

CHAPTER 1

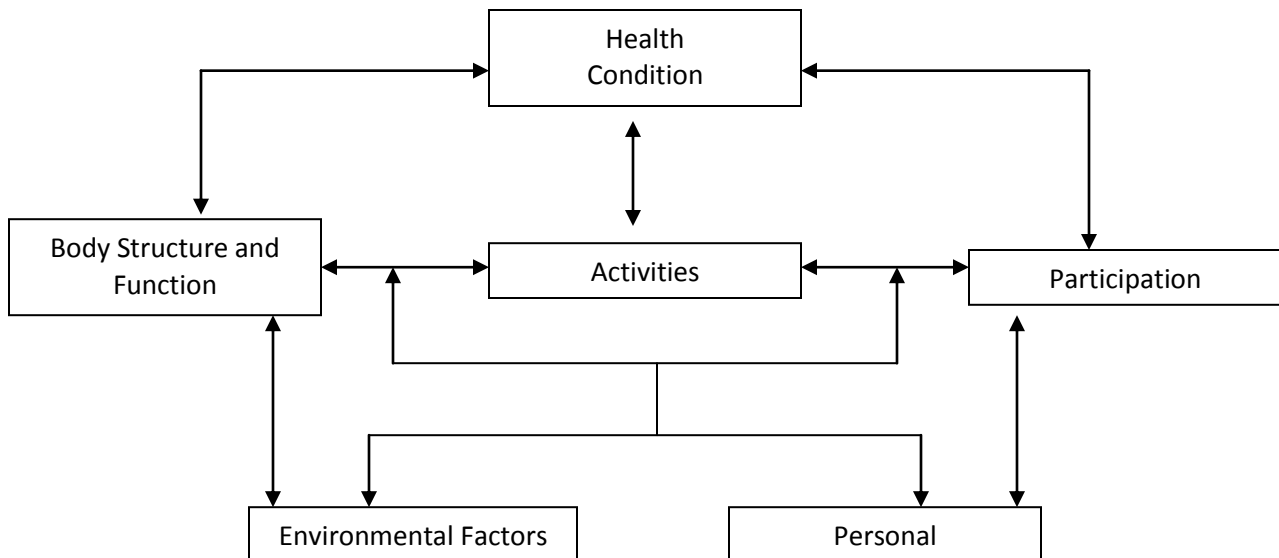
A Theoretical Framework for Therapy Services under IDEA 2004

Prior to 2002, the model for service delivery recommended by the World Health Organization (WHO) and the National Center for Medical Rehabilitation Research (NCMRR) identified five dimensions of disability, known as the "Disablement Model."

This model was primarily a hierarchical model which implied that a change in one level would impact the next level in a somewhat linear relationship. There were several limitations to the model and the result was that in many cases too much emphasis was placed on impairment with the expectation that this would have a positive impact on function. Research in the area of motor learning and motor control did not bear this out.

Since 2002 the American Physical Therapy Association (APTA) and the American Occupational Therapy Association (AOTA) use the WHO's International Classification of Functioning, Disability, and Health (ICF). This framework is used to organize the therapists' examination, evaluation, and intervention process throughout all practice venues and across the lifespan of therapy recipients. An explanation of this classification framework succinctly melds with the intent of the IDEA 2004. The ICF framework (see Figure 1, page 4) reflects an emphasis on an individual's participation in activities germane to his/her current and future roles in a variety of environmental contexts.

The intersection of person, task, and environment (Horak, 1991, and Bradley and Westcott, 2006), with an emphasis on a person's successful participation in a variety of environments, is at the core of the ICF theoretical framework. Inability to carry out activities and participate in life situations such as attending school can be impacted by problems in one's body structure and function. These situations may stem from a health condition or a potential current or future environmental barrier. Physical and occupational therapists, in collaboration with other professionals providing supportive services to students, infants and young children, can use this model to communicate what the recipients of their services need for successful participation in the various activities. Assessments of children within this framework should take a holistic approach to identifying any enabling or restricting factors to the child or student's full participation. This holistic assessment should inform team planning for services. It displaces the traditional deficit model approach to service delivery that perpetuates discipline specific goal writing, and replaces it with student/child/family centered goal development. Long-term outcomes are more easily identified and pursued and therapist advocacy roles are more transparent when utilizing the ICF framework.

Figure 1: The ICF Framework (WHO, 2001)

Elements and definitions of the ICF framework include:

- ♦ **Participation:** Role fulfillment such as functioning as a student in an educational environment.
- ♦ **Activity:** Functional tasks, e.g., writing responses to an exam, attending school plays, playing on the playground, giving a book report, or eating lunch.
- ♦ **Health Condition:** Specific pathology, diagnosis, and prognosis of condition course such as spina bifida, autism, cerebral palsy, or limb deficiency.
- ♦ **Body Structure:** The anatomical parts of the body such as organs, limbs, and their components.
- ♦ **Body Function:** The physiological function of body systems (including psychological functions).
- ♦ **Personal and Environmental Contributing Factors:** External physical factors may include materials, environment, climate, geography, or rural/urban settings. Social factors may include language, relationships, or cultural expectations.

Using the ICF model, physical and occupational therapists' interactions with each child/student encompasses six elements of patient/client management, collectively referred to as Assessment in Education Practice Setting. In chronological order these include:

- ♦ **Examination** is required prior to initial intervention for all students/children. It includes a comprehensive screening and specific testing to determine impairments, activity limitations, and participation restrictions. The three major components of any examination are history, systems review, and tests and measurements.
- ♦ **Evaluation** refers to the clinical judgment made based on the clinical findings and history acquired from the examination in concert with knowledge regarding the specific health condition.

- ♦ PT or OT **Diagnoses** are those labels that can identify the impact of a condition on function at the level of the body system.
 - ♦ **Prognosis** is the determination of predicted optimal level of improvement in function and the amount of time needed to reach that level. In non-school environments this would be the plan of care, in school or early intervention environments this would be the IEP or IFSP document.
 - ♦ **Intervention** is the intended interaction of the therapist with the child/student or other providers/support staff involved with physical management of the child/student. This may include treatment, coordination, communication, documentation, and instruction.
 - ♦ **Outcomes** are the anticipated, projected goals and objectives from the interventions.
- (Adapted from Guide to Physical Therapist Practice, 2001)

Therapy services in educational settings are defined by federal special education law, known as IDEA or the Individuals with Disabilities Education Improvement Act of 2004.

In addition to IDEA there are a number of other federal laws which also impact services to students identified as eligible for special education programs. While essentially different, there are many of overlapping principles and protections.

The World Health Organization's 2001 International Classification of Functioning, Disability, and Health (ICF) may be used to organize the therapists' examination, evaluation, and intervention process throughout all practice venues and across the lifespan of therapy recipients.

Age Categories under IDEA

There are two distinct parts of IDEA 2004: Part B and Part C. Part B describes services for children ages 3 to 21. Part C describes services to children ages birth to 3. In

Oregon, the state Department of Education provides early intervention (birth to age 3) and early childhood special education (age 3 to school age) services through contracts with Education Service Districts (ESDs). School Districts provide special education services for children in kindergarten through grade 12.

Student census numbers vary according to population densities; therefore, some school districts form a consortia, called regional programs, that are defined by geographical boundaries for employing therapists who are itinerant across many districts. A few districts contract with therapists from local hospitals.

Special education age groupings parallel the roles and expectations of children at different times of their lives and learning. By the same token, the environments where services are provided are very different.

Early intervention services take place in "natural environments" or other settings as determined by the IFSP team. Natural environments include, but are not limited to, the family home, child care, community setting, etc. Child and family-centered goals are paramount. Early intervention goals focus on the child's developmental needs which are

indistinguishable from educational needs at this age. Gross and fine motor exploration is important as a part of a child's overall development as are the ways in which a child communicates and learns reciprocity. Communication and social skills should be supported in the delivery of OT and PT services.

The early childhood special education setting is determined by the IFSP team and provided in the location(s) that best meet the child's needs. This may be in settings such as a community preschool, the child's home, or an ECSE classroom. Developmental and educational child-centered goals are often one and the same at this age. Some goals may address pre-literacy and pre-numeracy skills but the focus remains on providing what the child needs. The expectation for 3-5 year olds is to develop skills to navigate their daily environments and prepare them for school. Occupational and physical therapy services provide necessary supports to help children meet these expectations.

Recognizing and embracing these age groupings gives additional value to the commonalities of the ICF model and the tenets of IDEA 2004. Personal and environmental contextual considerations encourage therapists to make decisions and provide services appropriate to the child's development. It also facilitates child- and family-centered goals that are not therapy domain-specific. Child/student goals can be more readily written in terms of activity participation and function in the educational environment.

Table 1: Comparison of Part C and Part B of IDEA 2004

	Part C – Early Intervention	Part B – Special Education
Goals	The focus is on supporting the family to meet the developmental needs of their child with a delay or disability.	The focus is on the child and his/her educational needs.
Age	Applies to children from birth to age 3; eligibility determined by medical condition or by significant developmental delay.	Applies to children age 3-21; eligibility determined by specific categories of disability or, for 3 and 4 year-olds, significant developmental delays.
Service Coordination	Each eligible infant or toddler and his/her family must be provided with a service coordinator.	Under special education law, there is no requirement that a service coordinator be designated for a child and his/her family. Service coordination is typically provided by the special education teacher.
Services	Services and supports are documented in an IFSP (Individual Family Service Plan) and may be provided by a variety of agencies.	Special education and related services are documented in an IFSP for children age 3 to 5 and provided by the local EI/ECSE program. For children K to age 21, special education and related services are documented in an IEP (Individualized Education Program) and are the responsibility of the local school district.
Delivery of Services	Requires services and supports to be provided in “natural environments.”	Requires special education and related services to be provided in the “least restrictive environment.”
Recipient of OT/PT Services	Recipients of services and supports are the infant/toddler and/or the child’s family.	Recipients of special education and related services and supports are the child, the education staff and the child’s family.
Assessment Disputes	NA	Parents may obtain an independent educational evaluation (IEE) at school district’s expense if they disagree with the accuracy or appropriateness of the school district’s assessment. Districts may request a due process hearing to prove the accuracy or the appropriateness of its assessment. OAR 581-015-2765 (age 3 to 5); OAR 581-015-2305 (age 5 to 21)
Dispute Resolution	Dispute resolution through the complaint process, mediation or due process hearing; after using these, parents may file a civil court action, but are not entitled to recover their attorney’s fees and costs.	Dispute resolution available through all of the same processes as Part C; attorney’s fees incurred for due process hearing or civil action may be awarded to parents under certain circumstances.
Procedural Safeguards	Procedural safeguards include: <ul style="list-style-type: none"> ♦ prior written notice of meetings, etc. ♦ confidentiality of information ♦ right to decline some services or supports without jeopardizing others ♦ transition planning ♦ right to examine agency records related to the child and obtain copies at reasonable cost ♦ written consent before assessment or initiation of each service and supports ♦ right to have outside evaluation obtained at parent expense be considered by IFSP team and included in child’s records. 	Procedural safeguards include: <ul style="list-style-type: none"> ♦ prior written notice of meetings, etc. ♦ confidentiality of information ♦ right to examine school district records related to child and obtain copies at reasonable cost ♦ written consent required before initial assessment and provision of special education ♦ special education services provided according to the IFSP/IEP to ensure FAPE ♦ extended school year services if child requires them ♦ transition planning ♦ right to have outside evaluations obtained at parent expense considered by IEP team and included in child’s record.

Adapted from: Long, M.J. (Ed.). (1999). *First Steps to Discovery: A Parent Guide to Colorado's Early Childhood Services Under Parts C and B of the Individuals with Disabilities Education Act*. Denver: The Legal Center.

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