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Abstract

The involvement of related service personnel (such as occupational therapists) in the transition planning process for children with disabilities has consistently been reported as low. The purpose for this pilot study was to (a) compare Masters-level occupational therapy student knowledge of transition-related terminology to practicing therapists and (b) determine what perceived barriers students have as it relates to transition planning. A one-shot case study design was used to collect data. Occupational therapy students participated in a one-hour lecture on transition planning and a three-hour lab wherein they learned how to administer transition planning inventories. Afterwards, they completed a brief survey in order to determine whether or not the perceived barriers identified by student occupational therapists aligned with what practicing occupational therapists have identified. Occupational therapy student understanding of transition-related terminology varied from what occupational therapy practitioners reported, and perceived barriers continue to exist among occupational therapy students. Additional training is needed at the collegiate level in order to improve understanding of transition-related terminology and address perceived barriers to involvement in the transition planning process.

Keywords

Transition planning, occupational therapy students, practitioners, transition-related terminology, perceived barriers

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Knowledge and Perceived Barriers of OT Students in the Transition Planning Process: A Pilot Study

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ABSTRACT

The involvement of related service personnel (such as occupational therapists) in the transition planning process for children with disabilities has consistently been reported as low. The purpose for this pilot study was to (a) compare Masters-level occupational therapy student knowledge of transition-related terminology to practicing therapists and (b) determine what perceived barriers students have as it relates to transition planning. A one-shot case study design was used to collect data. Occupational therapy students participated in a one-hour lecture on transition planning and a three-hour lab wherein they learned how to administer transition planning inventories. Afterwards, they completed a brief survey in order to determine whether or not the perceived barriers identified by student occupational therapists aligned with what practicing occupational therapists have identified. Occupational therapy student understanding of transition-related terminology varied from what occupational therapy practitioners reported, and perceived barriers continue to exist among occupational therapy students. Additional training is needed at the collegiate level in order to improve understanding of transition-related terminology and address perceived barriers to involvement in the transition planning process.

The Individuals with Disabilities Education Improvement Act (IDEA; 2004) defines “transition services” to include access to related services personnel (i.e., occupational therapists) as part of the coordinated set of activities required for children with disabilities. This pairing of transition and related services as defined in United States (U.S.) federal law suggests “policy makers want transition IEP [Individualized Education Program] teams to consider the skilled supports that students may need to benefit from

available transition services" (Wehman, 2011, p. 3). As of the 2017-2018 school year, occupational therapy is the third most frequently used related service for children with disabilities ages 6-21 years old (U.S. Department of Education, 2020) and as a profession, align with best practices of effective transition planning (Brady et al., 2020). Interprofessional collaboration, therefore, is critical to seeing improved outcomes of individuals with disabilities (Chappel & Somers, 2010; Povenmire-Kirk et al., 2015; Test et al., 2009). Despite this knowledge, research from both the special educator (Spencer et al., 2003) and occupational therapist (Abbott & Provident, 2016; Shea et al., 2019) perspectives suggest barriers to involvement of occupational therapists in the transition planning process of adolescent-aged children with disabilities.

Literature Review

Several authors have attempted to identify various barriers that exist among occupational therapy practitioners in regard to their delivery of transition-related services to children with disabilities (Abbott & Provident, 2016; Ashburner et al., 2014; Brady et al., 2020; Kardos & White, 2005; Mankey, 2011; Spencer et al., 2003). Spencer et al. (2003) surveyed 104 special education directors in Kentucky to identify their perceived barriers towards the transition planning process and the delivery of occupational therapy services in the high school setting. A lack of demand from parents or teachers (30.8%) and a misunderstanding of the role of occupational therapy services (27.9%) were identified as reasons occupational therapy practitioners were not involved in transition planning and service delivery. A lack of interagency planning (42.3%), funding (40.4%), and a lack of parent participation (38.5%) were the three most identified barriers to the transition planning process. They concluded that future research was needed in order to improve occupational therapy participation in transition planning and service delivery.

Kardos and White (2005) sought to further identify school-based occupational therapists' understanding of transition planning according to the previously enacted law (IDEA Act Amendments Act of 1997) as well as what, if any, barriers to their participation existed. A 50-item survey was completed from a national sample of occupational therapists who were part of the American Occupational Therapy Association (AOTA) School System Special Interest Section: 81% of respondents of occupational therapy practitioners practiced in a public school, 5% practiced in a private school, 5% practiced in a residential school, and 9% practiced in a combination of settings. They found that occupational therapy practitioners understood most of the transition-related terminology found in the law, and that the highest rated perceived barrier was that other professionals handled transition services. However, despite this understanding, the authors only found that 30% believed they effectively participated in the transition process.

Mankey (2011) further corroborated the findings as she sought to determine the involvement in and beliefs of occupational therapy practitioners regarding transition planning. Potential participants included 1,001 occupational therapists who worked in the public school setting in Arkansas and were identified by their registration with the Arkansas Medical Board; only 447 responded and were included in the analysis. The

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Involvement of Occupational Therapy with Secondary Transition Planning survey was administered to participants via mail and returned surveys were included in the final analysis. Occupational therapy practitioners reported they had almost never (a) been asked by the educational team to evaluate students (75.9%), (b) suggested to the education team that occupational therapy could be included on an IEP (69.9%), and (c) served as a consultant to the educational team (66.1%). The majority of participants in this survey also agreed their involvement in transition services was a role of an occupational therapy practitioner (Strongly Agree = 21.4%, Agree = 46.4%). While the administered survey did not include questions to measure occupational therapy practitioner knowledge of transition services as defined in federal law, the authors acknowledged how some hindering factors (e.g., knowledge of strategies, lack of knowledge of other team members regarding the applicability of occupational therapy to the transition process) may limit an occupational therapist's role within the transition planning process. These results suggest additional education and training are necessary in order to educate other professionals in the occupational therapy role during transitional phases of a student's educational program.

Recognizing the continued need to involve occupational therapy practitioners in transition planning, Abbott and Provident (2016) sought to evaluate the effect of a six-module online training intervention for occupational therapy practitioners. A total of twelve school-based occupational therapists participated in the online training modules and completed the pre- and post-e-training questionnaire. Four of the modules focused on content (i.e., the role of an occupational therapist in the transition planning process) and the remaining two provided case studies in which the participants were to apply the knowledge acquired through the previous four modules. They found that their intervention was effective in improving occupational therapy practitioner knowledge of transition planning, and further corroborated the findings of previous research that barriers still exist within the field, such as access to resources, education of various stakeholders, inadequate funding, and limited time.

Occupational therapy practitioners possess the necessary skillset to address the specific performance skills and improve the successful transition to adulthood. Practice in this area, however, is limited and minimal evidence suggests this trend will change at a national level (Eismann et al., 2017). Transition services require that children with disabilities receive special education and related services. Several barriers exist to the involvement in and participation of occupational therapy practitioners in the transition planning process. One solution to eliminating these barriers is to begin training at the collegiate level with integrated content in the occupational therapy curricula. To date, no studies have identified transition services knowledge and perceived barriers for those in preparation to become occupational therapy practitioners. The following research questions were asked:

1. What is the occupational therapy student's understanding of transition planning as it relates to providing services to adolescents with disabilities?
2. What are the perceived barriers of occupational therapy students to participation in the assessment of secondary transition services?

Methods

Due to the pilot nature of this study and the lack of information on whether or not this particular intervention would generate positive findings, a one-shot case study design (Abbott & McKinney, 2012) was used to determine occupational therapy knowledge and perceived barriers in the transition planning process. The dependent variables included transition knowledge and perceived barriers, both measured at the ordinal level, and the independent variable was participating in one 1-hour class session that specifically addressed transition services and one 3-hour lab that focused on transition assessments, both taught by the primary author. Approval by the university institutional review board was received and the research was conducted in accordance with established policies.

Participants

A total of 18 first year graduate-level occupational therapy students from a southwestern private non-profit university participated in this pilot study. Seventy-two students were enrolled in an occupational therapy skills lab for children and adolescents, and were invited to participate in the study via recruitment flyers sent to their university email addresses after the lecture and associated lab on transition planning. Recruitment efforts occurred two separate times: once during the Spring 2017 semester and Spring 2019 semester. Eligible participants who completed the survey were included in the final analysis, and the overall response rate (25%) paralleled response rates from previous studies (Abbott & Provident, 2016; Ashburner et al., 2014; Kardos & White, 2005; Mankey, 2011). Demographically, two participants identified as male, 15 as female, and one did not respond. Three indicated their ethnicity as Asian/Pacific Islander, 13 as White, and one as Multiple Race.

Measure

A two-part survey, modified with permission from Kardos and White (2005) was administered, in order to (a) identify participants' understanding of the transition planning process and (b) identify the perceived barriers that they might encounter in the transition planning process (see Appendix A). Participants in the first portion of the survey were asked to rate their understanding of the various transition-related terminology using a five-point Likert response scale. One term from the original survey was updated from "Outcome-oriented process" to "Results-oriented process" to reflect the current definition found within IDEA (2004).

For the second part of the survey, five modifications were made. First, the order of perceived barriers was arranged according to the percentage reported in the original survey. For example, the sixth perceived barrier listed in the original survey was moved to the first listed perceived barrier in the modified survey because it had the highest percentage of respondents who agreed this was a barrier. Second, the wording for the majority of the barriers was changed from a third-person to a first-person perspective in order to be more applicable for graduate-level students. For example, "Lack of understanding of the role of occupational therapy on the part of transition team members" was changed to, "I understand my role on the part of a transition team member." Third, the method for responding was changed from a "check all that apply"

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approach to a five-point Likert response scale (“Strongly Disagree” to “Strongly Agree”). Fourth, the barriers to practice identified by Abbott and Provident (2016) were matched to the hindering factors listed by Mankey (2011; see Table 2). These modifications allowed for a more thorough analysis to be conducted in terms of perceptions, rather than simply reporting on the frequency of responses.

Procedures

The one-hour class session was taught by the first author and included topics such as: (a) the transition planning process; (b) how the law, current peer-reviewed literature, and various assessments impact the transition of children with disabilities; and (c) what roles and best practices occupational therapy can apply to the process. All potential participants were invited to read a selected chapter from their assigned textbook prior to attending class, which content focused solely on why transition planning occurs. After the one-hour class session, the students attended one 1-hour lab section in two groups. The content for the three-hour lab focused on learning how to administer various transition-related assessments, such as the Transition Planning Inventory-2 (Clark & Patton, 2009) and the TEACCH Transition Assessment Profile-2 (Mesibov et al., 2017). Once both groups of occupational therapy students completed the lab portion, the procedures for recruiting as described in the “Participants” section were followed.

Data Analysis

Descriptive statistics were reported for data collected in both sections of the survey. For the transition knowledge part of the survey, percentage data were combined in order to allow for comparison with results presented from previous studies. Specifically, responses for “Strongly Disagree” and “Disagree” were combined to create one variable, “Disagree” and responses for “Strongly Agree” and “Agree” were combined to create one variable, “Agree.” All data were analyzed using SPSS 25.0 statistical software.

Results

The authors of this pilot study sought to determine occupational therapy student understanding of transition planning and what they perceived as barriers to participating in the transition planning process. Results from the first portion of the administered survey are shown in Table 1. Overall, a high level of internal consistency ($\alpha = .947$) was found for this portion of the survey.

Table 1

Knowledge of IDEA (2004) Transition-Related Terms[a]

Terms	Disagree n(%)	Neutral n(%)	Agree n(%)
Results-Oriented Process	4 (22%)	2 (11%)	12 (67%)
Continuing Education	2 (11%)	1 (6%)	15 (83%)
Adult Education	3 (17%)	3 (17%)	12 (66%)
Post-Secondary Education	2 (11%)	2 (11%)	14 (78%)
Adult Services	2 (11%)	5 (28%)	11 (61%)
Independent Living	1 (6%)	3 (17%)	14 (78%)
Vocational Training	1 (6%)	4 (22%)	13 (72%)
Community Participation	1 (6%)	3 (17%)	14 (78%)
Integrated Employment	1 (6%)	8 (44%)	9 (50%)
Daily Living Skills	1 (6%)	2 (11%)	15 (83%)
Supported Employment	2 (11%)	7 (39%)	9 (50%)
Functional Vocational Evaluation	1 (6%)	9 (50%)	8 (44%)

Note. Mean data range from 1 to 4 (Strongly Disagree to Strongly Agree).
[a]Total number of respondents included in the analysis is 18.

Results from the second portion of the survey wherein occupational therapy students were asked to identify their agreement for any of the 14 identified barriers are shown in Table 2. Data for Question #5 were not reported due to an error in the distribution of the survey which replicated Question #4 rather than presenting Question #5. Overall, a low level of internal consistency ($\alpha = .123$) was found for this portion of the survey.

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Table 2

Perceived Barriers to Participation in Transition Services[a]

Barrier[1]		Disagree n(%)	Neutral n(%)	Agree n(%)
Q1	Transition services are primarily handled by another professional (i.e., special education teacher, guidance counselor, transition coordinator, etc.)	11 (61%)	4 (22%)	3 (17%)
Q2	I understand my role on the part of a transition team member.	1 (6%)	2 (11%)	15 (83%)
Q3	Sufficient funds are available to utilize occupational therapy services to the maximum potential.[2, 3]	12 (67%)	5 (28%)	1 (6%)
Q4	I have sufficient information regarding proper assessment tools to evaluate the areas of transition planning.	6 (33%)	6 (33%)	6 (33%)
Q5	My caseload may be too large to devote time to transition planning services to the fullest extent.[3]	--	--	--
Q6	I am aware of the specifics of transition planning as it relates to my profession.	2 (11%)	5 (28%)	11 (61%)
Q7	I have only minimal involvement with adolescent population.	8 (45%)	5 (28%)	5 (28%)
Q8	Most adolescents are discharged from occupational therapy services before age 16 when transition planning begins.	6 (33%)	5 (28%)	7 (39%)
Q9[+]	Transition planning services were not taught/addressed in my university program.	13 (72%)	2 (11%)	2 (11%)
Q10	I have sufficient knowledge about transition services.	5 (28%)	7 (39%)	6 (33%)
Q11	There is a perception of occupational therapists as “motor therapists” by others.[2, 3]	3 (17%)	4 (22%)	11 (61%)
Q12	I have sufficient skill on my part to provide the type of transition services for adolescents.	4 (22%)	6 (33%)	8 (45%)
Q13	I have had the opportunity to participate in a transition program for adolescents.[2]	12 (67%)	2 (11%)	4 (22%)
Q14	Occupational therapy is no longer an effective related service for adolescents.	18 (100%)	--	--

Note. [1]These barriers were identified in Kardos and White (2005). [2]Hindering factors identified in Mankey (2011). [3]Barriers to practice identified in Abbott and Provident (2016). [+]Total percentage does not total 100% due to one missing response. [a]Total number of respondents included in the analysis is 18.

Discussion

The purpose for this pilot study was to identify whether or not training at the college level could change transition services knowledge and perceived barriers of occupational therapy students. Several preliminary conclusions regarding knowledge of transition-related terms may be drawn from the data. First, instruction at the collegiate level to occupational therapy students produced similar results when compared to those obtained from occupational therapy practitioners. Of the 12 terms surveyed, similar percentages were identified for those who responded that they either agreed or disagreed with knowing the terms, as defined by the range of responses. For example, when analyzing the data for those who "Agreed" to knowing the terms, the range of 44% to 83% in the current study was similar to the range reported in the study conducted by Kardos and White (2005) of 47% to 88%. For those who "Disagreed," the ranges were again similar, 6% to 22% and 4% to 24%, respectively. A difference was identified in the range of responses for those who reported a "Neutral" understanding of the terms: 6% to 50% and 5% to 29%, respectively. This finding suggests that training at the collegiate level regarding transition-related terminology produces similar findings to those who are practitioners. Caution should be taken when considering this finding due to the various limitations, such as a lack of pre-post data, lack of a control and experimental group, and other variables not accounted for (i.e., faculty knowledge/experience). Future research should address these various limitations in order to more fully corroborate this initial finding.

Furthermore, half (six) of the twelve terms were similar in their overall percentage score (Adult Education, Post-Secondary Education, Adult Services, Community Participation, Integrated Employment, Daily Living Skills). Four of the largest differences in understanding of terminology between the current study and that conducted by Kardos and White (2005) were with the terms "Results-Oriented Process" (17% increase), "Continuing Education" (18% increase), "Supported Employment" (31% decrease), and "Functional Vocational Evaluation" (17% decrease). This finding is expected since the focus of the one-hour lecture and three-hour lab was on understanding the change in federal law between "outcome oriented" and "results-oriented" processes and on understanding that adults with disabilities can continue in their education. The decrease in understanding may be due to occupational therapy practitioners engaging in supported employment and functional vocational evaluations during their normal work routines, whereas the occupational therapy students would not be expected to know the effect and impact of those two concepts. The occupational therapy students who participated in this study were in their first year of a Masters-level program to become occupational therapists, whereas those who participated in previous research ranged in experience from one to 20+ years. One possible solution to ensure understanding of all transition-related terminology may be to provide a traditional fifteen-week long course instead of only four hours that these participants received. Another option may be to provide the opportunity to complete the six modules created by Abbott and Provident (2016). Preparation is one of the suggestions for improving occupational therapy knowledge (Ashburner et al., 2014). Data from the current study suggest additional training is needed at the collegiate level in order to improve understanding of transition-related terminology; therefore, it is recommended that occupational therapy programs

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embed these concepts within their curriculum in order to produce practitioners who are ready to participate in the transition planning process.

When analyzing the data collected on the perceived barriers occupational therapy students may face in participating in the transition planning process, several conclusions can be drawn. First, occupational therapy students differ from occupational therapy practitioners in what they identify as a perceived barrier. As previously mentioned, occupational therapy students in the current study indicated that the discharge of adolescents from receiving occupational therapy services was the top perceived barrier, whereas results from a previous study indicated that transition services handled by another professional was the main barrier (Kardos & White, 2005). This finding suggests occupational therapy students may be more involved in the transition planning process when they become practitioners, which may alter the current findings that occupational therapy practitioners are not involved in the transition planning process (Ashburner et al., 2014; Kardos & White, 2005; Mankey, 2011). As occupational therapy students recognize reduction of services as the primary barrier, they will need to be more involved in the transition planning process for adolescents with disabilities (Eismann et al., 2017). Future research will need to determine if a correlation exists between identification of this primary barrier to the number of services provided to adolescents.

Some similarities across multiple studies were found as well regarding perceived barriers. For example, occupational therapy practitioners reported a lack of funding and stereotypes (i.e., occupational therapy only provides “motor” therapy) as barriers (Abbott & Provident, 2016), which aligns with what occupational therapy students reported in the current study. One way occupational therapy students can change stereotypes is to increase collaboration and communication with other professionals involved with a child (Mankey, 2011). As one occupational therapy practitioner reported as the primary barrier, “people’s pre-conceived ideas of what occupational therapy’s job is in secondary transition planning” (Abbott & Provident, 2016, p. 393). One finding of note from the current pilot study is the report by occupational therapy students that transition services were not taught in their university (see Question 9 in Table 2). This finding suggests masters-level programs need to include more transition-related coursework, as previously identified.

Limitations

Several limitations to this pilot study need to be accounted for in order to improve the robustness and generalizability of these findings. First, low response rate. Despite multiple reminders and invitations to participate, only 18 of 72 students completed the survey. The anticipated sample size for this pilot study was calculated using the formula provided by Viechtbauer et al. (2015) where a confidence level of 0.95 and a problem probability variable of 0.15 suggested 18 participants. Future research will need to increase the sample size in order to generalize to the greater population of occupational therapy students. However, the low response rate may suggest a lack of understanding of what role OT practitioners have in transition planning, which mirrors the finding by Kardos and White (2005).

Another limitation is in the design. Only a post administration of the survey was provided to the students, with no means of comparing growth prior to and after learning about transition planning. The decision was made by the researchers a priori that since we did not know what impact the lecture and subsequent lab experience on transition planning would have on the occupational therapy students, we needed to collect some data before expanding this study. As such, given the results, more questions have arisen that need to be answered, and future studies will need to be designed that reduce the limitations of the previously selected design.

Finally, the validity of the survey as measured by completing a Cronbach's Alpha analysis indicated high internal consistency for the first part of the survey, yet low for the second. Caution must be applied when interpreting our findings. Future studies should be conducted in order to improve the internal consistency of the instrument (e.g., update the sentence formation of the second part of the survey, conduct an exploratory factor analysis, etc.).

Implications for Occupational Therapy Education

This research can enhance occupational therapy educators' awareness to transition-related content that is representative of an underutilized area of practice for practitioners in the clinical context. Occupational therapy possesses an inherent understanding of underlying barriers to transition experiences for individuals with disabilities; however, the lack of formal education regarding transition-based services continues to limit practitioners' understanding of the potential impact of direct services.

Conclusions

The authors of this pilot study sought to determine the transition planning knowledge of occupational therapy students as well as what they viewed as perceived barriers to participating in the transition planning process. While the results are preliminary, they provide guidance for the importance of addressing transition planning at the collegiate level in hopes of increasing the potential to expand occupational therapy's role. This study contributes to the body of literature in that it focused on occupational therapy students rather than occupational therapy practitioners, with guidance for how to continue further identification of perceived barriers in the transition planning of adolescents. This need continues today: "Occupational therapists have the professional skills and specialized knowledge and therefore are ideal to be part of the transition team by providing appropriate support and adaptations necessary for successful transitioning…It is crucial for the occupational therapy profession to establish and refine its role in secondary transition services" (Mankey, 2011, pp. 346-348).

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Appendix A
Survey

Part A: Transition Planning Domains

In this section you will be asked to identify your understanding of the transition planning process. For each of the following statements, please indicate your corresponding answer to the following question:

As it applies to IDEA mandated transition services, I thoroughly understand the definition of the following terms:

Please circle the response which best applies to you.

SD	D	N	A	SA
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

1	Results-oriented process	SD	D	N	A	SA
2	Continuing Education	SD	D	N	A	SA
3	Adult Education	SD	D	N	A	SA
4	Post-Secondary Education	SD	D	N	A	SA
5	Adult Services	SD	D	N	A	SA
6	Independent Living	SD	D	N	A	SA
7	Vocational Training	SD	D	N	A	SA
8	Community Participation	SD	D	N	A	SA
9	Integrated Employment	SD	D	N	A	SA
10	Daily Living Skills	SD	D	N	A	SA
11	Supported Employment	SD	D	N	A	SA
12	Functional Vocational Evaluation	SD	D	N	A	SA

Part B: Perceived Barriers to the Transition Planning Process

The following statements pertain to the perceived barriers to the participation of Occupational Therapists in the assessment of secondary transition services.

Please circle the response which best applies to you.

SD	D	N	A	SA
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

1	Transition services are primarily handled by another professional (i.e., special education teacher, guidance counselor, transition coordinator, etc.)	SD	D	N	A	SA

2	I understand my role on the part of a transition team member.	SD	D	N	A	SA
3	Sufficient funds are available to utilize occupational therapy services to the maximum potential.	SD	D	N	A	SA
4	I have sufficient information regarding proper assessment tools to evaluate the areas of transition planning.	SD	D	N	A	SA
5	My caseload may be too large to devote time to transition planning services to the fullest extent.	SD	D	N	A	SA
6	I am aware of the specifics of transition planning as it relates to my profession.	SD	D	N	A	SA
7	I have only minimal involvement with adolescent population.	SD	D	N	A	SA
8	Most adolescents are discharged from occupational therapy services before age 16 when transition planning begins.	SD	D	N	A	SA
9	Transition planning services were not taught/addressed in my university program.	SD	D	N	A	SA
10	I have sufficient knowledge about transition services.	SD	D	N	A	SA
11	There is a perception of occupational therapists as “motor therapists” by others.	SD	D	N	A	SA
12	I have sufficient skill on my part to provide the type of transition services for adolescents.	SD	D	N	A	SA
13	I have had the opportunity to participate in a transition program for adolescents.	SD	D	N	A	SA
14	Occupational therapy is no longer an effective related service for adolescents.	SD	D	N	A	SA

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