Workloads & Caseloads Across the US
Challenges & Opportunities for Best Practice in School Settings

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Objectives for this session

• Highlight the differences between the caseload vs. the workload approach in school-based practice
• Create and analyze time study data to determine practice trends specific to your district(s) and appreciate the power of this approach
• Create a workload formula to meet practitioners’ roles and responsibilities within allotted work hours
• Develop the ability to utilize the information from this presentation to support your own transition from caseload to workload

Current Challenges in School-Based Practice

• Schools across the US (including OR) are facing significant fiscal constraints, along with increased demands for related services in special education.
• Caseload sizes are growing and the roles for school based therapists are expanding in response to the more complicated needs of children with special needs.
• Expanding caseloads place increased demands on time, including use of consultation; innovation in direct services in general education environments; professional communication, & obtaining and evaluating student performance.
The following activities are part of an OT or PT workload in addition to direct therapy with a child:

- Conferences with parents and staff
- Consultation
- Data collection
- Documentation
- Intervention planning
- Ordering of equipment and inventory
- Parent training and information
- Peer review
- Prevention and special program development and implementation
- Professional development
- Scheduling
- Screening and assessments
- Setup, clean-up, and maintenance of equipment
- Staff in-service training
- Student Success Team follow-up
- Studies and evaluation (research)
- Supervision of therapy staff
- Team meetings (staff, IEP, etc.)
- Technical assistance
- Technology development
- Travel time between sites

Therapists perform many roles in school-based practice:

- Roles often include, but are not limited to:
  - Practitioner
  - Problem-solver
  - Trainer
  - Resource person
  - Consultant
  - Program Developer
  - Evaluator
  - Advocate

- Tasks include:
  - Screening & Assessment
  - Environmental design and adaptations,
  - Direct intervention with students
  - Indirect roles of consulting, coaching, collaborating, and training educators and families.
  - IEP Meetings

Challenges for therapists in Oregon:

- OTLB Comments:
  - How many children on a caseload is too many?
  - I was told by my supervisor that, “we only do a consult model in this district” is that legal? What if I really feel that direct services are needed?
  - I have 120 children on my caseload, and we only use a consult model in our district, is it possible to consult with 120 students?
  - Does Oregon have state guidelines for school-based practice?
  - I currently work for ESD over in …Another ESD over has a COTA who needs an OT to provide supervision with a caseload of 35 students. The ESD wants an OT 2 days a month to supervise the COTA’s caseload and to complete evaluations. From the board’s standpoint if/how would this work?
  - I was told not to send emails to my supervisor regarding my concerns about my caseload and the number of evaluations I need to do, but I am worried about the expectations, what are the caseload limits in Oregon?
Survey Results

What types of services do you provide, including treatment to children on your caseload and education to others? (N = 100)

<table>
<thead>
<tr>
<th>Service</th>
<th>Always</th>
<th>Often</th>
<th>Whenever Possible</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small group</td>
<td>15.15%</td>
<td>71.72%</td>
<td>3.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Whole class</td>
<td>0.00%</td>
<td>55.88%</td>
<td>21.65%</td>
<td>54.64%</td>
<td>12.37%</td>
</tr>
<tr>
<td>Education to teachers</td>
<td>18.00%</td>
<td>43.00%</td>
<td>35.00%</td>
<td>5.00%</td>
<td>1.00%</td>
</tr>
<tr>
<td>Education to parents</td>
<td>8.91%</td>
<td>18.81%</td>
<td>53.47%</td>
<td>18.81%</td>
<td>0.99%</td>
</tr>
<tr>
<td>Telehealth</td>
<td>0.00%</td>
<td>0.00%</td>
<td>3.26%</td>
<td>4.35%</td>
<td>92.39%</td>
</tr>
</tbody>
</table>

- Plus, therapists typically work 1-2 hours over their work day every day, take lunch breaks whenever they can, rarely or never.
- 50% of therapists reported working at 4+ schools, one therapist reported at working at 10 schools in her district!
- Complaints of work affecting health in 20-40% of therapists, including physical & mental health issues and stress and worry about the children.

Service Delivery in School-based Practice

- In order to accommodate all of the roles necessary to provide best practice services to students, therapists are encouraged to adopt a workload model approach in the delivery of school-based services. Workload approaches are strongly supported by:
  - American Speech Language and Hearing Association (ASHA)
  - American Occupational Therapy Association (AOTA).
  - American Physical Therapy Association (APTA)
  - APTA AOTA ASHA

Methods for Determination

Caseload Approach

- Adds up the total number of students who receive direct services, and sometimes indirect services, as part of their individualized education plans (IEP) and/or 504
- # of students with direct services/hours available in a therapist’s week.

Workload Approach

- Considers children’s needs, documentation, scheduling and time demands of school activities typically based on time use samples completed BEFORE the determination is made for how many students are assigned to a therapist
- Workloads include all the student related activities necessary to support their educational programs, implement best practices for school services, and ensure compliance with IDEA and other state and federal mandates.
When a workload is not considered therapists may be placed in the position of:

- Only offering services with treatment groups that are too large;
- Inappropriate groupings of students;
- Filling all available time slots with only face-to-face intervention services;
- No opportunity for generalization, observation or consultation regarding the students progress;
- Only servicing those students on the caseload;
- RTI or Early intervening approaches cannot be addressed.

Workload Considerations

Jackson, Politchino, and Potter's study (AOTA-2006), support the concern that large caseloads limit school-based therapists' capacity to choose appropriate service options based on students’ individual needs, as well as to collaborate with special education and general education teachers.

**Workload Considerations**

- “In the end, caseload size symbiotically affects some of the very conditions that give rise to it. Reciprocally, caseload size impacts the ability of teachers to meet the diversity and intensity needs of students. It influences the roles and responsibilities of special educators. It exerts an impact on the extent of direct service time provided to students. Finally, caseload bears a direct relationship on the quality of education provided to students with disabilities”
Comparison by States Across the US: Who is doing what and why!

**Caseload**
- Washington
- Wisconsin
- Ohio

**Workload**
- California
- Illinois
- New York
- Texas
- North Carolina (hybrid)
- Kentucky
- Massachusetts
- Arizona

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**Calculation of Workload**

**Two Approaches**

- North Carolina (Hybrid)
  - Uses a multiplier the total of IEP contact hours per week
- California (Workload)
  - See spreadsheet

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**Example(s)**

One example of a time-sample survey
Time Use Data Collection Worksheet

North Carolina Example

IEP Contact Hours/Week

Actual service frequency should be determined based on each student’s:

• 1 x 30 minutes/week = .5
• 1 x 60 minutes/week = 1.0
• 2 x 30 minutes/week = 1.0
• 1 x 30 minutes/month = .125
• 2 x 45 minutes/month = .375
• 7 x 30 minutes/9-week reporting period = .38

Multiplier

• Total IEP contact hours are then multiplied by a factor ranging from 1.7 - 2.7 to derive the number of service hours needed to effectively serve the site/district/school.
• The service hours are then divided by 40 (1 FTE). The resulting number indicates the number of FTE needed for the site.
• Based on this factor, one FTE can be expected to deliver somewhere between 20 - 22 IEP contact hours per week, depending on the severity of students served, evaluation load, and distance between number of sites served.

California

• A variety of tools are recommended and available to assist in monitoring therapist workload, including treatment rosters, permanent and weekly schedules, and the Workload Management Form (WMF).
• WMF can serve as a time survey and helps therapists to determine their appropriate workload.
Efforts to Control Workloads in Oregon

- Development of Guidelines for OT/PT services that go beyond highlighting the laws in IDEA
- Guidelines which include best practice and AOTA recommendations
- Adoption of guidelines by OTAO
- Introduction of legislation
  - Example HB 3263
  - From a proposed bill, to the Committee on Education to the Legislative agenda (appointed to a work group)
  - Great success thus far

House Bill (HB- 3263)
Sponsored by Susan McLain
Facilitated by dedicated OT’s including
Julia Damon, OTD
OTAO Legislative committee
Mashelle Painter, MEd., COTA
Linn-Benton CC OTA program

Dedicated OT’s who took the day off of work to come and testify multiple times to Salem OR took time to write and submit a letter of support and testify about the current state of affairs that OT’s work under.

Some other Strategies-Scheduling

- Block Scheduling
  - Direct services are provided for a specified period of time followed by a similar time of indirect services (e.g., nine weeks of direct intervention, nine weeks of indirect services).
- Receding schedules
  - Initial service involves intense amounts of direct services, which is then reduced over time based on student progress
- Flexible scheduling
  - The therapist integrates two or more types of schedules to maximize services and best meet students’ needs. The 3:1 model is an example of a flexible schedule.
Resources

• California’s OT/PT Guidelines in Schools
• AOTA Caseload & Workload
• Caseload calculator

References


Retrieved from: www.aota.org/-/media/Corporate/Files/Practice/Children/Resources/Transforming%20Caseload.ashx

Retrieved from: http://www.aota.org/-/media/Corporate/Files/Practice/Children/Resources/Transforming%20Caseload.ashx

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