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### School-Based Practitioners' Perceptions of Working with Students with Challenging Behaviors

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School-Based Practitioners Perceptions of Working with Students with Challenging Behaviors

Presented in Partial Fulfillment of the  
Requirements for the Degree of  
Doctor of Occupational Therapy

Eastern Kentucky University  
College of Health Sciences  
Department of Occupational Science and Occupational Therapy

Candace Thrash, OTR/L  
2022

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## Executive Summary

**Background:** School-based occupational therapy practitioners must develop a skill set that allows effective service delivery to individuals, groups, and populations in the school setting in order to support students with varying disabilities achieving their occupation-based goals. There is limited research and literature regarding occupational therapy practitioners' perceptions regarding working with students with challenging behaviors and what they feel has prepared them to work with these students. It is important to determine if additional training, professional development, fieldwork experiences or mentorships are necessary to prepare school-based therapists to manage students effectively and confidently on their caseload who have challenging behaviors.

**Purpose:** The purpose of this capstone project was to determine if school-based occupational therapy practitioners that work with students with challenging behaviors felt prepared to provide behavioral intervention strategies. This project also explored if school-based practitioners sought out additional resources to learn to work with students with challenging behaviors such as other professionals, continuing education, or mentorship.

**Theoretical Framework.** The Canadian Model of Occupational Performance and Engagement was used to guide this project. This model focuses on occupational performance and engagement and believes that occupation is the bridge that connects the person and environment.

**Methods.** This capstone project used a quantitative method with a survey design and one open-ended question. Ninety-seven participants opened the survey and 92 continued to complete the survey questions. The survey was designed to explore school-based occupational therapy practitioners' perceptions about working with students with challenging behaviors, their feelings of preparedness and what helped them prepare.

**Results.** Participants reported that they do work with students with challenging behaviors and did not feel prepared to manage challenging behaviors their first year as a school-based practitioner. Participants became prepared by attending continuing education courses and trainings about behaviors, developing mentorships with other professionals and on the job experience. Participants recommended changes to academic coursework and fieldwork experiences, attending training about managing challenging behaviors and seeking out mentorship opportunities.

**Conclusions:** Results show that school-based occupational therapy practitioners do not feel prepared to manage students with challenging behaviors their first year in this setting. Continued learning and mentorship is important to the practitioners feeling of preparedness when working with students with challenging behaviors. Occupational therapy students or practitioners interested in working in a school-based setting are responsible for initiating their own learning about challenging behaviors and effective intervention strategies.

## **Acknowledgements**

I am so thankful and appreciative to everyone who has played a part in helping me achieve this degree.

First, all honor and praise to God for being a keeper and giving me the desires of my heart.

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Thank you to my parents for their support and always making me believe I could achieve and accomplish anything.

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**EASTERN KENTUCKY UNIVERSITY  
COLLEGE OF HEALTH SCIENCES  
DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY**

**CERTIFICATION OF AUTHORSHIP**

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Title of Submission: School-based practitioners' perceptions of working with students with challenging behaviors

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Student's Signature: Candace Thrash

Date of Submission: November 21, 2022

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## **Section 1: Nature of Project and Problem Identification**

School-based occupational therapy practitioners promote and encourage occupation so children can fulfill their roles as students. Occupational therapy practitioners enhance children's ability to engage in occupation and also support academic achievement and social participation (American Occupational Therapy Association [AOTA], 2016). Occupational therapists (OTs) and occupational therapy assistants (OTAs) provide services at school to students with disabilities through a complex service delivery model including direct, consultation, and monitoring (AOTA, 2016). Occupational therapy practitioners must develop a skill set that allows effective service delivery to individuals, groups, and populations in the school setting in order to support students with varying disabilities achieving their occupational-based goals.

Part B of the Individuals with Disabilities Education Act (IDEA) mandates access to occupational therapy as a related service for eligible students with disabilities ages 3-21 if services are needed for a student to benefit from special education (IDEA, 2018). If a child has a disability, as defined by IDEA, and needs special education and related services to meet their unique learning needs, then they might be eligible for occupational therapy services. Students who qualify for occupational therapy services have a diagnosis that may impact their ability to meet their learning needs and they may also exhibit challenging behaviors that interfere with their access and ability to participate at school. Challenging behaviors are any repeated pattern of behavior that interferes with or is at risk of interfering with optimal learning or engagement in prosocial interactions (Smith & Fox, 2003). Students that consistently engage in challenging behaviors during therapy sessions are not available for learning and therapy interventions and may not show adequate progression towards their goals.

There are many reasons a student may exhibit challenging behaviors. Social-emotional and mental health issues, such as depression and anxiety, may cause a student to exhibit challenging behaviors at school. Often mental health issues and the resultant social-emotional behaviors of children and youth are overlooked, or not addressed, by occupational therapy practitioners in school settings (Jackson et al., 2013). If they are addressed, occupational therapy practitioners may be hesitant to focus on mental health, social-emotional and challenging behaviors, but it is within our scope of practice to address these issues with students.

Occupational therapy has a history of promoting positive mental health through the use of meaningful and enjoyable occupations (AOTA, 2016). Research has shown that participating in activity-based interventions or occupations helps improve children's social interaction, self-esteem and positive feelings, and reduce behavior problems (AOTA, 2016).

An occupational therapy practitioner's expertise in addressing occupation and the factors that disrupt engagement in occupation such as challenging behaviors, mental health and social-emotional behaviors is valuable in the school setting. Students with underlying factors such as mental health and social-emotional difficulties may exhibit challenging behaviors in the classroom and in therapy sessions. Students with social-emotional issues may also have difficulty attending to their work, exhibiting appropriate classroom behavior and participating in school (Case-Smith, 2008). Given the effects of social-emotional problems on children's participation at school, these problems should be a focus of occupational therapy services (Case-Smith, 2008).

Occupational therapy practitioners that work in a school setting are able to observe children in many different contexts and opportunities for engagement (Chan et al., 2017). They are also able to analyze a child's affective, cognitive, and behavioral abilities and tailor

interventions to each child (Chan et al., 2017). Poor management of students with challenging behaviors is associated with greater time off-task and lower student achievement (Owens et al., 2018); therefore it is important that occupational therapy practitioners feel competent and prepared to work with students with challenging behaviors and provide behavioral interventions. Behavioral interventions teach students how to increase useful behaviors or decrease behaviors that are challenging (McGill, 2020). Occupational therapy practitioners' skills and knowledge in behavioral interventions are helpful to manage the needs of students that exhibit social-emotional and other behavioral difficulties that are interfering with their ability to participate and engage in school routines and occupations.

A Needs Assessment was completed by the primary investigator to determine if therapists felt prepared to work with students with challenging behaviors and if they felt confident using behavioral interventions. It also explored if therapists sought out additional training or professional development to improve their behavioral intervention strategies. Three occupational therapy practitioners participated in the Needs Assessment with the findings indicating that 3/3 school-based practitioners do work with students with challenging behaviors, with at least 5% of their caseload having challenging behaviors. All three of the practitioners that participated in the survey indicated that they have sought out other professionals to help them manage students with challenging behaviors; have used strategies provided at continuing education to manage challenging behaviors; and that their Level 2 fieldwork prepared them more for working with students with challenging behaviors than coursework did. All participants in the Needs Assessment recommended that school-based practitioners should receive training in managing challenging student behaviors once working in a school system.

## **Problem Statement**

There is limited research and literature regarding occupational therapy practitioners' perceptions regarding working with students with challenging behaviors and what they feel has prepared them to work with these students. It is important to determine if additional training, professional development, fieldwork experiences or mentorships are necessary to prepare school-based therapists to manage students effectively and confidently on their caseload who have challenging behaviors.

## **Purpose Statement**

The purpose of this capstone project is to determine if school-based occupational therapy practitioners that work with students with challenging behaviors felt prepared to provide behavioral intervention strategies. This project will also explore if school-based practitioners sought out additional resources to learn to work with students with challenging behaviors such as other professionals, continuing education, or mentorship.

## **Research Questions**

- Do school-based occupational therapy practitioners feel prepared to work with students with challenging behaviors?
- Have they sought out continuing education courses, or other professionals or mentorships to help them manage students with challenging behaviors?
- What can be done to prepare practitioners to work with students with challenging behaviors?

## **Theoretical Framework**

This capstone project is guided by the Canadian Model of Occupational Performance and Engagement (CMOP-E) which was founded by Polatajko et al. in 2007. This model expands on the three components of the Canadian Model of Performance (person, environment, occupation)

to add engagement as an important aspect of human occupation. This model supports client-centered practice and occupation as the core focus. The addition of engagement to this model focuses on clients not just receiving treatment, but ultimately being able to participate and engage in occupations when person, environment, and occupation are functioning harmoniously (Polatajko et al., 2007). Students with challenging behaviors do not have alignment of these components. By using behavioral interventions to decrease challenging behaviors and engage students in occupations, occupational therapy practitioners can help align person, environment, and occupation and help support harmonious behaviors in the classroom and school environment.

### **Significance**

Occupational therapy practitioners have a strong foundation in human development and activity participation and are trained to support students to succeed in their daily routines including classroom, playground, lunchroom, and extracurricular activities (AOTA, 2016). Although occupational therapy practitioners have the knowledge to support students in their daily routines, there may be barriers that impact them from putting this knowledge into practice when working with students with challenging behaviors.

Healthy People 2030 has a goal related to Education Access and Quality to increase educational opportunities and help children and adolescents do well in school (Office of Disease Prevention and Health Promotion [ODPHP], n.d.). Children need to develop positive interaction skills and appropriate classroom behavior so they can successfully participate in school and engage in learning (AOTA, 2009). School-based occupational therapy practitioners can play a role in increasing student's social participation, access to curriculum and participation in their occupational roles at school (AOTA, 2009). Gaining the perspective of practitioners about what

has helped prepare them to manage challenging behaviors will be helpful to ensure that future practitioners are gaining the knowledge and skills they need to work with students with challenging behaviors.

### **Definition of Terms**

Challenging behaviors- noncompliance, refusal to participate, aggression or defiance, task/work avoidance, withdrawal, self-stimulating or self-injurious behaviors

Occupational therapy practitioners- Occupational therapists or occupational therapy assistants who provide direct services to students in a school-based setting

## **Section 2: Literature Review**

Occupational therapy practitioners evaluate students' ability to participate in school and may provide a continuum of services to improve learning, academic performance, and participation (Grajo et al., 2020). An occupational therapist is responsible for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process (AOTA, 2017). Occupational therapy assistants deliver occupational therapy services under the supervision of and in partnership with an occupational therapist (AOTA, 2017).

### **School-Based Therapy**

Based on AOTA's 2019 Workforce and Salary Survey, in 2018, 18.8% of occupational therapists and 15.4% of occupational therapy assistants worked in a school-based setting as their primary work setting (AOTA, 2020). The role of the occupational therapy practitioner in school settings involves supporting engagement in the occupations that comprise the school experiences of children and youth (AOTA, 2014). Occupational therapy interventions are designed to

promote participation in the learning environment and to support a student's ability to participate in desired daily school activities or "occupations" (AOTA, 2014).

There are three ways that a student may qualify to receive related services in the school system: 1) special education, 2) 504 plan and 3) through general education support, such as the Response to Intervention (RTI) model. School systems and school districts may interpret laws differently which impacts how students are qualified and eligible to receive related services such as occupational therapy. The Individuals with Disabilities Education Act (IDEA) is a law that makes available a free appropriate public education (FAPE) to eligible children with disabilities throughout the nation and ensures special education and related services to those children (U.S. Department of Education, 2020). Occupational therapy is a related service under Part B of IDEA, and is a supportive service provided to help a student with a disability benefit from special education. If a child has a disability, as defined by IDEA, and needs special education and related services to meet their unique learning needs, they may also meet eligibility for occupational therapy services. A child must be eligible for special education before being considered for occupational therapy services in the schools under IDEA (AOTA, 2014) and may be referred for occupational therapy services after they are made eligible for special education.

### ***Special Education***

An Individualized Education Plan (IEP) creates an opportunity for teachers, parents, school administrators, related services personnel, and students to work together to improve educational results for children with disabilities (U.S. Department of Education, 2019). As related service professionals, occupational therapy practitioners should provide input to a student's IEP. Related service professionals have expertise of knowledge in a particular area that can help students benefit from special education services (U.S. Department of Education, 2019).

### ***504 Plan***

The Section 504 of the Rehabilitation Act of 1973 regulations require a school district to provide FAPE to each qualified student with a disability who is in the school district's jurisdiction, regardless of the nature or severity of the disability. Under Section 504, FAPE consists of the provision of regular or special education and related aids and services designed to meet the student's individual educational needs as adequately as the needs of nondisabled students are met (U.S. Department of Education, 2020). As occupational therapy is considered a related service, it can be provided to students on a 504 plan who do not receive services under an IEP and are in the general education curriculum.

### ***Response to Intervention***

Occupational therapy practitioners in the schools can also provide interventions and support to general education students through multi-tiered systems of support. Response to Intervention (RTI) is one example of the different multi-tiered systems of support that are described as early intervening services under the Individuals with Disabilities Education Improvement Act (U.S. Department of Education, 2020). School-based occupational therapists can intervene with students who are at risk behaviorally or academically by consulting with school teams and providing support and intervention ideas for students.

### ***Challenging Behaviors***

Occupational therapy practitioners can work with students who receive special education services or students who are in the general education curriculum. Occupational therapy practitioners in a school-based setting can provide services to a broad range of children within



the entire spectrum of eligibility categories (Case-Smith, 2008). School-based practitioners provide services to students with varying diagnosis and conditions on their caseloads. Practitioners can work with students who are eligible for services under the category of orthopedic impairment, developmental delay, autism, other health impairment (which can include diagnosis such as anxiety and attention deficit disorder) as well as students who have an eligibility of emotional disturbance. Occupational therapy is regulated by IDEA as a related service to be provided to students who demonstrate the need for support to engage in meaningful occupations at school. Children who require special education support and related services may demonstrate challenging behaviors that interfere with learning or play and can place them at risk for future developmental, school, or social problems (Brown et al., 2018). Challenging behaviors can have many causes and come from many diagnoses. Children may present with physical, social-emotional, and/or mental health deficits and the role of a school-based occupational therapy practitioner is to address the symptoms that interfere with learning and a student's ability to meet their occupational goals.

Physical, social-emotional, and mental health issues can impede a child's ability to learn (Jackson et al., 2013); however there tends to be a focus on children's physical health in schools, such as fine motor, gross motor, or sensory processing impairments (Chan et al., 2017). Often mental health and the resultant social-emotional behaviors of children and youth are overlooked, or not addressed by occupational therapy practitioners in school settings (Jackson et al., 2013). Children with social-emotional behaviors may display characteristics such as hyperactivity, aggression or self-injurious behavior, withdrawal, and learning difficulties (Case-Smith, 2008). Social-emotional behaviors can be considered a barrier to providing services to students as

practitioners may feel these students are too difficult to work with and that they cannot achieve occupational therapy goals with student's disruptive behaviors (Case-Smith, 2008).

Data from the National Survey of Children's Health (Child and Adolescent Measurement Initiative [CAHMI], 2017) reported that over 10 million children in the United States have a health condition that affects their participation in daily activities. Fifty-eight percent also have emotional or behavioral difficulties (CAHMI, 2017). Over 5 million children are currently receiving specialized services, such as speech, occupational, or behavioral therapy to address developmental needs (CAHMI, 2017). If a child has impairments or delays, activities that are considered fun and enjoyable can be actually challenging or avoided. Yet in therapy, the child is expected to participate willingly in the very activity that may be difficult for them (Brown, 2020).

Samayan et al. (2015) states that challenging behaviors are likely to have their onset in childhood and may be highly persistent over time. Some of the perceived social and educational consequences of challenging behaviors include isolation from peers, reduced access to the curriculum, reduced opportunities for participation in extracurricular activities and risk of injury to self or other. The author further found that children who present with challenging behaviors may hinder the ability of the therapist to effectively work with a multidisciplinary team and it is vital for health professionals to be able to manage challenging behaviors.

Poor management of challenging behaviors can be associated with lower student achievement, increased off-task behavior and low academic outcomes (Owen et al., 2018). Students who exhibit challenging behaviors are less likely to engage in instruction and social interactions (Chow et al., 2021), which can be a barrier to a student achieving their academic and occupational goals. A practitioner's competence in providing behavioral interventions with

students with challenging behaviors impacts the effectiveness of their services as well as the amount of services they are actually able to deliver (Chow & Wallace, 2021). There are a variety of behavioral interventions that are used in a school system. Classroom management strategies such as contingent positive reinforcement, effective commands that provide clear expectations for behavioral change and using a neutral tone of voice have been identified as effective to use with students with challenging behaviors (Owens et al., 2018). Other behavioral interventions such as visual-activity schedules and behavior-specific praise have been effectively used during therapy sessions with students with challenging behaviors (Chow et al., 2021).

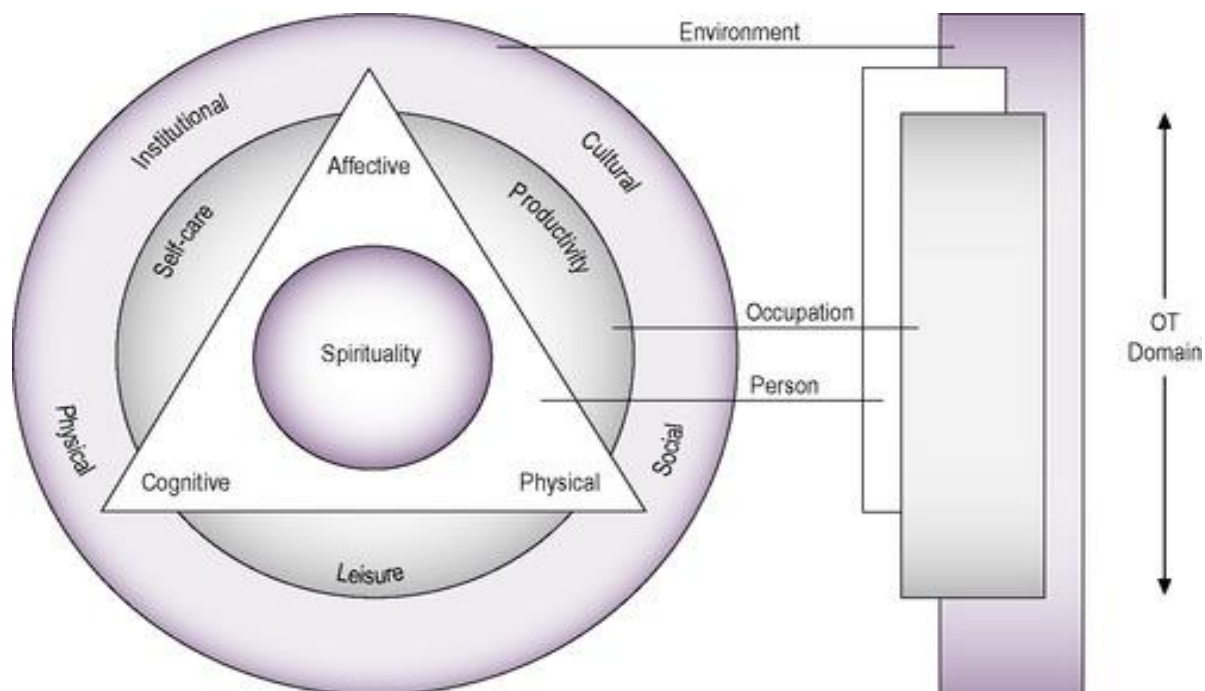
There is limited research on the perceptions and experiences of the occupational therapy practitioner who delivers services to students with challenging behaviors. However, an exploratory study completed by Chow et al. (2021), examined speech-language pathologists (SLPs) experiences with challenging behaviors while delivering services in a school-based setting. More than 95% of participants report that they work with children who exhibit challenging behaviors. Without adequate preparation, SLPs may not have the capacity to effectively manage disruptive behaviors which can have adverse impacts on the effectiveness of their services, the student's access to the curriculum and meaningful academic progress (Chow et al., 2021). It is reasonable that school-based occupational therapy practitioners who struggle to manage challenging behaviors will also experience adverse impacts on service effectiveness and the amount and quality of services they are able to deliver. There is no research about school-based occupational therapy practitioner's feelings of preparedness in working with students with challenging behaviors and/or what has helped them feel prepared to work effectively with these students.

## **Theoretical Support**

The CMOP-E is a theory that can be used with students that exhibit challenging behaviors. This theory has a focus on not just occupational performance, but also occupational engagement. Occupational therapy practitioners recognize that health is supported and maintained when clients are able to engage in home, school, workplace, and community life (AOTA, 2014). Occupational therapy practitioners work to ensure person, environment and occupation are aligned. A change or limitation in one component can result in occupational dysfunction or dysfunction in engagement and occupational performance (Musculoskeletal Key, 2016).

The CMOP-E believes that occupation is the bridge that connects the person and environment (Musculoskeletal Key, 2016). Diagram 1 shows a visual representation of the interaction between the environment, occupation, and person (Polatajko et al., 2007). Challenging behaviors limit a student's engagement in occupation and it's important to identify factors that may be causing occupational dysfunction. An occupational therapy practitioner's expertise can help educate the school staff as well as the child to help them identify factors that may be contributing to limited engagement in tasks.

*Figure 1: Canadian Model of Occupational Performance and Engagement (CMOP-E)*



### **Section 3: Methods**

This capstone project used a quantitative method with a survey design and one open-ended question (Creswell & Creswell, 2018) to gain information from school-based occupational therapy practitioners about their experiences working with students with challenging behaviors. The Center for Community Health and Development (n.d.) states that a benefit of survey design is it allows for anonymity. In addition, there is little room for researcher bias as there was no interaction with the examiner and it was completed by the individuals on their own schedule versus having to schedule an interview or discussion group. Eastern Kentucky University Institutional Review Board (IRB) approval was obtained prior to the initiation of the study (Appendix A).

#### **Participants**

Practitioners were recruited to participate in this study by a flyer created by the primary investigator (Appendix B). This flyer was shared with state occupational therapy associations as well as posted on the CommunOT section of American Occupational Therapy Association (AOTA) for school-based practitioners. This flyer was also posted to an occupational therapist school-based Facebook group. Snowball sampling was encouraged to increase the number of participants involved with the survey. There were minimal risks to participating in this survey as no identifying information was asked for by the primary investigator, participation in this project was voluntary and participants could stop filling out the survey at any time without repercussions.

Survey questions were accessed by participants through Qualtrics, a web-based software that allows the user to create surveys and generate reports based on the results (Qualtrics, 2021). Participants were able to access the survey on any electronic device. Responses were sent

directly to the primary investigator and no identifying information was revealed. Qualtrics was also used to analyze the survey results.

### **Inclusion/Exclusion Criteria**

Inclusion criteria for participation in this survey were occupational therapists or occupational therapy assistants who have at least one year of experience providing direct services to students in a school-based setting. Exclusion criteria were practitioners who have never worked directly with students in a school-based setting, practitioners where English is not their primary language, and initially practitioners who have worked in a school-based setting for more than 15 years. A revision was made in the middle of the survey to remove this exclusion criteria to include therapists with any number of years of practice in a school-based setting.

The first question was a closed-ended question (yes/no) to determine if the participant met inclusion criteria to join the study. If a participant answered “no” that they have never serviced students in a school-based setting their responses were not analyzed in the study. The introduction of the survey defined “challenging behavior” in regard to this capstone project and how this behavior was observed in students. It also explained that by advancing the survey past the first page, the participant was providing consent to participate in the study however they were free to discontinue participation in the study at any time without any repercussions.

### **Survey**

The instrument used to gather data was a survey designed by the primary investigator (Appendix C). This survey asked both yes/no questions and questions with a Likert scale answer. The answer scale contained four responses and there was not a neutral rating choice so that practitioners completing the survey would more likely provide an answer to all of the questions. Following the Likert scale questions, there was an open-ended question at the end of the survey

to allow for more information to be collected regarding what current practitioners felt could be done to prepare school-based occupational therapy practitioners to work with students with challenging behaviors.

After the survey had been opened for two weeks, a revision to the IRB was submitted to modify the exclusion criteria of occupational therapy practitioners' years of experience in an attempt to increase the number of participants in the survey. The modification allowed for occupational therapy practitioners with any number of years of experience to participate in the survey. Only the research team had access to the data from the survey and all participant data remained anonymous. All survey responses were stored on the primary investigators locked and secured computer and only shared with committee members. After completion of the study, data will be sent to committee chair and stored in a locked office for three years. Table 1 shows a timeline of events leading up to the completion of this capstone project.

***Table 1: Timeline of Capstone Project***

October 15, 2021	CITI course Completion
February 28, 2022	IRB Approval
August 16, 2022	Survey opened
August 31, 2022	Submitted IRB-Revision Form
September 9, 2022	IRB-Revision Form Approval
October 7, 2022	Survey closed



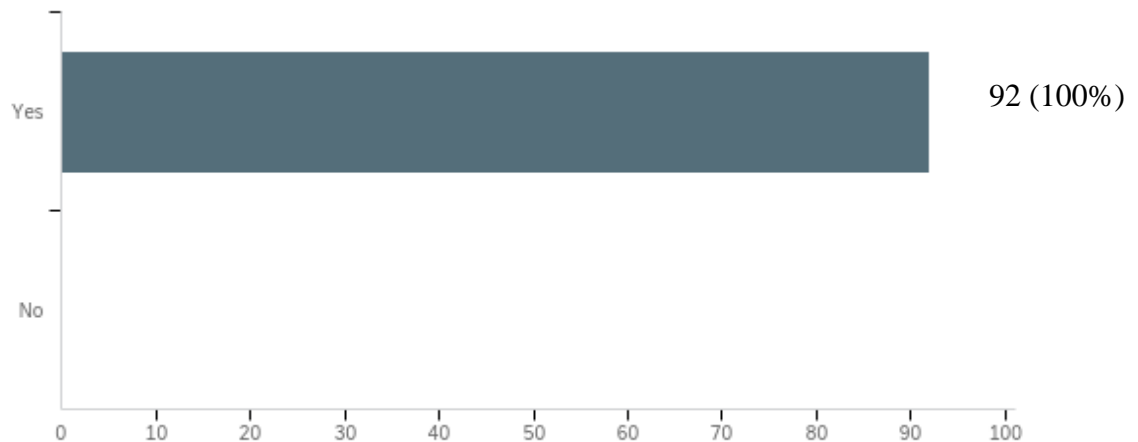
## Section 4: Results and Discussion

### Results

Survey participants were recruited for this survey by a flyer created by the primary investigator. This flyer was shared with state occupational therapy associations, posted to an occupational therapist school-based Facebook group and posted on the CommunOT section of AOTA for school-based practitioners. Snowball sampling was encouraged to increase the number of participants in this study. The survey opened August 16, 2022, and closed October 7, 2022. Ninety-seven participants opened the survey, five participants stopped in the middle and 92 participants completed the rest of the survey questions. Ninety-two participants answered “yes” to the first inclusionary question of do you work in a school-based setting, no one answered no.

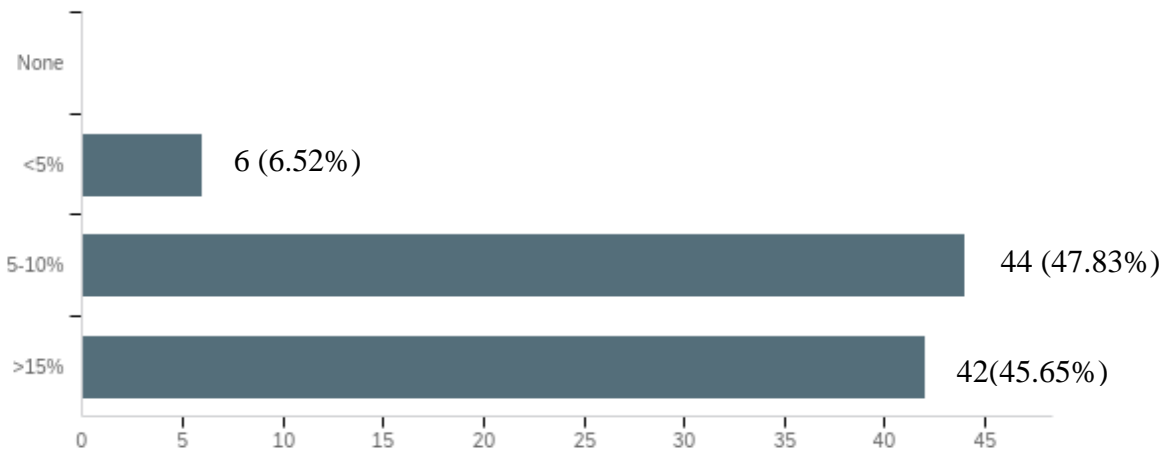
Participants in the survey had experience ranging from one year to more than fifteen years more specifically, 4.35% (N=4) had one year of experience, 20.65% (N=19) had 2-5 years of experience, 18.48% (N=17) had 5-10 years of experience, 39.13% (N=36) had 10-15 years of experience and 17.39% (N=16) had over 15 years of experience. All participants reported having students on their caseload that exhibit challenging behaviors (Figure 2).

**Figure 2: Do you have students on your caseload with challenging behaviors?**



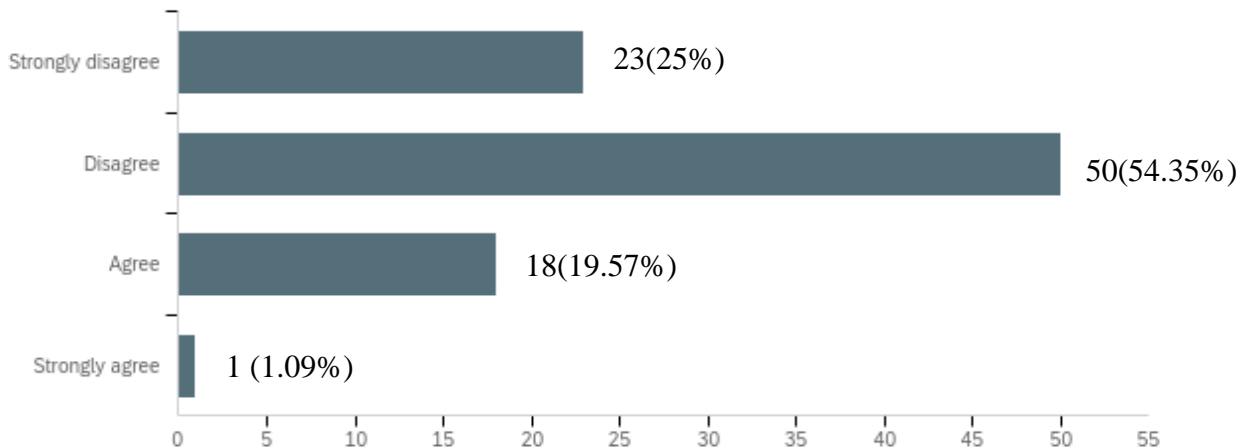
Six participants (6.52%) report that less than 5% of their caseload exhibit challenging behaviors, 47.83% (N=44) report 5-10% of their caseload exhibits challenging behavior and 45.65% (N=42) report that more than 15% of their caseload exhibits challenging behavior (Figure 3).

**Figure 3: What percentage of students on your caseload have challenging behaviors?**



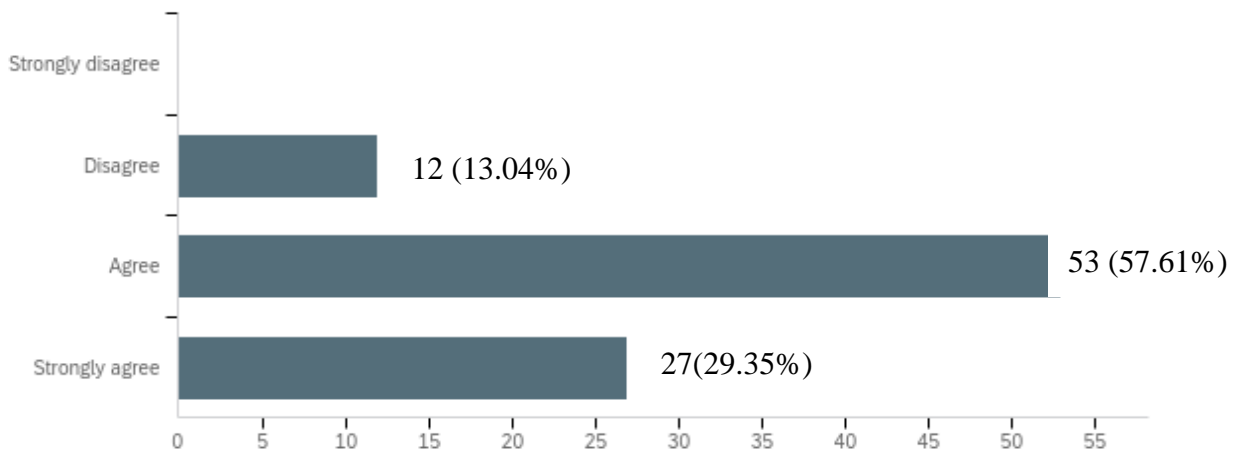
Seventy-three participants (79.35%) disagree or strongly disagree that they felt prepared their first year in a school-based setting to work with students with challenging behaviors (Figure 4).

**Figure 4: I felt prepared my first year in this setting to work with students with challenging behavior?**



Eighty participants (86.96%) agree and strongly agree that they currently feel prepared to work with and handle students with challenging behaviors (Figure 5).

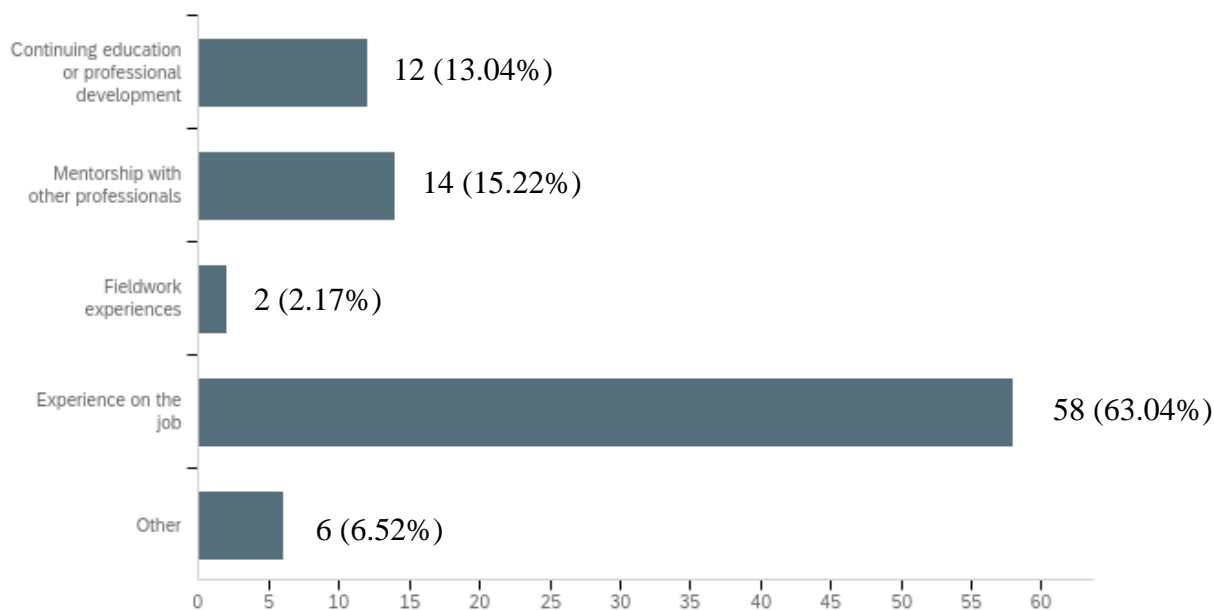
**Figure 5: I currently feel prepared to work with students with challenging behavior?**



Participants were asked what helped them prepare to work with students with challenging behaviors. Eighty-four percent of participants (N=78) attended continuing education courses to learn how to work with students with challenging behaviors or use behavior strategies. Eighty-eight participants (95.65%) have asked other professionals to help them work with students with

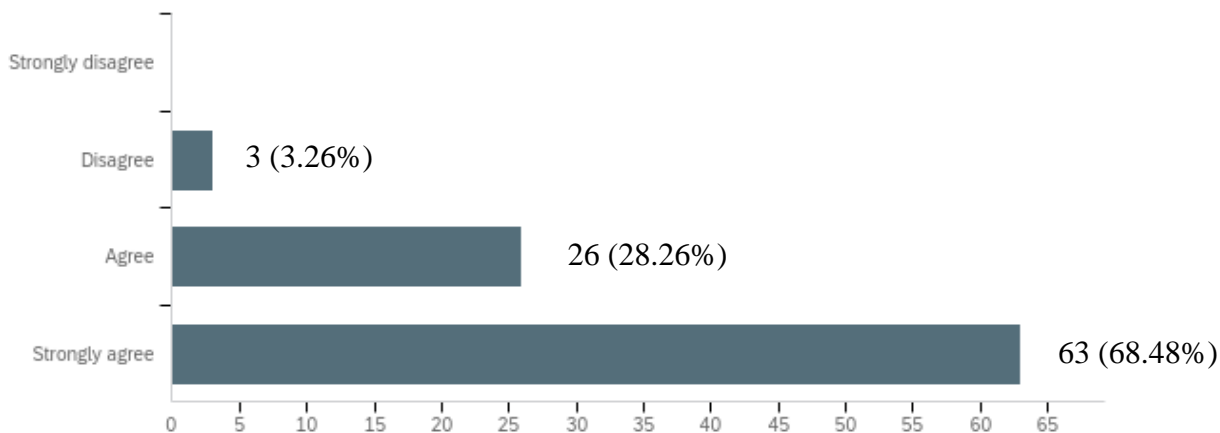
challenging behaviors (ex. special education teachers, behavior specialist, autism consultants, etc.) and 79% of participants (N=73) have looked for evidence-based practice research on how to work with students with challenging behaviors. Participants answered what they felt prepared them the most to work with students with challenging behaviors (Figure 6). Twelve participants, (13.04%) responded that continuing education or professional development helped the most. Fourteen participants, (15.22%) reported mentorship with other professionals helped them prepare. Two participants (2.17%) reported fieldwork experiences prepared them the most, 63.04% (N=58) reported experience on the job and 6.52% (N=6) reported “other”.

**Figure 6: What has prepared you most for working with students with challenging behavior?**



Participants were asked if they recommended that school-based occupational therapy practitioners receive training in working with students with challenging behaviors (Figure 7). Three participants (N=3.26%) disagreed, 28.26% (N=26) agreed and 68.48% (N=63) strongly agreed.

**Figure 7: Do you recommend that school-based practitioners receiving training in working with students with challenging behavior?**



Forty-eight participants (52.17%) reported having a Level 2 Fieldwork rotation in a school-based setting and 44 participants (47.83%) did not. Of the 48 participants that did have a Level II fieldwork experience, sixteen participants (17.78%) strongly disagreed and 36.67% (N=33) disagreed that their fieldwork experience gave them strategies to work with students with challenging behaviors. Thirty-five participants (38.89%) agreed and 6.67% (N=6) strongly agreed that their fieldwork did give them strategies to work with students with challenging behaviors.

Seventy-two participants (78%) answered the open-ended question at the end of the survey to provide more insight into what they felt could be done to help occupational therapy practitioners better prepare to work with students with challenging behaviors. Descriptive analysis of the open-ended question data revealed that participants recommended three areas of focus 1) continued learning, 2) mentorship, and 3) changes in fieldwork/academic preparation to help future practitioners be more prepared to work with students with challenging behaviors. For continued learning several recommendations were made including the following: taking continuing education courses on behavioral management; completing a course on behavior

management as part of an orientation for hiring; gain knowledge on using a trauma informed lens; increasing their personal knowledge of evidence-based strategies for behavior management; and receiving training on what to do when strategies that are being implemented no longer seem effective.

Mentorship was also recommended for future occupational therapists working with students with challenging behaviors. Participants felt that working with teachers that use effective strategies would be helpful, collaborating with behavior specialists, shadowing other therapists that are knowledgeable about managing challenging behaviors and collaborating with other professionals about case-studies to generate intervention ideas would be helpful. Lastly, observing therapists working with a variety of individuals at different chronological and developmental ages was suggested as well as participating in a team approach where everyone shares strategies and supports each other in managing behaviors.

Changes in fieldwork education and academic preparation were also suggested. Participants suggested the following: participating in a specialized class on behavior management would be helpful; direct teaching in graduate school about behavior plans and strategies; fieldwork rotations at behavioral clinics; and more hands-on coursework in school were suggested. Participants felt that challenging behaviors and behavior intervention training during coursework would be beneficial as well as role playing situations. Results of the study indicate the need for mentorship and collaboration with other professionals, as well as continued learning and training opportunities on managing behaviors for school-based practitioners to be confident and successful in working with students with challenging behaviors.

## Discussion

Survey findings indicate that all survey participants have students on their caseload that exhibit challenging behaviors with 93.48% of participants (N=86) having at least 5% of their caseload exhibit challenging behaviors. Seventy-nine percent of participants disagreed or strongly disagreed that they felt prepared to manage challenging behaviors their first year as a school-based practitioner. In a study by Brandenburger-Shasby (2005), *The Survey of School-Based Practice* was administered to school-based therapists to investigate the perceptions of occupational therapists working in school-based settings regarding their level of preparation for practice. Eighty percent of the therapists answered “no” when asked if they felt prepared for school-based practice based on entry-level education alone. These findings indicate that occupational therapists may be working in an educational model without the entry-level knowledge/skills suggested for best practice (Brandenburger-Shasby, 2005). Eighty-six percent of participants with experience in the current capstone study now agree or strongly agree that they feel prepared to manage students with challenging behaviors in a school-based setting. Findings indicated that what helped practitioners prepare the most was experience on the job, however there may be concern about the effectiveness and appropriateness of intervention during these beginning learning years (Brandenburger-Shasby, 2005).

What prepared practitioners the least was their fieldwork experiences. Of interest is that 52.17% participants had Level II fieldwork rotations in a school-based fieldwork setting but only 2.17% felt that it prepared them most to work with students with challenging behaviors. Level II fieldwork experiences are designed to provide students with opportunities to apply the knowledge and skills gained from their academic courses in practice settings to ultimately develop into competent entry-level practitioners (Wallingford et al., 2016). While, fieldwork

education is an integral component to professional preparation, barriers to the provision of effective fieldwork education in occupational therapy has been reported (Karp, 2020). This suggests that having a Level II fieldwork in a school-based setting may not be enough to prepare a practitioner to manage students with challenging behaviors. It also indicates to school-based practitioners who take fieldwork students that they should consider providing education, modeling, and instruction to future occupational therapy practitioners on how to manage challenging behaviors. Fieldwork students should also be proactive about their learning and ask their fieldwork supervisor about challenging behaviors and effective strategies to work with students with challenging behaviors.

Eighty-nine participants (96.74%) agreed or strongly agreed that occupational therapy practitioners should receive training in managing students with challenging behaviors. Brandenburger-Shasby (2005) indicated that school-based therapists reported mentoring and continuing education were important in preparing them for practice. Ninety-five percent of participants reported that they had asked other professionals to assist them with managing a student with challenging behaviors. This speaks to the importance of mentorship which is essential at all stages of a professional career (Schoen et al., 2021). Mentorship provides teaching, guiding, and support and has been shown to be an effective method to support career development, build knowledge, skills and attitudes as well as enhance professionalism and professional development (Schoen et al., 2021). Sixty-one participants (66.3%) felt that their school system or employer has provided resources to assist them in working with children with challenging behavior. School-based practitioners should be prepared to utilize mentoring and training resources provided by their employer, and in addition advocate for mentorship



opportunities with other professionals and assist in developing mentoring relationships with new school-based practitioners.

Occupational therapy practitioners can use occupation and engagement in meaningful tasks when working with students with challenging behaviors. Rather than just presenting students with a task or activity, occupation can be used as a therapeutic tool in conjunction with other approaches to engage students in occupation and reduce behaviors (Ball & Fazil, 2013). To further encourage participation in tasks for students that exhibit challenging behaviors, occupational therapy practitioners can play a role in working with students with challenging behavior and educating other disciplines by helping identify the antecedents that are causing challenging behaviors and offering a positive approach to assessing and managing challenging behavior (Cotterill, 2012).

Occupational therapy practitioners can educate and support staff in providing behavioral interventions and strategies to students with challenging behaviors. Positive behavior support (PBS) is an effective intervention for challenging behavior (Buschbacher & Fox, 2003). PBS provides both systemic and individual strategies to help prevent the occurrence of problem behaviors (Buschbacher & Fox, 2003). PBS is client-centered, which complements occupational therapy principles and perspectives; each intervention is designed specific to the individual with the problem behavior, taking into account their goals, preferences, and needs. Occupational therapists can be an instrumental part of PBS implementation with individuals by assisting with the functional assessment and taking into account an individual's occupations, roles, and goals.

Applied behavior analysis (ABA) principles may also be effectively used during occupational therapy interventions to help support and treat students with autism as well as other behavioral challenges (Welch & Polatajko, 2016). There may be a misconception that

occupational therapy and ABA principles cannot work together effectively; however, ABA principles can be client-centered and evidence-based, which could potentially improve occupational therapy outcomes when used with a broader approach and an occupational therapy frame of reference (Welch & Polatajko, 2016).

Difficulties in sensory integration and praxis are predictive of academic achievement in students (AOTA, 2015). Occupational therapy practitioners are trained in the use of sensory integration and may use these strategies when working with children who exhibit challenging behaviors. Sensory-based interventions consider the sensory needs of the students and focus on how sensory input within the school environment affects student participation (AOTA, 2015). Devlin et al. (2011) compared the use of behavioral intervention and sensory-integration therapy in the treatment of challenging behavior and found that sensory integration can be helpful in treating challenging behaviors, but it may work more effectively when paired with behavioral interventions that determine and address the function of the challenging behaviors. Challenging behaviors in children can also be a result of deficits in a child's social and communication skills and adults that interact with children must work together to address challenging behaviors and teach them the social and communication skills they need to be successful (Division for Early Childhood, 2017).

The CMOP-E can be used by school-based practitioners who work with students with challenging behaviors. In this theory, the person and environment are connected by occupation (Polatajko et al., 2007). Children with challenging behaviors may have environmental or personal factors (affective, cognitive, physical) that are impacting their ability to engage and participate in occupations and roles at school. Unless person, environment, and occupation are aligned, a child will not have occupational performance or occupational engagement where they

are able to choose and perform in meaningful occupations in their environment. School-based practitioners who understand behavior and are able to provide effective behavioral management can help change the school environment surrounding a child to promote more learning and participation opportunities. A school-based practitioner can also help identify personal factors that may be limiting engagement such as cognitive factors and physical barriers. Identifying underlying barriers in person, environment, or occupation that may be causing challenging behaviors and providing the appropriate interventions and strategies will allow a child with challenging behaviors greater success in achieving occupational performance and engagement at school.

### **Limitations**

Limitations of this capstone project are geographically diverse participants may not be reflected. Participants did not indicate where they worked or any personal information beyond years of experience as an occupational therapy practitioner. Initially, the primary investigator felt that practitioners with more than fifteen years would present with recall bias about managing students with challenging behaviors. Due to a low survey participation rate and conversations with therapists with over fifteen years of experience persuaded the primary investigator to extend the survey to occupational therapy practitioners with any number of years of experience that have worked in a school-based setting. Another limitation is that participants that participated the study are more than likely active with their state associations, AOTA, and/or involved in social media school-based occupational therapy groups. Results may not be reflective of the population of school-based therapists who are not involved in these groups or associations.

### **Implications for Practice**

School-based practitioners may feel better prepared to work with students with challenging behaviors if they are provided challenging behavior and behavioral intervention training during their coursework; are provided with opportunities for mentorship and continuing education on behavioral management in this setting; and receive hands-on experience and teaching about managing behaviors on their fieldwork rotations. The profession of occupational therapy would benefit by making behavioral management an entry level skill and further research that examines what specific behavioral intervention and strategies help prepare occupational therapy practitioners to work with students with challenging behaviors would also be important information to properly educate and prepare practitioners before taking a job in a school-based setting. Learning this information can also prepare fieldwork educators on how to educate and train their fieldwork students to work with and manage students on their caseload with challenging behaviors. Students that are on fieldwork rotations in a school setting should ask their fieldwork supervisor about effective strategies to manage challenging behaviors to facilitate their own learning in this area.

Interestingly, there was a high response of participants who asked other professionals for help when working with students with challenging behaviors. This emphasizes the need for collaboration, possibly behavioral intervention teams where all professionals can share their expertise and learn from each other on the best approach to promoting student success and working with students with challenging behaviors. Fewer participants looked for evidence-based research to help them manage students with challenging behavior, indicating increased education on the importance and benefits of evidence-based practice may be beneficial while in school as well as once practitioners have completed schooling.

## **Conclusion**

All survey participants report working with students with challenging behaviors. Challenging behaviors can have impactful and lasting effects on a child's future and are important to address to ensure a student's occupation and educational success. Occupational therapy practitioners may be hesitant to focus on mental health, social-emotional and challenging behaviors, but it is within our scope of practice to address these issues with students in order for a child to learn and fulfill their roles as students.

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## Appendices

### Appendix A: IRB Approval



Hello Candace Thrash,

The Institutional Review Board at Eastern Kentucky University has approved your Protocol Revision Request for Research Protocol #4435, "Perceptions of School-Based Therapists on Managing Students with Challenging Behaviors". The following changes were approved through the revision process:

- Revision to remove exclusion criteria of 15 years for therapist

Please take a few minutes to review the requirements below outlined in your original approval for this study.

**Principal Investigator Responsibilities:** It is the responsibility of the principal investigator to ensure that all investigators and staff associated with this study meet the training requirements for conducting research involving human subjects, follow the approved protocol, use only the approved forms, keep appropriate research records, and comply with applicable University policies and state and federal regulations.

**Consent Forms:** All subjects must receive a copy of the consent form as approved with the ECU IRB approval stamp. Copies of the signed consent forms must be kept on file unless a waiver has been granted by the IRB.

**Adverse Events:** Any adverse or unexpected events that occur in conjunction with this study must be reported to the IRB within ten calendar days of the occurrence.

**Research Records:** Accurate and detailed research records must be maintained for a minimum of three years following the completion of the research and are subject to audit.

**Changes to Approved Research Protocol:** If changes to the approved research protocol become necessary, a description of those changes must be submitted for IRB review and approval prior to implementation. Some changes may be approved by expedited review while others may require full IRB review. Changes include, but are not limited to, those involving study personnel, consent forms, subjects, and procedures.

**Annual IRB Continuing Review:** This approval is valid through the expiration date noted above and is subject to continuing IRB review on an annual basis for as long as the study is active. It is the responsibility of the principal investigator to submit the annual continuing review request and receive approval prior to the anniversary date of the

approval. Continuing reviews may be used to continue a project for up to three years from the original approval date, after which time a new application must be filed for IRB review and approval.

**Final Report:** Within 30 days from the expiration of the project, a final report must be filed with the IRB. A copy of the research results or an abstract from a resulting publication or presentation must be attached. If copies of significant new findings are provided to the research subjects, a copy must be also be provided to the IRB with the final report.



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# **SCHOOL BASED OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPY ASSISTANTS**

**The purpose of this project is to learn  
more about how you deal  
with challenging behaviors in practice**  
(noncompliance, refusal to participate, aggression or  
defiance, task/workavoidance,  
withdrawal, selfstimulating or self-injurious behaviors)

\*Refer to link below to complete brief online survey

[QUALTRICS LINK](#)



Survey conducted for capstone project as  
part of Eastern Kentucky University Post  
Professional Doctorate of Occupational  
Therapy program.

For more information, contact  
Candace Thrash, OTR/L at  
[candace\\_thrash@mymail.eku.edu](mailto:candace_thrash@mymail.eku.edu)

## Appendix C: Survey Instrument

I am interested in understanding the perceptions of occupational therapy practitioners in regard to working with students with challenging behaviors. For this project, you will be presented with questions about your experiences working as a school-based practitioner with students with challenging behaviors. Your responses will be kept completely confidential.

For this survey, challenging behaviors can be defined as noncompliance, refusal to participate, aggression or defiance, task/work avoidance, withdrawal, self-stimulating or self-injurious behaviors.

The study should take you around 10 minutes to complete. Your participation in this capstone project is voluntary. You have the right to withdraw at any point during the study. The Principal Investigator of this study can be contacted at Candace Thrash, [candace\\_thrash@mymail.eku.edu](mailto:candace_thrash@mymail.eku.edu).

1. Do you directly service students in the school system setting as an OT or OTA, or have serviced students in the past in a school-based setting?
  - a. Yes
  - b. No
2. How long have you been a school-based OT practitioner?
  - a. 1 year
  - b. 2-5 years
  - c. 5-10 years
  - d. 10-15 years
  - e. 15+ years
3. Do you have students on your caseload that exhibit challenging behaviors?
  - a. Yes
  - b. no
4. What percentage of students on your caseload exhibit challenging behaviors?
  - a. None
  - b. <5%
  - c. 5-10%
  - d. 10-15%
  - e. >15%
5. I felt prepared my first year in this setting to work with students with challenging behaviors.
  - a. Strongly disagree
  - b. Disagree
  - c. Agree
  - d. Strongly agree
6. I currently feel prepared to work with and handle students with challenging behaviors?
  - a. Strongly disagree
  - b. Disagree
  - c. Agree



- d. Strongly agree
7. I feel my school system or employer has resources to support me in working with children with challenging behavior? (ex. professional development opportunities, staff, training, mentorship, etc.)
    - a. Strongly disagree
    - b. Disagree
    - c. Agree
    - d. Strongly agree
  8. I have attended continuing education courses to learn how to work with students with challenging behaviors or use behavior strategies?
    - a. Strongly disagree
    - b. Disagree
    - c. Agree
    - d. Strongly agree
  9. I have asked other professionals to help me work with students with challenging behaviors (ex. special education teachers, behavior specialist, autism consultants, etc.)
    - a. Strongly disagree
    - b. Disagree
    - c. Agree
    - d. Strongly agree
  10. I have looked for evidence-based practice research on how to work with students with challenging behaviors?
    - a. Strongly disagree
    - b. Disagree
    - c. Agree
    - d. Strongly agree
  11. I recommend that school-based occupational therapy practitioners receive training in working with students with challenging behaviors?
    - a. Strongly disagree
    - b. Disagree
    - c. Agree
    - d. Strongly agree
  12. I had a Level 2 fieldwork rotation in a school-based setting?
    - a. Yes
    - b. no
  13. My fieldwork gave me strategies and helped me learn to work with students with challenging behaviors?
    - a. Strongly disagree
    - b. Disagree
    - c. Agree
    - d. Strongly agree
  14. What has prepared you most for working with students with challenging behaviors?
    - a. Continuing education or professional development
    - b. Mentorship with other professionals
    - c. Fieldwork experiences

- d. Experience on the job
  - e. Other
15. What can be done to prepare school-based occupational therapy practitioners to work with students with challenging behaviors? (open-ended)

[https://eku.co1.qualtrics.com/jfe/form/SV\\_0iAxZjizOJvGBLM](https://eku.co1.qualtrics.com/jfe/form/SV_0iAxZjizOJvGBLM)