

Workload Approach: A Paradigm Shift for Positive Impact on Student Outcomes

School systems across the country have been tasked with implementing more rigorous curricula. With their focus on facilitating access to and participation in educational activities and routines, occupational therapists (OTs), physical therapists (PTs), and speech-language pathologists (SLPs) continue to play critical roles in helping students in general and special education programs achieve positive learning outcomes and prepare “for further education, employment, and independent living”—a primary goal of the Individuals with Disabilities Education Act (IDEA; PL 108-446), per Section 601(d)(1)(A). Ongoing contributions of these three related service providers (RSPs)/specialized instructional support personnel (SISP) increase the likelihood that local school districts will reach state and national achievement standards, including Common Core State Standards (CCSS; American Occupational Therapy Association Workgroup of Leaders in State Departments of Education, 2013). Adopting a workload approach may be a more effective way to deliver services of OTs, PTs, and SLPs and improve student outcomes.

Caseload and workload are different approaches to both student assignment and staff allocation for service. The *caseload method* designates staff based on a specific number of students assigned in Individualized Education Programs (IEPs), Individualized Family Service Plans (IFSPs), and 504 Plans without regard to the amount of time required to meet each student’s needs or the therapist’s other responsibilities within the broader school setting. Caseloads can also be quantified in terms of the number of intervention sessions available during a given time period. A caseload approach is reflective of a medical model and does not capture the variety or range of service demands placed on OTs, PTs, or SLPs in school settings.

Workload refers to all activities required to be performed by RSPs/SISP and addresses the range of demands on OTs, PTs, and SLPs. Increasingly, students in special needs programs may exhibit complex medical and behavioral challenges while they are being directed to meet more rigorous academic standards. With the reauthorization of IDEA 2004 and its focus on inclusion and accountability, the workloads of RSPs/SISP have broadened from traditional “direct and indirect” services to include student participation in educational initiatives, such as Universal Design for Learning (UDL), Positive Behavioral Intervention Supports (PBIS), and Response to Intervention (RTI). There is a growing need to support all students in the least restrictive environment (LRE) and facilitate participation in the general education curriculum; a workload approach helps to meet this demand.

Workload is reflective of educational setting requirements and includes assessment and interventions as well as ongoing collaboration with regular and special education staff, communication with parents, and participation in school and district-level committees. To serve all students appropriately, a variety of measures may be used, including but not limited to assistive technology, accommodations, modifications, and therapeutic strategies. Workload includes time spent performing other activities

necessary to support students' education programs (e.g., traveling between schools, documenting, attending meetings), implement evidence-based practice, and ensure compliance with IDEA and other mandates.

In essence, the workload approach looks at how the therapist's time is spent versus the number of students with IEPs/IFSPs/504 Plans the therapist serves. A caseload approach looks solely at the number of students needing services or the number of intervention sessions required. Given the increasing roles, responsibilities, and demands on OTs, PTs, and SLPs in school-based practice settings, a workload approach seems most likely to ensure compliance with IDEA 2004 requirements and state and local mandates.

Workload Approach: Benefits to Meeting Student Outcomes

A workload approach allows OTs, PTs, and SLPs to support students where concerns arise regarding their participation in multiple learning environments. Increased flexibility also enhances opportunities for teacher/team collaboration that is instrumental for achieving positive student outcomes (Jackson, Polichino, & Potter, 2006) and supportive of LRE.

Providing adequate time in therapists' schedules for communication with teachers and parents/guardians builds rapport with school teams and helps to ensure OTs, PTs, and SLPs are equal partners in the IEP/IFSP process. Greater awareness of a family's desired outcomes for their child enables practitioners to be better advocates on behalf of a student. Providing parents with strategies to use in the home and community empowers them to facilitate their child's progress and support their child's transitions during his/her school career (from early intervention to school, from elementary to middle school, from middle to high school, from high school to community). When a workload approach is adopted, therapists are successfully incorporated into the school community and can better assess—and provide system-wide support for—the desired school climate. For example, through a workload approach, a therapist would be afforded time to support a bullying prevention program or a healthy schools initiative that benefits all students.

A workload approach is critical to a school district's recruitment and retention efforts for OTs, PTs, and SLPs and promotes increased access to services and positive outcomes for students. A supervisor in a [Texas School district](#) who transitioned to a workload approach, reported significant benefits, including decreased SLP vacancies, reduced litigation, cost savings due to elimination of the need for contract practitioners, improved quality of services, increased opportunities for collaboration, and improved ability to identify students needing services as well as more appropriate service recommendations. Retention and recruitment benefits are particularly noteworthy, given the critical shortage of OTs, PTs, and SLPs in school systems nationwide (National Coalition on Personnel Shortages in Special Education and Related Services, n.d.). These shortages may increase with the pending retirement of OTs, PTs, and SLPs hired at the implementation of PL94-142 in the late 1970s.

Administrative, Fiscal, and Clinician Burdens of High Caseloads

Increased demand for accountability has resulted in new billing and documentation requirements—on top of IDEA mandates—that are especially burdensome for those OTs, PTs, and SLPs who are licensed health care providers. Time studies conducted by local education agencies consistently indicate that the time to document can take as much as 1 full day per week for a full-time equivalent employee (Williams & Cecere, 2013).

Administrative demands may compromise a student-centered focus if supervisors fail to respect the full complement of contributions made by of OTs, PTs, and SLPs or to recognize the time required to implement quality services. Therapists are concerned that decisions made solely from administrative, cost-based considerations may conflict with practical and principled decision making, affect student outcomes and program quality, and potentially undermine or violate state mandates and professional codes of ethics (e.g., those of the [American Occupational Therapy Association \[2010\]](#), [American Physical Therapy Association \[2011\]](#), and American Speech-Language-Hearing Association [\[2010\]](#)).

Historically OTs, PTs, and SLPs have been in short supply; this is particularly true in public school systems. Transitioning from caseload to workload has been positively correlated with increased job satisfaction (ASHA, n.d.b). In an article “Predicting the Effects of Extrinsic and Intrinsic Job Satisfaction Factors on Recruitment and Retention of Rehabilitation Professionals” in the *Journal of Healthcare Management*, Randolph, Doisy, and Doisy (2005) reported that the most important factors contributing to job satisfaction were a realistic caseload and adequate staffing levels.

Action Steps to Support a Workload Approach

There are numerous ways to address workload challenges on individual, local, state, and national levels. It behooves all stakeholders (i.e., professional organizations, special education administrators, school principals, and school-based OTs, PTs, and SLPs) to become engaged in this important issue to advocate for change in support of positive school outcomes for all students.

At all policy levels, professional organizations could collaborate with decision makers to encourage a greater understanding of contributions made by OTs, PTs, and SLPs and the impact their services have on academic and social outcomes as well as students’ mental and physical health. Stakeholders should engage with policy makers to introduce and advocate for language reflective of a workload approach in local, state, and/or federal regulations and policies. In addition to supporting adoption of this approach, policy makers should be persuaded to alert their constituents to the potential benefits it offers, including reducing the costs of compensatory services and due process as well as increasing retention of existing staff.

On a national level, professional organizations can work together to identify caseload issues and promote workload-based systems to advance best practice. They can network and advocate with stakeholder groups to adopt a new administrative standard to ensure that workload assignments are made to provide maximum benefit to students. For example, AOTA, APTA, and ASHA are members of

the National Coalition on Personnel Shortages in Special Education and Related Services (NCPSSERS). NCPSSERS develops strategies to improve both recruitment and retention of personnel and posts on the coalition website related information and resources, specifically including the workload approach. The three organizations are also members of the IDEA Partnership, funded by the U.S. Department of Education's Office of Special Education Programs (OSEP). The Partnership utilizes a community-of-practice approach by convening multiple audiences, including parents, administrators, and other concerned parties around topics of shared concern. Through this community, AOTA, APTA, and ASHA hope to engage other stakeholders in discussions and other activities focused on the benefits of a workload approach for positive student outcomes, improved services, and increased job satisfaction. Stakeholders can advocate at the state level and work collaboratively with state policy makers to ensure state special education regulations and licensure requirements contain language that supports reasonable workloads for all professionals. For example, Ohio continues to pursue legislation to require the Ohio Department of Education to determine appropriate workloads based on regular studies of time (e.g., [Ohio State legislature](#) Senate Bill 264; Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board, 2011).

Additionally, during the 2009–2010 school year, leadership teams in Illinois (Wilmette Public Schools District 39, 2009) lobbied for adoption of a workload plan for all special educators. Benefits included facilitating dialogue to discuss roles and responsibilities, determining practitioner needs and program capacities, and advocating for additional personnel.

At the district and local levels, practitioners can partner to conduct a workload analysis. In one Maryland school district, occupational therapy and physical therapy practitioners collaborated to collect data on workload demands. Their data indicated that only 24% of services were direct, indicating the burden of indirect, compliance, documentation, and administrative responsibilities (Williams & Cecere, 2013). This analysis helped to predict the time demands within each practitioner's workload, so that work allocations could be adjusted accordingly.

At the individual level, a practitioner could conduct a workload analysis by examining all work-related activities and bundling them into categories reflecting a wide range of roles and responsibilities "... to the child and [conducted] on behalf of the child" (Maryland State Steering Committee for Occupational and Physical Therapy School-Based Programs, 2008, p. 7) as well administrative and documentation duties. These data can be used by administration to determine a more realistic workload. Another way to effectively address workload is to engage in stronger collaboration and teaming with other practitioners. Ideally, this would lead to an increase in efficiency and a balance of each practitioner's individual workload. A workload analysis conducted by individual practitioners has resulted in a district's reassigning staff to work within a 3:1 service model with no increase in cost. In a 3:1 model (ASHA, n.d.a), RSPs/SISP work a "traditional" schedule for 4 weeks; then, in the 4th week, they vary the schedule to allow time to collaborate, evaluate, document, and complete other responsibilities that contribute to student progress.

Summary

In response to member feedback, representatives from AOTA, APTA, and ASHA recently convened to discuss shared concerns regarding caseload. Issues include paperwork burdens, personnel shortages, and the growing need for a variety of dynamic service delivery approaches within school practice. These three organizations jointly endorse a paradigm shift to a workload model in educational settings as the optimal approach to maximizing student outcomes. Additional resources, dialogue, and activities are needed at all levels in order to facilitate the shift to a workload.

For more information, visit www.aota.org, www.apta.org, and www.asha.org.

References

- American Occupational Therapy Association. (2010). Occupational therapy code of ethics and ethics standards. *American Journal of Occupational Therapy*, 64(Suppl. 6).
- American Occupational Therapy Association Workgroup of Leaders in State Departments of Education. (2013). *What is the role of the school-based occupational therapy practitioner? Questions & answers for school administrators*. Retrieved January 11, 2014, from www.aota.org/~media/Corporate/Files/AboutOT/consumers/Youth/ParentsBrochure.ashx.
- American Physical Therapy Association. (2011). *APTA code of ethics*. Alexandria, VA: Author.
- American Speech-Language-Hearing Association. (n.d.a). School-based service delivery. Retrieved November 26, 2013, from www.asha.org/slp/schools/prof-consult/service/.
- American Speech-Language-Hearing Association. (n.d.b). State and local workload activity. Retrieved April 13, 2013, from www.asha.org/slp/schools/districtworkloadchart/.
- American Speech-Language-Hearing Association. (2002). *A workload analysis approach for establishing speech-language caseload standards in the school* [Position statement]. Retrieved November 25, 2013, from www.asha.org/policy/PS2002-00122/.
- American Speech-Language-Hearing Association. (2010). Code of ethics [Ethics]. Rockville, MD: Author.
- Jackson, L., Polichino, J., & Potter, K. (2006). *Transforming caseload to workload in school-based and early intervention occupational therapy services*. Bethesda, MD: American Occupational Therapy Association. Available from www.aota.org/~media/Corporate/Files/Practice/Children/Resources/Transforming%20Caseload.ashx.
- Maryland State Steering Committee for Occupational and Physical Therapy School-Based Programs. (2008, December). *Occupational and physical therapy early intervention and school-based services in Maryland: A guide to practice*. Baltimore, MD: Maryland State Department of Education.
- National Coalition on Personnel Shortages in Special Education & Related Services. (n.d.). *Understanding the personnel shortages in special education and related services*. Retrieved August 11, 2013, from <http://specialedshortages.org/advocacy.html?#abt8>.
- Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board. (2011). *Determination of appropriate caseload for school-based occupational and physical therapy practice* [Position paper]. Retrieved March 31, 2013, from <http://otptat.ohio.gov/Portals/0/Pubs/School%20Based%20OT-PT%20Caseload%20Position%20Paper%20June%202011.pdf>.

- Ohio state legislature Senate Bill 264. (n.d.). Retrieved September 30,2014, from www.legislature.state.oh.us/bills.cfm?ID=130_SB_264.
- Randolph, D. S., Doisy, E., & Doisy, M. (2005, January). Predicting the effect of extrinsic and intrinsic job satisfaction factors on recruitment and retention of rehabilitation professionals. *Journal of Healthcare Management.*, 50(1), 49–60.
- Williams, J., & Cecere, S. (2013, April). *School-based workload: What's the magic formula?* Short Course presentation at the American Occupational Therapy Association 93rd Annual Conference & Expo, San Diego, CA.
- Wilmette Public Schools District 39. (2009). *Workload plan framework for special educators*. Wilmette, IL: Author.