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Caseload Vs. Workload

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Introduction

The discussion of caseload versus workload hones in on the job duties of school-based therapists, including OTs, SLPs, PTs, audiologists, assistive technology providers (ATPs), psychologists, and other related service providers. More specifically, caseload and workload have become distinct approaches to treatment in a school-based setting. There is a growing basis of evidence that the workload approach is more effective than the caseload approach for a variety of reasons. In addition, these organizational strategies lead to differences in student outcomes, therapist job satisfaction and burnout levels, and overall ability to fulfill one's job functions. This course will break down caseload versus workload, which is a trending topic related to OT practice.

Section 1: Introduction

References: 1, 2, 3, 4, 5, 6

To the untrained eye, caseload and workload may seem like terms that can be used interchangeably. However, they have very different meanings to therapists. Both are approaches therapists use in community-based pediatric and school-based settings, but each comes along with a different distribution of work.

Caseload Approach

The caseload approach, also simply referred to as 'caseload,' means that each related service provider has a set number of students they will treat through direct services (regardless of whether they are push-in or pull-out). In some cases, this number is also reflective of how many children at a school have specialized education plans in place, since some schools only have one therapist on their staff.

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Specialized education plans include individualized education programs (IEPs), 504 plans, and Individualized Family Service Plans (IFSPs).

Because the caseload approach was devised from the medical model style of therapy (which was once common in residential settings like hospitals and skilled nursing facilities), this approach is purely based on fitting as many treatment sessions as possible into a therapist's day. The caseload approach also goes hand-in-hand with productivity requirements, which are a simple calculation that divides a certain number of patients into the daily working hours for a therapist. While productivity standards are not commonplace in schools and pediatric settings, they have a similarly strong focus on efficiency. As you can imagine, this approach has received a great deal of scrutiny for its lack of flexibility and its omission of the full scope of a therapist's responsibilities.

School-Based Terminology

To fully understand what providers in these settings are responsible for, therapists must be familiar with what each document governs and what included services look like. The IEP is the most comprehensive and widely used document of the three mentioned above. During the 2021/2022 academic year, a total of 7.3 million students between the ages of 3 and 21 received special education and/or related services under the heading of an IEP. For some perspective, this figure is equivalent to 15% of all students in American public schools.

IEPs are living documents that detail the specialized instruction programs along with educational needs and goals for students with disabilities or delays. IEPs are used for children between the ages of 3 and 21 who attend traditional or non-traditional schools. IFSPs, on the other hand, are more family-focused as their name suggests. These documents are intended to help children between the ages of 0 and 3 who are receiving home-based early intervention (EI). There were a

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total of 406,000 children receiving early intervention services through an IFSP in 2022. This amounts to 3.66% of all children between 0 and 3 years of age. This is not nearly as many children have IEP, but most children who have an IFSP will need an IEP once they become school-aged. These two documents typically outline different goals to reflect a child's changing needs, some of which are specific to the setting where services will be provided. For example, OT goals for an IFSP often focus on play, family bonding, parent education, and motor skills within the home, but OT goals for an IEP become more education-based (e.g. addressing writing, scissor skills, organization, and more) once the child begins school.

A 504 plan is similar to an IEP in that such a plan is put into place for school-aged children with disabilities and delays. However, a 504 plan offers educational accommodations in the absence of special education and other targeted services. For this reason, they are far less common than IEPs in school-based settings. A child with a 504 plan may receive added assistance during transition times, breaks throughout the school day, preferential seating, extra time to complete assignments, or other organizational accommodations. 504 plans may also include adaptive equipment, assistive technology, and other tools to help children meet their academic goals. Statistics on 504 plans vary, with most sources stating between 1.5 and 2.3% of all students have 504 plans in the United States.

As you can imagine, each of these plans assign certain responsibilities to therapists. IEPs and IFSPs primarily outline direct occupational therapy services for therapists to provide. In addition, the documents themselves require a degree of oversight, so therapists are also responsible for attending and providing feedback during annual review meetings, program changes, transition meetings, amendments, and more.

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Workload Approach

These duties, in addition to OT treatment, are included in the definition of the workload approach or 'workload.' Documentation and consultations also fall under the purview of therapists in the school system, but related service providers may have even more responsibilities according to the educational setting and district where they work. Across the board, therapists are typically tasked with therapy evaluations, collaborating with teachers, and parent communication, since these are natural parts of the job. But some schools may also require certain professional development opportunities as well as asking therapists to sit on various committees that influence policy and procedure within their school. Participating in committees is a great opportunity to encourage a different level of skill development in your students; however, it can be too much work if therapists are not given adequate time to fulfill all their duties.

AOTA's Stance

Several governing bodies, including the American Occupational Therapy Association (AOTA), the American Speech-Language-Hearing Association (ASHA), and the American Physical Therapy Association (APTA) have spoken about the caseload vs. workload debate. AOTA in particular has endorsed the workload approach as an effective way for school-based therapists to balance their job responsibilities. These organizations largely agree that, regardless of what approach therapists use in their practices, caseloads must sit at a number that allows providers to provide quality care. While vague, this means caseload numbers should be manageable enough for therapists to offer effective, appropriate intervention according to their field's best practices and still have enough time to remain compliant with all documentation. While there are a lot of discrepancies between what is considered best practice for school-based therapy

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and what therapists in the school system actually have time for, there are some common themes regarding what therapists view best practice as in this setting. OT research cites that collaborative and contextual practice in the least restrictive environment (LRE), teacher consultations, and professional learning or community membership are all vital to a therapist's role in this setting. OTs are familiar with the idea of the least restrictive environment since it's known to be the most conducive to therapeutic gains. However, therapists may not know that providing therapy in a student's LRE is actually part of IDEA and other similar legislation, so it has understandably also become best practice. Moreover, studies state therapists should have equivalent time for behavioral supports, family training, teacher collaboration, and direct services, since these are each the lifeblood of school-based OT. A study by Corley et al. (2021) showed therapists who use the workload model can more easily fulfill all the above criteria than therapists who use the caseload model. By adhering closely to best practice, therapists can be maximally effective, so this suggests the workload model allows for higher quality direct services.

Despite advocating for therapists to have a balanced work life, AOTA and similar organizations have spoken out against setting caseload limits (or a maximum number of students) for several reasons. Firstly, there is no evidence to support the benefits of any specific caseload size, so it would be hard for school districts to justify such a decision. Secondly, it would create the potential for misinterpretation, which could have the opposite intended effect. For example, if a school sets a maximum number of students, administrators might instead interpret that as a minimum number of students or assign therapists with other responsibilities that take away from their actual duties. Perhaps most importantly, caseload limits do not account for the variation in student needs. Since each district has such a range of specific responsibilities for therapists and unique student populations, there is no true number that affords therapists a good

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balance of work. In addition, therapists must consider the complexity and frequency of each student's case as opposed to purely the number of cases they take on. For example, let's say an OT is assigned to work with 10 students who are medically fragile, non-verbal, and have severe behavioral concerns. This same OT's colleague has a caseload of 15 students with goals focused on fine motor precision related to clothing fasteners and zippers. Based on the type of sessions each student will have and the planning that goes into each session, the second therapist will likely have less on their plate. In addition, the complexity of students assigned to the first therapist may mean they are getting therapy more frequently – 3 to 4 times per week, in some cases. When looking at a therapist's weekly work hours, the first OT will spend more time providing direct services than the second OT, who is likely treating their students for 1 or 2 sessions each week.

Several dated studies found that caseload size is one of the leading predictors of job satisfaction for school-based therapists. This isn't exclusive to the field of OT, as findings are similar for speech-language pathologists in this setting. One study that surveyed school-based speech-language pathologists found that job satisfaction continually decreased as a therapist's caseload increased above 45 students. Results showed that 40% of SLPs who were assigned to treat between 45 and 60 students believed their caseload was too difficult to manage. The number of dissatisfied SLPs increased to 45% when they worked with 51 to 55 students, and to 60-70% when therapists treated between 56 and 90 students. All of the SLPs surveyed were dissatisfied with their jobs when they had 90 or more students to treat. In addition, SLPs that had a median number of 59 students on their caseload reported wanting to leave their current position as soon as possible.

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School-Based OTs Views

Several pieces of dated research show similar trends in the field of OT. One of the top challenges school-based OTs report was scheduling challenges related to large caseloads. Other challenges in this practice setting were also indirectly related to a high caseload, including lacking time during the work day to formally meet with teachers, difficulty fitting in parent communication, not having enough time to plan out treatment sessions, and limited flexibility during treatment due to IEP-based restrictions.

Some OTs have cited the consultation method as a way of better managing a high caseload size, since this often takes less time and does not always require them to meet with the child for each visit. But, therapists also recognize that this is not always the most effective nor the most beneficial for the child. In addition, it causes difficulty providing individualized treatment and recommendations due to the indirect nature of the service. In order for consultative services to work for therapists, administration and teachers must not only understand OT's role and respect the services therapists provide, but also be on board with implementing OT recommendations within the classroom and relaying the results in a collaborative manner. Small group therapy is another option some therapists look toward as a way to meet high caseload demands. This can be a great way to address communication and other social skills while providing modeling from other students who have the skills some of their peers don't. However, just as with consultative services, therapists need to ensure small group therapy is in the best interest of all students in attendance.

Importance of This Discussion

While the caseload vs. workload discussion has been taking place for over a decade, it has become increasingly more relevant and widespread over the past

few years. This is likely due to increased levels of burnout among healthcare professionals as well as greater visibility and less stigma associated with mental health concerns. The workload approach is associated with a range of adverse effects that stand to impact both students and providers. Based on the information we've outlined, it's generally understood I that therapists who utilize the workload approach have less time during the work day to fulfill all of their job duties. This can lead them to experience more acute stress on a daily basis. While acute stress is temporary and something that most therapists can manage, organizational factors such as lack of resources (e.g. time), ineffective scheduling, and unrealistic work expectations can cause acute stress to turn into chronic stress and, eventually, occupational burnout. When therapists are burned out, they are less likely to provide quality care and are more prone to physical and mental health concerns. Once therapists reach the point of experiencing burnout symptoms, it can take years for them to recover regardless of whether they leave their work situation immediately or not. Therefore, this means the negative effects of the workload approach can potentially have a ripple effect that impacts providers and students for years to come.

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The workload approach has additional advantages. This model encourages more OT positions within any given school system, since more than one therapist is nearly always needed to fulfill all IEP requirements. By using the workload model, administrators can gain a better understanding of all the OT-related work that needs to be done within their school. This simultaneously serves the benefit of clarifying and promoting OT's role, since lay individuals and professionals alike are still often not knowledgeable how OTs operate. In explaining their role to others, both separately and as part of promoting the workload model, therapists can also learn advocacy skills that are crucial for the profession.

Caseload vs. Workload In-Practice

While we've described the difference between caseload and workload for school-based therapy, it may be hard to visualize what a day looks like for therapists utilizing each approach.

A therapist who uses the caseload approach to structure their school day may adhere to the following schedule:

- 8:00 am - 11:30 am: Treat 7 school-aged students for concerns mostly related to handwriting legibility
- 11:30 am - 12:30 pm: Lunch
- 12:30 pm - 2:30 pm: Treat 4 school-aged students for concerns mostly related to attention, organization, and scheduling

On the other hand, a therapist who uses the workload approach may have a daily schedule similar to the following:

- 8:00 am - 9:00 am: IEP review meetings
- 9:00 am - 11:30 am: Treat 5 school-aged students for concerns mostly related to auditory processing, letter formation, and ADL performance
- 11:30 am - 12:30 pm: Lunch
- 12:30 pm - 1:30 pm: Treat 2 school-aged students for sensory seeking behaviors and ADL performance
- 1:30 pm - 2:30 pm: Complete documentation consisting of daily notes for today's visits along with annual review summary reports in preparation for upcoming IEP review meetings

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As you can see, a therapist using the caseload approach has a work day entirely focused on treating students. Their schedule during working hours does not accommodate necessary aspects of a therapist's job, including documentation, screenings, progress reports, IEP updates, and evaluations. A therapist with this schedule would also not have time built into their day to attend meetings or stand on committees. Therefore, therapists who are tasked with these responsibilities feel pressure to find time to complete them. As a result, many therapists who work at schools that use the caseload approach will come in early to get paperwork done or to take work home with them at the end of the day. Since school-based therapists are often salaried employees, districts view this as "additional" work and, therefore, do not often compensate therapists outside of their standard pay package.

Therapists following the workload approach, on the other hand, have all of their indirect job duties (i.e. anything that does not involve treating a student) rolled into a standard work day. This means they are compensated for any and all of the following in the same way they are compensated for student evaluations and treatments:

- Analyzing standardized test scores
- Attending meetings
- Collaborating with other members of the interdisciplinary team
- Completing documentation, including daily notes, evaluation reports, reassessments, annual review summaries, and discharge notes
- Consulting with teachers
- Developing therapeutic programming
- Fulfilling responsibilities as a committee member or chairperson

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- Maintaining, programming, and offering training on assistive devices
- Making updates and edits to students' IEPs
- Monitoring goal progress
- Observing students in the classroom, hallway, lunchroom, or outdoors during recess
- Obtaining materials for treatment
- Planning treatment sessions
- Screening students
- Writing student goals in alignment with educational curriculum

Therapists know the distinct value of indirect services, not only for the sake of helping generalize a child's skills being learned during sessions but also to remain compliant with all documentation. Occupational therapy research supports this stance and emphasizes how crucial indirect services are to the OT field and goal achievement. These duties also hold equal weight compared to student treatment, since they have a rightful place within school hours.

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Section 1 Personal Reflection

Would an OT be able to engage in program development efforts or pursue professional development (continuing education, etc.) during their work day with a caseload approach?

Section 1 Key Words

504 plan - A legal document that is part of the Individuals with Disabilities Education Act (IDEA) and entitles students with disabilities and delays to certain educational accommodations (organizational and equipment-based) within a school setting to help them meet their academic goals

Early intervention services - Family-based services provided to children from 0 to 3 years old within the home; this can include any related services

Individualized Education Program - A legal document that is part of the Individuals with Disabilities Education Act (IDEA) and entitles school-aged students with disabilities and delays to special education and/or related services to help them meet their academic goals

Individualized Family Service Plan - A legal document that is part of the Individuals with Disabilities Education Act (IDEA) and entitles children from 0 to 3 years of age with disabilities or delays to family-based services within the home

Least restrictive environment - In a school based setting, the least restrictive environment (LRE) is the most normal location where a therapist can provide services; as a matter of best practice, related service providers and other members of the IEP team should consider the child's general education classroom as the LRE, then put accommodations in place as needed to improve function; changing the location where educational services are provided should be considered a last resort

Related services - Any corrective, developmental, or supportive services that a child with disabilities or delays needs to maximally benefit from special education; related services typically include physical therapy, occupational therapy, speech and language pathology, psychology, audiology, skilled nursing, assistive

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technology, orientation and mobility services, transportation, sign language interpretation, and vision therapy, but may extend to other services as needed

Section 2: Evidence Regarding Caseload vs. Workload

References: 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28

Research from the field further supports the use of the workload approach over the caseload approach. Seruya & Garfinkel (2020) published a review in the American Journal of Occupational Therapy that explored typical caseloads, service delivery models, and other approaches used by school-based therapists. This review also took a look at how these factors were associated with job satisfaction. Results showed that the vast majority of therapists had a desire to take advantage of the workload approach, but that many were unable to. Therapists cited a lack of time, not enough support from administration, being unsure of what steps to take and what tools to utilize, and feeling unable to advocate for the approach as reasons they could not implement the workload model. This study also found that many school-based therapists offered services outside of students' natural contexts in places such as therapy rooms and clinics. Study authors feel this has an impact on difficulty transitioning. This study showed the incongruity between therapist's goals, how they operate in practice, and their skills related to speaking out against ineffective work approaches. Such a disconnect is also associated with a propensity for burnout, which reinforces the need for more cohesion in this practice setting. Frequently engaging in high-workload activities is another of several factors that can cause or worsen occupational burnout. Having too many high-workload activities has been associated with increased stress levels and lower employee well-being regardless of the profession in question.

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Watt et al. (2021) also looked at how many OTs take advantage of push-in services as opposed to pull-out services. In general, OTs have tended toward pull-out services, but a shift toward the workload model in recent years has led to a new trend. A group of 62 school-based occupational therapists and occupational therapy assistants were surveyed about this specific work practice. 40% of the group stated they only utilize pull-out services. While there are still barriers to the implementation of the workload model, this study suggests therapists may be better able to focus on contextual services at school (varying the treatment location based on the child's needs) as a result of the workload approach.

In particular, there is evidence to support more targeted versions of the workload approach. One example is the 3:1 model, which originated in Portland Public Schools in the early 2000s. This model is intended to help therapists successfully implement and sustain educational services across a range of settings through a comprehensive design. Therapists using the 3:1 model will provide a student with 3 weeks of direct services, then 1 week of indirect services. This structure allows students to benefit from direct services, which many children need in order to learn new skills, along with indirect services that help kids generalize those skills across frequented contexts. This model is best utilized in a child's least restrictive environment and accounts for all of the compliance-related requirements a therapist is tasked with for each student. In addition, this indirect time can include positive behavioral intervention support (PBIS) and response to intervention (RTI) services. These educational initiatives are intended to offer tiered intervention to students in an effort to assist with a range of concerns. The first tier of PBIS offers universal support to prevent unwanted behavior in all students regardless of age or abilities. The second PBIS tier targets children who are at risk of behavioral concerns, and the third tier offers intensive, individualized support to improve academic and behavioral outcomes in students. RTI is designed similarly with the first tier offering universal support, the second tier providing small group

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intervention, and the third tier focusing on individual services. The focus of RTI is moreso on educational outcomes rather than behavioral.

A survey of SLPs, PTs, and OTs who adopted the 3:1 workload model found that providers were better able to provide consistent treatment to students, collaborate more often with teachers and parents, offer higher quality services, help kids generalize their skills in the classroom, experience high job satisfaction and offer care in alignment with their values, express their role in a school-based setting, retain their jobs, have fewer cancellations due to scheduling problems, and intervene early enough to avoid special education, in some cases. Another factor to consider is the amount of direct services therapists in school systems provide and how this compares to their other duties. A dated study looked at a workload analysis completed by OTs and PTs working in one Maryland school district. Results showed that just 24% of all their responsibilities included direct services, which showed just how far-reaching a school-based therapist's duties are.

Most of the evidence surrounding the workload model is in support of the approach in a general sense. That being said, there are some clear barriers to utilizing this approach if a school currently follows the caseload model.

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Section 2 Personal Reflection

What factors may impact the percentage of direct services an OT in the school system provides?

Section 2 Key Words

Positive behavioral intervention support (PBIS) - A three-tiered behaviorally-focused initiative that helps a range of school-aged students in educational

settings; the first tier focuses on prevention for all, the second is intended for at-risk students, and the third includes targeted, individualized services

Pull-out services - School-based services provided in a therapy room or clinic setting

Push-in services - School-based services provided in natural environments such as a general education classroom, special education classroom, lunchroom, or playground

Response to intervention (RTI) - A three-tiered educationally-focused initiative that helps a range of school-aged students; the first tier focuses on universal support for all kids, the second involves offering small group therapy, and the third entails providing individual services

Section 3: Barriers to Transitioning from the Caseload Approach to the Workload Approach

References: 22, 23, 26

While the evidence, working therapists, and professional organizations such as AOTA are in support of the workload approach, there are a lot of factors that make it difficult to put into practice. Therapists who were surveyed about success with the workload approach cited a lack of administrative support as the most predominant obstacle. Other barriers to transitioning from the caseload model to the workload approach include a lack of time (specifically related to preparation time for treatment sessions as well as planning out workload-based schedules) and decreased advocacy skills to articulate the importance of the model to administration and other higher-ups. Therapists also noted they feel uneducated about where to start or what steps to take in order to begin the implementation process.

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In terms of work-specific barriers, the number of students assigned to a therapist made it difficult to move to the workload approach, as did having to schedule around other workplace commitments such as staff meetings and annual reviews. Therapists also found that district and state policies limited their flexibility and made it more difficult to change the way things were done at their school.

Therapists experienced additional barriers to the workload approach, but these were more specific to their students. OTs reported that inappropriate student behaviors took up a lot of their time and made it difficult to adjust scheduling. Therapists also felt the workplace approach was harder to adopt if they were assigned to treat many non-verbal students or had to manage students with severe deficits related to conditions like Autism Spectrum Disorder, Oppositional Defiant Disorder, and Cerebral Palsy. Their jobs were also made more complicated by students with poor attendance and/or students with parents and other family members that were not motivated to help their child or did not comply with home programs. These sorts of scenarios all make treatment more complex, requiring additional cognitive effort and planning time.

Many of the studies that explored obstacles related to this methodology found the years of experience each provider had did not pose as a problem to implementing the workload approach. However, a large caseload size was one of the biggest factors that made the transition difficult for providers. As mentioned before, caseload maximums (or caseload caps) are not necessarily beneficial in terms of protecting therapists from unrealistic workplace expectations because they don't factor in student severity or the range of other responsibilities therapists must shoulder. Furthermore, they are often set by administrators who have little to no insight just how much school-based therapists must accomplish in a day. Yet, not having *any* caseload cap in place can make it even more trying for therapists to transition from caseload to workload because all of their daily working hours are allotted for direct services.

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Even apart from the workload approach, the overwhelming majority of providers reported that inappropriate student behaviors and subjective difficulties with scheduling served as barriers to best practice in the field of OT. This goes to show exactly the far-reaching effects of not being able to transition from an ineffective model to a productive work approach.

Section 3 Personal Reflection

How might therapists overcome student-specific barriers to implementing the workload approach?

Section 3 Key Words

Oppositional Defiant Disorder (ODD) - A disorder diagnosed in childhood that is characterized by deliberately disobedient behaviors in response to authority figures; symptoms of irritability, aggression, and argumentative behavior persist for more than six months in order for a child to be diagnosed; ODD can majorly impact academic performance as well as function at school and within the community

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Section 4: Advocating for the Workload Approach

References: 28, 29, 30, 31, 32

While there are certainly barriers that impact a therapist's ability to use the workload approach in their school district, advocacy can go a long way in overcoming many obstacles. Advocating for the workload approach is considered especially effective for overcoming barriers related to district, county, and state policies.

While many therapists have become comfortable explaining their role as an OT to others and advocating for the good work they do, advocacy for other reasons may seem a bit more difficult. This is mostly because therapists may not know what to say when approaching a topic such as the workload model. A good rule of thumb is to be prepared before speaking with school administrators. The best way to do this is by completing a work analysis. Therapists should firstly know the most effective way to demonstrate a need for the workload model is by having all the therapists in the school complete analyses of their work days. The reason for this is similar to why one data point during an evaluation is not as helpful as multiple data points. Similarly, a patient's standardized test scores only make sense when they are looked at in context, i.e. in comparison to normative values or scores of their peers. While not every therapist needs to have a conversation with administration, they should at least perform an analysis to assist other therapists in advocating for the transition.

We will shed more light on just how to perform these analyses in the next section. A work analysis will help administrators understand how much work outside of direct services a therapist must do for each student they treat. Outside of time spent face-to-face with a student, therapists have associated paperwork, observations, meetings, teacher collaboration, parent communication, and more. In some cases, administrators aren't aware of what a therapist's day looks like, and this can help.

Another concern is that administrators may simply be looking at the role of OTs and other related service providers from a business-focused perspective. For example, they have likely been trained to focus on cost savings and other managerial duties. This means their decision-making process may be more black-and-white than that of a therapist, who needs to take many factors into account and knows that clinical judgment doesn't always lead to obvious solutions. Guidance given from a predominantly business-centered lens not only conflicts

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with a therapist's code of ethics, but also impacts the moral decision-making process, student outcomes, the quality of care provided, and state and federal mandates. By helping administrators understand this side of a therapist's work, they will hopefully gain a greater appreciation for their insight and include them in discussions related to the scope of their services and responsibilities.

It's also useful for therapists to collect their documentation and add it all to a binder in preparation for their yearly or bi-yearly employee evaluation with their administrator. Therapists are encouraged to add copies of all the documentation they do in a day, including evaluations, daily notes, progress reports, and copies of IEP sections they authored. Documentation should be clearly labeled with the date and sectioned off accordingly so administrators can see how much paperwork therapists typically complete in a day. This offers an even more tangible glimpse into how much behind-the-scenes work comes along with treating each student.

While administrators should ideally see a therapist's side of the discussion, therapists may need to emphasize the benefits of the workload approach that directly appeal to the school as a whole and the administrator's duties. These include:

- Additional time to support general education curriculum alongside teachers and other staff
    - With a more flexible schedule, therapists will have the time to collaborate with teachers, aides, and other related service providers; this collaboration can include helping to design in-class activities, offering generalized sensory supports, encouraging socioemotional health, and more
- Decreased vacancies, increased employee retention

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    - Administrators function much like managers do in other healthcare settings, so they are indirectly responsible for properly staffing their school
    - Onboarding new employees including the hiring process, evaluations, and training costs money and takes time away from existing staff to help orient them
    - This is of note for nearly any organization, since many industries are feeling the effects of workforce shortages
- Improved ability to offer contextualized services for all students
    - Most institutional and clinic-based OT services are labeled person-centered, but therapists working in school-based settings and other community locations must place a focus on contextual services offered in natural locations where the student or patient commonly goes
    - Therapists are aware that natural contexts are the most ideal location for therapy to take place, as they offer the most opportunity for real-world practice along with skill generalization and application; however, administrators are just realizing the significance of this and how it is considered a hallmark of treatment, so emphasizing this benefit will be important
- Increased ability to focus on principles of Universal Design for Learning as part of OT sessions
    - This places a continued focus on academic performance, individual student goals, and positive outcomes
- More positive attention for the district

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    - Success stories with the workload approach can be presented at local or national conferences, published as a research study in a scholarly journal, written about in the media or county newsletter, and shown on the local news
    - This type of positive attention can lead the school to secure additional funding and other resources for programming
- Reduced risk of litigation
    - Therapists using the caseload approach are more likely to become non-adherent to IEPs, 504 plans, and IFSPs due to simply not having the time to manage them all
    - This can lead children to fall through the cracks and places the district at risk of a lawsuit from parents

When they are presented with all of this information, administrators will likely have a range of questions therapists should be prepared to answer. Administrators may want to know if there is evidence on how many hours of direct occupational therapy services are required to produce optimal outcomes for students. Due to their business-oriented nature, these professionals may also ask if there is a formula therapists use to determine the frequency of services for each student. Therapists can relay that they take into account the student's modifications or accommodations, the therapy goals that have been set for them, and their present levels of performance. At the time of a child's annual review, their frequency can be decreased if they have made sufficient progress, or it can be increased if they are not performing as expected or have demonstrated regression. Administrators often also want to know:

- What responsibilities therapists can help the district with in addition to direct services

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- How therapists can play a part in determining the LRE and encouraging inclusion for all students with IEPs or similar plans
- How many therapists the district may need to sufficiently fulfill all IEPs, 504 plans
- What mix of staff may help the therapists most
    - For example, having one OTR and several COTAs may be more helpful to a district that outsources initial evaluations for students with new IEPs
    - On the other hand, a district that needs to complete their own initial evaluations and has more than one school in need of OT coverage may benefit from hiring several OTRs to help shoulder this responsibility
- What the best way is to understand if and when a therapist has reached the maximum amount of work on their plate
    - Some administrators may just assume they know when their employees are struggling, but a sign of a good administration is those who keep the lines of communication open for situations exactly like this
    - Therapists should feel comfortable telling administration they want more frequent check-in meetings over the course of implementing the workload approach to ensure they have the resources and support they need

Speaking with administrators may be the first step that comes to mind in this realm, but advocacy goes far beyond your own district. Therapists are also encouraged to speak with their state organizations (local occupational therapy

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associations and more) to learn if there are any existing policies that govern the meaning and scope of the terms caseload and workload. These organizations should, in turn, be collaborating with decision makers in other high places regarding concerns related to the caseload-workload debate and similar issues. While the exclusivity of local OT associations may lead people to assume all aspects of the practice are represented, this may not always be the case. Not all local OT associations possess the diversity and clinical practice status they should. OTs from each practice setting should be involved in these associations, but school-based therapists should especially have a seat at the table to advocate for these important issues from the lens of a working provider.

In addition to being part of the discussion within local OT organizations and similar associations, therapists must also pay attention to the role that stakeholders and policymakers play in the caseload-workload debate. Stakeholders of schools are defined as anyone who has a personal interest in the school system itself. This means, in addition to students, stakeholders can take the form of administrators; teachers; parents, guardians, and other family of students; school staff; local business owners; social service providers; and even law enforcement officers. So, while administrators may have a large say in what policies are put into place at the school, other parties play a valuable role and their opinions should be taken into consideration. For example, therapists should highlight the impact that indirect services such as in-class collaboration have on teachers and the students they mutually share. By gaining the support of educators in your district through testimonials and success stories, therapists can receive assistance in advocating for the workload model. Parents, guardians, and other family members of students can also aid in the advocacy process. With the workload model, therapists will have more time to communicate with parents about home programs, recommendations, and how students have been progressing (or not) within the home. By demonstrating parent satisfaction with the frequency of

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communication between these two parties, therapists can garner even more support during the transition. Each of these stakeholders should feel comfortable engaging with policymakers in a debate like this, since the workload model has a ripple effect that can positively impact many parties.

However, the onus isn't entirely on the stakeholders, as policymakers should be starting these important discussions with their constituents and all parties involved to gain a better perspective. During these talks, policymakers can highlight cost reduction in the realm of compensatory services, less time spent on due process, and increased provider retention in the school system as benefits of the workload model.

Therapists should also use the word workload in a conversational manner in place of the term caseload. This practice will not only encourage discussion among school-based professionals about what the difference between the two terms is, but using this word will also help begin or facilitate the transition from one to the other.

The National Coalition on Personnel Shortages in Special Education and Related Services (NCPSSERS) is another notable organization that can play a part in the advocacy process for the workload approach. This organization is already partnered with AOTA along with APTA and ASHA, which helps with more transparency surrounding the benefits and usage of the workload model in practice. NCPSSERS can also connect therapists with the resources they need to smoothly transition to using the workload approach. In the next section, we will discuss more resources that are critical to helping therapists with this transition in real time.

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Section 4 Personal Reflection

How can therapists use their advocacy efforts as part of their professional development? What skills related to advocacy carry over to other aspects of an occupational therapist's career?

Section 4 Key Words

Due process - The process during which a state applies all legal rules and principles related to a case in order to preserve and uphold each person's civil rights; essentially, due process entitles everyone to equality in the justice system; for example, due process would prevent a school from expelling a student without first providing fair procedures

Present Levels of Performance (PLOPs) - A section of the IEP that details a student's strengths, current skills, needs, and challenges related to academic and functional performance; these may also be abbreviated as PLAAFPs, PLPs, or PLEPs

Regression - When students lose skills they once possessed, either due to time, a change in medical status, new diagnoses, or a lack of structure

Section 5: Resources to Assist with the Transition to the Workload Approach

References: 4, 33

As we alluded to in the previous section, therapists need to be prepared before they approach administration to advocate for the workload approach. One of the most integral pieces to a therapist's point of view is hard evidence there is a need for the workload approach in the first place.

Conducting a Time Study

The best way for therapists to gather this data is by conducting a time study. This simply means therapists must record each and every task that is part of their work day, including lunch breaks and bathroom breaks. No task is considered too small to include, since this will give the most accurate picture of what a therapist's day looks like. A therapist's work day should be broken down into 15-minute intervals and labeled based on each task that occupied that time slot. A time study must take place over a specified period, which should be a minimum of 1 week. However, many therapists choose a 1-month interval because some responsibilities (e.g. committee meetings) may only take place on a monthly basis. One day is not nearly long enough, as the main intent of a time study is to demonstrate relevant work patterns and routines in a therapist's schedule.

In order to maximize the benefit of the time study and make the data collection process as simple as possible, some therapists opt for electronic tools that automatically make calculations for them. There are many free and paid software options available online, many through accounting, human resources, and related organizations. Most software allows for customization so therapists can choose what fields they want to manually input. As a general rule, longer time intervals and less data input from therapists often leads to a higher data yield. So the time study is even more time-saving and efficient, therapists should also allow the program to automatically generate reports that summarize key data points throughout the time study.

ASHA has developed a workload calculator therapists can use to assist in this process. They offer a weekly version, a monthly version, and an adapted tool for therapists who offer telehealth services. These come in the form of spreadsheets that will complete some calculations for you based on what you input. For those who have already completed a time study and are looking for more detailed

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statistics, ASHA also offers a workload analysis version that helps therapists identify how each of their students contributes to their overall workload. There are also weekly and monthly versions for this type. These tools can be viewed and downloaded at: https://www.asha.org/slp/schools/workload-calculator/.

The next step in the time study should mimic any other research study: grouping data collected in the first step into categories based on themes. Therapists can break time study data into two general categories: direct services and indirect services. These two distinctions are the most important part of the time study, though the data will include a more detailed view for maximal value. Direct services are quite clear-cut, but indirect services should be divided into three subcategories. Firstly is 'services that support students,' which entails treatment planning, annual review meetings, and teacher collaboration. Another subcategory under the heading of indirect duties is 'activities that support curriculum' such as in-services. Lastly is 'activities that support federal, state, and local requirements,' which is mostly spent on documentation but also includes data collection for progress monitoring and reporting. Another method of categorization can be similarly broad but still focused on the distinction between direct and indirect services. Direct services will be named as such, while other categories can include documentation, data collection (both the time allotted for the time study as well as progress monitoring and reporting), and meetings and collaborative activities. This is partly up to the preference of the therapist as well as what their mix of duties looks like.

After collecting and sorting this initial information, therapists should take a closer look at the results from an analytical lens. This serves several purposes for both direct and indirect services. Therapists can firstly use this analysis to determine appropriateness of services being provided. For example, instead of prescribing all students to 30- or 60-minute time slots at the start of care, take a more individualized approach based on their specific needs. If some students might

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benefit more from two 15-minute sessions each week, then adjust their frequency accordingly. Or if they would be better served by indirect services, make that switch when it makes the most sense to do so.

This scoping view of the time study can also lead to varying the services even further. Not every child is in need of weekly direct services, and their IEPs should be reflective of that. If you find this is the case for a certain student, consider setting a monthly amount of visits rather than a weekly figure. Instead of recommending 2x30 (two thirty-minute sessions) each week, it can be helpful to write frequencies more fluidly such as 10 visits per month. This allows for flexibility in terms of absences, cancellations, and other scheduling variations on behalf of both parties. Such a practice also leaves room for therapists to help children through certain trying times when they may need more support. For example, if a child is undergoing a medical procedure and is in need of more concentrated OT services in the week following that procedure, therapists can schedule more visits around that time to help out. Just as contextual services allow therapists to perform services where kids need it the most, this type of direct services enables therapists to offer those same services *when* kids need it the most.

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Therapists can also use the time study to inform how they structure and schedule indirect services. This can be particularly useful for therapists involved in RTI or those who provide general group sessions and head up classroom activities that allow for teacher participation and strategy implementation.

Once therapists have gathered information and completed their analyses, they should take a snapshot in preparation for their meeting with administrators. As therapists, we understand that each person processes information differently, so OTs should be equipped with a summary of the highlights from their study as well as a more detailed report. The summary will help as they are explaining findings

to the administrator, and this can also be used when administrators present the same information to school board members and other stakeholders later on. However, the detailed report will offer the depth many administrators appreciate and better understand. This type of documentation may also be a requirement for other organizations more closely involved in policy to have on file.

When analyzing the data and reviewing it for their own purposes, therapists should pay attention to how much time is spent on certain work tasks over the course of a day, week, or month. After doing this, therapists should identify any barriers that may exist to their efficiency and task completion. This serves multiple purposes. Firstly, therapists can determine if there is any opportunity for greater efficiency due to making their own adjustments. For example, if a therapist finds they are spending 15 minutes treatment planning and preparing materials each day, they should try grouping that planning together in one session per week. This may help shave off some time – therapists may be able to spend 60 minutes on this task each week as opposed to 75, as similar materials can be gathered for more than one student with comparable goals, and printing off worksheets can be done all at once. This may be done on an even larger scale, where therapists only schedule evaluations on one day each month to group travel time and documentation for said evaluations all together. Other options include grouping direct services with students who have similar goals together in small groups or on the same days to help with treatment planning. Therapists who cover more than one school building may also want to consider spending part of the week at one building and part of the week at another building to cut down on travel time back and forth. Many therapists are not in need of scheduling adjustments such as these, and that is an indication of how much they can benefit from a transition to the workload model to assist with their duties.

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Workload Weighting

Workload weighting is another resource therapists should be aware of. This caseload management tool is one method therapists can propose to administrators that will assist with managing their work. Managers who want to employ this method should assign various activities appropriate 'weights' that are based on risk and complexity of student diagnoses. Weights also take travel time and other considerations into account.

Administrators who use workload weighting can not only gain a better idea of how much work their therapists can take on, but they can also assign work with more confidence. By weighting each activity, administrators will become aware of what activities therapists have the bandwidth for outside of direct services. This method puts more of the onus of the workload approach onto administrators rather than therapists. However, therapists should still feel comfortable playing an active role in the management process. Each party has their own responsibilities. For example, administrators should be able to ask therapists why certain time slots need to stay open and what they have been allotted for. There should also be transparency across all parties regarding full-time equivalent roles and when the district may be in need of more staff. Therapists should feel comfortable telling administrators when certain job assignments are too much for them to handle.

Understandably, the benefits of workload weighting are much akin to those of the workload approach. Workload weighting has been associated with:

- Better pairing between therapist competencies and the tasks they are asked to perform
    - This was found to be the case for professional competence, delegation, capacity, and likely others listed in the occupational therapy code of ethics that outlines professional conduct for the field

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- Continued professional development on behalf of the therapist and their supervisor, if they have a clinical background
- Effective teams that work well together and are managed well
- Greater equity in the treatment of employed therapists
- Improved therapist expectations
- Increased therapist job satisfaction
- Lower stress levels in therapists
- Reviews of the ways in which administrators support therapists; these often take place more consistently and more thoroughly with workload weighting
- More optimal student outcomes

Success After Initial Implementation of the Workload Approach

Therapists are not only interested in how they can shift their job from a caseload approach to the workload model. As is expected, they are also interested in how to experience success with the workload approach in the years to come. By focusing on long-term outcomes, therapists will have better job satisfaction and be able to offer more efficacious services to their students.

In order to do this, therapists should aim to create an ongoing evaluation process. This will not only help them assess how beneficial the workload approach is to their jobs, but it will also help with monitoring and the identification of areas that may need further improvement. As the therapy process has taught us, providers must always remain solutions-focused, which takes many forms. This may mean making adaptations to an assistive device, customizing software to better meet a patient's needs, or modifying and trialing new strategies during a plan of care.

Considerations During the Transition

Therapists should always remember to consult their state association's caseload standards both before the transition and throughout their time using the workload approach. They may have additional steps to follow or separate resources for you to utilize during the process. In addition, therapists should account for the many factors that can impact their transition to the workload approach. These include but are not limited to:

- The severity of their students needs
- Individual frequencies needed for each student to meet their goals
- Treatment planning time
- Evaluations
- Observation time
- Service coordination
- Follow-up time
- Staff and professional development, both individually and at the school level
- Travel time, especially walking time between various parts of large buildings and driving time from one school to another
- Supervision of seasoned occupational therapy assistants, newly graduated occupational therapists and occupational therapy assistants, and fieldwork students

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It's important to have a supportive administrative team in order to successfully transition to the workload approach and maintain using it throughout your time in

school-based therapy. While many schools can be educated about the benefits of this model for all parties involved, some may be resistant to change. The best thing for therapists to do in these circumstances is to offer all the evidence of its success they can find and continue making the biggest impact they can with the resources currently at their disposal.

Section 5 Personal Reflection

What is the best way for therapists to find evidence pertaining to the success of the workload approach?

Section 5 Key Words

Full-time equivalent (FTE) - A term used to describe the workload of an employee in a way that allows for comparison to other employees; for example, if a business has a 40-hour work week, the FTE for an employee working full-time is 1.0; a part-time employee who works 20 hours each week at the same business has an FTE of .5

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Section 6: Case Study #1

A therapist with 15 years of experience in the school system recently started a new role at a school district where she will be responsible for treating 60 students in one school building. Early on, the therapist asks administration whether she will be responsible for more students as time went on and her supervisor said no, since they have a COTA who also provides treatment. Several months later, the COTA (and district's only other OT provider) left her role and the newly-hired therapist was immediately given an additional 35 students in the same school building.

While it would have been nice to use the workload model from the start, the therapist did not initially see a huge need since she was easily able to fulfill her job duties. However, now it has become essential to her productivity and ability to get all her work done. So the therapist has a meeting with the administrators about transitioning to the workload model. They are on board and want to know what resources the OT needs from them in order to be successful.

1. What resources does this therapist need to successfully transition from the caseload to workload model?
2. How can the therapist ensure the workload model becomes a fixture in this district?

Section 7: Case Study #1 Review

This section will review the case studies that were previously presented. Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. What resources does this therapist need to successfully transition from the caseload to workload model?

   This therapist would benefit from the flexibility in her schedule to complete a time study. In addition, she must have evidence in support of the workload model, which means she'd benefit from access to online portals, scholarly journals, and other evidence-based materials. In order for the workload model to be effective, the therapist should also advocate to administrators how important it is to hire another OT provider for the district. This would not only help with managing the full amount of students with IEPs and 504 plans, but this new hire would also allow this therapist to fully engage in the indirect services that are required of her job. With this

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OT's scope of practice more dedicated to evaluations and progress reporting and a newly-hired COTA focused more on treatment, there would be a better balance in responsibilities.

2. How can the therapist ensure the workload model becomes a fixture in this district?

   While advocating for an additional OT provider to be hired, the therapist has a chance to set forth certain standards and practices from the beginning of their tenure at the school. This means once they put the workload model into practice for their own responsibilities, they can help the new therapist do the same. This means assisting with onboarding and orientation of new therapist(s). If there are any existing materials that help with this process, the therapist can either modify them to be reflective of workload-specific practices or create a manual that helps with adopting the workload model from the start. The manual can point the new therapist to established resources they may need in the process while also indicating certain protocols specific to the district. This will not only help the new therapist but further solidify the practices for the current therapist. In addition, having both therapists using the workload model will ensure their duties don't bleed into one another (i.e. one therapist having to assume the other therapist's responsibilities because they don't have time for them).

Section 8: Case Study #2

A newly graduated occupational therapist just began working at a school district where she is responsible for covering a total of 78 students across 3 school buildings. She is currently the only OT in this district. When she was hired, she learned she would be joining a seasoned OT with a lot of school-based experience at the district who would mentor her and assist with the caseload. However, that

therapist recently resigned abruptly due to a medical emergency and the district has not yet filled her position.

The therapist has quickly discovered there is not enough time in her 40-hour work week. In order to stay caught up on everything, she has started taking documentation and other computer work home with her.

She discussed her situation with previous fieldwork supervisors as well as a family friend who is an OT working in the school system. Since this is her first position out of school, she wasn't sure if she simply needed to plan her days out more efficiently, or if these expectations were unrealistic. Both parties educated her about the workload approach and told her she needed to have a discussion with administration about this and ask about the potential for hiring a second therapist.

Upon having a discussion with the administrator, the therapist learns they do not have room in the budget to hire an additional therapist to cover student cases. Therefore, this therapist will continue being the sole provider at the school for the time being. Even still, she is not currently able to handle this amount of students and is in search of strategies and other resources to help make her job more manageable.

1. Is it legal for there to be only one therapist at this school district? Is the same scenario ethical?
2. What strategies can the therapist implement in order to experience more success in managing this caseload?
3. Even though the workload model is not an option right now, are there any steps this therapist can take to get ready for a potential transition in the future?

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Section 9: Case Study #2 Review

This section will review the case studies that were previously presented. Responses will guide the clinician through a discussion of potential answers as well as encourage reflection.

1. Is it legal for there to be only one therapist at this school district? Is the same scenario ethical?

   Based on the above information, there is nothing illegal about this situation. The situation would be against the law if the employee was forced against her will to do work she didn't want to or was unable to do, if she was threatened with bodily harm if she didn't do her job or resigned, or her pay was frozen as a result of the discussion she had with administration. However, the situation described thus far does appear unethical. This therapist does not have the means (e.g. time) to properly fulfill all of the job duties before her. Therefore, it's unrealistic and unethical to place such a high volume of work on a single employee.

2. What strategies can the therapist implement in order to experience more success in managing this caseload?

   This therapist would benefit from basic emotional wellness strategies such as seeing a counselor, journaling, exercising, taking brief breaks at work, meditating, and more. These strategies will not only prevent her from experiencing a sense of disconnect with her work, but can also stave off occupational burnout, which is common in employment situations like this one. In addition, the therapist should see if there is any room for improved time management so she can do her job more efficiently. While there is undoubtedly a lot of work on her plate, newly graduated therapists may not be as well-versed in managing their time as providers who have been

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working a few years are. Some basic strategies include chunking similar tasks together to save time and using email templates to help draft communication with parents and teachers. Templates can also help with writing reports and even daily notes, especially if therapists create a few templates for each goal type (e.g. a daily note template for sessions focused mostly on handwriting, a daily note template for sessions focused mostly on ADLs). For students with sessions that cover many skill areas, therapists can also make templates for singular statements that can be copied and pasted into their notes to accurately summarize each session.

3. Even though the workload model is not an option right now, are there any steps this therapist can take to get ready for a potential transition in the future?

   In accordance with improving her time management, this therapist would also benefit from conducting a time study. Since she is the only therapist in the district, this time study would be all the district needs to review and make a decision on the workload approach. While this is not necessarily taking place right now, it can be useful for her own sake as well as making her ready to meet with administration at a later date. The therapist should also do some research to gather evidence on outcomes associated with the workload model.

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References

(1) National Center for Education Statistics. (2023). Students with Disabilities. Retrieved from https://nces.ed.gov/programs/coe/indicator/cgg/students-with-disabilities

(2) Early Childhood Technical Assistance Center. (2024). Part C National Program Data. Retrieved from https://ectacenter.org/partc/partcdata.asp

(3) Individuals with Disabilities Education Act. (2021). Sec. 300.34 Related services. Retrieved from https://sites.ed.gov/idea/regs/b/a/300.34

(4) American Occupational Therapy Association. (2021). Productivity: Caseload to workload. Retrieved from https://www.aota.org/practice/practice-essentials/payment-policy/caseload-to-workload

(5) Ball, M.A. (2018). Revitalizing the OT role in school-based practice: Promoting success for all students. *Journal of Occupational Therapy, Schools, & Early Intervention*, *11*(3), 263-272. doi: 10.1080/19411243.2018.1445059

(6) Corley, A., Ryan, C., Krug, J., & Britt, A. (2023) Implementation of best practice in the school-based setting. *Journal of Occupational Therapy, Schools, & Early Intervention*, *16*(1), 1-14. doi: 10.1080/19411243.2021.2003739

(7) Seruya, F.M., & Garfinkel, M. (2020). Caseload and workload: Current trends in school-based practice across the United States. *Am J Occup Ther*, *74*(5). 7405205090p1–7405205090p8. doi: https://doi.org/10.5014/ajot.2020.039818

(8) Center on Positive Behavioral Interventions & Supports. (2024). What is PBIS? Retrieved from https://www.pbis.org/pbis/what-is-pbis

OTMASTERY.com

(9) RTI Action Network. (n.d.) What is RTI? Retrieved from https://www.rtinetwork.org/learn/what/whatisrti

(10)Marante, L., Hall-Mills, S., & Farquharson, K. (2023). School-based speech-language pathologists' stress and burnout: A cross-sectional survey at the height of the COVID-19 pandemic. *Language, Speech, and Hearing Services in Schools*, *54*I(2), 456-471. https://doi.org/10.1044/2022_LSHSS-22-00047

(11)Clearinghouse for Military Family Readiness. (2019). Rapid literature review: Workload and caseload management. University Park, PA: Clearinghouse for Military Family Readiness. Retrieved from https://militaryfamilies.psu.edu/wp-content/uploads/Work_and_Caseload_Management.pdf

(12)LeCompte, B., Ray, L., & Flynn, P. (2022). Updated workload tool for OT, PT, and SLP practitioners. Retrieved from https://www.dpi.nc.gov/workload-tool-answers/download?attachment

(13)Cink, C. (2022). Occupational therapy service delivery in the school setting. Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/otd_projects/56

(14)Saccucci, K. (2023). Administrators' perceptions of alternative service delivery models and the school-based occupational therapists' role. Retrieved from Encompass A Digital Archive of the Research, Creative Works, and History of Eastern Kentucky University: https://encompass.eku.edu/otdcapstones/104

(15)Caie, P., & Brooks, R. (2022) We need to completely change the way we look at therapy: Occupational therapy in specialist schools. *Journal of Occupational Therapy, Schools, & Early Intervention*, *15*(4), 390-402. doi: 10.1080/19411243.2021.2003732

OTMASTERY.com

(16)Hernandez, R., Pyatak, E.A., Vigen, C.L.P., Jin, H., Schneider, S., Spruijt-Metz, D., Roll, S.C. (2021). Understanding worker well-being relative to high-workload and recovery activities across a whole day: Pilot testing an ecological momentary assessment technique. *International Journal of Environmental Research and Public Health*, *18*(19), 10354. https://doi.org/10.3390/ijerph181910354

(17)Rortvedt, D., & Jacobs, K. (2019). Perspectives on the use of a telehealth service-delivery model as a component of school-based occupational therapy practice: Designing a user-experience. *Work*, *62*(1), 125-131. doi: 10.3233/WOR-182847

(18)Grandisson, M., Rajotte, É., Godin, J., Chrétien-Vincent, M., Milot, É., & Desmarais, C. (2020). Autism spectrum disorder: How can occupational therapists support schools? *Canadian Journal of Occupational Therapy. 87*(1), 30-41. doi: 10.1177/0008417419838904

(19)Schwab-Farrell, S.M., Dugan, S., Sayers, C. & Postman, W. (2024). Speech-language pathologist, physical therapist, and occupational therapist experiences of interprofessional collaborations. *Journal of Interprofessional Care*, *38*(2), 253-263. doi: 10.1080/13561820.2023.2287028

(20)Schwab-Farrell, S.M., Dugan, S., Sayers, C. & Postman, W. (2024). Speech-language pathologist, physical therapist, and occupational therapist experiences of interprofessional collaborations. *Journal of Interprofessional Care*, *38*(2), 253-263. doi: 10.1080/13561820.2023.2287028

(21)Pierce, D., Sakemiller, L., Spence, A., & LoBianco, T. (2020). Effectiveness of transition readiness interventions by school-based occupational therapy personnel. *OTJR: Occupational Therapy Journal of Research*, *40*(1), 27-35. doi: 10.1177/1539449219850129

OTMASTERY.COM

(22)D'Arrigo, R., Copley, J.A., Poulsen, A., & Ziviani, J. (2020). Parent engagement and disengagement in paediatric settings: An occupational therapy perspective. *Disability and Rehabilitation*, *42*(20), 2882-2893. doi: 10.1080/09638288.2019.1574913

(23)Watt, H., Gage Richards, L., Woolley, H., Price, P., & Gray, S. (2021). Integrated services or pullout? Factors influencing school-based occupational therapy service delivery models. *Journal of Occupational Therapy, Schools, & Early Intervention*. doi: 10.1080/19411243.2021.1934226

(24)Ray, S., Diaz, I., Doyle, S., Kim, D., Renieris, A., Scardino, A., & Torres, O. (2022). Examining the practice patterns of school based occupational therapy in Western New York. *Journal of Occupational Therapy, Schools, & Early Intervention*. doi: 10.1080/19411243.2022.2114571

(25)Bazyk, S., & Cahill, S. (2015). School-based occupational therapy. In J. Case-Smith & J. O'Brien (Eds.), Occupational Therapy for Children (7th ed.), (pp. 664-703). St. Louis: Elsevier.

(26)Lynch, H., Moore, A., O'Connor, D., & Boyle, B. (2023). Evidence for implementing tiered approaches in school-based occupational therapy in elementary schools: A scoping review. *The American Journal of Occupational Therapy, 77*(1), 1-11. doi: 10.5014/ajot.2023.050027

(27)Schraeder, T. (2019). The 3:1 model – One of many workload solutions to improve students' success. *The ASHA Leader Archive*. https://doi.org/10.1044/leader.SCM.24052019.36

(28)Ray, L., Holahan, L., & Flynn, P. (2022). North Carolina Department of Public Instruction Exceptional Children Division: Guidance in determining FTE & workload for occupational therapy, physical therapy, and speech-

OTMASTERY.com

language pathology staff. Retrieved from https://www.med.unc.edu/healthsciences/physical/schoolbasedpt/wp-content/uploads/sites/662/2022/01/FTE-4_16.pdf

(29)O'Donoghue, C., O'Leary, J., & Lynch, H. (2021). Occupational therapy services in school-based practice: A pediatric occupational therapy perspective from Ireland. *Occupational Therapy International*. Article ID 6636478. https://doi.org/10.1155/2021/6636478

(30)Marante, L., & Farquharson, K. (2021). Tackling burnout in the school setting: Practical tips for school-based speech-language pathologists. *Perspectives of the ASHA Special Interest Groups*. doi: 10.1044/2021_PERSP-20-00262

(31)Camden, C., & Silva, M. (2021). Pediatric telehealth: Opportunities created by the COVID-19 and suggestions to sustain its use to support families of children with disabilities. *Physical & Occupational Therapy In Pediatrics*, *41*(1), 1-17. DOI: 10.1080/01942638.2020.1825032

(32)Park, E., (2021). Meta-Analysis of factors associated with occupational therapist burnout. *Occupational Therapy International*. Article ID 1226841. https://doi.org/10.1155/2021/1226841

(33)Royal College of Occupational Therapists. (2020). Managing caseload: Workload weighting. Retrieved from https://www.rcot.co.uk/sites/default/files/Managing%20Caseload%20-%20Workload%20Weighting%20Briefing%20%282020%29.pdf

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