

Personnel Issues in School-Based Occupational Therapy: Supply and Demand, Preparation, Certification and Licensure

Prepared for the Center on Personnel Studies in Special Education

EXECUTIVE SUMMARY

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COPSSE research is focused on the preparation of special education professionals and its impact on beginning teacher quality and student outcomes. Our research is intended to inform scholars and policymakers about advantages and disadvantages of preparation alternatives and the effective use of public funds in addressing personnel shortages.

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OCCUPATIONAL THERAPY (OT) SERVICES

The paper reviews the role of occupational therapy (OT) under The Individuals with Disabilities Education Act (IDEA). IDEA requires schools and early intervention programs to utilize appropriately qualified personnel to provide special education, related services, and intervention services. OT practitioners address the occupational performance needs (the ability to participate in life activities) of individuals of all ages. For a majority of practitioners, the focus of work has been with individuals with disabilities. OT practitioners focus on restoring and promoting performance and participation in daily life occupations relevant to an individual's (a) developmental and chronological age; (b) role as student, family member, and worker; and (c) his or her social participation within the physical, social, and cultural context. The focus of OT in a particular setting is guided by the setting, reimbursement mandates, and client (student) needs.

OT practitioners include occupational therapists (OTs) and occupational therapy assistants (OTAs). Currently, there are approximately 50,000 OTs and OTAs in the American Occupational Therapy Association. According to the U. S. Bureau of Labor Statistics (USBLS)'s *Occupational Outlook Handbook* for 2002-2003, there were over 78,000 OTs and 25,000 OTAs in the U. S. Most OT practitioners are certified through the National Board for Certification in Occupational Therapy (NBCOT). Board-certified practitioners are designated OTR (for OTs) or COTA (for OTAs). All OTs and OTAs must pass a national certification exam and are initially certified through NBCOT.

UNIQUE ROLE OF OT IN THE SCHOOLS

OT practitioners work with children and youth who have physical, behavioral/psychosocial, and cognitive delays or diagnosed disabilities from birth to age 21, as well as with their family members. In an educational setting, OT practitioners focus on helping students engage in meaningful and purposeful daily school occupations—the activities that make a student successful and engaged in school life. OT practitioners assess three interrelated elements that affect participation in goal-directed activities or occupations in school: individual functions, performance skills/patterns, and contextual/activity demands. When OT services can support a student's ability to benefit from the educational program, OTs choose a practice model or frame of reference to study the factors that are supporting or interfering with the student's performance/participation in an educational setting. The most commonly used pediatric practice models applicable to educational settings are: developmental, sensory integration, neuro-developmental, biomechanical, motor control, coping, occupational adaptation, behavioral, and cognitive. The therapist must also choose an approach (e.g., to establish/restore, adapt/modify, maintain, prevent, create, or promote) to specify how intervention will promote functional performance (ability to participate) in school activities. Intervention by an OT may include working with children individually, co-leading small groups in the classroom, consulting with a teacher about a specific student, providing inservice for groups of educational personnel and/or family members, and serving on a curriculum or other systems-level committee.

SUPPLY AND DEMAND

Employment Characteristics

According to a recent AOTA report, the median age for OTs and OTAs in the U. S. is 39 and 40 years, respectively. The public school was identified by almost 25% of AOTA members as their primary work setting. Approximately 69% of therapists work full time (30 hours or more). Of the 25% who work in two settings, 10.5% work in schools. Three out of ten therapists change jobs every 2 years. Additionally, 18.2% of the respondents are considering leaving the OT profession. Within AOTA, about 94% of the OTs are women and 6% men. The percentage of male OTAs is steadily decreasing from 8.2% in 1990 to 6.6% in 1997 and 4.1% in 2000. AOTA members are predominantly white (90%).

Projected Growth

According to the U.S. Bureau of Labor Statistics [USBLS], by 2010 the OT profession will experience a faster growth than average for all occupations. Employment opportunities are projected to increase by 21%-35% for OTs and OTAs. The 25% of AOTA respondents who reported working in schools, the largest primary work setting, represented a 7% growth in school-based practice since 1997.

Factors Influencing Supply and Demand

In a 2000-2001 report to Congress, 12,915 OTs were employed in public schools of whom 12,727 were fully certified (Ideadata.org, 2003). An additional 6,395 OTs were employed to serve infants and toddlers with disabilities (Ideadata.org, 2003). Three critical factors may affect future supply and demand of OTs: trends in the health care environment, trends in the educational environment, and trends in institutions of higher education (IHE). After the passage of the Balanced Budget Amendment of 1997, demand for OTs in medical settings dropped. This increased the pool of OTs available for schools; school OTs increased dramatically from 9,561 in 1998-1999 to 12,915 in 2000-2001; and the percentage fully certified increased from 97% in 1998-1999 to 98.5% in 2000-2001. With Baby Boomers aging, employment opportunities for OTs in medical and nursing facilities are likely to grow. Furthermore, because OT training programs have had declining enrollments since 1997, fewer new practitioners will enter the OT job market. In 2007, when masters degrees will be required for entry to the profession, bachelors-level programs will be outmoded, and the supply of new practitioners will be diminished further.

Salaries

According to the 2000 AOTA Compensation Survey, average income for full-time and part-time OTs remained the same since 1997, while OTAs' average full-time income decreased slightly and part-time income increased by 18.5%. Although incomes for OTs and OTAs increased 33% to 41% over the past 10 years, most of that growth occurred in the first 7 years of the decade. According to a 2001 AOTA report, the overall median full time annual salary for OTs in school settings was \$42,000 (a median hourly salary of \$23.08). USBLS estimated the median annual salary for therapists in elementary and secondary schools to be \$45,320. According to AOTA, OTAs who work in schools make a median annual salary of \$28,000 (a median hourly salary of \$14.90). USBLS estimated the median annual salary for OTAs in general (not school-based specifically) at \$34,340.

Recruitment and Retention

A variety of strategies have been used to recruit OT practitioners to work in the public schools and to retain them (e.g., educational stipends in return for years of service, continuing education support for school-based therapists, development of recruitment materials for high school students, and support for recruitment at job fairs around the country). However, no research evaluating the success or effectiveness of these activities could be identified in this review.

PREPARATION AND EDUCATION OF OTS

For most of the 20th century, the baccalaureate degree was the entry-level degree. In the late 1960s and early 1970s, entry-level masters degree programs offered either a Master's of Occupational Therapy (MOT) or a Master's of Science degree. The ratio of masters entry level to bachelors entry-level programs equalized in the mid-1990s. By January 2007, AOTA will require the masters degree as the entry-level degree for all OTs. Many universities also offer post-professional masters programs, and a few universities now offer the Doctorate of Occupational Therapy.

Only graduates of programs accredited by ACOTE may take the NBCOT professional examination, the basis for entry into the profession in all states. ACOTE Accreditation Standards indicate all the content that must be included in accredited OT educational programs. The Standards, which have little content specific to school-based practice, provide a knowledge base

that is a foundation for practice in educational settings. The content required by the Standards is detailed in the paper.

CERTIFICATION AND LICENSURE

Graduates from an accredited OT educational program are eligible to take the NBCOT registration examination. OTs who pass this exam may use the OTR credentials. Certification by NBCOT, a private organization, and state regulation of practice both exist to protect the consumer of OT services. Generally, state regulation requires that practitioners be initially certified by NBCOT to qualify for a license. OT practice is regulated in all 50 states, the District of Columbia, Guam, and Puerto Rico. Each state or jurisdiction details the specific requirements that OTs and OTAs must fulfill before they can practice OT. States vary in the type of regulation provided (e.g., licensure, mandatory state certification or registration, voluntary state certification or registration, title control or trademark) and who is covered by the regulation—OTs only; OTs and OTAs; or OTs, OTAs, and OT aides). States authorize OTs to use credentials, including OTR/L, OT, and OT/L. Similarly, states may authorize OTAs to use OTA, OTA/L, or other similar designations. States' OT practice acts are consistent with AOTA's Standards of Practice and define the legal scope of practice for OT practitioners within that state. These laws set professional parameters and address topics (e.g., scope of practice, continuing competence, supervision, unprofessional conduct, and licensure requirements). States differ in scope of practice and other details; thus, OT practitioners must be familiar with their state requirements.

Renewal

Most states require OT practitioners to renew state credentials periodically. One common requirement is the need to document continuing education or professional development in the relevant area of practice.

Additional Credentials for Practice in Education or Early Intervention Settings

Some states have also established additional requirements for OT practitioners to work in schools or early intervention programs. These varying requirements may include education-related classes, an education credential, or early intervention certification requirements. Individual practitioners must obtain the relevant state OT credential before they fulfill any additional requirements to provide services in schools or early intervention programs.

Competencies

Statements on competencies have been made by some states and studies; and AOTA and NBCOT have developed competency programs for OT practitioners that can be used by the individual practitioner to evaluate his or her own performance. However, there has been no research to establish effectiveness of these tools for competency development and performance.

Specialty Certification

Inherent in OT credentialing is the notion of practitioner competence, both for entry into the profession and for ongoing/advanced practice. Both NBCOT and AOTA expect OT practitioners to maintain and update their competence throughout their careers. Several options exist for experienced OT practitioners to demonstrate advanced competency. For OTs, these include advanced training and/or specialty certification in neuro-developmental treatment, sensory integration, pediatrics, and many other clinical approaches; and qualified OTAs may be able to participate in the AOTA Advanced Practice program.

Standards of Practice

AOTA has established Standards of Practice through its Representative Assembly. These Standards of Practice delineate ethical and practical procedures and processes for responding to referrals, evaluation, and determination of need for therapy, treatment intervention, and discharge

from services. Designed to be applicable for all practice settings, the Practice Standards provide a framework for providing OT services. In addition, the Code of Ethics, which must be taught in all OT educational programs, provides guidance for decision making through the commitment to core values of beneficence, veracity, and justice.

SUMMARY

OT personnel issues, particularly for practitioners working in educational settings, are complex and often convoluted. Data specific to OT in the schools are limited, and there is more opinion than research in the literature. There appears to be a decrease in published research regarding school-based practice over the past 8-10 years. Available research addresses intervention strategies and issues rather than personnel issues. Currently, a 2-year national study is being conducted to help define issues and trends in school-based OT.

Supply and Demand

National data predict a shortage of OTs within the next 5 years. The critical unanswered questions and research needs are:

- Are all students who need OT in the schools receiving it?
- What are the “real” vacancies for OT practitioners in the schools? A national data collection tool with a standardized means for collecting and analyzing data is needed to understand the true supply and demand issues in OT.
- Are there data on the reasons therapists go into school-based practice and why they stay or leave? (Any student research/graduate projects housed at university programs that begin to address some of these questions should be accessed and analyzed).
- What factors support the retention of OTs working in the public schools?
- Is attrition a problem?
- Do OTs working in the schools leave the field completely?
- Is there movement from the schools to other positions?
- Are there evidence-based, comprehensive recruitment and retention strategies used in other professions that could be applied to OT?
- Would building on-line mentorship opportunities help with recruitment and retention?
- The number of OT graduates was smaller over the last 2 years because of changes in health care reform and the economy. How will this impact the viability of institutions of higher education (IHE) OT programs and the shortage of OTs in the schools?
- What are effective recruitment and retention strategies for OTs entering the profession and the schools as a work place?
- Is recruitment of OT practitioners from culturally and linguistically diverse groups a problem?
- What can local education agencies (LEAs) do to support the recruitment and retention of OTs in educational settings?

Preparation and Education of OTs

OT practitioners receive an education that prepares them to work in any practice setting, but they may not receive all the information needed to be successful in educational settings as part of their preservice education. Competencies and continuing education strategies for school-based therapists are identified in the literature, but many lack a research basis. The critical unanswered questions and research needs are:

- What are the general competencies needed for entry-level therapists who desire to work in school-based settings? Can school-based therapy be considered an entry-level or an advanced position?

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- What are the practice-setting preferences of students before course work? After course work?
 - Does a preservice internship (e.g., Fieldwork II) in school-based settings help entry-level therapists better prepare for working there?
 - Do training partnerships with IHEs and departments of education lead to better prepared practitioners and better OT services?
 - How are minority students being recruited into the OT field, especially given the recent change to entry-level masters programs?
 - What type of interdisciplinary training is occurring to help related service and education students and faculty understand their unique roles within the education environment?
 - Do faculty at schools that train teachers understand the unique role of OT in the schools?
 - What kind of inservices or supports (e.g., mentorship, tuition reimbursement) are available to OT personnel from the state departments of education and the LEAs to recruit therapists into school-based settings?
 - Do OT services improve student outcomes in the general education curriculum?

Certification and Licensure

Most therapy practitioners have a certification or license to work in their state. However, these are not specific to educational settings. A few states have specialty certification to work in the schools, but we found no evidence that these certifications made any difference in job performance. The critical unanswered questions and research needs are:

- Do any special certifications support the services OTs provide in the schools?
- What types of continuing education courses/content best support the role of OTs in the schools?
- How do OTs in the schools prefer to receive continuing education?
- Does specialty certification to work in the schools (e.g., WA state model) result in better services for children and youth under IDEA? Do OTs and other professionals value this type of certification? How does it affect vacancies or competency?
- How do IHEs with OT programs interface with state departments of education to collaborate on preservice and inservice training?
- Does continuing education lead to better services in the schools?