Therapists’ Perceptions of a Workload-Oriented Service Delivery Model in School-Based Practice:

Mindy Garfinkel, OTD, OTR/L
Francine M. Seruya, PhD, OTR/L

How Heavy Is Your Workload?

Background

OTP’s are redefining their job responsibilities in terms of their workload, rather than their caseload (AOTA, APTA, & ASHA, 2014; Jackson, Polichino & Potter, 2006; Polichino & Jackson, 2014).

The concept of workload vs. caseload was first introduced in the speech & language literature (ASHA, 2002; ASHA, 2002b, Annett, 2003).

There is limited evidence in the OT literature to help therapists select & implement a workload-based service delivery model (Case-Smith & Holland, 2009; Kingsley & Jackson, 2014).

Purpose of the Study & Research Question

The purpose of this study was to explore therapists’ perceptions of the 3:1 Service Delivery Model. What is the 3:1 Service Delivery Model? The concept of workload vs. caseload was first introduced in the speech & language literature (ASHA, 2002; ASHA, 2002b, Annett, 2003).

Methods

Design

- This study used a qualitative, phenomenological approach.

Sample Population

- 5 OT practitioners & 5 SLP’s were recruited via web-based searches & networking.  Attempts to recruit PT’s were unsuccessful.

Inclusion Criteria

- OT, PT, & SLP school-based practitioners in the United States.  with experience using the 3:1 Model.

Procedures

- Survey & interview questions were piloted prior to use with the subjects to ensure that they elicited the intended information.
- All participants signed a consent form.
- Interviews were conducted via teleconference.

To enhance the rigor & validity of the findings, member checking & peer debriefing occurred.

Design

- This study used a qualitative, phenomenological approach.

Sample Population

- 5 OT practitioners & 5 SLP’s were recruited via web-based searches & networking.  Attempts to recruit PT’s were unsuccessful.

Inclusion Criteria

- OT, PT, & SLP school-based practitioners in the United States.  with experience using the 3:1 Model.

Results (continued)

What are your experiences using the 3:1 Model?

- Category #1: Initiation
  - Why was it initiated?
  - “Well, I get to see more kids and I get to do some more group things” (Theresa).
  - “We decided that we would need a way to see more kids” (Jennifer).
  - “We didn’t know where, we would feel different” (Jill).
  - “There are so many therapists that don’t understand it” (Barbara).

- Category #2: Promotion of the Model with Stakeholders
  - What was happening?
  - “I think a lot of it is really hard for your principal & it isn’t easy.  People are going to say ‘it’s there, it’s going to happen, let’s change the way we’re doing it’” (Sharon).
  - “I think I think it’s really particularly hard for the director of education because it’s not the traditional model” (Theresa).
  - “What are you doing?”
  - “If we are absent…. we are expected to make up this work during the indirect week” (Sharon).

- Category #3: Implementation
  - What’s happening?
  - “I think a lot of it is really hard for your principal & it isn’t easy.  People are going to say ‘it’s there, it’s going to happen, let’s change the way we’re doing it’” (Sharon).
  - “If your principal is all in and you’ve got this implemented in the indirect week, you’re expected to go up and get it down” (Theresa).

- Category #4: The Perceptions of Others
  - What are your experiences using the 3:1 Model?
  - “As a result, we were able to get a new program and to help it up by the personnel” (Barbara).
  - “I thinkAdministered through that it was going to be a no-win situation. That made it very difficult for people to do it” (Theresa).
  - “It’s giving me more availability to do new programs and to help it up by the personnel” (Barbara).
  - “It’s giving me more availability to do new programs and to help it up by the personnel” (Barbara).

- Category #5: Challenges
  - “I would love to have extra OT’s” (Barbara).
  - “If we have some students we may need to collaborate with the teachers and such” (Sharon).
  - “I have some students on my caseload that require the structure and routine that our traditional model provides” (Theresa).
  - “What are you doing?”

What have been your experiences using the 3:1 Model?

- Category #6: Benefits
  - “I think a lot of it is really hard for your principal & it isn’t easy.  People are going to say ‘it’s there, it’s going to happen, let’s change the way we’re doing it’” (Sharon).

Discussion

5 Themes emerged when using the 3:1 Model:

1. Services were provided in natural environments.
2. The scope of services was expanded.
3. Stakeholders decided who should use the Model on a case-by-case basis.
4. The perceptions of others created both opportunities & challenges to implementation.
5. Time management was more effective.

Implications for Practice

- The use of this workload-oriented model may support practitioners as they move away from a caseload approach.
- Through collaboration, the Model supports occupation-based practice in natural settings.
- Be mindful of your intentions.  Is it being used to enhance practice?  Manage paperwork?
- One size does not fit all.  How can a workload-oriented model be implemented in your setting?
- All about the numbers.  What is reasonable?

Limitations of the Study

- Small sample size
- Telephone interviews versus face-to-face interviews.
- Some subjects had not used the Model in more than a year and were relying on their memory to report.
- PT’s were not represented in the study.

Conclusions

- All of the therapists reported that when faced with reasonable caseload numbers, the use of the 3:1 Model provided them with more time to manage their workload responsibilities and expand the scope of their practice.
- Successful implementation of this workload model is heavily tied to positive perceptions of collaborating professionals, such as teachers and administrators.

References

For further information, contact: mgarfinkel@quinnipiac.edu