

## Review of the Literature

# CONSULTATION

Casillas, D. (2010), **Teacher's Perception of School-Based Occupational Therapy Consultation: Part 1, Special Interest Section Quarterly: Early Intervention & School**, Volume 17, 1.

In reviewing the varying outcomes and perceptions of teachers regarding consultation, it's suggested that more consistency be achieved through a combination of individual and systemic approaches. Collaborative consultation must include team input to problem-solve, share strategies, peer coach and reach mutually agreeable treatment decisions.

Kemmis, B. L., & Dunn, W. (1996). **Collaborative consultation: The efficacy of remedial and compensatory interventions in school contexts**. *American Journal of Occupational Therapy*, 50, 709–717.

Kemmis and Dunn (1996) examined the intervention success of weekly collaborative consultation between therapists and teachers for children identified as having sensory integration dysfunction and learning problems (Level III). During each session, the OT-teacher pair targeted a specific performance problem and developed an intervention strategy for the teacher to use during the next week. **Their results showed that weekly collaborative consultation service delivery between teachers and therapists was effective in reaching goals.**

Davies, P. L., & Gavin, W. J. (1994). **Comparison of individual and group/consultation treatment methods for preschool children with developmental delays**. *American Journal of Occupational Therapy*, 48, 155–161.

This Level II nonrandomized study compared the effectiveness of a combination of group therapy and consultation, with traditional individual therapy. The researchers selected 20 children from a preschool program. For the individual therapy group, the intervention involved sensory integration therapy and neurodevelopmental treatment. Intervention occurred in two 30-minute sessions of occupational therapy in the institute's clinics. For the group/consultative method subjects, the intervention occurred for 7 months in two 30-minute group sessions per week in the classroom. The therapists also provided the classroom staff members with information about the purpose of the various activities being used in the sessions, ways of including those activities in the regular preschool program, and the individual needs of the children. Further, the therapists provided information to classroom staff members through inservice training and handouts and answered any questions that the staff members had about particular activities or children. The results showed that a **Combination of group therapy and consultation was as effective as individual therapy with preschoolers experiencing developmental delays**. The study's limitations included unclear recruitment method, moderate internal validity, low external validity and small sample size.

Dunn, W. (1990). **A comparison of service provision models in school-based occupational therapy services: A pilot study**. *Occupational Therapy Journal of Research*, 10(5), 300–320.

Dunn (1990) compared the effectiveness of the direct service delivery model (sensory–motor occupational therapy) to a collaborative consultation model on the attainment of educationally relevant outcomes (such as language, cognition, or motor skills; Level I). The direct service model consisted of individual 60-minute weekly sessions, while the collaborative consultation model consisted of weekly 60-minute teacher–therapist discussion about the child’s needs. **Both a Direct service model of treatment and a Collaborative Consultative models worked equally well in facilitating children’s goal achievement.** Limitations of this study noted that the interventions provided under a consultative model of service delivery were highly individualized, making it difficult to assess whether other factors may be contributing to the positive results obtained. Furthermore, the time-intensive (60-minute sessions) intervention provided in two of the studies (Dunn, 1990; Kemmis & Dunn, 1996) does not represent the prevalent model of service delivery in school settings, which may limit the usefulness of the findings.

Palisano, R. J. (1989). **Comparison of two methods of service delivery for students with learning disabilities.** *Physical and Occupational Therapy in Pediatrics*, 9, 79–100.

This researcher recruited 34 participants from five special education classes in three school districts for a nonrandomized controlled trial. Nineteen students, average age 7.2, received a combination of large- and small-group therapy. Fifteen students received a combination of large-group therapy and consultation (the consultation group). Their average age was 7.5 years. The therapist-directed group received occupational therapy twice a week for 6 months. One weekly session took place in a large group and lasted 45 minutes. The other took place in small groups (two students per group) and lasted 30 minutes. The consultation group received occupational therapy once a week for 6 months. The session took place in a large group and lasted 45 to 60 minutes. The therapist also consulted with each class for 30 minutes a week and provided the teacher with a monthly lesson plan of follow-up activities. The students performed these three times a week for a total of 30 to 45 minutes. The treatment activities provided to each group emphasized sensory integration. The test results showed that **large-group therapy combined with small-group therapy, and large group therapy combined with consultation with classroom teacher may be effective methods of serving schoolchildren with disabilities.** The therapist-directed group improved more in visual-perceptual skills than the consultation group.

Helene J. Polatajko, H. J. and Cantin, N. (2009). **Children and Adolescents with Sensory Processing Disorders/Sensory Integrative Dysfunction; A product of the American Occupational Therapy Association’s Evidence-Based Literature Review Project.**

The two service delivery models, direct service and consultative, have shown to be effective in facilitating children’s achievement of set goals. While therapists might be able to select the model of service delivery of their choice, more frequently it is set by external policies of the setting, with consultation more frequently used within the school system and direct service delivery the norm in private practices. The evidence shows that OT intervention with children with sensory processing dysfunctions and activity or

participation restrictions can be effective, regardless of the model of service delivery within which it is conducted. Some outcomes may be more appropriate for one model over another. However, differences were found in the effectiveness of interventions used within the direct service delivery model.

The evidence reviewed here (individual studies and systematic reviews) offers mixed results, with sensory–motor interventions reporting some positive effects but also reporting results no better than no treatment.

The evidence found in this review indicates that children having sensory processing dysfunction and experiencing difficulties with the performance of daily occupations can benefit from intervention. The findings further suggest that performance-oriented approaches may be more beneficial than impairment-oriented approaches. However, the extant literature is inadequate to form any firm conclusions other than that more careful study is needed.