

Evaluating a capacity-building initiative for occupational therapists working with autistic students

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Journal of Occupational Therapy, Schools, & Early Intervention

Word count: 5548

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This paper presents a capacity-building initiative aimed at supporting occupational therapists in implementing *Towards Inclusive Schools*, a multi-tiered practice model developed to foster meaningful participation and well-being of autistic students and their peers. Twelve occupational therapists participated in the capacity-building initiative, which included virtual training sessions, community of practice sessions and access to tools to support implementation. A convergent mixed methods study was carried out. This paper presents occupational therapists' perspectives regarding the initiative's outcomes on their knowledge, confidence and practice. It also shares key elements influencing the feasibility of implementing *Towards Inclusive Schools*. These pertain to the capacity-building initiative itself, the therapists' practice context, and their personal characteristics. Of note, the importance of the community of practice sessions to support practice changes came out strongly, as well as the need for occupational therapists to be present regularly enough on the school premises to be able to implement a multi-tiered practice model like this one. It is hoped that the findings will be helpful to others who wish to support school-based practice.

Introduction

The experience of many autistic students in schools is described as difficult and causing distress as they often deal with peer rejection, intimidation, social withdrawal, and detentions (Brede et al., 2017; Camus et al., 2022; Dillon & Underwood, 2012; Horgan et al., 2023). Some students are even forced to change schools, are temporarily or permanently excluded, or drop out of school (Brede et al., 2017; Camus et al., 2022; Mitchelson et al., 2022). School personnel are concerned regarding the behaviours, autonomy, anxiety, and motivation of autistic students inside and outside the classroom (Grandisson et al., 2020). These students face multiple barriers preventing them from experiencing meaningful participation in schools, as there appears to be a mismatch between the common needs and strengths of autistic students and the schools' environments and activities (Brede et al., 2017; Grandisson et al., 2020; Rivières-Pigeon et al., 2023).

Many instances call for inclusive education, in which schools are adapted upfront for all students (Conseil supérieur de l'éducation, 2017; UNESCO, 2020). This entails focusing on universal prevention to support a wide diversity of learners rather than providing accommodations on a case-by-case basis (Conseil supérieur de l'éducation, 2017, 2020; UNESCO, 2020). To pursue this goal, teachers and other school stakeholders must know how to create enabling school environments for all students (Conseil supérieur de l'éducation, 2017). However, teachers lack training and support from their organizations for the inclusion of autistic students (Able et al., 2015), and many of them experience stress and report low self-efficacy (Cappe et al., 2016). Because of their capacity to analyze the characteristics of occupations and environments supporting a person's performance in an

activity (Law et al., 1996), occupational therapists appear to be essential team members in supporting the participation and well-being of a larger variety of students, including those who are autistic.

Towards Inclusive Schools was developed to clarify how occupational therapists can support school teams welcoming autistic students (Grandisson et al., 2020; Rajotte et al., 2022). It is a multi-tiered practice model aimed at supporting the meaningful participation of autistic students and their peers in school activities. It includes five modalities through which occupational therapists contribute to building school capacity: 1) regular presence of the occupational therapist on the school premises, 2) analysis of the school team's needs, 3) content focused on inclusive activities and environments, 4) individual coaching, and 5) team coaching (Rajotte et al., 2022). These modalities are grounded in evidence regarding good practices in schools. The pilot project in one school indicates that these modalities are promising to support school teams in making school environments and occupations more inclusive (Rajotte et al., 2022). However, multi-tiered interventions such as this represent a significant change from occupational therapists' usual practice with individual children, and they must have support to integrate it (Grandisson et al., 2020; Pollock et al., 2017).

Other studies have documented how to facilitate the engagement of occupational therapists in initiatives aimed at building their capacity to use multi-tiered approaches in schools, including *Every Moment Counts* (Basyk et al., 2020) and *Partnering for Change* (Pollack et al., 2017). They highlighted the need to use multiple modalities to foster active learning of participants, as well as the importance for the process to be meaningful, enjoyable, collaborative, centred on learner's needs and of sufficient duration (Bazyk et

al., 2020; Pollock et al., 2017). Group meetings facilitated by mentors were used and appreciated in both initiatives to help occupational therapists apply the new knowledge in their practice through discussions and collective problem-solving. The involvement of trusted trainers and mentors was considered essential in both initiatives. Pollock and colleagues' (2017) findings also indicate that it is essential to provide opportunities for participants to develop their network of professionals involved in multi-tiered service delivery models in schools. A mentor also provided individualized support through phone calls, emails, and onsite school visits (Pollack et al., 2017).

The research team used lessons from these studies to build a multifaceted capacity-building initiative to help occupational therapists implement *Towards Inclusive Schools* (see Figure 1). It was developed to foster active learning and to facilitate peer support. Occupational therapists were trained and accompanied virtually to implement *Towards Inclusive Schools* in their practice context. They participated in monthly group meetings between October 2021 and April 2022, including two half-day training sessions followed by four one-hour-and-a-half community of practice sessions. All these sessions included small group discussions in which occupational therapists shared the challenges encountered and the small practice changes they had tried. They also supported each other in finding solutions for implementing the practice model in their context. The first session focused on needs analysis, the second targeted how to foster the creation of inclusive environments and activities, and the third discussed team coaching. For the last session, participants could choose whether they wanted to participate in subgroup discussions regarding how to do individual coaching or how to foster a more regular presence on school premises. The latter was a suggestion received by participants. Moreover, participants were

informed that they could contact mentors individually. They also had access to a private Facebook group to support each other. Finally, they were also provided with diverse tools to facilitate the implementation of the practice model (e.g. questionnaires, observation grid). To enhance credibility and foster trust, the principal researcher on *Towards Inclusive Schools* and the occupational therapists who implemented the practice model in a pilot project delivered the training, moderated the communities of practice sessions and were available to answer questions.

[Figure 1 near here]

Objectives

The objectives of this study were to explore occupational therapists' perspectives regarding 1) the main outcomes following their participation in the Towards Inclusive Schools capacity-building initiative; 2) key factors influencing the feasibility of implementing *Towards Neuroinclusive Schools* in their practice context following their involvement in the capacity building initiative.

Materials and methods

Design

An embedded convergent mixed method design, with a focus on qualitative methods, was used (Fortin & Gagnon, 2016; Patton, 2015) to explore outcomes and key factors influencing feasibility. Given the small sample size, this study had an exploratory aim to attempt to understand the occupational therapists' experiences following their involvement in the capacity-building initiative. Ethical approval was obtained from the ethics committee of the CIUSSS de la Capitale-Nationale (#2020-1883).

Participants

A purposive sampling strategy (Patton, 2015) was used to recruit occupational therapists to participate in the capacity-building initiative. Firstly, 25 occupational therapists, all registered for two half-day virtual continuing education training sessions on the inclusion of autistic students, were invited to participate in the study by email. Five others were invited through personal contacts because they worked for partner organizations from the health and education systems or because of their known leadership regarding school occupational therapy practice. Snowball sampling (Patton, 2015) was also used to invite one additional occupational therapist by email. Inclusion criteria were: 1) to be interested in implementing *Towards Neuroinclusive Schools* in their practice context; 2) to go to schools regularly as part of their role; 3) to practice in Quebec (Canada). Of the 31 occupational therapists invited, 13 who met all inclusion criteria accepted to participate in the study.

Instruments

Questionnaires

Participants completed an online questionnaire on LimeSurvey before the training (pre) and after the last community of practice session (post). Sociodemographic information regarding their age, gender, primary language, region, belonging to a minority group, experience, and practice context was collected in the first questionnaire only. Both questionnaires included a section documenting their perception of their knowledge and confidence in supporting a school team to facilitate the participation of autistic students and their peers. Participants had to rate them both on a scale from 1 to 10, 1 meaning “No knowledge at all” or “Not confident at all”, and 10 meaning “All the knowledge required”

or “Very confident”. The post-questionnaire included questions regarding their perception of the feasibility of implementing *Towards Neuroinclusive Schools* in their context using a four-point Likert Scale. They had to rate whether each modality of the practice model was “totally feasible”, “feasible”, “hardly feasible” or “not feasible at all”. Participants could also add comments in the different sections of the questionnaires. The estimated completion time for the questionnaire was 15 minutes.

Individual interviews

An individual online interview with each occupational therapist was conducted at the end of the project and was audio recorded. The interviews lasted between 35 to 60 minutes. The first part of the interview concerned the perceived outcomes of their participation in the project. The second part of the interview focused on feasibility and aimed to identify the key elements that supported or hindered the implementation of the practice model.

Data analysis

Descriptive quantitative analyses were performed for sociodemographic information and feasibility (i.e. frequencies, mean, standard deviation, range). The difference regarding participants’ knowledge and confidence before and after the initiative was calculated for each participant, and then the mean, standard deviation, and range were calculated for the group. As for qualitative data from comments included in the questionnaires and transcriptions of individual interviews, a thematic content analysis was performed using inductive analyses with incremental validations (Patton, 2015). Three team members read the verbatim from two interviews and met to share the salient patterns and emerging themes. They agreed on an initial coding tree and preliminary definitions. One team

member coded the data in NVivo 12 software, which was progressively validated by another. When necessary, a third member was involved to help reach a consensus.

Results

Participants

A total of 13 occupational therapists accepted to participate in the research project, but one dropped out before the end of the project for personal reasons. Data concerning this participant were therefore removed before the analyses. Participants were all cisgender women whose mother tongue was French and who did not identify as belonging to any minority in regards to ethnicity, immigration status and handicap. Occupational therapists had an average of 11.4 years of work experience (SD: 6.5 years; range: 0.33-22 years), including an average of 5.2 years in school settings (SD: 4.6 years; range: 0,08-14 years) and 5.7 years with autistic children (SD: 4.5; range: 0-12 years). They worked in nine different school service centers and one private clinic in five regions of the province of Quebec (Canada). They all worked in regular schools, including both special and regular education classrooms. Ten occupational therapists participated in all four community of practice sessions, and two participated in three out of four.

Outcomes of their participation in the capacity-building initiative

Knowledge and confidence

Occupational therapists' perception regarding their knowledge and confidence to build a school team's capacity to facilitate the participation of autistic students and their peers before and after their involvement in the capacity-building initiative is presented in Table 1.

[Table 1 near here]

On average, knowledge before and after the initiative (scale from 1 to 10) increased by 1.5 points, with nine participants out of twelve (75%) noting an increase. Those whose scores did not change were already at 8/10 before the initiative explained that they had been practicing with these students for some time already. In the interviews, participants explained that participation in the *Towards Inclusive Schools* capacity-building initiative allowed them to reflect on their current strategies of intervention in schools and supported a progressive change of perspective towards making schools more inclusive for all students. Participants also thought that the model allowed them to have a broader vision of how they can foster participation of all students, including those who are autistic. This vision is now more focused on creating inclusive activities and environments rather than trying to help one student develop their abilities.

Participants' confidence increased by 1.4 points on average, with eight out of twelve (66%) noting an increase in their confidence. One participant shared: "I really have, I find, better tools to intervene as a school occupational therapist." (Occupational therapist (OT) 9). Some stressed that the capacity-building initiative allowed them to feel more confident in adopting a coaching approach with school staff and in implementing team coaching sessions.

Practice

Greater focus on inclusive activities and environments for all students. Upon completing the capacity-building initiative, participants perceived that they have acted more on the modification of activities and environments than before. One participant shared:

In my opinion, creating a more favourable environment led to better participation, then (...) it wasn't so much the student who was responsible for participating or

opting out; basically, it was the environment that led the person to participate.
(OT3)

To achieve that, they often refer to the proposed inclusive school model (Rajotte, Grandisson et al., 2024, submitted). They also have perceived that they have a more holistic analysis of situations and that they now implement more universal strategies. These strategies can help all students, not only those who are autistic. One said: "Good practices for ASD [autistic students] are also good for neurotypical students, you know, they're... they're universal strategies for other students too." (OT10). Moreover, a participant indicated that she believed the inclusive school model could also support practice in specialized classes for students with language disorders or those with an attention deficit disorder. Also, according to certain participants, these inclusive strategies used with all children were more feasible to implement than individualized ones as they did not overload school personnel. Some participants indicated that they act more on students' social environment by raising awareness among stakeholders about common characteristics of autistic students that can explain certain behaviours and by educating them on the potential impact of activities and environments. One shared:

"The main impact I've had is to present the Inclusive Schools model to support reflection [among other school players] [...] a preschool teacher [...] herself started a project linked to the Inclusive Schools model, which inspired her [...] we did a friendship snack project. Because she saw that the children were judging each other's meals, [...] during snack time, we set up appointments and modelled a discussion. "What questions can you ask a new friend?" Then we tried to find interests, and that led to friendships developing between children who had never spoken to each other." (OT11)

More interventions in various contexts with diverse school team members. Participants also perceived that they had started intervening in more school contexts and with a greater variety of school team members. The capacity-building initiative encouraged them to go beyond the teacher and their classroom. Many now work more with special education technicians, daycare staff, and specialist teachers. According to one participant, this enables more concerted interventions: "I think the fact of having planned a meeting, then of having included all the people who work with this student, that was, I think, the most winning " (OT1). Also, another participant expressed that the daycare staff felt more involved in the school after being invited to collaborate. The work with diverse school stakeholders brought participants to intervene beyond structured educational activities. They perceived that they broadened their intervention contexts by acting more on play and unstructured activities, meal and snack times, and transitions.

Improved needs analysis. Following the capacity-building initiative, participants perceive that they improved their analysis of the school staff's needs, asking them to reflect on the most critical challenges they face regarding the participation of autistic students and their peers. One participant illustrated how it enabled her "to start from each teacher's needs, from each teacher's reality, from their observations, from the children they identify, from their real-life context. " (OT2) Some participants mentioned that this helped motivate school personnel since the targeted goals made more sense to them. However, others explained that they intend to do more needs analyses in the schools they work at the beginning of the next school year as requests were already in progress when the capacity-building initiative started.

Increase the use of coaching. Many participants expressed that the initiative helped them use coaching more in their practice. Some highlighted that it had changed their posture as they left the expert role to develop collaborative relationships in which they could co-create solutions suited to their context. Furthermore, a participant mentioned that this type of intervention is much more significant than just giving simple recommendations. She said :

You also guide them a lot in their thinking, and that makes it easier for them to implement what they've suggested because doing so makes sense; it comes from them, and it's more applicable to their environment, too. (OT10)

Participants perceived this coaching posture to be well accepted by school personnel, although it might be unsettling for some. Many participants also mentioned using team coaching more than before the initiative. Participants stressed that this modality had tangible outcomes on the school team and students' participation because it enabled school personnel to develop a shared vision and realistic and clear goals. However, one participant shared that her experience trying to implement team coaching had been more difficult since too many people were present and their individual needs were too different.

Promoting occupational therapy in schools. Many participants used *Towards Neuroinclusive Schools* to promote the potential contribution of occupational therapy in schools. They mentioned that the model helped them clarify what their contribution could be. They shared the model, videos, and other tools developed with colleagues, school team members, and administrators to highlight the importance of occupational therapy services in schools. One participant said: "I'm going to present the model so that other professionals can see the impact that an occupational therapist who's regularly on the scene can have." (OT11) Moreover, a participant mentioned that she convinced her superior to hire an

additional occupational therapist for the next school year by using the scientific data provided in the capacity-building initiative (e.g. Camden et al., 2021).

Feasibility of implementing Towards Inclusive Schools

Occupational therapists' perceptions regarding the extent to which each of the modalities of the practice model appeared realistic to implement in their context are presented in Table 2. Of note, three of the five modalities were considered either totally feasible or feasible by all participants: needs analysis, content focused on the features of an inclusive school and individual coaching. Two-thirds of the participants perceived team coaching as being realistic, while only half considered that they could ensure a regular presence in the schools.

[Table 2 near here]

The main themes emerging from the analysis of qualitative data include elements influencing positively or negatively participants' ability and confidence to implement *Towards Inclusive Schools*. These were regrouped into three categories related to the capacity-building initiative, participants' practice context or personal characteristics. They are illustrated in Figure 2.

[Figure 2 near here]

Capacity-building initiative

Many of the elements mentioned by participants as influencing the feasibility of implementing *Towards Inclusive Schools* relate to the capacity-building initiative.

Trustworthy training sessions specific to occupational therapy. Participants mentioned that receiving training specific to how occupational therapists can apply multi-tiered

approaches in schools helped them. They also highlighted that the fact that it was grounded in research fostered their confidence to propose this to their schools and convince school administrations. They also found it helpful that the training included concrete case stories and was delivered by knowledgeable trainers.

Support over time through the community of practice sessions. Participants stressed, above all, that the community of practice sessions were essential to assist them in identifying concrete objectives and changes they could make in their practice. A participant stated: "Then, a community of practice after training, it's really a winning formula because... I wouldn't have done any team coaching if I'd just done the training." (OT7). They explained that the discussions with other occupational therapists gave them ideas and encouraged them. Some participants also mentioned that the community of practice sessions allowed them to feel more confident in implementing the practice model, because the exchanges that took place validated some of their actions. Also, being surrounded by other occupational therapists who experienced similar challenges made them feel understood and reassured. The opportunity for asynchronous exchanges on the Facebook group did not come out as a strong determinant of implementing the practice model. Few used it, and when questioned, they mentioned that they lacked time to contribute to it. Yet, many expressed a desire to continue exchanging with occupational therapists after the end of the initiative and thought it might be one way to achieve this. Similarly, while most occupational therapists did not ask for individualized support from the trainers, the one who did ask expressed that it was helpful and suggested not only offering but planning a short individual session upfront with all participants.

Access to diverse concrete modifiable tools. The availability of concrete tools that they could use to accompany school teams was mostly seen as facilitator by the occupational therapists. They highlighted that the diversity of tools (e.g. observation grid, videos, handbook) and the fact that these were modifiable helped them implementing *Towards Neuroinclusive Schools*. They explained that it saved them a lot of time, facilitated their appropriation of the practice model, and enabled them to share the project with their colleagues and with school administrations. A participant said:

All the tools also on Teams [the virtual platform], ...it's fabulous; it saves us a lot of time afterwards, that we're able to take what we've learned back and reinvest it in the schools. I think that's a really huge enabler for the implementation of this project. (OT4)

Some of the participants lacked time to look at all the tools available and mentioned that the overall organisation of the different tools could be improved to facilitate identification.

Timing in relation to schools' calendars. Participants perceived that starting the capacity-building initiative in the Fall, two months after the beginning of the school year, negatively influenced their ability to implement *Towards Inclusive Schools* in their context in the current school year. They explained that their planning was already done, and many interventions had already been started. One of them said:

My school year was really off and running by the time I took the training and then participated in the community of practice. Then, being really only a few days in each school per week, I didn't manage to change the game plan we had set up initially. (OT9)

According to the participants, starting such initiative in the Summer would be best. In addition, many participants stated that such practice change requires a lot of time and

that they expect to be able to implement *Towards Inclusive Schools* much more in the months and years to come.

Practice context

Participants discussed multiple elements regarding their practice context that influenced the implementation of *Towards Inclusive Schools*.

Regular presence on each school's premises. The most important barrier to implementing *Towards Inclusive Schools* for many participants appeared to be their lack of regular presence on the school premises. Half of them perceived it was not feasible to ensure a regular presence: they were covering too many different schools in a given week. They explained that it made it difficult to get to know school personnel and context, to make regular follow-ups, and to exchange informally with school teams. In opposition, occupational therapists who were in each school regularly mentioned that it helped them become known by the team and how that helped them significantly implement the practice model: "That's probably one of the most helpful aspects... being there many days [per] week." (OT5)

Expectations regarding occupational therapy. Many participants highlighted that, in many schools, school teams' expectations regarding their contribution were not to build their capacity to create inclusive occupations and environments for autistic students. Instead, it was often to support fine motor skills development, sensory regulation, and academic activities or to do individualized intervention. This was particularly challenging for the occupational therapist from the private clinic (OT1). Other participants explained that it was more feasible to implement the practice model in schools that understood the diversity

of roles they could play and were already expecting universal interventions to help all children.

School team openness and motivation. Participants also perceived that the school teams' openness and motivation, including school personnel and administrations, are essential to implementing *Towards Inclusive Schools*. One mentioned how it was helpful when: "When you have management behind you who can see the benefits of what has been put in place." (OT8) Some believed it would be helpful for other professionals and school team members to get to know the practice model as well. Nonetheless, some participants thought the practice model would be challenging to implement when the people involved do not believe in a coaching approach or in the difference that changes in the school environment or occupations can make.

Stability and availability of human resources in schools. Instability of resources regarding school administrations and personnel, as well as the lack of availability of the personnel, hindered the implementation in 2021-2022. One explained:

Then, what really hampered the implementation this year [...] there were teams that changed in my class-teams because people were falling ill, and the staff shortage also meant that we'd been told that no more leaves could be granted. In fact, I had quite a few class teams in survival mode who weren't necessarily capable of investing in a new project. (OT4)

For many participants, finding time to meet school team members was difficult. More specifically, their different schedules and their limited availabilities made certain modalities of the practice model difficult to implement. This is particularly true with team coaching. One participant mentioned that short but frequent meetings with school personnel during professional development days, lunch times, or days ends could solve this challenge. Moreover, according to many participants, it is easier when school personnel

can access release time, which requires strong collaboration with school administrators and teachers available to replace them with their groups.

Personal characteristics of the occupational therapists. Participants discussed how their beliefs, knowledge and experience influenced the implementation of *Towards Inclusive Schools*.

Experience and knowledge regarding autism and coaching. Many participants mentioned that knowing about autism through training or reading and clinical experience with autistic children helped them implement the practice model. They explained that it was easier as they were more familiar with the common characteristics of these students and with interventions that usually support their participation. Likewise, many participants thought that having experience in individual and team coaching supported the implementation of the practice model, even if, for some, these experiences were with other populations (e.g. in mental health).

Beliefs regarding coaching, teamwork and inclusion. Some participants shared that the fact that they believed in the potential of coaching and teamwork and that they believed in the importance of inclusion helped them implement the proposed practice model.

Discussion

This study documented the main outcomes of an initiative aimed at building occupational therapists' capacity to support school teams to facilitate meaningful participation of autistic students and their peers. The most important outcome regarding occupational therapists' practice is a more explicit focus on modifying environments and occupations to support further the participation and well-being of a wide variety of students across all school contexts. This is a change in perspective for many, to focus their efforts on trying to make

schools more adapted to the strengths and needs of autistic students, moving away from interventions targeting the development of students' skills. This focus on changing the context is congruent with recent guidelines for occupational therapy practice regarding how to expand occupational possibilities (Egan & Restall, 2022). It is also highly aligned with calls to embrace neurodiversity in education (Ellis et al., 2023) and, more broadly, neuroaffirmative practices in occupational therapy (Dallman et al., 2022). The latter involves respecting and valuing diverse ways of being and behaving, listening to neurodiverse individuals, and attempting to understand them better (Dallman et al., 2022).

Towards Inclusive Schools was initially developed to build capacity regarding the participation of autistic students and their peers. Nonetheless, occupational therapists in the current study, like school team members in the pilot study (Rajotte et al., 2022), highlighted how they felt the inclusive school model proposed could benefit other students with whom they work, especially those who are neurodivergent. This includes students who have been labelled or who identify as being autistic, as well as those with diverse profiles in terms of attention, language, coordination, or learning (Ellis et al., 2023). The team, therefore, decided to review the inclusive school model proposed to occupational therapists in this initiative, with help from neurodivergent individuals and family members, to propose a neuroinclusive school model (Rajotte, Grandisson et al., 2024, soumis). The name of the practice model was also changed to *Towards Neuroinclusive Schools* to reflect that growth. Similarly, *Partnering for Change* also attempted to enlarge its initial reach. While it was developed based on the needs and best practices with students with developmental coordination disorders, their team attempted to meet the needs of a wider variety of students in a recent adaptation for Quebec (Canada) (Camden et al., 2021). It therefore appears

worth considering bringing together the strengths of the different multi-tiered practice models for school-based occupational therapy (i.e. *Every Moment Counts, Partnering for Change, Towards Neuroinclusive Schools*) into a more holistic capacity-building initiative. That would further reinforce occupational therapists' capacity to support schools meaningfully so that students with a wide range of needs and profiles learn to appreciate school, fulfil their potential, and participate in a way that makes sense for them.

Findings from the current study also indicate that the capacity building initiative helped occupational therapists support more varied school team members involved with autistic students, beyond the classroom context. As active learning and collective participation are essential components of professional development initiatives in education (Desimone, 2009) and given that the challenges experienced by these students can be in all school contexts (Grandisson et al., 2020), this is certainly a positive outcome. Most participants perceived that it was feasible to implement *Towards Neuroinclusive Schools* in their practice context. Yet, assuming a regular presence in schools emerged as the most important barrier to implementation. Some occupational therapists used project material to promote the potential role of occupational therapy in school, to advocate for the hire of more therapists in schools. This emerged as the most unexpected outcome of the capacity-building initiative. Other studies have also highlighted the need for sufficient occupational therapy presence in schools to adopt multi-tiered practices and respond to students' and educators' needs (Camden et al., 2021; Wilson & Harris, 2018). Regular and sustained presence is key to a successful professional development initiative (Desimone, 2009). We therefore recommend seeing the regular presence of the occupational therapist in the school as a pre-requisite for implementing *Towards Neuroinclusive Schools*, not as a modality as

it was first thought of (Rajotte et al., 2022). Therapists must have time to get to know school teams and to develop strong relationships with them (Wilson & Harris, 2018). They need time to go into school contexts to try things out with school personnel (Camden et al., 2021), to follow up to see if the changes discussed worked (Grandisson et al., 2020).

Our findings also suggest that the timing of school-based capacity-building initiatives should be carefully considered, taking into consideration schools' calendars. Occupational therapists suggested that such initiative would ideally start towards the end of the school year, when therapists start to plan their actions for the following year and discuss their mandate and conditions with school administrations. Participants in the current initiative found it difficult to implement change as their mandate was already determined and their activities had already started.

Regarding the support provided to implement change, participants in our study stressed that, above all, the community of practice sessions were critical. This is in line with recommendations from other studies (Bazyk et al., 2020; Pollock et al., 2017). While individualized support was possible upon request, it was not planned per se in our initiative. One of the participants proposed planning one or more individual mentoring sessions in conjunction with the community of practice sessions. These could be used to brainstorm on specific challenges with trusted mentors, as it was done by Pollack and colleagues (2017). Including individualized support certainly has impacts on the resources needed, and on the potential cost of a capacity-building initiative. One option could be to identify champions in some organizations, who would be supported individually at first by the original mentors of the initiative, but whom would then be able to support their peers. As some association between use of champions and use of innovations have been found in

some studies (Santos et al., 2022), this would be worth considering. Of course, if one person takes on this role, they should have protected time in their agenda to devote to supporting others. Ideally, there would also be follow-ups to verify whether this strategy is effective in the given context (Santos et al., 2022).

The authors recognize that the sample size for this study was small, relatively homogeneous, and composed of volunteers. They still hope that the lessons learned will be useful to others planning capacity-building initiatives to support professionals working in schools. While support was provided over a six-month period, mentoring and peer support should ideally be available to professionals working in schools over a longer period, such as the two-year period for *Partnering for Change* (Pollack et al., 2017). There is certainly a need for more research regarding innovative capacity-building initiatives to support diverse professionals in schools collaborating in multi-tiered approaches aimed at the creation of more inclusive and more supportive schools for all.

Acknowledgments

The authors wish to thank Emilie Rajotte for her involvement in the training and communities of practice sessions, Sarah-Martin Roy for her support coordinating this study, as well as the occupational therapists who participated in the project.

Declaration of interest statement

The authors report there are no competing interests to declare.

Funding

This work was supported by the Social Sciences and Humanities Research Council under the Insight Developpement Grant. The second author was supported by a grant for a

summer research internship from the Centre Interdisciplinaire de Recherche en Réadaptation et Intégration Sociale (Cirris).

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Appendices (as appropriate)

Table(s) with caption(s) (on individual pages)

Table 1. Occupational therapists' perception of their level of knowledge and confidence to build a school team capacity to facilitate the participation of autistic students and their peers.

Participant	Knowledge (scale 1-10)			Confidence (scale 1-10)		
	Before	After	Difference	Before	After	Difference
OT1	8	8	0	7	8	+1
OT2	8	8	0	8	8	0
OT3	6	8	+2	5	8	+3
OT4	7	8	+1	7	9	+2
OT5	4	7	+3	4	7	+3
OT6	7	9	+2	6	7	+1
OT7	6	7	+1	7	7	0
OT8	8	8	0	7	7	0
OT9	5	7	+2	5	5	0
OT10	4	8	+4	5	7	+2
OT11	5	7	+2	5	8	+3
OT12	5	6	+1	5	7	+2

Acronyms: OT: Occupational therapist

Table 2. Occupational therapists' perceptions of the feasibility of implementing the five modalities of *Towards Inclusive Schools* upon completion of the capacity-building initiative

	Totally feasible n (%)	Feasible n (%)	Hardly feasible n (%)	Not feasible at all n (%)
Regular presence of the occupational therapist	2 (17%)	4 (33%)	5 (42%)	1 (8%)
Needs analysis	3 (25%)	9 (75%)	0 (0%)	0 (0%)
Content focused on the features of an inclusive school	1 (8%)	11 (92%)	0 (0%)	0 (0%)
Individual coaching	7 (58%)	5 (42%)	0 (0%)	0 (0%)
Team coaching	1 (8%)	7 (58%)	4 (33%)	0 (0%)

Figures

Figure 1.
Overview of the capacity building initiative

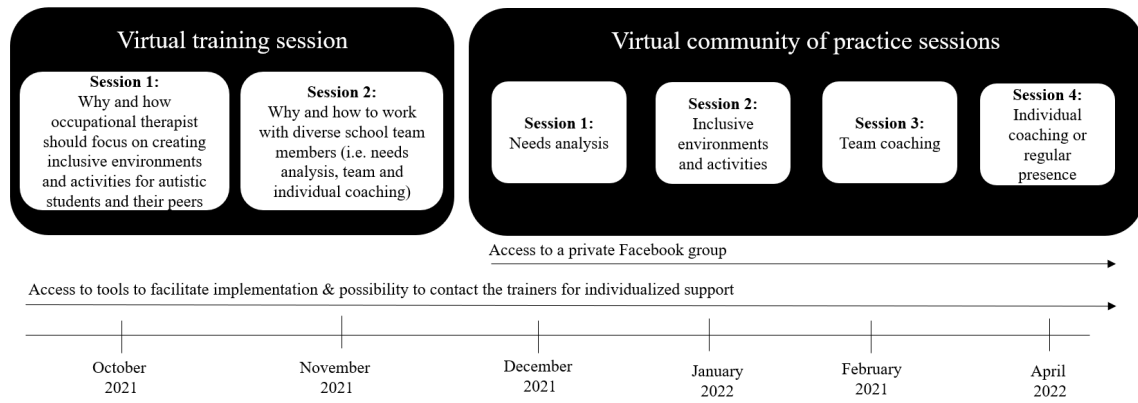


Figure 2.

Elements contributing to the feasibility of implementing *Towards Inclusive School*

