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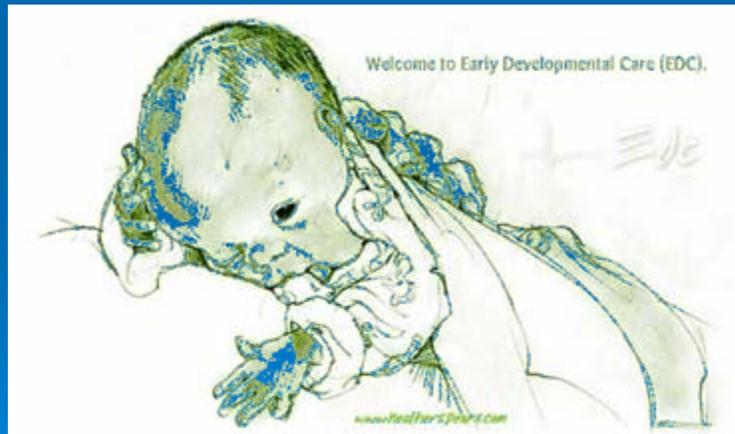
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# Occupational therapists' perceptions of preterm children's academic difficulties in the early years of mainstream schooling



PhD Thesis (in progress)  
Queen Margaret University, Edinburgh  
(Giatsi, M.; Nicol, M.; Gill, J. 2007)

# Rationale for the study

- Medical advances in obstetrics and in the care of premature and low- birth- weight infants > survival of children displaying neurodevelopment course that might differ from the one full-term children
- “Healthy” preterm infants missing the opportunity of accessing services; children being “overlooked” until first school years
- School children born prematurely and higher incidence of “failing” academically in many school tasks
- Need to explore the importance of EI services, including occupational therapy

# Rationale (continued)

- **Infancy of the OT services, lack of information regarding outcome measures, and the limited amount of literature**  
↓
- **Need for work of a large scale explorative nature based on occupational therapists professional judgements was needed**
- **Lack of formal clinical data that formally inform therapists, useful to investigate thinking processes directing these practitioners to take the best judged action**
- ! **Investigation could be a valuable precursor for future enquiries to establish clinical outcomes of occupational therapy intervention**

# Aims of the study

- 1. To document the problems/ difficulties healthy children who were born prematurely present within their school performance as reported by occupational therapists**
- 2. To explore assessment procedures, treatment principles and, specific practices that are employed by occupational therapists while working with these children**
- 3. To explore occupational therapists' professional judgements on the clinical significance of occupational therapy intervention for the above population and, investigate how these professionals come to make judgements of such value**

# Methodology

Mixed methods enquiry: - add credibility and rigour to a study that attempted to cover different research questions  
- offer a thick description of the phenomenon of interest by neutralising any bias

Epistemological stance: Pragmatism

Data collection methods: **Survey** (questionnaires)  
Online discussion groups  
Semi-structured interviews

# Why a Survey?

- **New data wanted that are not collected through any other route**
- **Lack of centrally available data**
- **Multiple records in different locations or out-of-date/ incomplete records**
- **Inaccessible records**

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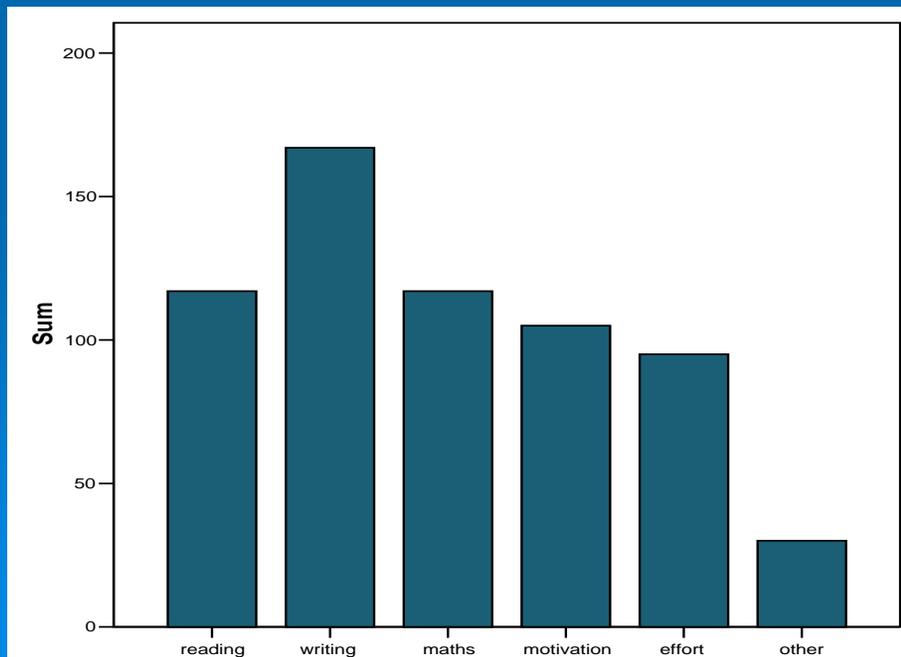
- **UK-based nationwide survey; one thousand (1000) questionnaires**
- **National Association of Paediatric Occupational Therapists (NAPOT)**
- **Inability of NAPOT to distribute reminder letters**
- **Response rate: 35.3%**
- **Analysis: Descriptive statistics**  
**Exploration of associations between variables**  
**Content Analysis for open-ended responses**

# Some demographics

- **Approx 95% of respondents: paediatric OTs**
- **Fifteen yrs from graduation; nine years in paediatric services**
- **Vast majority 97.5% female OTs, working in National Health Service (67.9%)**
- **66.3% working with mainstream school children with Specific Learning Difficulties (SLD)**
- **87.7% (of the above) working with mainstream school preterm children with SLD**
- **Final no 192 i.e. more than half of the respondents**

# 1. Difficulties in Skills & School Performance Areas

- All categories reached a high frequency; sensorimotor (86.2%) and attentional (86.6%) predominant
- Attention difficulties were thought to be the main difficulties associated with poor school performance



08/10/2008

School Performance Areas

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**Some difficulties reported as common among these children, correlated to certain aspects of school performance**

**29.4% thought that there are distinct differences between the difficulties full-term and preterm children with SLD present with**

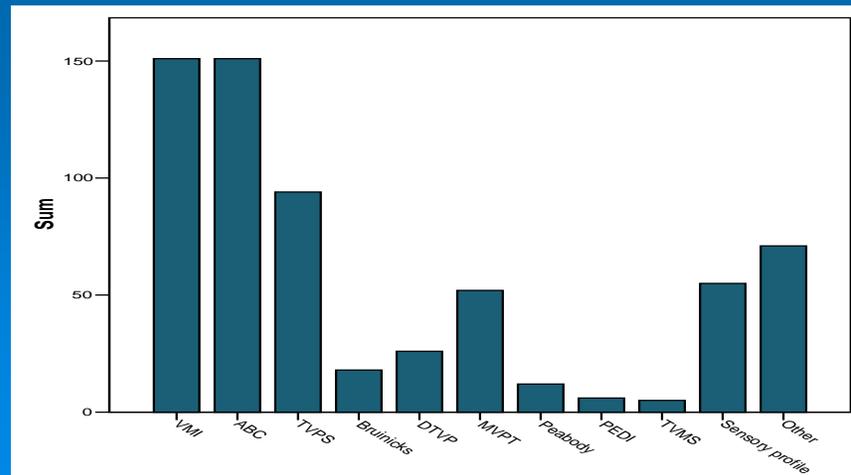
## 2. Referral, Diagnoses & Previous Interventions

- **Community paediatricians (85.4%) and other medics reported as the main detection point and referring discipline**
- **Age between 6-8ys, distinctive referral age to OT departments; much lower frequencies for all other age zones**
- **Children thought to only “sometimes”(81.3%) have a SLD diagnosis; DCD and “writing difficulties” identified as the main diagnostic labels**
- **Terminology regarding diagnoses reported not to be achieving high accuracy standards when used by various professionals (77.4%)**  
08/10/2008

- **Uncertainty about various aspects of previous OT intervention; 41.4% was not aware of any past interventions, mode (frequency) or the reasons for previous intervention**
- **A correlation was found between sensorimotor or perceptual difficulties and being referred to OT at an early stage (under the age of five)**
- **Dyslexia presented a negative correlation to age groups under the 5th year and a positive correlation to the “9 to 10 ys” age group**

# 3. Assessment

- **Broad array of assessment methods: interviews (95.2%), standardised instruments (91.9%) and non-structured observations (95.2%) reached similar frequencies, followed by own developed assessments and structured observations**
- **VMI and ABC: most popular standardised assessment instruments**

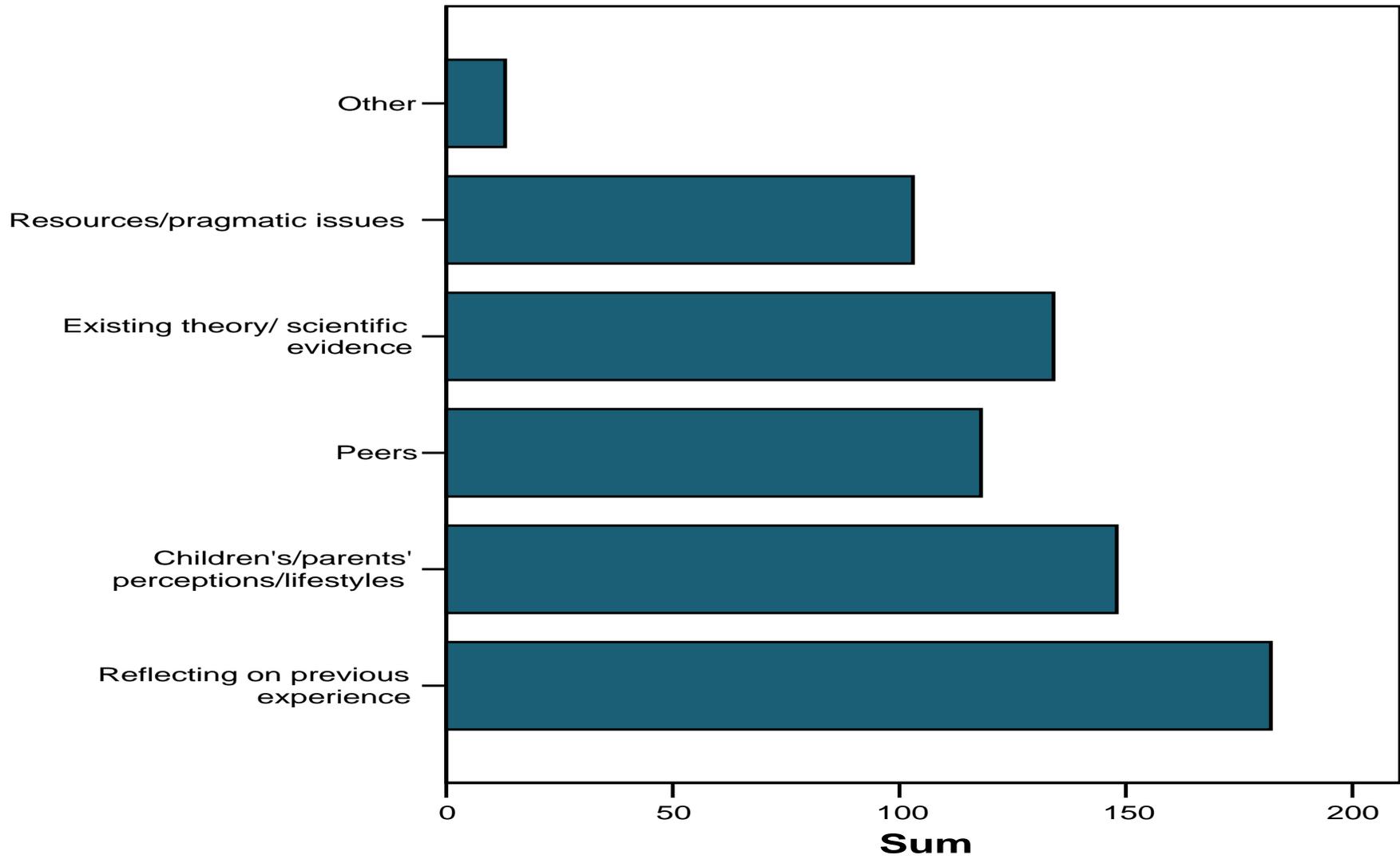


- **Writing: academic curriculum facet of main interest during assessment (97.3%)**
- **Writing was found to relate to standardised assessments**
- **Sensorimotor and perceptual skills were of a focal interest when assessing specific performance components**
- **Talking to parents was identified as particularly important when collecting information about the children (97.3%); medical and school records followed**

# 4.OT Intervention & Clinical Decision Making

- **Majority: differences between full-term and preterm children with SLD, with regard to goal setting according to majority**
- **SI as main theoretical framework behind intervention (75.3%)**
- **Early onset (91.9%) and interagency collaboration (89.2%) to enhance intervention**
- **Nearly 90% of the respondents agreed on the importance of early OT intervention; justification provided by 83.7%**

- **Justifying the importance of early OT intervention:**
  - Working on prerequisites; neuroplasticity (38%)
  - Educating parents and teachers (27.9)
  - Preventing secondary self confidence issues (27.1%)
  - Assessing children and creating “safety” net (23.3%)
- **Contribution of OT: development of sensorimotor and perceptual skills to enhance later school performance**
- **Combination of factors which inform clinical decision making; complex process**



# Summary & Discussion

- **Albeit sensorimotor and attention difficulties reaching highest frequencies no particular type of difficulties distinguished**
- **Writing predominant “problematic” area within academic performance; sensorimotor difficulties correlated to writing**
- **Development of sensorimotor skills believed to be the main contribution of OTs**
- **Sensorimotor difficulties and writing associated to standardised screening: the “hen and egg” question!**
- **Overall uncertainty with regards to medical histories, previous interventions for this group of children**

- **“Single discipline” (doctors) referral system and the issue of continuity of services**
- **6-8 ys: main age zone for referrals; school-associated problems already established?**
- **“Inconsistency” in the use of terminology: on what ground are referrals made?**
- **Early identification of academic performance difficulties problematic → importance of “predictability” of early screening**

- **What about the other 15% of OTs who supported OT intervention but failed to justify it?**
  - Lack of evidence
  - Inherent to the profession multi-faceted intervention and difficulty to “pinpoint”
  - Reluctance to provide open-ended responses
- **Interim association between what constitutes importance of OT intervention and factors that maximise OT intervention**
- **Decision making: a complex process**
- **Importance of the parental role in EI services**

**Maria Giatsi Clausen**  
**Lecturer**  
**Area of Occupational Therapy & Art Therapy**  
**Queen Margaret University**  
**Scotland United Kingdom**

**E-mail: [mgiatsiclausen@qmu.ac.uk](mailto:mgiatsiclausen@qmu.ac.uk)**