Providing Collaborative and Contextual Service in School Contexts and Environments

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ABSTRACT
Quality, reliability, and outcome are essential considerations in occupational therapy service delivery. Although educational legislative requirements do not require using specific occupational therapy interventions, they have impacted how school teams work with students, families, and one other. Shifting occupational therapy services to natural learning contexts and environments and engaging actively in collaboration with educational partners has resulted in increased active student participation and learning; greater opportunity for collaborative, meaningful decision making; increased capacity and satisfaction of those working with children with disabilities; and increased perception of the value of occupational therapy services. Despite emerging evidence of the effectiveness of collaborative and contextual occupational therapy practice in school settings, it is a complex undertaking requiring understanding of influencing regulatory statutes and school policies as well as the role of occupational therapy in supporting the curriculum expectations and classroom practices. Building understanding of contextual and collaborative practice; identifying the influences, affordances, and barriers; and establishing partnerships with interdisciplin ary team members is essential to providing best occupational therapy practice in schools.

LEARNING OBJECTIVES
After reading this article, you should be able to:
1. Define collaborative and contextual practice in school settings
2. Identify the influences, affordances, and barriers to providing best practice in occupational therapy in school settings
3. Recognize competency domains and models of collaboration that build team decision making and promote innovation in practice
4. Identify tools to optimize collaborative decision making and design contextual practice

INTRODUCTION
The distinct value of occupational therapy lies in its focus on improving “health and quality of life through facilitating participation and engagement in occupations, the meaningful, necessary, and familiar activities of everyday life” (American Occupational Therapy Association [AOTA], 2016b, p. 1). A practice that focuses on supporting a child’s participation through engagement in meaningful occupation reflects our profession’s domain and core values (AOTA, 2014a). School-based occupational therapy practitioners enhance student participation by embracing a lifespan approach to promoting development across domains of function; modifying tasks and environments; and providing service during naturally occurring activity in naturally occurring locations (Frolek Clark & Chandler, 2014). Handley-More, Wall, Orentlicher, and Hollenbeck (2013) suggested that best practice in school settings can be achieved by:
• Gathering information across the environments in which students engage
• Making decisions by collaborating with all relevant stakeholders
• Using evidence to conduct evaluations and develop goals and intervention plans that are “framed in and measure child participation in context” (p. 1) and prepare students for educational, vocational, and independent living opportunities after graduation
• Providing services within the context of the students’ routines and activities
• Modifying contexts and environments to support active engagement, emotional well-being, and social competence.

Designing and delivering services collaboratively in a student’s natural contexts and environment can take many forms, depending on the student’s needs, parent and teacher concerns, and the school’s and the school district’s culture and policies. Practitioners who work with teachers to adapt activities and modify environments to enhance a student’s participation in meaningful roles and routines; practitioners who help students identify their personal interests and exercise their rights to
make choices and decisions (Giovacco-Johnson, 2009); and practitioners who balance evidence and the students’ interests in designing interventions that enable students to engage actively and authentically in occupations of meaning (Frolek Clark & Chandler, 2014) are all contemporary collaborative contextual service providers who are using best practices in the school setting. Silverman (2011) stated, “Occupational [therapy practitioners], with their unique body of knowledge and practice domain, can be instrumental in designing and implementing ways to differentiate the learning process to support learning” (p. 105). As occupational therapy practitioners provide their services in the student’s naturally occurring context, they model the very activities and instructional strategies teaching staff can effectively integrate into the curriculum and classroom activities benefitting all students (Laverdure, Paulsen, Rumery, & Strunk, 2016).

Core Competencies for Collaborative and Contextual Practice
Investing in collaborative relationships when providing school-based occupational therapy contributes to many important outcomes (Bayona, McDougall, Tucker, Nichols, & Mandich, 2006; Case-Smith & Rogers, 2005; Reid, Chiu, Sinclair, Wehrmann, & Naseer, 2006; Wehrmann, Chiu, Reid, & Sinclair, 2006).

These include:
• Developing innovative teaching and learning supports, strategies, and technologies
• Identifying and addressing affordances and barriers in physical, knowledge, skill, behavior, and attitudinal contextual characteristics that influence a student’s participation in school
• Building capacity in caregivers, teachers, and administrators
• Developing student skills necessary to fulfill roles, participate effectively in routines, and engage actively in meaningful occupations.

Achieving these outcomes depends on the occupational therapy practitioner’s competencies in working collaboratively with stakeholders within a complex organizational system. When occupational therapy practitioners work in the classroom setting, sharing their knowledge through modeling and demonstration and participating in program planning and problem solving, teachers report increased satisfaction and understanding of students’ needs (Fairbairn and Davidson, 1993), as well as increased knowledge of their roles and responsibilities (Case-Smith & Cable, 1996).

Villeneuve (2009) suggested that the relationship between educators and occupational therapists is collaborative when it depends on shared expertise. Within this collaborative transitional interchange, individuals from diverse intervention perspectives can effectively identify strengths and needs and establish individualized solutions to address challenges (Gutkin, 2002).

Villeneuve (2009) found that although collaborative practice varies significantly between occupational therapy practitioners and the many interdisciplinary teams with whom they interact, it is often characterized by:
• Focusing on identifying levels of performance, establishing and reviewing goals, and discussing skill development in the areas of fine motor and written production, self-care, gross motor skills, and postural control and regulatory/behavioral management
• Providing education, making programmatic recommendations, and designing environmental/task modifications.

Additionally, Villeneuve found:
• Positive outcomes are impeded by occupational therapy practitioners who assume an expert role in the collaboration process.
• Negative outcomes are related to inadequate time; the itinerant nature of occupational therapy practitioners; and teacher understanding of the roles, responsibilities, and impact of therapy services and providers.

Collaborative discussions support evaluation findings and help team members refine approaches, but they are not effective in creating and planning innovative solutions to complex problems.

Effective collaborative practice requires that all members of the interdisciplinary team commit time to collaboration and understand special education regulation, school board policy, curriculum and classroom practices, and the roles and responsibilities of each member (Villeneuve, 2009; Villeneuve & Shulha, 2012). Effective collaboration occurs when team members focus on discussing the expected outcomes of students within a specific educational context, defining the affordances and barriers to outcome achievement, and sharing innovative ways...
to instruct and provide intervention to meet the expectations (Fairbairn & Davidson, 1993).

How then do occupational therapy practitioners carve time to collaborate with team members to identify innovative solutions to students’ unique and complex problems? What does collaborative practice look like? Spencer, Turkett, Vaughan, & Koenig (2006) suggested that interdisciplinary team members must develop skills in communication, interpersonal relationships, and building partnerships. Building capacity in these skill areas takes guidance and practice.

The Collaborative Practice Framework (CPF; see Figure 1 on p. CE-2) is drawn from models of Developmental Work Research (Engeström, 2000), the Plan-Do-Study-Act Cycle (Taylor et al., 2014), reflective practices (Laverdure, Seruya, Stephenson, & Cosbey, 2016), and appreciative inquiry (Cooper-Whitney, & Stavros, 2008) to provide guidance in developing collaborative practice. The CPF illustrates a process that school-based occupational therapy practitioners can use to build collaboration competencies and establish effective partnerships with interdisciplinary team members. The key purposes of the CPF are to identify and prioritize occupational engagement challenges; design creative, innovative, and collaborative intervention plans and data collection methods; monitor the fidelity of interventions; and flexibly and quickly respond to progress trends.

As previously noted, interdisciplinary teams generally spend time identifying the issues and establishing goals but don’t effectively use collaborative practice to analyze how they will instruct, intervene with, and evaluate the expected and unexpected outcomes of their instructional strategies. The reflective and appreciative considerations in Table 1 guide the occupational therapy practitioner’s use of the CPF to develop competent collaborative practice.

Establishing effective collaboration involves mutual commitment and shared accountability. Interdisciplinary teams who commit to collaboration can make lasting changes to the physical, academic, and social contexts that contribute to student progress.

Table 1: Building Contemporary Competent Collaborative Practice Using the Collaborative Practice Framework

<table>
<thead>
<tr>
<th>Identify Issues</th>
<th>Identify Solutions</th>
<th>Identify Measures</th>
<th>Identify Outcomes</th>
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<tbody>
<tr>
<td>• What are the key issues, and how are they affecting learning, occupation, and performance in the classroom?</td>
<td>• What outcomes are expected? What will success look like?</td>
<td>• How will progress be measured?</td>
<td>• How will team members communicate the changes in learning, occupational engagement, and performance?</td>
</tr>
<tr>
<td>• What are the causes and contributing factors associated with these issues?</td>
<td>• What theory of change will be used to design interventions?</td>
<td>• How will confounding factors (absences, illnesses, behavior changes, etc.) be viewed relative to intervention success?</td>
<td>• How will team members identify inconsistencies in intervention carry over?</td>
</tr>
<tr>
<td>• What are the student’s perception of the issues?</td>
<td>• What will interventions target key areas of concern and expected outcomes?</td>
<td>• How will change be attributed to the intervention?</td>
<td>• How will the potential for bias and misleading results be mitigated?</td>
</tr>
<tr>
<td>• Are the issues the result of larger systemic issues that need to be addressed concurrently?</td>
<td>• What evidence suggests that the intervention will be successful? What predictions might be made?</td>
<td>• How will the intervention be carried over and sustained?</td>
<td>• How will the team members respond with agility to lack of progress or unanticipated negative effects of the intervention?</td>
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<tr>
<td></td>
<td>• What roles will each of the members of the team play in implementing the intervention?</td>
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<td>• How will outcomes be evaluated?</td>
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<td>• What are the possible outcomes if the intervention is not successful?</td>
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<td>• How will the team analyze expected and unintended outcomes (how and why the intervention worked or did not work)?</td>
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The Collaborative Practice Framework (CPF) is illustrated in Figure 1, which shows the steps involved in building contemporary competent collaborative practice. The CPF provides a framework for occupational therapy practitioners to use in developing collaborative practices that are effective and efficient.

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<td>Identify Measures</td>
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<td>• How might change in these areas influence productivity, relationships, and satisfaction?</td>
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<td>Identify Outcomes</td>
<td>• Is the intervention design consistent with the context and contextual expectations?</td>
<td>• What physical, knowledge, skill, behavior, cultural, and attitudinal affordances and barriers affect the intervention implementation?</td>
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<td>• How will buy-in among stakeholders (including the student) be facilitated?</td>
<td>• How will the “who, what, where, when, and how” of intervention implementation be managed?</td>
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Designing Embedded Interventions

The purpose of special education is to “address the unique needs of the child that results from the child’s disability; and to ensure access of the child to the general curriculum, so that the child can meet the educational standards … that apply to all children” (IDEA, 2004). In this context, occupational therapy is a related, or supportive, service provided expressly to “assist a child with a disability to benefit from special education” (IDEA, 2004). The student’s educational program must include academic and functional goals that “meet the child’s needs … to enable the child to be involved in and make progress in the general education curriculum” (IDEA, 2004).

The Occupational Therapy Practice Framework: Domain & Process, 3rd Edition (Framework; AOTA, 2014b) provides practitioners with guidance to implement best practices within the context of these complex regulatory requirements. Both IDEA and the Framework expect occupational therapy practitioners to (1) collaborate with clients for developing the evaluation process, goals, and intervention planning and implementation; (2) consider function and participation and promote access to and progress in the general education curriculum; and (3) measure the outcomes of their intervention. Given that the limited hours of the school day are filled with academic and non-academic activities, providing services through a contextually based model enables occupational therapy practitioners to address each student’s unique needs.

Table 2 on page CE-5 illustrates the steps that the occupational therapy practitioner may take to enact a contextual practice that supports student access, occupational engagement, and school participation (Laverdure & Rose, 2012).

When designing embedded interventions, occupational therapists can engage in therapeutic use of occupations and activities. Consistent with the Framework, therapists, in collaboration with educators and other members of the school staff, can identify opportunities for the student to develop skills through naturally occurring activities in natural locations. Targeting these opportunities decreases the need for generalizing skills and allows the practitioner to model strategies that the teachers and other staff can implement throughout the school day. Additionally, the practitioner can provide education to the teachers and staff, including in the specific implementation of strategies and in developing purposeful activities that promote skill development. For example, an occupational therapist can support a general education teacher in developing transition activities and activities for student self-selection after the completion of group work. These activities can promote specific skill development through purposeful activity, such as handwriting skills, fine motor skills, and self-regulation.

As previously noted, throughout the process of designing embedded interventions, the occupational therapist must demonstrate strong communication and collaboration skills. In addition, they should consider the following questions:

- What are the current naturally occurring occupations?
- What interventions can be embedded into these occupations while minimizing disruptions?
- How can the strengths and skills of the interdisciplinary team and other staff members be considered when developing the interventions?
- How can the interventions be designed to use naturally occurring materials and supports?
- What additional training and other supports are necessary for the intervention to be successful?

Through education, consultation, and face-to-face service delivery in naturally occurring contexts, occupational therapy practitioners can collaborate with school teams to achieve the best outcomes for students.

A Study of the Current Use of Collaborative and Contextual Practice

In a recent online survey of 1,105 U.S. school-based occupational therapy practitioners, Gaylord (2016) investigated the proportion of time practitioners deliver contextual and collaborative services. Eleven percent of survey respondents were high users of contextual services (more than 75% of their time was spent delivering contextual services), 43% were medium users (25%–75% of their time), and 45% were low users (less than 25% of their time). Relatedly, 15% of respondents described themselves as low users of pull-out services, 38% were medium users, and 46% were high users. When provided a checklist to choose reasons that supported their decision to use a pull-out method of service delivery, half or more of respondents reported they did not use the naturally occurring location and activity because (1) it contained barriers to learning, such as noise or visual distractions; (2) they wanted to build a therapeutic relationship; (3) they wanted to achieve better student compliance or behavior; and (4) there were scheduling problems. Between 19% and 48% of respondents reported other reasons, such as occupational therapy disrupting others; student embarrassment; workplace standards; or parent, teacher, or occupational therapy practitioner preference. Survey respondents described their use of collaborative service using the same categories. Three percent were high users, 33% were medium users, and 64% were low users of collaborative service.

There were many associations between demographic groups and service delivery methods. The highest users of pull-out services and the lowest users of both collaborative and contextual services included contract workers and practitioners who rated themselves as “unprepared” or “somewhat prepared” to provide contextual services. Conversely, the lowest users of pull-out services and the highest users of both collaborative and contextual services included employees and practitioners who rated themselves as “well prepared” to provide contextual services. The narrative comments supported the data with a call for specific training to prepare practitioners for best practice service.
Collaborative and contextual service delivery is essential to implementing best practices in school-based settings; however, it is challenging to overcome the barriers present within the complex dynamics of school-based practice. Perceived barriers include ineffective communication, challenges transitioning from an expert to a collaborative model, problematic student behavior, issues with scheduling, disturbing others, student embarrassment, workplace standards, and individual preferences (Gaylord, 2016). Such barriers can be addressed by preparing new practitioners, building stakeholder relationships, and shifting from a caseload to a workload model.

The following tools can be used to enhance skills in collaborative and contextual practice:

- Pursuing continuing education (e.g., formal coursework, fieldwork supervision, mentorship, reading evidence-based literature; AOTA, 2017)
- Examining practice and determining strengths, interests, and learning needs through self-assessments (e.g., AOTA’s Professional Development Tool [AOTA, 2013])
- Accessing state and federal guidelines
- Sustaining membership in AOTA for access to resources such as the Journal Club Tool Kit, School-Based FAQs, School-Based Mental Health Toolkit, American Journal of Occupational Therapy, the Early Intervention & School Special Interest Section, and networking opportunities through OT Connections (www.otconnections.org)
- Seeking mentorship under the guidance of more experienced practitioners who model best practices

The second way to overcome barriers is through relationship building with stakeholders in school settings, including students, teachers, parents, administrators, therapists, and policy makers. According to the Framework, the therapeutic use of self is considered an “integral part of the OT process ... which allows occupational therapy practitioners to develop and manage their therapeutic relationship with clients” (p. S12). Building mutual understanding, respect, and trust through the therapeutic use of self sets the foundation for successful collaboration. Professional learning communities and communities of practice are additional methods to enhance collaboration (Frolek Clark & Chandler, 2014). When practitioners have strong relationships with all stakeholders and model best practices for others to

### Table 2. Steps for Supporting Student Access, Occupational Engagement, and School Participation (Laverdure & Rose, 2012)

<table>
<thead>
<tr>
<th>OT Process</th>
<th>Action Steps</th>
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| **Evaluation**   | - Synthesize the student’s health-related parameters (health conditions, body function and structures, and the environment) and their educational trajectories and transitions.  
- Identify affordances and barriers that influence access to and participation in school activities.  
- Identify roles, routines, and skills required to participate effectively in the school community.  
- Evaluate participation and performance in meaningful contexts and environments.  
- Use occupation-based, functional, self-assessment, and quality-of-life measures that build understanding of the student’s perspective of disability and participation and the personal and contextual factors that facilitate or interfere with participation. |
| **Goal Setting** | - Translate the unique understanding of performance components, task demands, and environmental factors that support or hinder access, participation, and ability to benefit from the educational curriculum.  
- Identify goals as student goals that do not belong to one discipline or professional.  
- Focus on student strengths, need for accommodations, and barriers that impede function rather than on remediating impairment. For example, goals related to self-regulation may be replaced with goals related to work completion or appropriate peer interactions.  
- Base goals on student interests, needs, values, and potential outcomes for future work and independent living.  
- Be sure goals include objective, measurable criteria that can be easily evaluated throughout the day and that reflect learning and achievement.  
- Empower students to set realistic goals, improve understanding of their strengths and challenges, and develop self-advocacy skills. |
| **Intervention Planning** | - Modify physical and social environments and task demands, creating a culture of universal accessibility and inclusivity.  
- With the interdisciplinary team, co-develop accessible learning activities; strategies to modify and accommodate the student’s learning needs to facilitate active participation; and formative, summative assessment strategies to ensure learning.  
- When required to remediate specific impairments in body function, focus intervention on minimizing the impact of impairments on participation (this is often short term). |
| **Intervention Implementation** | - Provide intervention during naturally occurring activities across the school campus.  
- Only remove students from their natural contexts and environments when there is specific criteria established, including duration and intended outcome.  
- Anticipate critical transitions and challenging turning points throughout the student’s OT Process Action Steps education, and support participation.  
- All members of the interdisciplinary team support all goals and collaboratively collect data throughout the school day.  
- All members of the interdisciplinary team collaborate in monitoring progress, analyzing data, measuring outcomes, and making informed decisions for the future. |
more clearly understand the value of occupational therapy, parents, teachers, therapists, and others are more likely to shift their preferences away from pull-out services in support of contextual, collaborative services.

Third, school-based practitioners must shift from a caseload to a workload model to alleviate scheduling issues and enhance workplace standards. The workload model is strongly endorsed by occupational therapy, physical therapy, and speech-language therapy national organizations (AOTA, American Physical Therapy Association [APTA], American Speech and Hearing Association [ASHA], 2014). A caseload model refers to the number of intervention sessions within a time period, whereas the workload model considers the complex demands on practitioners and factors all activities required to benefit students (AOTA, 2014a). This includes time spent on documentation, collaboration with staff, communication with parents, and participation on committees and in school-wide initiatives (AOTA, 2014a). Switching to a workload model is facilitated through four steps: (1) Completing a time study of activities and tasks performed, (2) calculating the percentage of time performing each activity, (3) analyzing the results, and (4) presenting this information to the supervisor (AOTA, 2014a). A workload model increases scheduling flexibility for collaborative and contextual services, facilitates rapport building, establishes equal partnerships, and supports practitioner inclusion into the school community (AOTA, APTA, & ASHA, 2014).

CONCLUSION

Providing services within the school setting is complex and influenced by continually shifting regulatory, policy, and cultural requirements. As practitioners strive to provide services that improve health, wellness, and satisfaction; deliver consistent results; and provide good value for the cost, shifting occupational therapy service provision to natural learning contexts and environments and engaging actively in collaboration with educational partners have resulted in increased active student participation and learning; greater opportunity for collaborative and meaningful decision making; increased capacity and satisfaction of those working with children and youth with disabilities; and increased perception of the value of occupational therapy services. Understanding collaborative and contextual practice in school settings; identifying the influences, affordances, and barriers to providing it; and building competencies in collaboration that build team decision making and promote practice innovation may optimize collaborative decision making and enable practitioners to design and implement best practice.

As a practice community, school occupational therapy practitioners are encouraged to examine their own competencies and practice and:

1. Engage in conversation about the contributions and value of their work in schools with all stakeholders—teachers, parents, administrators, policymakers, and people with disabilities

2. Develop outcome measures that address our full scope of occupational therapy practice and identify outcomes of value to all stakeholders

3. Identify what is working when and under what conditions, and build partnerships with researchers to design and conduct research that is relevant to the profession and stakeholders

4. Develop ways that practitioners and scholars can better disseminate knowledge in a way that is understood by the profession, its practitioners, and its many stakeholders.

REFERENCES


**How to Apply for Continuing Education Credit**

A. To get pricing information and to register to take the exam online for the article *Providing Collaborative and Contextual Service in School Contexts and Environments*, go to www.aota.org/cea, or call toll-free 877-404-2682.

B. Once registered and payment received, you will receive instant email confirmation with password and access information to take the exam online immediately or at a later time.

C. Answer the questions to the final exam found on pages CE-7 and CE-8 by **August 31, 2019**.

D. On successful completion of the exam (a score of 75% or more), you will immediately receive your printable certificate.

**Final Exam**

**Article Code CEA0817**

**August 22, 2017**

**Providing Collaborative and Contextual Service in School Contexts and Environments**

To receive CE credit, exam must be completed by **August 31, 2019**.

**Learning Level:** Intermediate

**Target Audience:** Occupational Therapists and Occupational Therapy Assistants

**Content Focus:** Context and environments; Professional issues: interprofessional collaboration

1. Best practice in school settings can be characterized by which of the following?
   A. Testing the student using norm-based assessment tools
   B. Using evidence and data to conduct evaluations and make decisions about instruction and intervention
   C. Providing services in a setting free of distractions and interruptions
   D. Providing a list of effective interventions to the teacher to be carried over in the classroom

2. Several important outcomes are achieved when collaborative relationships among team members are established and nurtured. They include:
   A. Innovative teaching, supports, strategies, and technologies
   B. Improving skills that impact student performance on academic and developmental measures
   C. Decreased down time in service delivery
   D. Identifying members of the team that dislike working with students with disabilities

3. Which one of the following statements is true about collaborative service delivery in schools?
   A. It works best when the expert occupational therapy practitioner provides consultation to other school adults.
   B. It works best when team members engage in in-depth discussions about student needs and design individualized and innovative interventions.
   C. It decreases job satisfaction among school professionals.
   D. It can occur as pull-out occupational therapy service delivery followed by consultation with other school staff to bring them up to speed.
4. Which of the following is an example of the application of contextual practice in the occupational therapy process?
   A. Helping students identify their limitations, and working on exercises in the back of the classroom beside their peers to overcome them
   B. Working with teachers to adapt activities and modify environments to enhance a student’s access to and participation in meaningful roles and routines
   C. Focusing exclusively on the skills of early childhood to establish a solid foundation for later years
   D. Serving the team as the expert on sensory, motor, and visual-perceptual development in children

5. Why is collaborative and contextual service delivery in schools important for student outcomes?
   A. It allows individual team members to leverage their discipline’s most effective supports, strategies, and technologies to enable a student to access and participate successfully in their educational program.
   B. Modeling partnerships can help a student interact more effectively with peers.
   C. It identifies solutions for the physical, knowledge, skill, behavior, and attitudinal barriers that influence a student’s participation.
   D. It enables students and families to make informed choices about the most effective interventions.

6. Which is not true about contextual service delivery in schools?
   A. It uses naturally occurring activities.
   B. It uses naturally occurring contexts and environments.
   C. It makes it difficult for the therapist to do ongoing assessment of the factors impacting participation and success.
   D. It supports collaborative service delivery by placing the occupational therapy practitioner with the student and staff who work with the student during times the student needs support.

7. Which of the following is not an example of collaborative and contextual service delivery in schools?
   A. Joining a student during lunchtime to support staff and the student who is not yet fluently using adaptive eating utensils
   B. Joining the student during small group math instruction to help work out a way the student can successfully handwrite vertically oriented math problems using proper column alignment
   C. Using the naturally occurring writing assignment from the teacher but removing the student to a separate area to introduce raised-line adaptive writing paper
   D. Joining a preschool classroom during story time to help students and staff understand how to weave core-strengthening poses (e.g., tall kneel) into the story time activities.

8. The Collaborative Practice Framework does not include which of the following?
   A. Identifying issues that influence learning and occupational performance
   B. Selecting the lead expert, who will identify which strategies and interventions to implement
   C. Identifying how progress will be monitored and performance data analyzed
   D. Identifying which outcomes have been achieved

9. How can barriers to contextual and collaborative practice be overcome?
   A. Establish clear role boundaries of each member of the team
   B. Build strong relationships with all stakeholders
   C. Carefully manage caseload requirements
   D. Identify data collection methods to be carried out by the teaching staff

10. Which of the following best describes why transitioning from a caseload to workload model can support collaborative service delivery?
    A. A workload model increases the number of students on a practitioner’s caseload, thus giving the practitioner more practice in delivering collaborative service.
    B. A workload model is based on all job duties, including collaborative service, not just the number of students on the caseload. This reduces the time needed for practitioners to be present where and when other school staff work with students.
    C. A workload model creates more time in a practitioner’s schedule by identifying them as the expert who instructs others to implement the interventions.
    D. A workload model is based on practitioners sharing their duties with school support staff, creating time to collaborate with teachers.

11. Which of the following positively affects collaboration?
    A. Assuming an expert role in the collaboration process
    B. Setting aside time at the beginning of the school year for collaboration
    C. Thoroughly understanding the roles of team members
    D. Providing evidence-based services in an quiet one-on-one setting adjacent to the classroom

12. Interdisciplinary team members must do which of the following in order to collaborate effectively?
    A. Discuss the expected outcomes of students within the specific educational context.
    B. Share discipline-specific interventions to instruct and provide intervention to meet the student’s expectations.
    C. Consider the perspectives of all of the specialists on the team.
    D. Consider each of the student’s limitations that impact performance.