotearoa / New Zealand context.

A presupposition interview, which was taped and transcribed, was utilised to ensure the themes and categories were emerging from the data without being forced. Cautious attention was paid to the wording and terms used during the interviews as well as during the analysis process. Assumptions and beliefs that may have impacted on data analysis and interpretation were recognised during supervision sessions, discussed at grounded theory group meetings and talked about during peer meetings.

Participants were provided with transcripts of their interviews. None of the participants reported inaccuracies or requested changes or amendments. As part of the theoretical sampling, participants rich in experience, personal learning and reflection on their practice were chosen for the interviews.

All participants in this study have practiced as occupational therapists in the educational setting in the North Island of Aotearoa / New Zealand. Even though opportunities for interviews in the South Island were offered, no therapists came forward. This is acknowledged as limiting the representiveness of the sample.

All participants in this study were woman. While this might be indicative of the majority of occupational therapists practicing in the school context, there are some male practitioners in the field. Therefore the study may also represent a gender-biased perspective.

Therapists were specifically asked to share their professional experience as related to students with ASD. Therefore these findings might not necessarily represent the occupational therapy consultation practice when working with students with other disabilities, such as cerebral palsy for example. The students with ASD mentioned in the therapists’ stories were verified under the ORRS funding scheme. This particular funding scheme involves paraprofessional support, specialist support and some funding for resources. In contrast, students with special needs without ORRS funding are not entitled to the same support and resources. Occupational therapy consultation, as part of the support offered under the Moderate Contract for Physical Disabilities, may differ in aspects because
the support and resources are different. The results of this study can therefore not be transferred whole to this client group.

The presented consultation process is strongly shaped by the inclusive context in which the process took place. Therefore, the consultation process might differ considerably to a therapist’s practice in special schools.

Due to this study being part of a postgraduate programme, the time frame was relatively short and resources were limited. This impacted on the data collection in terms of the number of interviews conducted and other data sources utilised. The data was collected utilising interviews, and thus relied solely on self-reported data. In contrast, it might have been beneficial to conduct field visits for additional information and triangulation of the data. Wider theoretical sampling would have been of benefit in terms of exploring certain categories or concepts, however there was limited opportunity due to the time constraints. Although the number of participants may appear low, data saturation for the purpose of this study and developing high-level conceptual ordering was reached. Saturation was achieved for the categories and sub-categories described in this research. The data gathered was able to explain characteristics, properties and dimensions of the categories and sub-categories described. Nevertheless it is essential to acknowledge that this research is a preliminary study and does not claim to present a complete picture.

This study was the first study in which the researcher utilised a grounded theory approach, which is a complex research methodology within the qualitative tradition. This was addressed by utilising grounded theory as described by Strauss and Corbin (1998), which offers guidance and tools for beginning researchers. Furthermore, this was addressed by a close support network, including regular attendance in a grounded theory group.

The consultation process described is very much an interactive process involving not only the occupational therapist, but also the school staff, parents and in some cases other outside agencies. Therefore interviews with other individuals involved would have given more depth and valuable information in forming a more holistic picture. It would also be beneficial to explore aspects of the consultation process which were experienced as helpful by school staff and parents, as this could offer guidance for therapy practice. Further theoretical sampling outside of the health or social professions may provide more insight regarding the congruence of concepts.

Nevertheless, this study contributes to a better understanding of the processes involved with occupational therapy consultation in an inclusive education context.
Summary

This study has explored the occupational therapy consultation process in relationship to students with Autism Spectrum Disorder attending their regular local school. Using a grounded theory methodology (Strauss & Corbin, 1998) the study developed a high level conceptual ordering as an initial step towards developing a theory. The consultation process described using occupational therapists’ day to day experience is grounded within the inclusive education setting in Aotearoa / New Zealand. It has provided understanding about different components of the consultation process within the school context. Three interactive and interdependent processes, Joining Up, Finding A Way, and Walking And Talking, were identified. These processes often occur simultaneously. The overarching theme of Working Together highlights the aspect of collaboration. Other important themes emerged regarding the school environment as a practice context, as well as practice tools and knowledge utilised and required. The results and key themes have the potential to inform occupational therapists’ practice within the educational setting and direct attention towards areas requiring further research.
References


MacArthur, J., & Kelly, B. (2004). “I was born with a few disabilities – this does not stop me from trying my best and I give most things a go.” Inclusion from the perspective of students with disabilities. *SET Research Information for Teachers, 2*, 44-48.


Ministry of Education. (2002b). *Special education legislative framework.* Wellington: Author


List of Appendices

Appendix A – New Zealand Curriculum Framework (Ministry of Education, 1993)

Appendix B – Special Education Funding Pyramid (Ministry of Education, 1999a)


Appendix D – Ethics Application
(under the working title at the time consent was sought)

Appendix E – Participant Information Sheet
(under the working title at the time consent was sought)

Appendix F – Participant Consent Sheet
(under the working title at the time consent was sought)

Appendix G – Summary Process Components (in table format)
(Strauss & Corbin’s paradigm)

Appendix H – Overview of the Entire Consultation Process (in table format)
(Strauss & Corbin’s paradigm)

Appendix I – The GSE Service Pathway – Poutama (Ministry of Education, 2005d)

Appendix J – The National Service Description (Ministry of Education, 2005e)

Appendix K – Stages of Consultation (Bundy, 2002)
All young people in New Zealand have the right to gain, through the state schooling system, a broad, balanced education that prepares them for effective participation in society.

**The Principles**

_Nga Matapono_

**The Essential Learning Areas**

_Nga Tino Wahanga Ako_

- Health and Physical Well-being
- The Arts
- Social Sciences
- Technology
- Science
- Mathematics
- Language and Languages

**The Essential Skills**

_Nga Tino Pukenga_

- Communication Skills
- Numeracy Skills
- Information Skills
- Problem-solving Skills
- Self-management and Competitive Skills
- Social and Co-operative Skills
- Physical Skills
- Work and Study Skills

**Attitudes and Values**

_Nga Wairarau me nga Uara_

National curriculum statements specify clear learning outcomes against which students’ achievement can be assessed.

Reprinted with permission
Reprinted with permission
APPENDIX C: Diagnostic Criteria Autism Spectrum Disorder/ Autism

Diagnostic Criteria ICD 10

F84.0 Childhood Autism
A pervasive developmental disorder defined by the presence of abnormal and/or impaired development that is manifest before the age of 3 years, and by the characteristic type of abnormal functioning in all three areas of social interaction, communication, and restricted, repetitive behaviour. The disorder occurs in boys three to four times more often than in girls.

Diagnostic Guidelines
Usually there is no prior period of unequivocally normal development but, if there is, abnormalities become apparent before the age of 3 years. There are always qualitative impairments in reciprocal social interaction. These take the form of an inadequate appreciation of socio-emotional cues, as shown by a lack of responses to other people's emotions and/or a lack of modulation of behaviour according to social context; poor use of social signals and a weak integration of social, emotional, and communicative behaviours; and, especially, a lack of socio-emotional reciprocity. Similarly, qualitative impairments in communications are universal. These take the form of a lack of social usage of whatever language skills are present; impairment in make-believe and social imitative play; poor synchrony and lack of reciprocity in conversational interchange; poor flexibility in language expression and a relative lack of creativity and fantasy in thought processes; lack of emotional response to other people's verbal and nonverbal overtures; impaired use of variations in cadence or emphasis to reflect communicative modulation; and a similar lack of accompanying gesture to provide emphasis or aid meaning in spoken communication.

The condition is also characterized by restricted, repetitive, and stereotyped patterns of behaviour, interests, and activities. These take the form of a tendency to impose rigidity and routine on a wide range of aspects of day-to-day functioning; this usually applies to novel activities as well as to familiar habits and play patterns. In early childhood particularly, there may be specific attachment to unusual, typically non-soft objects. The children may insist on the performance of particular routines in rituals of a nonfunctional character; there may be stereotyped preoccupations with interests such as dates, routes or timetables; often there are motor stereotypies; a specific interest in nonfunctional elements of objects (such as their smell or feel) is common; and there may be a resistance to changes in routine or in details of the personal environment (such as the movement of ornaments or furniture in the family home).

In addition to these specific diagnostic features, it is frequent for children with autism to show a range of other nonspecific problems such as fear/phobias, sleeping and eating disturbances, temper tantrums, and aggression. Self-injury (e.g. by wrist-biting) is fairly common, especially when there is associated severe mental retardation. Most individuals with autism lack spontaneity, initiative, and creativity in the organization of their leisure time and have difficulty applying conceptualizations in decision-making in work (even when the tasks themselves are well within their capacity). The specific manifestation of deficits characteristic of autism change as the children grow older, but the deficits continue into and through adult life with a broadly similar pattern of problems in socialization, communication, and interest patterns. Developmental abnormalities must have been present in the first 3 years for the diagnosis to be made, but the syndrome can be diagnosed in all age groups.
All levels of IQ can occur in association with autism, but there is significant mental retardation in some three-quarters of cases.

Includes:
* autistic disorder
* infantile autism
* infantile psychosis
* Kanner's syndrome

Differential Diagnosis
Apart from the other varieties of pervasive developmental disorder it is important to consider: specific developmental disorder of receptive language (F80.2) with secondary socio-emotional problems; reactive attachment disorder (F94.1) or disinhibited attachment disorder (F94.2); mental retardation (F70-F79) with some associated emotional/behavioural disorder; schizophrenia (F20.- ) of unusually early onset; and Rett's syndrome (F84.2).

Excludes:
* autistic psychopathy (F84.5)

F84.1 Atypical Autism
A pervasive developmental disorder that differs from autism in terms either of age of onset or of failure to fulfil all three sets of diagnostic criteria. Thus, abnormal and/or impaired development becomes manifest for the first time only after age 3 years; and/or there are insufficient demonstrable abnormalities in one or two of the three areas of psychopathology required for the diagnosis of autism (namely, reciprocal social interactions, communication, and restrictive, stereotyped, repetitive behaviour) in spite of characteristic abnormalities in the other area(s). Atypical autism arises most often in profoundly retarded individuals whose very low level of functioning provides little scope for exhibition of the specific deviant behaviours required for the diagnosis of autism; it also occurs in individuals with a severe specific developmental disorder of receptive language. Atypical autism thus constitutes a meaningfully separate condition from autism.

Includes:
* atypical childhood psychosis
* mental retardation with autistic features

DSM – IV - Criteria, Pervasive Developmental Disorders

Diagnostic Criteria for the most common mental disorders including: description, diagnosis, treatment, and research findings. This list is a shortened version (incomplete) of the Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV), published by the American Psychiatric Association, Washington D.C., 1994, the main diagnostic reference of Mental Health professionals in the United States of America.

299.00 Autistic Disorder

A. A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):

(1) qualitative impairment in social interaction, as manifested by at least two of the following:
   (a) marked impairment in the use of multiple nonverbal behaviors, such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
   (b) failure to develop peer relationships appropriate to developmental level
   (c) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest)
   (d) lack of social or emotional reciprocity

(2) qualitative impairments in communication, as manifested by at least one of the following:
   (a) delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
   (b) in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
   (c) stereotyped and repetitive use of language or idiosyncratic language
   (d) lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

(3) restricted, repetitive, and stereotyped patterns of behavior, interests, and activities as manifested by at least one of the following:
   (a) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
   (b) apparently inflexible adherence to specific, nonfunctional routines or rituals
   (c) stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting or complex whole-body movements)
   (d) persistent preoccupation with parts of objects

B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.

C. The disturbance is not better accounted for by Rett's disorder or childhood disintegrative disorder.
**Differential Diagnosis**

Other Pervasive Developmental Disorders; Rett's Disorder; Childhood Disintegrative Disorder; Asperger's Disorder; Schizophrenia; Selective Mutism; Expressive Language Disorder; Mixed Receptive-Expressive Language Disorder; Mental Retardation; Stereotypic Movement Habit Disorder

APPENDIX D

Section 2
Application for Ethics Approval

PROJECT TITLE

The interactive process between occupational therapists and educational personnel as they share and influence each others perspective of a student with Autism Spectrum Disorder (ASD) attending a mainstream class.

1. DESCRIPTION

1.1. Justification

Inclusion of students with a variety of disabilities into mainstream classes instead of special schools has been a development, involving a shift in philosophy, in New Zealand (Ministry of Education, 1991, 1996, 1999a, 1999b, 2000) and overseas (Sahagian Whalen, 2003). The body of research informing therapy delivered in schools is growing, e.g. collaborative consultation as a service delivery model in the educational setting (Bundy, 1995, 2002; Caswell, 1998; Dunn 1990, 1992; Jaffe & Epstein, 1992; Place & Hanft, 1996). However, little research has been done in this field in Aotearoa/ New Zealand. There is one study by Caswell (1998) examining physiotherapy provided to students with physical disabilities in schools. This study highlights similar findings to several studies from overseas particularly the difference of service provision in the educational context, often using a collaborative approach (Bundy, 1995, 2002; Caswell, 1998; Dunn 1990, 1992; Jaffe & Epstein, 1992; Place & Hanft, 1996), compared with the medical model of service delivery. However, there is a lack of research focusing on specific aspects of collaborative consultation e.g. therapists and educational staff sharing and influencing each others' perspective. Traditionally occupational therapists provided direct "hands-on" therapy and many report that they still feel inadequately prepared for working in the educational setting (Brandeburger-Shasby & Trickey, 2001; Bundy, 2002; Swinth & Hanft, 2002).

1.2. Aim / Objectives

The aim of this research is to gain more insight into and determine the interactive processes between occupational therapists and educational personnel, namely teachers and teacher's aides. Specifically, the focus of this study will be on how therapists and educators share and influence each others perspective of students with Autism Spectrum Disorder (ASD) attending a mainstream class. The interaction process between these different professionals will be investigated. In addition, facilitating and hindering factors of this process will be explored. Grounded theory, a qualitative research methodology, will be used to gather and analyse information to answer the research questions. The intention is to develop high level description and conceptual ordering, which could lead to the initial work on a mid-range theory.

In particular this study will address the following research questions:
1. How do occupational therapists and educational personnel share and influence each other's perspectives working with students with Autism Spectrum Disorder attending mainstream classes?
2. What factors stimulate and facilitate the process?
3. What factors hinder the process?

This research aims to contribute to the body of knowledge about occupational therapy practice in the educational context using a collaborative consultation service provision model. The following benefits from this study for participants, researcher and wider community are anticipated:
1. Findings will be of interest and beneficial for other occupational therapist working within a collaborative consultative model especially with students with ASD. This study has the potential to inform their knowledge and skills in this area of practice in the school context.
2. Educational personnel working with students with ASD and who are involved in the collaborative process will be able to gain a deeper understanding of the interactive process they are involved in and factors that influence the process.
3. Findings will indirectly benefit students, schools and families/whanau who are involved with individuals with ASD to whom occupational therapists provide collaborative consultative services. One outcome might be improved educational outcomes and quality of life of students with ASD attending mainstream classes.
4. Ministry of Education, Special Education (MOE, SE) provides services to many students with ASD attending mainstream classes. This study could benefit the quality of service provided to these students.
5. As a researcher I hope to inform, enrich and extend my own practice

1.3. Procedures for Recruiting Participants and Obtaining Informed Consent

In keeping with grounded theory the participant selection will be lead by theoretical sampling (Chenitz & Swanson, 1986; Glaser, 1978; Glaser & Strauss, 1967,
The emerging themes and categories from the data will lead to further data sources and guide the data collection.

**The first participants will be occupational therapists.** The researcher will send information about this research project to the Wellington Regional Professional Practice Advisor MoE-SE, who happens to be an OT and has a personal interest in supporting OT practice, requesting that she invite OTs employed by this organisation to voluntarily offer to participate in this project. These therapists will self identify that they fulfil all the following criteria:

- as working in a collaborative consultation model
- have provided services to students with ASD in mainstream school setting for more than two years
- is either currently employed by the Ministry of Education, Special Education (MoE - SE) for at least one year or has left the organisation within the last six month, having been employed for at least one year
- have knowledge and experience of sensory processing issues often experienced by students with ASD

(Appendix 1- participant information form occupational therapists & Appendix 9 - semi-structured interview schedule)

**It is likely that another group of participants will consist of educational staff, more specifically teacher and teacher aides.** This possible participant group will be informed about the research project through the following ways:

- occupational therapists working with them who have participated in the research themselves.
- through notification via the Professional Practice Advisor who will be asked to forward the invitation to occupational therapists to forward onto educational staff they work with and have identified as suitable
- Through reading an advertisement placed in the Educational Gazette.

If they show interest to voluntarily take part, they will be given the opportunity to contact the researcher or asked for permission that the researcher might contact them. The teacher and teacher aides participating will self identify that they fulfil all the following criteria:

- that they have worked with one or more students with ASD attending a mainstream school setting for at least a year.
- that they have had occupational therapy consultation at least once regarding sensory processing issues experienced by the respective student(s).

(Appendix 2 - participant information form teacher & teacher's aides)

**Field visits might be another data source** carefully chosen depending on the emerging themes and categories from the initial interviews. Focus of the field visits would be the therapist and educational staff working through the collaborative process. This is likely to be outside teaching time. The sole purpose would be to observe the interaction between the professionals, the students wouldn't be identified or directly observed. There will be no taping, just note taking involved. Participants in the field visits will be recruited during the interviews. Therefore, at least one or maybe both of the professionals involved in the field visits will be
former interview participant(s). The former interview participant will inform the other professionals involved about this research project. If they show interest to voluntarily take part, they will be given the opportunity to contact the researcher or asked for permission that the researcher might contact them. The respective participants, school principals, board of trustees and families would be informed and asked for consent.
(Appendix 3, 5, 7, 8)

*If the emerging data indicates the need for a wider sample*, other professionals using a collaborative consultation framework might be included. This could include for example interviews with educational psychologists. These professionals are likely to be employed by MoE - SE and therefore permission to invite them as volunteer participants will be requested through the Professional Practice Advisor. Contacts with these possible participants are likely to be short interviews, discussions or conversations, possibly in person, by phone or e-mail. These contacts are likely to be short, possibly between 10 to 30 minutes. (Appendix 4 & 6)

**Informed Consent**
Before the beginning of every interview and field visit verbal and written consent will be obtained. To enable potential participants to make an informed decision regarding their participation in the research project, an information sheet will be sent at least two weeks prior to the interview or field visit. The information sheet contains details about the study, confidentiality, etc. (Appendix 1 to 4). The letter will have the contact details of the researcher and supervisors, should potential participants have any questions to ask. During a follow up phone call the researcher will answer any question and establish whether they are still happy to participate. If they agree an appointment will be scheduled. Potential participants will be asked to sign if they agree to participate but will have the right to withdraw from the study until data analysis has begun (Appendix 5). They will be able to exercise these rights without suffering any prejudices or disadvantages of any kind.

At the interview stage the only people who will have to give consent are the interviewees. The participants will have the free choice to inform others, e.g. teachers participating might choose to inform the principals of their schools about their participation in this research project, however this might decrease anonymity as principals might try to identify the teacher in the final research document.

In case of field visits the researcher will have to obtain consent not only of all participating professionals (occupational therapist, teacher, teacher aides), but also from the respective schools principal, board of trustees and the family of the respective child.

**Number of participant contacts**
It is anticipated that the number of intense face to face interviews (1 to 2 hours duration) conducted will be not less than 4 but not more than 8. Congruent with grounded theory with emerging categories from the data, further participant contacts are likely to be considerably shorter, e.g. 10 to 30 minutes. These contacts might be through phone conversation or e-mail and questions are likely to
be more specific gathering information regarding a certain emerged category or clarifying the relationship between categories. The researcher might return to previous participants for follow up interviews. Total contacts with participants will be not be more than 20 to 25 in total. This number also includes possible field visits focusing on the interaction between occupational therapist and educational personnel. It might be necessary to conduct more than one interview with any one participant, depending on the data of the initial interview and data obtained from other interviews.

**Sample Size**

The sample size in grounded theory studies will be usually determined by saturation, that is when data gathered by the researcher does not provide new insights or understandings (Glaser, 1978; Glaser & Strauss, 1967; Strauss & Corbin, 1998; Schreiber, 2001). Due to the time and financial constraints of this study being a masters level research project this stage might not be achieved. Reaching saturation and building a theory at a substantive level is just one possible aim for utilizing grounded theory as research methodology. High - level description and conceptual ordering, which are also valuable to the generation of knowledge, can be done by research informed by grounded theory (Strauss & Corbin, 1998). This could also build an initial step towards developing a mid-range theory.

1.4. **Procedures in which Research Participants will be involved**

Prior to any interview or field visit the participant will sign a consent form.

Participants of the initial interviews will be occupational therapists working with students with ASD in mainstream classes who meet the above described criteria. Each therapist will participate in at least one open ended, face to face, semi-structured, audio taped interview one to two hours long conducted by myself. In grounded theory studies the interviews have a retrospective perspective (Morse, 2001). Questions asked will encourage participants to tell their stories about an event (Morse, 2001), in this case their experience of sharing perspectives of a student with ASD with other professionals involved with the student.

Because this is a grounded theory study further steps of data collection will be lead by the data analysis of the initial interviews. The emerging themes and categories will determine the next participants. It is likely that further data sources could include interviews with teachers and teacher's aides, or field visits focusing on the interaction between occupational therapist and teaching staff.

Directed by theorizing, potentially a wider sample including data sources outside the already mentioned professions, e.g. interviews with other professions working in a collaborative consultation framework, could be necessary to stimulate theoretical sensitivity (Glaser, 1978; Strauss, 1987). This could include interviews with educational psychologists, Special Education Advisor, Speech Language Therapist, etc. regarding their practice of sharing perspectives of students with other educational staff involved.
The interviews will take place at a location of the participant's convenience. The researcher anticipates taking notes during the interview, this is also congruent with grounded theory (Dick, 2002). Furthermore the interview will be taped. The transcripts will be sent to each interviewee to make amendments, and make changes. During field visits the researcher will take notes regarding the interaction process between the professionals. These interactions will not been taped. It is likely that these observations take place during the teacher's / teacher aides' release time, before or after school, morning tea or lunch break.

The participants will receive brief preparatory information about one week before the interview. This information will be repeated to them at the beginning of the interview. (Appendix 1 to 5)

1.5. Procedures for handling information and material produced in the course of the research including raw data and final research report(s)

Pseudonyms will be used for all participants, and names and places, mentioned in the interviews during the entire research project. A list with the contact details of the participants will be securely stored. The data stored on the laptop of the researcher will be protected by secure passwords. The interviews will be transcribed by myself and/or a transcribing service who will sign a confidentiality statement.

The obtained data, including transcripts of the interviews, memos, etc will be stored at the School of Occupational Therapy, Otago Polytechnic for five years after this research project has been completed. After this time period the data will be destroyed according to the policy and procedures of the school.

A final copy of the research project will be kept at the Bill Robertson library but not contain any information that will make an identification of participants possible.

1.6. Procedures for sharing information with Research Participants

Full disclosure - the investigator will clearly share with the research participants the types of interviews and other data collection procedures that will occur and the scope and nature of the person's involvement. This will happen "without revealing specific hypotheses or introducing biased perspectives that may shape the informant's responses during the study." (DePoy & Gitlin, 1998) This will be delivered verbally and written in form of an information sheet.

All participants will be able to request a written summary of the results after the project has been finished and the thesis marked. Furthermore they will have the opportunity to view the final copy of the research project at the Bill Robertson library.
1.7. **Arrangements for storage and security, return, disposal or destruction of data**

All raw data material including tapes will be stored securely during the research project in a locked cupboard. The obtained data, including transcripts of the interviews, memos, etc will be stored at Otago Polytechnic for five years after this research project has completed. After this time period the data will be destroyed.

2. **ETHICAL CONCERNS**

2.1. **Access to Participants**

The already described procedures of possible participants are aimed to ensure a voluntarily decision of participation and anonymity.

2.2. **Informed Consent**

All possible participants will be adults working as occupational therapist, teacher or teacher aide. Therefore the researcher assumes that they will be capable of informed consent. The participation of every person in sharing information will be strictly voluntary. Every individual has the free choice to participate or not to participate at any time during the data collection stage of the study. Even an individual, who has initially agreed to take part in the study, has the right to withdraw from the study or refuse to answer particular questions at any given time during data collection without being disadvantaged in any way. When the data analysis begins participants will be unable to withdraw their data or statements. The participants will be informed of this.

2.3. **Anonymity and Confidentiality**

It will be assured that all information shared by the research participant is kept confidential. The following steps will be taken to increase anonymity and decrease potential risk of identification of individuals and schools. This includes the following aspects:
- Pseudonyms will be used for participant’s names.
- Personal details that identify the participants will be stored securely.
- No one other than the researcher and the supervisors involved in the research project will have access to the participant's information.
- The information shared will not be linked to the person's identity in any way. The name of the respondent will be removed from the actual information obtained. The researcher will assign identification numbers & pseudonyms to individuals who are interviewed.
- The researcher will inform participants at the beginning of an interview that she doesn't want them to identify students, other professionals, schools, etc.
• If interviewees use real names for people or places by accident, these will be replaced by pseudonyms during the transcribing process and deleted from the respective tape.

However, due to the relatively small community of occupational therapist working for MoE - SE in Aotearoa/ New Zealand, there is a potential risk that participants could be identified. There might be also a potential risk for other possible participants, e.g. teacher and teacher aides. Every effort will be made to maintain participants anonymity, e.g. use of pseudonyms. The participants will be made aware of the potential risk.

2.4. Potential Harm to Participants and how this will be managed

No physical harm to participants is expected in this study. However sharing personal professional experience could be a source of potential harm. No participants will be left in an unsafe emotional state by the researcher, time will be made available outside the interview process. If necessary, assistance will be provided to find appropriate emotional support from other sources, e.g. a counselor. The researcher hopes to be able to minimize potential harm by maintaining confidentiality as agreed on the consent form. Furthermore, the researcher will question carefully, consider non-verbal cues, etc. in attempt to minimize potential harm.

Some participants might be vulnerable if they would have to tell their superiors e.g. principals or service managers, of their participation in this research project. Therefore at the interview stage the only people who will have to give consent are the interviewees. The participants will have the free choice to inform others, e.g. teachers participating might choose to inform the principals of their schools about their participation in this research project. This might decrease anonymity as these principals might try to identify the teacher in the final research document. Therefore it is up to individual participant if they would like to inform others of their participation.

In the case of field visits the researcher will have to obtain consent not only of all participating professionals (occupational therapist, teacher, teacher aides), but also from the respective schools principal, board of trustees and the family of the respective child. Therefore the researcher will give interview participants the opportunity to indicate if they would like to be approached for field visits.

The researcher will not interview any teacher or teacher aides within the area she is currently working. As all students with high needs, teacher and teacher aides working with these students could potentially become part of my caseload at one time, the researcher will consciously separate the information gained through this research from any clinical information. The researcher will aim within the policy of MoE, SE to offer an alternative therapist if that occurs in the future.

The same applies to occupational therapists involved in this research. There is a risk that the therapists could feel uncomfortable in a future work relationship. To
overcome this, this issue will be openly discussed with the participants. The researchers will consciously separate the information gained through this research ensuring future relationships will not be compromised.

2.5. Potential Harm to Researcher(s) and how this will be managed

The researcher will be supported by regular, fortnightly phone supervision with her primary supervisor Merrolee Penman. Between these appointments regular e-mail contact will take place. These e-mail contacts will involve the second supervisor Anita Bundy. This will support early identification and effective management of potential risks to the researcher. Furthermore, the researcher will attend once a month a grounded theory group at AUT. This will be another source of support. Additionally, Mandy Stanley, an occupational therapist experienced with grounded theory, has agreed to be another resource person for the researcher during this project.

To avoid any professional harm the researcher will follow the guidelines of the code of ethics of the New Zealand Occupational Therapy Board. This will also minimize the potential harm to the occupational therapy profession. Furthermore the researcher will work within the confidentiality frame of MoE-SE.

2.6. Potential Harm to the Polytechnic and how this will be managed

The potential harm to the Otago Polytechnic would be a breach of the standards and ethics. The researcher will be supported by regular, fortnightly supervision with her primary supervisor Merrolee Penman for guidance in this area. Between these appointments regular e-mail contact will take place. This will support early identification and effective management of potential risks for the Polytechnic.

2.7. Participant’s Right to Decline to Take Part or Withdraw

Participants will have the right to withdraw from the research project at any time during data collection. This will not lead to any disadvantage of any kind for the participants. Furthermore, the participants will have the right to decline answering any question during the interview or field visit. They also can request to finish the field visit or interview at any time. Participants will also have the right to get answer deleted from the transcripts or can request that the tape will be stopped during the interview without giving a particular reason.

2.8. Uses the Information will be put to

The information will be used for the following ways:
- Published as a thesis, which will be available in the Bill Robertson library
- Published in form of a journal article or other form of publications
- Presentations within MoE-SE
General presentations at conferences
Presentations as part of workshops & seminars, staff training

2.9. Conflict of Interest / Conflict of Roles

Although there is no direct conflict of interest or roles, e.g. the researcher will not gain any financial benefit from the outcome of this study, the researcher is in no superior position to any participant, there could be a potential conflict of interest or roles due to the profession of the researcher. The researcher is an occupational therapist and practicing in the educational setting herself. The area of investigation will represent her daily practice. To minimize any potential conflict of interest the researcher will not interview any therapists from her own office, but professionals from other offices in Auckland and outside Auckland.

2.10. Other Ethical Concerns, e.g. sources of funding

No other ethical concerns. The funding for this project will be provided by the researcher and supported by Otago Polytechnic with $200 in 2004 and $200 in 2005.

3. LEGAL CONCERNS

3.1. Legislation
The Otago Polytechnic Ethic Guidelines will guide this research project.

4. CULTURAL CONCERNS

The researcher will respect the participants' cultural backgrounds and values and will not impose her cultural beliefs on the participants when conducting this research. She will be non-judgmental and will safeguard the participants' sense of cultural integrity.

This study might include maori teachers, teacher's aides, and occupational therapists as participants. Therefore this study will recognize the value and unique position of Maori in Aotearoa / New Zealand society through the Treaty of Waitangi (Te Tiriti o Waitangi) and the three guiding principles of partnership, protection and participation. I intend to apply these principles and values to any engagement with Maori, and consultation about the research project. This will include:

- being aware and responsive to Maori values
- thinking about tikanga (customs) and kawa (protocol)
- viewing engagement positively, valuing the chance to interact and get input
- if necessary, seeking advice and guidance in relation to this study through cultural supervision with the MoE-SE, North West District Kaitawaenga
5. OTHER ETHICAL BODIES RELEVANT TO THIS RESEARCH

5.1. Ethics Committees

No other ethics bodies are relevant to this research, however this research will require approval to proceed from the Ministry of Education, Special Education.

5.2. Professional Codes

This research will abide by the code of ethics for occupational therapist as issued by the New Zealand Occupational Therapy Board (1998).

6. OTHER RELEVANT ISSUES

The researcher is willing to accept and address any recommendations made on any other ethical issues omitted regarding this project.
APPENDIX E

Participant Information Form
Occupational Therapists

Exploring the interactive process between occupational therapists and educational personnel as they share and influence each others perspective of a student with Autism Spectrum Disorder (ASD) attending a mainstream class.

General Introduction
Inclusion of students with a variety of disabilities into mainstream classes instead of special schools has been a development, involving a shift in philosophy, in New Zealand (Ministry of Education, 1991, 1996, 1999a, 1999b, 2000) and overseas (Sahagian Whalen, 2003). As an occupational therapist working in an inclusive educational setting sharing my perspective and listening to educational staff's perspective of students is part of my professional practice. From my own experience I felt this an important part of the collaborative consultative process. Many occupational therapists still feel not adequately prepared for practice in the educational context (Brandeburger-Shasby & Trickey, 2001; Bundy, 2002; Swinth & Hanft, 2002). Mainstream teachers often feel poorly prepared for students with disabilities (US Department of Education, 2001). In New Zealand/ Aotearoa these teachers do not have any specific training for special needs children. This lead to my interest in contributing to the knowledge about an aspect of the collaborative consultation practice between occupational therapist and educational personnel.

This study fulfils part of the requirements of a Master of Occupational Therapy from the School of Occupational Therapy, Otago Polytechnic, Dunedin with the findings being presented in the form of a thesis.

Grounded theory, a qualitative research methodology, will be used to gather and analyze information. The intention is to develop high level description and conceptual ordering or a mid-range theory about the interactive process between occupational therapists and educational personnel working with a student with ASD.

What is the aim of the project?
This research aims to contribute to the body of knowledge about occupational therapy practice in the educational context using a collaborative consultation service provision model. The overall aim of this study is to explore, understand and describe how occupational therapists and educational staff share their perspectives of a student with Autism Spectrum Disorder (ASD) with each other. This study will inform our knowledge on how professionals get engaged in collaborative consultation and which factors nurture and which hinder the process.
The following benefits from this study for participants, researcher and wider community are anticipated:

1. Findings will be of interest and beneficial for other occupational therapist working within a collaborative consultative model especially with students with ASD. This study has the potential to inform their knowledge and skills in this area of practice in the school context.

2. Educational personnel working with students with ASD and who are involved in the collaborative process will be able to gain a deeper understanding of the interactive process they are involved in and factors that influence the process.

3. Findings will indirectly benefit students, schools and families/whanau who are involved with individuals with ASD to whom occupational therapists provide collaborative consultative services. One outcome might be improved educational outcomes and quality of life of students with ASD attending mainstream classes.

4. MoE, SE provides services to many students with ASD attending mainstream classes. This study could benefit the quality of service provided to these students.

5. As a researcher I hope to inform, enrich and extend my own practice

**How will potential participants be identified and accessed?**

The researcher will send information about this research project to the Professional Practice Advisor requesting that she invites MoE-SE OTs to voluntarily offer to participate in this project. Occupational therapists who are interested in participating are asked to contact the researcher.

**What type of participants are being sought?**

Occupational therapists are sought who are able and willing to volunteer to be interviewed. These therapists will have to fulfil all the following criteria:

- identify themself as working in collaborative consultation model
- have provided services to students with ASD in mainstream school setting for more than two years
- is either currently employed by the Ministry of Education, Special Education (MoE-SE) for at least one year or has left the organisation within the last six month, having been employed for at least one year
- knowledge and experience of sensory processing issues often experienced by students with ASD

**What will my participation involve?**

Should you agree to take part in this project, meet the criteria and are selected, you will be asked to sign a consent form that shows that you understand the study and wish to participate. You will then be asked to participate in a confidential, one to one, semi-structured interview at a location of your convenience. The interview will take a minimum of an hour, but no longer than two hours. You will be asked not to identify schools, students, teacher and other professional involved. Afterwards you will be asked to read a transcript of your interview, returning it to me with any correction, or amendments you wish to do. Selected participants may be asked to participate in a follow up interview. Furthermore, some selected participants might be asked if the researcher could join him/her on a field visit focusing on her observations of the interaction between the professional involved. The student will not be part of the observation. The researcher will use pseudonyms in her field notes for all individuals and schools involved at all time. All
participants have the right to deny possible follow up interviews and field visits at any time although they agreed to the initial interview.

**How will confidentiality and/or anonymity be protected?**
Individual codes will be used on data collected and during the data analysis. Participants will be asked to use pseudonyms for students, professionals and school involved. All names accidentally given will be removed in the transcribing process and will be replaced with pseudonyms. At no time will student or school be identified.

**What data or information will be collected and how will it be used?**
The interview will be semi-structured which means there will be a range of questions to guide the interview, but it is impossible to say exactly what questions will be asked before hand, and some questions will arise from the discussion. You may decline to answer a question if it makes you feel uncomfortable or for any reason. The interviews will be audiotaped, transcribed and analyzed for themes and categories. Each interview will be analyzed in itself but also compared with data emerging from other interviews and possible other data sources.

The information will be used in the following ways:
- Published as a thesis, which will be available the Bill Robertson library
- Published in form of a journal article or other form of publications
- Presentations within MoE-SE
- General presentations at conferences
- Presentations as part of workshops & seminars, staff training

You may request a copy of the results of the project from the researcher if you wish. These results will be available probably in January 2006.

**Results of this project may be published but any data included will in no way be linked to any specific participant without prior consent.**

**Data storage**
The data collected will be securely stored in a safe ways, e.g. passwords protected on computer, lockable cupboard, that only those mentioned above will have access to it. At the end of the project any personal information will be destroyed. The raw data will be retained in secure storage for a period of five years at the School of Occupational Therapy, Otago Polytechnic, Dunedin, after which it will be destroyed.

**Can participants change their minds and withdraw from the project?**
You can decline to participate without any disadvantage to yourself of any kind. If you choose to participate, you may withdraw from the project at any time during data collection, without giving reasons for your withdrawal. You cannot withdraw any information you supply once data analysis begins. You can refuse to answer any particular question, and ask for the audio tape to be turned off at any stage.

**What if participants have any questions?**
If you have any questions about the project, either now or in the future, please feel free to contact either:
Andrea Hasselbusch (Researcher)
Mobile: 021 - 125 0466
E-mail: andrea.hasselbusch@minedu.govt.nz
      andrea_hasselbusch@yahoo.com.au
or:
Merrolee Penman (Principal Supervisor)
Tel.: 0800 - 762 786
Mobile 0274 - 857 443
E-mail: Merrolee@tekotago.ac.nz

Any additional information given or conditions agreed to will be noted on the consent form. Thank you for taking the time to read this information sheet.
APPENDIX F

Consent Form
Interview

Exploring the interactive process between occupational therapists and educational personnel as they share and influence each others perspective of a student with Autism Spectrum Disorder (ASD) attending a mainstream class.

I have read the information sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

- My participation in the project is entirely voluntary.
- I cannot withdraw any information I have supplied once data analysis has commenced.
- The data (including audio tapes) will be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for five years at the School of Occupational Therapy, Otago Polytechnic after which it will be destroyed. If it is to be kept longer than five years my permission will be sought.
- The results of the project may be published or used at a presentation in an academic conference but my anonymity / confidentiality will be preserved.
- I agree to the interview being taped and notes to be taken.

Please tick the respective box. I give my permission to be approached for
- possible follow up interviews, conversations by phone or e-mail.
- possible field visits. In case of field visits the researcher will have to obtain consent not only of all participating professionals (occupational therapist, teacher, teacher aides), but also form the respective schools principal, board of trustees and the family of the respective child.

I will still have the opportunity withdraw from follow up interviews and/ or the field visit.

Additional information given or conditions agreed to
I agree to take part in this project under the conditions set out in the Information Sheet.

........................................(signature of participant)

........................................(date)

........................................(signature of researcher)

This project has been reviewed and approved by the Otago Polytechnic Ethics Committee.
**APPENDIX G:** Summary Process Components (in table format)

**Table 4: Joining Up**

<table>
<thead>
<tr>
<th>Paradigm Component</th>
<th>Categories</th>
<th>Sub-Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Causal Conditions</strong>&lt;br&gt; <em>Influences phenomenon</em></td>
<td>Building Relationships</td>
<td>Being Involved&lt;br&gt; Where Do I Fit?&lt;br&gt; Connecting With The Teacher Aide</td>
</tr>
<tr>
<td><strong>Contextual Conditions</strong>&lt;br&gt; <em>Creates set of circumstances</em></td>
<td>Separate Teams – Trying To Become One</td>
<td>Being A Visitor&lt;br&gt; Meeting On Their Patch, Their Territory</td>
</tr>
<tr>
<td><strong>Intervening Conditions</strong>&lt;br&gt; <em>Alters the impact of causal condition</em></td>
<td>Knowing And Being Known</td>
<td>Shared History&lt;br&gt; Being The OT In The School</td>
</tr>
<tr>
<td><strong>Actions/ Interactions</strong>&lt;br&gt; <em>Evolve in response to contextual conditions</em></td>
<td>Being Around</td>
<td>Touching Base&lt;br&gt; Clarifying Expectations&lt;br&gt; Working With &amp; Working Through</td>
</tr>
<tr>
<td><strong>Consequences</strong>&lt;br&gt; <em>Evolve from actions</em></td>
<td>Becoming Partners</td>
<td>Being On The Same Page&lt;br&gt; Going At The Same Pace</td>
</tr>
</tbody>
</table>

---

### Context: Separate Teams – Trying To Become One

(Being A Visitor, Meeting On Their Patch, Their Territory)

**Foundational Concept:**

**Building Relationships**

(Being Involved, Where Do I Fit?, Connecting With The Teacher Aide)

**Actions & Strategies:**

**Being Around**

(Touching Base, Clarifying Expectations, Working With & Working Through)

**Intervening Aspects:**

**Knowing & Being Known**

(Shared History, Being The OT In The School)

**Consequence:**

**Becoming Partners**

(Being On The Same Page, Going At The Same Pace)

**Figure 1:** Joining Up
Table 5: Finding A Way

<table>
<thead>
<tr>
<th>Paradigm Component</th>
<th>Categories</th>
<th>Sub-Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Causal Conditions</strong></td>
<td>Trying To Understand</td>
<td>Issues Arising</td>
</tr>
<tr>
<td>Influences phenomenon</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contextual Conditions</strong></td>
<td>Being In The Classroom</td>
<td>Being In The Background Getting A Snapshot</td>
</tr>
<tr>
<td>Creates set of circumstances</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intervening Conditions</strong></td>
<td>Tapping Into Knowledge</td>
<td>Accessing Day To Day Knowledge Accessing Professional Knowledge</td>
</tr>
<tr>
<td>Alters the impact of causal condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Actions/ Interactions</strong></td>
<td>Making Sense</td>
<td>Just Observing</td>
</tr>
<tr>
<td>Evolve in response to contextual conditions</td>
<td></td>
<td>Using Standardized Tools</td>
</tr>
<tr>
<td><strong>Consequences</strong></td>
<td>Getting A Picture</td>
<td>Joining The Pieces</td>
</tr>
<tr>
<td>Evolve from actions</td>
<td></td>
<td>Identifying &amp; Prioritizing</td>
</tr>
</tbody>
</table>

**Context: Being In The Classroom**

(Being In The Background, Getting A Snapshot)

**Foundational Concept:**
**Trying To Understand**
(Issues Arising)

**Actions & Strategies:**
**Making Sense**
(Just Observing; Using Standardized Tools; Talking & Listening)

**Intervening Aspects:**
**Tapping Into Knowledge**
(Accessing Day To Day Knowledge, Accessing Professional Knowledge)

**Consequence:**
**Getting A Picture**
(Joining The Pieces, Identifying &Prioritizing)

Figure 2: The Assessment Process - Finding A Way
Table 6: Walking And Talking

<table>
<thead>
<tr>
<th>Paradigm Component</th>
<th>Categories</th>
<th>Sub-Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Causal Conditions</strong></td>
<td>Finding Out What Works</td>
<td>Trial &amp; Error</td>
</tr>
<tr>
<td><em>Influences phenomenon</em></td>
<td></td>
<td>Tweaking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Working On The Spot</td>
</tr>
<tr>
<td><strong>Contextual Conditions</strong></td>
<td>Doing Pieces of Work</td>
<td>Taking OT Glasses Off</td>
</tr>
<tr>
<td><em>Creates set of circumstances</em></td>
<td></td>
<td>Teaming Up</td>
</tr>
<tr>
<td><strong>Intervening Conditions</strong></td>
<td>Adapting To Fit</td>
<td>Working Within School Culture</td>
</tr>
<tr>
<td><em>Alters the impact of causal condition</em></td>
<td></td>
<td>Considering Skills &amp; Resources</td>
</tr>
<tr>
<td><strong>Actions/ Interactions</strong></td>
<td>Utilising Tools</td>
<td>Reframing - Changing Perspectives</td>
</tr>
<tr>
<td><em>Evolve in response to contextual conditions</em></td>
<td></td>
<td>Adapting - Making Accommodations</td>
</tr>
<tr>
<td><strong>Consequences</strong></td>
<td>Getting The Match</td>
<td>Meeting Needs</td>
</tr>
<tr>
<td><em>Evolve from actions</em></td>
<td></td>
<td>Taking on Board</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enabling Participation &amp; Inclusion</td>
</tr>
</tbody>
</table>

**Context: Doing Pieces of Work**

(Taking OT Glasses Off, Teaming Up)

**Foundational Concept**

**Finding Out What Works**

(Trial & Error, Tweaking, Working On The Spot)

**Actions/ Strategies:**

- Utilising Tools
  (Reframing - Changing Perspectives, Adapting – Making Accommodations)

**Intervening Aspects:**

- Adapting To Fit
  (Working Within School Culture, Considering Skills & Resources)

**Consequence:**

- Getting The Match
  (Meeting Needs, Taking On Board, Enabling Participation & Inclusion)

Figure 3: The Intervention Process - Walking And Talking
<table>
<thead>
<tr>
<th>Core Category</th>
<th>Working Together</th>
<th>Joins Up</th>
<th>Finding A Way</th>
<th>Walking And Talking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stages</td>
<td>Categories</td>
<td>Sub-categories</td>
<td>Categories</td>
<td>Sub-categories</td>
</tr>
<tr>
<td>Causal Conditions</td>
<td>Separate Teams – Trying To Become One</td>
<td>Being A Visitor Meeting On Their Patch, Their Territory</td>
<td>Being In The Classroom</td>
<td>Being In The Background</td>
</tr>
<tr>
<td>Contextual Conditions</td>
<td>Knowing &amp; Being Known</td>
<td>Shared History Being The OT In The School</td>
<td>Tapping Into Knowledge</td>
<td>Accessing Day To Day Knowledge</td>
</tr>
<tr>
<td>Actions/Interactions</td>
<td>Becoming Partners</td>
<td>Being On The Same Page Going At Their Pace</td>
<td>Getting A Picture</td>
<td>Joining The Pieces Identifying &amp; Prioritizing</td>
</tr>
<tr>
<td>Consequences</td>
<td>Evolve from actions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX I: GSE Service Pathway - Poutama

Reprinted with permission
Reprinted with permission

Reprinted with permission