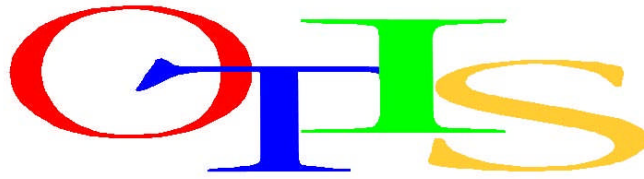


Ask OTIS: Implementing the 3:1 Service Delivery Model

Q: Managing my caseload is getting increasingly difficult. I've heard that the 3:1 service delivery model can help. What is the 3:1 service delivery model and how can I implement it in my school district?

Professionals providing services for children with disabilities under the Individuals with Disabilities Education Act (IDEA) are expected to collaborate and consult with team members, provide supports for teachers and families and provide multiple forms of assessment with an increasingly diverse population. In addition, the 2004 IDEA amendments have added early intervening services to the therapist's workload. The 3:1 service delivery model is one approach to addressing the increasing workloads of special education professionals. It was developed by the American Speech and Hearing Association (ASHA) to address the expanding roles and responsibilities of speech language pathologists (SLP) working in the public schools. Although the model was originally developed for SLPs, it has recently been applied to other special education service providers (i.e. OTs, PTs and resource room teachers) who are experiencing similar difficulties with expanding workload responsibilities. The 3:1 model follows a schedule in which the special education professionals provide three consecutive weeks of traditional, direct intervention to the students on their caseload. On the fourth week, the professionals provide one week of consultative services. During the "consultative" week, therapists consult with teachers, parents and specialists; observe students in the classroom; and engage in other workload-related tasks.

If you are interested in implementing this model, you should first work with the other therapists in your district to examine the workload issues you are all experiencing. What problems are you having around workload? How are the workload issues affecting services to students? What needs to be done to address these issues? Once you have defined the problem, you will need to get administrative support for addressing the problem. Educate your administrators about the workload problem in your district and how it is affecting student services. If you determine that the 3:1 service delivery model is an appropriate way to address the workload issues in your district, you can propose the model to your administrators as a potential solution to the problem. Once you have administrative support, you will need to develop a plan for implementing the model. You will need to consider how you will educate other team members (parents, classroom teachers, principals, etc.) about the model. How will the consultation weeks be scheduled? Will it be every 4th week? Will everyone be on the same schedule? Will consultation weeks be optional? What activities will be acceptable during the consultation week? How will the consultation week be documented? How will the model be piloted (one school vs. district wide)? How will the success of the model be measured? After you have developed a clear plan for implementation and your plan has been approved by your district administrators, you will be ready to pilot the model.



Tips for success:

1. Individualize the model for your district. It may be more efficient to have the consultative week occur less frequently than every 4th week. Depending on the needs of your district, you could provide consultative services every 5th week, every 6th week or even less frequently.
2. Use terminology that clearly and positively reflects the intent of the model. The model supports *collaboration* between team members to *enhance* services for children.
3. Allow for flexibility to meet individual student and therapist needs. Some students will continue to need direct hands-on services on a weekly basis. In addition, some therapists will be less comfortable with implementing the consultative services model.
4. Educate parents and other team members about the role of occupational therapists in the schools, why the 3:1 model is needed, and how the 3:1 model will work with their children.
5. Keep in mind that the 3:1 model is only one approach to dealing with workload issues for therapists in the schools. If the 3:1 model doesn't seem like a good match for your needs, you may want to explore other options such as block scheduling.

More information about workload and the 3:1 service delivery model is available from ASHA (www.asha.org). Another resource is "Transforming Caseload to Workload: Managing Occupational Therapy Services in School-Based Practice", an AudioInsight seminar provided by AOTA. Information on block scheduling is provided in *Collaborative Teams for Students with Severe Disabilities: Integrating therapy and educational services*. (2nd ed.) by Beverly Rainforth and Jennifer York-Barr (1997). In addition, you may want to use the OTIS Listserve to connect with other therapists in the state who are exploring this model. Some school districts piloted this model during the 2005-2006 school year and other school districts are planning to implement the model during the 2006-2007 school year.

This article was written by Dottie Handley-More, Yvonne Swinth, and Sara Woodward, OTIS Co-Chairs. It originally appeared in the WOTA Newsletter in 2006 (Volume 64, Number 4 p. 6).

OTIS (Occupational Therapists In Schools) is a standing committee for the Washington Occupational Therapy Association (WOTA) that was set up to help support therapists in school-based practice.