

Physical Proximity of Occupational Therapy
and Learning Support Instruction:
How Room Sharing Can Promote Collaboration
for Professionals and Success for Students

Fern L. Silverman
Rebecca Millspaugh

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Fern L. Silverman
Rebecca Millspaugh

Abstract

Delivery of related services in elementary schools varies between pull-out, push-in, and consultative models of service delivery. One method that proved successful at an elementary school in suburban Philadelphia was room sharing between the occupational therapist and the learning support teacher. The occupational therapy services were “pushed-in” to the learning support environment. Sharing physical space facilitated greater communication and accountability between the OT and the learning support teacher, which subsequently enhanced student learning and success in multiple settings. This article describes the joint effort and its positive effect on students and staff.

Keywords

related services, occupational therapy, inclusive schools, learning support classrooms, teacher collaboration, mainstreaming

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Introduction

Current special education legislation, centered on the reauthorization of IDEA 2004, propels children with disabilities into typical classrooms with appropriate supports,

Opening doors to peer collaboration and student success...



seeking the least restrictive environment. Yet the delivery of related services lags behind with regard to practice within natural settings in schools. Traditional occupational therapy is often provided in a space that is separate from daily educational activities. (Kemmis & Dunn, 1996). Occupational therapy services might be delivered in a temporarily unused space, such as a music or art room, on the school's stage, or at a small table in a hallway. Inclusion in typical classrooms has increased according to recent data by Kemmis and Dunn, but in many cases, direct occupational therapy services continue to be delivered in a physically different location from classroom settings (Swinth & Hanft, 2002). Physical isolation has been identified as a significant barrier to collegial relationships and collaboration in schools (Friend, 2003).

This situation tends to divorce the goals and gains made in occupational therapy from the needs present in the classroom. First, it greatly diminishes communication between the occupational therapist [OT] and the teacher and instructional assistants, since informal communication opportunities are few. Research indicates that collaborative efforts are essential to accomplish positive related service outcomes (American Occupational Therapy Association, 1989). Barnes

and Turner (2000) found that informal collaborative opportunities greatly enhance goal sharing and progress monitoring between OTs and teachers. However, these opportunities were generally not supported by conflicting school schedules, time crunches, and building location logistics.

In addition, separated OT programs curb the chance for the OT to have an ongoing view of the child's functioning in real life school settings while attempting tasks that are rehearsed in therapy. And finally, they squelch the probability of knowledge and skill transfer to classrooms that can truly make occupational therapy relevant and meaningful in schools. Teachers have articulated their desire for occupational therapists to provide more demonstration and modeling of suggested therapy strategies (Fairbairn & Davidson, 1993), which is less likely in physically separate spaces. It is clear that there are multiple factors that support the need for OTs to function within the real learning environment.

Full inclusion, of course, implies that the OT works directly in the typical classroom itself. For example, an OT might enter a typical third grade classroom during a writing assignment and

help a student use accommodations and strategies to complete his work. But various practices prohibit this model from working successfully all of the time for all of the students. Administrative convenience, funding patterns, and a resistive school culture have

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been identified as factors working against full inclusion (Coutinho & Hunter, 1988). Two specific obstacles we encountered in our setting were (1) scheduling difficulties, meaning that it was difficult for the OT to visit each classroom at the exact time when an activity appropriate to the OT treatment goals was going on, and (2) resistance from students who did not like to be singled out for intervention in a typical classroom.

When an OT does work within the typical classroom, the degree of transfer and follow-through may be limited when he or she is not present. The typical classroom teacher, while motivated to do his/her best with each student, may be lacking the time or training to follow up on the suggestions made by the OT. S/he also may not have the support personnel in her classroom to help maintain consistency with the use of certain accommodations or modifications.

A different opportunity for integrated occupational therapy services arose naturally at D. Elementary School when increased school enrollment resulted in diminished room availability. As a byproduct of this situation, the base of operations for the OT program was inserted into the corner of the room used by the learning support teacher. By the term "learning support", we refer to an arrangement where a teacher certified in special education runs a program in a regular elementary school for students who have identified learning needs and require specially designed instruction either through an IEP or Section 504 service agreement. Learning support classes are known by different terms around the country, such as resource rooms or learning disabilities (LD) rooms. At D. Elementary School, students generally come to the learning support room for one to two hours per day to receive instructional assistance in specific academic areas. Equally im-

portant, the learning support teacher moves throughout the school among the typical classrooms regularly and frequently, insuring carry-over of the learning strategies she initiates with each student. She also guides several instructional aides, who assist in this process.

To briefly describe our work setting, D. Elementary School is located in a suburban neighborhood outside of a major northeastern city. Children from kindergarten through fourth grade attend, with a total student enrollment of 400. Along with the learning support program, an early intervention preschool and a day care are among the school's offerings. D. Elementary School provides a continuum of services for children with special needs in the least restrictive environment. As part of these programs, both the OT and the learning support teacher schedule push-in and pull-out services for the students on their assigned caseloads. "Push-in" services are those that are provided within a natural classroom learning environment, while "pull-out" refers to special education that works on skill-building in a separated setting. Most of the students receiving services have specific learning disabilities, but some are on the autism spectrum, have developmental disabilities, or present other special needs and health impairments.

In previous years, D. Elementary School designated a room for OT, PT, and speech therapy services that was housed in a different wing of the building, farther from the special education classroom than most of the regular education classrooms. The number of opportunities for collaboration between the learning support teacher and the occupational therapist were limited, as each had little time to afford outside of scheduled services for students. When the therapy room was assigned to a regular education class due to in-

creased school enrollment last fall, the OT and the learning support teacher agreed to turn the situation into an opportunity to work more closely together by setting up their programs within the same physical space. Since 80% of the students that the OT treated were also receiving learning support help, a potential for real collaboration between the efforts of the OT and the learning support teacher arose spontaneously. Ongoing collaboration differed from traditional consultation by expanding the scope of influence of the consultant OT.

Occupational therapist:

Despite the fact that the learning support teacher was welcoming to me, I initially experienced issues of resistance to my new set-up. I felt displaced and separated from the other therapists. As a related services provider hired by a contracting agency and only in the school one day per week, I always felt somewhat like an outsider among the teachers in the schools on my schedule.

In addition, I sometimes felt that I worked in an isolated way, not being sure how or when to make my therapy ideas educationally relevant. But by sharing a room with Becky, our ongoing communication dramatically increased my understanding of the demands of the classroom. This awareness assisted me in improving my treatment based on the true needs of the situational context for my students. Our collaborative efforts are based on needs of each child, representing a student-centered approach.

By delivering occupational therapy services within the learning support room, I am able to make my treatment dynamic and responsive to what is actually occurring in a natural setting, immediately being able to apply new skills I worked on in therapy to assignments students were working on in

school. The learning support program is an extremely fluid one, where students flow in and out of the room all day for support in specific academic areas as needed. This creates a powerful opportunity for therapy service integration, since there is constant interaction with typical classrooms and the teachers in them. I now can run a dynamic, flexible OT program that maximizes inclusive opportunities throughout the school environment.

Responsive service delivery designed to address the student's classroom-based needs provides both more effective therapy and increased support and training for the teaching staff (Kellebrew & Allen, 1996). For help to be meaningful and practical, it must be based on what actually goes on in the classroom setting. I now have the opportunity to uncover ways to make my therapy sessions more relevant and useful by maintaining my OT base of operations within the context of the learning support program.

Learning Support Teacher:

When the announcement was made that our therapists had lost prime classroom space, I immediately extended a space in the learning support classroom to our occupational therapist. We had worked together on cases for the last two years and I felt badly that once again our service personnel were uprooted.

Prior years, I have to admit, I was a bit put off that the occupational therapist would talk to my aides about strategies, tasks, etc, often feeling as if I was losing some say in how things were to be managed in my classroom. I understood that her time was extremely limited, but I was not as enthusiastic as I probably should have with certain accommodations and modifications only because I felt that I was losing valuable infor-

mation that could not always be relayed accurately back to me by a third party.

By having the occupational therapist on-board in the same classroom, not only am I able to see how she implements certain strategies, but I also am able to learn strategies for students who may not qualify for direct services at all, but still suffer visual motor weaknesses. To be able to ask a question about a special pencil or creating certain lines on a piece of paper when it is needed (and not when I hoped to run into her in a hallway) is very valuable.

At the same time, I can provide important background knowledge of the child and to help carry through accommodations that need to be implemented when the occupational therapist may not be present in the school. One example of this occurrence was during standardized testing where I supported and supplied students with special writing devices in order to finish their tests.

Finally, with the occupational therapist physically present, developing relationships and stronger communication occurs. It is often so difficult for therapists that transition from building to building to develop strong attachments with staff. I have found that in general we understand what is happening locally with each other, which results in true partnerships in creating programming for new students and for carrying out program services for existing students. Overall, through my observation of student performance, the proximity of the occupational therapist to the learning support program has significantly improved communication between service providers and has increased the application of student skills to academic tasks.

The space sharing effort between the learning support teacher and the occupational therapist was grounded in the framework of

collaboration. Kratochwill and Elliot (2002) describe the first requirement of best practices collaboration as establishing a positive working relationship. Initial resistance issues faded as the OT and the learning support teacher got to know each other through collegial exchanges. The OT also developed a more intimate working relationship with the instructional assistants, who work closely with the same students.

Kratochwill and Elliot (2002) also discuss the importance of problem identification. The OT and the learning support teacher used informal moments of verbal contact and clinical observations to inform each other about a student's progress or difficulties. These exchanges led to joint problem awareness and priority setting that integrated the IEP goals from each professional. New goals were not established; instead, the *relationships* between goals became more apparent, allowing the formation of meaningful, functional priorities and direction for shared students. The OT and learning support teacher were both professionals with equal experience and expertise in their individual domains. Good professional collaboration also strives for *parity* and exchange

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of ideas, with neither member's input taking a secondary position to the other's. Heron and Harris (2000) describe a model of interaction that is triadic, including the student, related service provider, and teacher, thereby facilitating reciprocal interaction. The learning support teacher and the occupational therapist interacted in a manner that engaged some of these collaborative principles, such as parity, reciprocity, mutually positive interactions,

avoidance of hierarchical pedagogy, and ongoing evaluation of their joint efforts.

Goals

The goals of the collaboration, therefore, were:

1. Amicable space sharing
2. Reinforcement of classroom lessons during OT sessions
3. Carryover of OT ideas at other times (including when the OT was not at the school) in the learning support classroom environment
4. Carryover of OT ideas in the typical classroom (including the majority of the week when the OT was not at the school) through the efforts of the learning support teacher and the instructional aides supporting the efforts of the OT.

Outcomes

The outcomes of the room sharing between the OT and learning support teacher began slowly, but were hard to ignore. The tables and chairs that the children were using in the room were the same type that the OT used; she noticed which children fit properly and who needed a height or support adjustment. The pencil grippers that were dispensed by the OT in the OT “corner” were being used just 5 feet away as the students worked at their desks. The handwriting paper for each grade was stacked up in piles around the room, waiting to be customized or adapted for certain students’ needs. The proximity of actions clearly promoted interactions.

A good part of the collaboration was informal. The OT, learning support teacher, and instructional aides became more comfortable with each other, able to make casual observations, suggestions, or reminders without

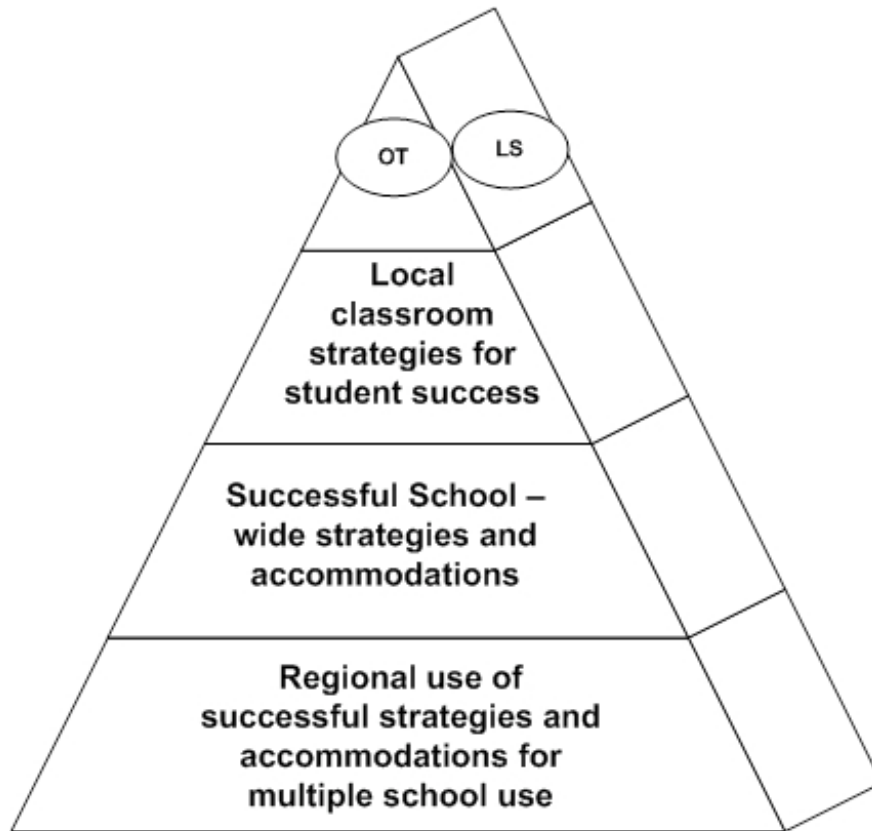
an email or phone message. This process rippled to extend its impact throughout the school. The following example can illustrate the expanded effects of the room-sharing situation.

Since the only door into and out of the classroom situates the learning support teacher’s workspace, the OT must pass by it to exit and enter the room. During one of these times, the OT had a few extra minutes and informally examined the work paper of a student that she and the learning support teacher shared. The OT suggested the use of an adapted type of writing paper that she had fashioned and photocopied for student use. She suggested that the student use his next treatment time to redo the assignment using the adapted paper, to determine if it increased the legibility of his writing.

When this proved successful, the learning support teacher had the idea to use the adapted paper for all of his assignments during his learning support time. In fact, she had two or three other students who she thought might also benefit from this adapted handwriting paper.

Moreover, the learning support teacher recreated the paper with Power Point and MS Word and customized the paper even further for various students, modifying the width of the lines and the shading of the spaces between lines.

At the next faculty meeting at D. Elementary School, the learning support teacher shared this new handwriting form with the faculty. She later received the feedback that three, of the four, second grade teachers had decided to use the paper with their entire classes, as part of their daily instruction.



This diagram illustrates impact of collaboration that has reached beyond individual programming to include the entire school and extending to multiple-school system level.

But the successful paper accommodation did not stop at the classroom level. An occupational therapy consultant who worked directly for the district contacted the learning support teacher after visiting one of the second grade classrooms using the adapted paper. The consultant had asked for the directions and the electronic templates for this writing paper. The intent was to take the work of both the learning support teacher and the occupational therapist from D. Elementary School and share it with special education teachers, regular education teachers, and related service personnel at the county level. In this example, the benefits of the collaboration between the occupational therapist and the learning support teacher had positive affects reaching further than their immediate

circumstance.

Benefits

The benefits from the space sharing between the occupational therapist and the learning support teacher have been numerous:

- ♦ A mutually respectful, collaborative relationship has been established between the OT and the learning support teacher as well as the instructional aides.
- ♦ The OT and the learning support teacher have been able to share materials, including supply money allocation.

- ♦ OT accommodations and suggestions have been followed through with consistency in the learning support classroom.
- ♦ OT accommodations and suggestions have been promoted in the typical classrooms by not just the OT herself, but also by the learning support teacher and the instructional aides.
- ♦ Student assignments from the learning support program have been incorporated into OT sessions, enhancing opportunities for carry over and transfer of new skills.
- ♦ Certain strategic instructional materials have been developed and shared with educators on a regional level.

Limitations

While overall benefits were overwhelmingly positive, there have been negative impacts to the room-sharing situation that resulted. First, the OT has been more removed from the physical therapist, who moved her work with her students to the school stage. Second, some accommodation had to be made with regard to the types of activities conducted by the OT, due to the fact that she was practicing in the same room as a classroom teacher. For example, more gross motor or whole body tasks were moved to the hallway or took place on the stage where the physical therapist was stationed. Third, there were occasional days when the learning support teacher was administering standardized tests to her students and the OT needed to find a different location to work.

Conclusion

In summary, room sharing between a related service provider and the learning support teacher is a model of service delivery and education that should be considered in elementary schools. The case study described at D. Elementary School illustrates some of the potential benefits of this arrangement. The occupational therapist and the learning support teacher overcame initial resistance to form a synergistic way of interaction in which the sum of their work was greater than its parts (Covey, 1989). They were able to take the problem of a space shortage in the school and turn it into a situation where they both benefited professionally and personally while providing quality services that have positively influenced student performance.

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About the authors:

Fern Silverman is a pediatric occupational therapist employed by Austill's Rehabilitation Services and a doctoral student in Special Education at Arcadia University in Glenside, PA.

Rebecca Millspaugh is dually certified in both regular education and special education and has over 13 years of teaching experience with a variety of disabilities and ages. She is currently teaching children with multiple handicaps at the elementary level in Pennsylvania.