

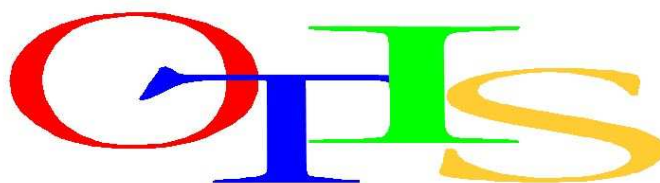
Ask OTIS: Workload VS Caseload

Q: I keep hearing about a “workload approach” vs. “caseload” when determining services. What does this mean?

Each reauthorization of the Individuals with Disabilities Education Improvement Act (IDEA 2004) has resulted in an increased emphasis on accountability and on student performance. Philosophically, the goal has always been to enable students with disabilities to access and participate in educational programs to the maximum extent possible – a free and appropriate public education (FAPE) in the least restrictive environment (LRE) (Silverstein, 2000). However, over the years, the change in special education language and increasing emphasis on student outcomes has brought about an evolution in programming and service delivery for occupational therapists working in the schools. In the 1970s, when PL 94-142 was first enacted, the emphasis was on access to public schools for students with disabilities. With the reauthorization of special education law in 1986 (PL 99-457), states could elect to provide programs for early intervention services for children with disabilities from birth through three years of age. In 1990, further amendments to PL 94-142, (PL 101-476) added more structure to service delivery in the schools, including vocational and transition support, culturally relevant services and a qualified workforce (CEC, 2003). With this amendment, the emphasis for children with disabilities continued to include access to public schools, but also increased the emphasis on the LRE (CEC, 2003) resulting in an increased emphasis on access to the classroom.

Subsequently, service providers, families, researchers and policy makers have realized that access to the school or classroom does not guarantee student participation or performance. As a result, IDEA 97 (PL 105-17) emphasized participation in the general education curriculum for all students with disabilities, whether they are enrolled in general education or special education classrooms. In addition, provisions were included to encourage whole-school and pre-referral approaches. With IDEA 2004, the emphasis on participation in the general education curriculum continued as did the emphasis on the need for pre-referral (or RtI) approaches. IDEA 2004 also increased the emphasis on the use of scientifically-based practices. If a therapist is to meet these needs as defined in the law, service delivery and how a therapist’s workload is described must also evolve.

Service delivery is defined in the IDEA as specially designed instruction [IDEA §300.26(b)(3)]; related services [IDEA, 602(22)]; supplemental aids and services (IDEA §300.28); services on behalf of the child (OSEP, 2000); and setting up/implementing accommodations, adaptations, modifications and assistive technology (IDEA §300.5). Historically, administrators and others have not used these terms to describe therapy services in the schools. But, the nature of therapy services in schools and EI programs has changed so much over the last 30 years that this necessitates a different way to look at all of the things we do. We can not keep focusing on the “numbers” in isolation of everything else, and that is what a



“formula” approach to caseload does if one does not take into consideration ALL of the other things a therapist must do in order to help a student (as per IDEA):

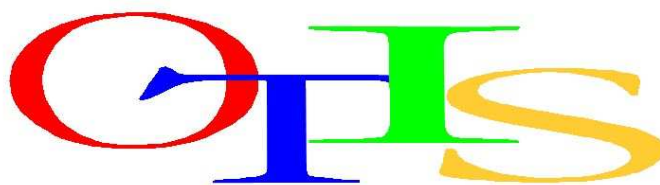
1. advance appropriately toward attaining the annual goals;
2. to be involved in and make progress in the general education curriculum
3. to participate in extracurricular and other nonacademic activities; and
4. to be educated and participate with other children with disabilities and nondisabled children

As a result of these changes in IDEA as well as current research, occupational therapists have been re-evaluating how they can have an impact on student learning. Historically, these professionals have attempted to “retrofit” a clinical model of service delivery into the schools. This has resulted in the expectation that students would go to a “special room” for therapy and often that a therapists workload is determined by either specially designed instruction or related service IEP minutes. However, this does not reflect the scope of services as defined by professional documents such as the Occupational Therapy Practice Framework and Standards of Practice. Recently, the American Occupational Therapy Association developed a practice tips document, *Transforming Caseload to Workload in School-Based and Early Intervention Occupational Therapy Services*, stating that a workload approach to defining what a therapist does in the schools and early intervention is a better strategy for monitoring as well as supporting student outcomes (AOTA, 2006). Please download this free document from the AOTA website for more specifics on a workload approach and for strategies to move from a caseload to a workload approach for defining service delivery.

The American Speech and Hearing Association (ASHA) also has done a lot of work looking at a workload approach to service delivery (ASHA, 2002). Both AOTA and ASHA highlight that the purpose of a workload approach is not designed to decrease the number of students served by therapists. Rather a workload approach may better represent what an occupational therapist, working in the schools or early intervention, can do to meet the unique needs of the students, families and staff they support. Through a workload approach, a therapist’s services may not be as constrained by a specific number of students. Rather, the therapist may be able to meet a larger number of students and the varied needs of the staff and systems they serve. Additionally, a workload may help therapists meet the needs of current issues and trends that are emerging in this practice area.

Current Trends/Issues to Consider

Current literature, professional documents and research is encouraging therapists to consider the full continuum of services in the schools with an emphasis on collaboration. Research has shown that collaboration leads to better student outcomes and cross-professional carry-over of skills (Idol, Nevin & Paolucci-Whitcomb, 1993, 1999; Villa, Thousand, Nevin & Malgeri, 1996; Walther-Thomas et al, 2002; Snell & Janey, 2005). Thus recognizing all types of service delivery (as defined by IDEA) as part of a therapists workload will enable therapists to better



meet the unique needs of the students they serve as well as support the other members of the team and the system as a whole in meeting those needs.

Finally, two upcoming issues that impact service delivery by occupational therapists, physical therapists and speech language pathologists as described by IDEA 2004 should be considered. These are Response to Intervention (RtI) and addressing the needs of children 0-3 years in the schools. Therapists have a wealth of knowledge and skills that can support these mandates and efforts on behalf of the District. Thus, as these programs are developed in implemented in school districts, they will affect the workload of the therapists.

Reference/Resource List

American Occupational Therapy Association, 2006. *Transforming Caseload to Workload in School-Based and Early Intervention Occupational Therapy Services*. Bethesda, MD: Author.

American Speech-Language-Hearing Association, 2002. *A workload analysis approach to establish speech-language caseload standards in schools*. Rockville, MD: Author

Annett, M. M. (2003). *Beyond school caseloads: Looking at total workload*. The ASHA leader online. Retrieved June 13, 2003 from <http://professional.asha.org/searchresults.cfm>.

Barnes, K. J. (2001). Service delivery practices and educational outcomes of the related service of occupational therapy. *Physical Disabilities: Education and Related Services*, 21(2), 31-47.

Buck, G. H., Polloway, E. A., Smith-Thomas, A., & Cook, K. W. (2003, Spring). Prereferral intervention processes: A survey of state practices. *Exceptional Children*, 69, 349-360.

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.

Drummond, C. W. (1996, September). Inclusion and school-based occupational therapy. *School System Special Interest Quarterly*, 3, 1-2.

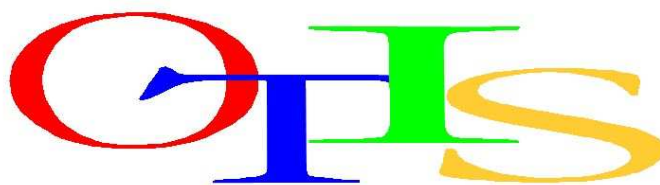
Dunn, W. (2000). *Best practice occupational therapy: In community service with children and families*. Thorofare, NJ: Slack.

Giangreco, M. G., & Edelman, S. W. (1996). How to make decisions about related service delivery in schools. *School System Special Interest Quarterly*, 3, 7, 8.

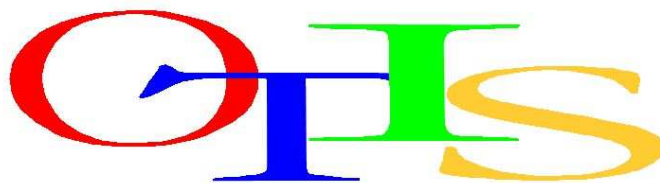
Gould, P. O., & Sullivan, J. M. (1999, December). The inclusive early childhood classroom. *OT Practice*, pp. 23-24.

Griswold, L. A. S. (1994). Ethnographic analysis: A study of classroom environments. *American Journal of Occupational Therapy*, 48, 397-402.

Hanft, B. E., & Place, P. A. (1996). *The consulting therapist*. San Antonio, TX: Therapy SkillBuilders.



- Irish, T. B. (2000, May). Does your therapy overlap and complement curriculum? *OT Practice*, pp. 25–26.
- Kemis, 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.
- Lachina, K. (2000, March). Including students with disabilities in the classroom. *OT Practice*, pp. 18–25.
- LaVesser, P., & Davidson, D. A. (2004, March). The *Occupational Therapy Practice Framework: Domain and Process* applied to a client with developmental disabilities. *Developmental Disabilities Special Interest Section Quarterly*, 27(1), 1–4.
- Muhlenhaupt, M. (1998, December). Does Johnny need OT in school? *OT Practice*, pp. 26–28.
- Muhlenhaupt, M. (2000, December). OT services under IDEA 97. *OT Practice*, pp. 10–13.
- Muhlenhaupt, M. (2003). Enabling student participation through occupational therapy in the schools. In L. Letts, P. Rigby, & D. Stewart (Eds.), *Using environments to enable occupational performance* (pp. 177–196). Thorofare, NJ: Slack.
- Nolet, V., & McLaughlin, M. J. (2000). *Accessing the general curriculum*. Thousand Oaks, CA: Corwin Press.
- Orr, C., & Schkade, J. (1997). The impact of the classroom environment on defining function in school-based practice. *American Journal of Occupational Therapy*, 51, 64–69
- Pivik, J., McComas, J., & LaFlamme, M. (2002). Barriers and facilitators to inclusive education. *Exceptional Children*, 69, 97–107.
- Polichino, J. (2001, June). An education-based reasoning model to support best practices for school-based OT under IDEA 97. *School System Special Interest Quarterly*, 8, 1–4.
- Polichino, J., Clark, G. F., & Chandler, B. (2005, February 21). Meeting Sensory Needs at School: Supporting Students in the natural Environment. *OT Practice*. 11-15.
- Project Participate. (2001). Retrieved December 7, 2001, from University of Colorado Health Sciences Center at www.projectparticipate.org/handouts-forms.asp.
- Rainforth, B., & York, J. (1987). Integrating related services in community instruction. *Journal of the Association for Persons With Severe Handicaps*, 12, 190–197.
- Rainforth, B., York, J., & Macdonald. (1997). *Collaborative teams for students with severe disabilities: Integrating therapy and educational services* (2nd. ed.). Baltimore, MD: Paul H. Brookes.
- National Dissemination Center for Children With Disabilities. (2001, September). *Related services* (2nd ed.). Washington, DC: Author.



Schoenfeld, A. B., & Mesquiti, P. (2002, March). A collaborative partnership: Creating developmentally appropriate teaching practices for pre-K and kindergarten. *School System Special Interest Section Quarterly*, 9, 1–2, 4.

Sekerak, D. M., Kirkpatrick, D. B., Nelson, K. C., & Propes, J. H. (2003). Physical therapy in preschool classrooms: Successful integration of therapy into classroom routines. *Pediatric Physical Therapy*, pp. 93–104.

Stancliff, B. L. (1998, October). Do inclusion programs work? *OT Practice*, pp. 51–54.

Swinth, Y., & Hanft, B. (Eds.). (2002, September). School-based practice, moving beyond 1:1 service delivery. *OT Practice*, pp. 12–20.

Swinth, Y., & Mailloux, Z. (Eds.). (2002, January). Addressing sensory processing in the schools. *OT Practice*, pp. 8–13.

Szabo, J. L. (2000). Maddie's story, inclusion through physical and occupational therapy. *Teaching Exceptional Children*, 35, 12–17.

Winterman, K. G., & Sapona, R. H. (2002). Everyone's included: Supporting young children with autism spectrum disorders in a responsive classroom learning environment. *Teaching Exceptional Children*, 35, 30–35.

This article was written by Yvonne Swinth, Dottie Handley-More, and Sara Woodward, OTIS Co-Chairs. It originally appeared in the WOTA Newsletter in June 2008 (Volume 67, Number 3 p. 6-7).

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.