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Administrators' Perceptions of Alternative Service Delivery Models and the School-based
Occupational Therapists' Role

Presented in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Occupational Therapy

Eastern Kentucky University
College of Health Sciences
Department of Occupational Science and Occupational Therapy

Kimberly Saccucci
2023

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Executive Summary

Background: Within the school setting, school-based occupational therapists (SBOTs) provide a range of services with collaborative consultation amongst interdisciplinary team members being one of their responsibilities. One perspective that has not been thoroughly examined within previous research is the administrators' perceptions of the OTs' roles and responsibilities within the school setting. This perception may impact how therapists can implement alternative service delivery models that encompass all aspects of the SBOTs' role.

Purpose: The purpose of this cross-sectional survey study was to determine administrators' perceptions of the workload model for SBOTs within the public school setting, to explore their understanding of the SBOTs' role and responsibilities, and to understand their perceptions regarding collaborative consultation.

Theoretical Framework. The Person Environment Occupation Performance model (PEOP model) is a practice model that focuses on the dynamic interactions between the person, occupation, and environment where people live, work, and play. This relates to this study because it seeks to understand administrators' perceptions and the value of collaborative consultation amongst interdisciplinary teams in the school-based setting.

Methods. An anonymous electronic survey was distributed to administrators who were working in a public school setting within the state of Rhode Island. The survey was created using the Qualtrics platform through Eastern Kentucky University and the data was analyzed using descriptive statistics.

Results. A total of 85 administrators initiated the survey and 65 completed the online survey (76% response rate). Most administrators (66.2%) believe that occupational therapists should be involved in all three tiers of the multi-tiered system of support (MTSS). Of the 72 respondents, 20.8% of administrators report that they are not at all familiar with the workload model and 36.1% of administrators reported that they are completely familiar with the workload model, and it is currently being used within their district. Of the 75 respondents that answered this question, 41.3% are completely familiar with the 3:1 service delivery model and report that it is being used in their district. Many respondents (77.9%) feel that there are barriers to using alternative service delivery models in the school setting. They identified staff being unclear as to how to transition to an alternative service delivery model as the biggest barrier (63.2%); lack of knowledge and support from families as the second most significant factor (35.3%); and then lack of teacher support (29.4%) being the next significant barrier.

Conclusions: This capstone fills a void in the literature where administrators' perspectives regarding alternative service delivery models and their views on collaborative consultation in relation to the SBOTs' role were not explored. Administrators were identified as a barrier to the implementation of alternative service delivery models within previous research. Understanding administrators' perspectives can guide future research and help practitioners that are seeking to transition to a workload model.

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**EASTERN KENTUCKY UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY**

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Title of Submission: Administrators' Perceptions of Alternative Service Delivery Models and the School-based Occupational Therapists' Role

Certification of Authorship: I hereby certify that I am the author of this document and that any assistance I received in its preparation is fully acknowledged and disclosed in the document. I have also cited all sources from which I obtained data, ideas, or words that are copied directly or paraphrased in the document. Sources are properly credited according to accepted standards for professional publications. I also certify that this paper was prepared by me for this purpose.

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Date of Submission: May 1, 2023

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Section 1: Nature of Project and Problem Identification

Introduction

School-based occupational therapists (SBOTs) provide a range of services to benefit their students including direct intervention, indirect intervention, collaborative consultation with the student and staff, as well as in-service training for staff. Within the school setting, the occupational therapist (OT) works as part of an interdisciplinary team providing support to the student and staff to meet the student's needs as they relate to their educational program. Staff and service providers within school systems have limited time to collaborate with other professionals to support student needs. Teacher and OT collaboration and communication are essential for a student's success inside and outside of the classroom (Benson et al., 2016). Occupational therapists collaborate with school teams by providing education, consultation, and direct service delivery in naturally occurring contexts to achieve the best outcomes for students (Laverdure et al., 2017). Having allocated time for collaborative consultation between OTs and school personnel to meet the goals for students within the school setting is an essential part of the school-based practitioners' job.

There are various service delivery models, such as the workload model and the 3:1 model, that are conducive for SBOTs to complete the range of responsibilities that are involved in their practice, including collaborative consultation. The 3:1 service delivery model aligns with the workload model, by acknowledging all the direct and indirect services therapists provide for their students and the school community (Gardner et al., 2013). Within this model, therapists provide direct intervention three weeks out of the month, and during the fourth week, indirect services are completed in the form of consultation and collaboration, meetings, documentation, observations, make-up sessions, preparation, staff training, and parent contact (Garfinkel &

Seruya, 2018). The workload model addresses the range of demands required of practitioners, including assessment and interventions as well as ongoing collaboration with regular and special education staff, communication with parents, and participation in school and district-level committees (American Occupational Therapy Association [AOTA] et al., 2014). According to Seruya and Garfinkel (2020), 75.86% of occupational therapy practitioners that participated in their study reported a desire to use a workload model. Barriers to implementing a workload model which incorporates non-direct service aspects of the job included high caseload numbers, lack of time, and lack of administrator support. A lack of administrative support was identified by 51.46% of respondents, as a barrier to implementing a workload model (Seruya & Garfinkel, 2020).

One perspective that has not been thoroughly examined within previous research is the administrators' perceptions of the OTs' roles and responsibilities within the school setting. Administrators' perceptions directly impact how therapists can implement a workload model that includes adequate time for collaborative consultation. Administrators are stakeholders in the public education system and ultimately in students' educational programs. If research is demonstrating that administrators are one of the barriers to the implementation of best practices within the occupational therapy domain, it would be beneficial to identify administrators' perceptions of OT practitioner roles and responsibilities, as well as their perception and knowledge of various service delivery models. This information would be valuable in identifying ways that SBOTs could better advocate for these changes as well as educate administrators. Experienced occupational therapists (3+ years of practice in a school-based setting) still identified administrative and organizational constraints to be problematic when addressing the differences between the medical and educational models and negotiating the demands of time

and system constraints (Brandenburger-Shasby, 2005). Many collaborative and contextual service delivery model barriers can be addressed by preparing new practitioners, building stakeholder relationships, and shifting from a caseload to a workload model (Handley-More et al., 2013).

School-based occupational therapists bring their unique knowledge and clinical experience to collaborate with interdisciplinary team members with a focus on enhancing the student's academic achievement and functional performance in their educational program and all school activities. School-based occupational therapists can support students' learning and participation in school by collaborating with interdisciplinary team members regarding system supports, providing coaching to teachers, classroom consultation, as well as providing direct interventions to ensure that the students are meeting their goals (Hanft & Shepherd, 2016b). Occupational therapists use their knowledge and experience combined with their interpersonal skills to work collaboratively with the interdisciplinary team to ensure that students are achieving their goals and participating in all school activities. In accordance with the Individuals with Disabilities Education Act (IDEA) 2004, OTs are responsible for providing services to the maximum extent appropriate to students in the general education setting with appropriate supplementary aids and services (Individuals with Disabilities Education Improvement Act, Pub. L. No 94-142, 2004). To achieve this, the OT must collaborate with the general and special educators, paraprofessionals, and other related service providers to provide the proper support in the least restrictive environment (Hanft & Shepherd, 2016a).

Laverdure et al. (2017) identified that best practice in school settings includes SBOTs collaborating with interdisciplinary teams, educating stakeholders, and embedding interventions in natural settings. Overcoming barriers to contextually based services and assuring that there is

a collaborative approach to service delivery is part of the SBOTs' role, as outlined in the Occupational Therapy Practice Framework-4 (AOTA, 2020b). By developing therapeutic relationships with clients, using interpersonal communication skills, and utilizing a collaborative approach to service delivery, the therapeutic use of self by the SBOT is utilized to optimize student outcomes. According to the Accreditation Council for Occupational Therapy Education (ACOTE, 2018) standards, it is within the OTs' responsibilities to participate as part of interprofessional teams for client care as well as to analyze and advocate for service delivery models for effective service delivery.

Problem Statement

Interdisciplinary teams within the school system rely on collaboration and frequent communication to provide comprehensive services to students. Despite SBOTs, teachers, and other interdisciplinary team members valuing collaborative consultation, having designated consultation time in their schedule is a challenge. Implementing an alternative service delivery model, such as the workload model or the 3:1 model, allows for more consistent consultation. The workload model incorporates all aspects of the therapist's job including assessment and interventions as well as ongoing collaboration with regular and special education staff, communication with parents, and participation in school and district-level committees (AOTA et al., 2014). Administrators were noted in previous research to be a barrier to the successful implementation of alternative service delivery models (Garfinkel & Seruya, 2018). Understanding administrators' knowledge of the OT's job responsibilities in the school setting and their perceptions of various service delivery models is necessary to advocate to remove barriers and promote best practice through a workload model for more structured collaborative consultation times with other school personnel and better client outcomes.

Purpose of the project

This quantitative cross-sectional study aimed to explore administrators' perceptions regarding the workload model for occupational therapists in the public school setting in Rhode Island.

Capstone Project Objectives

1. Determine administrators' perceptions of the workload model for occupational therapists within the public school setting.
2. Explore administrators' understanding of the school-based occupational therapist's role and responsibilities in public schools.
3. Understand administrators' perceptions regarding the value of collaboration within the school setting for interdisciplinary team members and teachers.

Theoretical Framework

The Person Environment Occupation Performance (PEOP) model is a practice model that focuses on the dynamic interactions between the person, occupation, and environment where people live, work, and play (Law et al., 1996). This study sought to identify the perceptions of administrators regarding various aspects of the work role of OTs in the public school setting, the role of collaboration, and their knowledge of the workload model. Within this study, the administrators are the "person" within the PEOP model. The school-based setting and the collaboration amongst the interdisciplinary team are the social, physical, and institutional "environment" within this model. The "occupation" within this model, reflects all aspects of the OT practitioner's role in the school setting and the responsibilities that are meaningful to them and their role in this setting. The workload model impacts the practitioners' "performance" within their role in the school setting, aligning the elements of person, occupation, and

environment to optimize occupational performance and this ultimately impacts the student outcomes. When the SBOT can adequately complete all areas of job responsibilities within a reasonable time and with resources, job satisfaction will be enhanced. The quality of services provided will also be impacted. Occupational therapists should consider implementing a workload model to better reflect their role expectations and communication needed for best practice within the educational setting.

This research study is consistent with the social constructivist epistemology because it seeks to understand individuals' subjective meanings of their experiences where they work (Creswell & Creswell, 2018). The data derived from the survey questions sought to obtain the participants' views of the OT's role, the workload model and 3:1 service delivery model, and the value of collaboration within the school setting. Social constructivists focus on specific contexts in which people live and work and they seek to make sense of or interpret the meanings others have about the world (Creswell & Creswell, 2018). Thus, the perceptions of the sample population of administrators are represented in this study.

Significance of the Study

This study is significant to SBOTs because once there is a clear understanding of the administrators' perceptions and understanding of the OT role in the school setting, OTs can then efficiently advocate for best practice within the school setting. If it is identified that administrators require a more in-depth understanding, OTs can educate administrators and other stakeholders regarding their role in the school setting. This study is also significant because it can directly impact service delivery in schools by SBOTs working collaboratively with interdisciplinary teams and administrators to better implement the intent of the public laws guiding school-based practice. Using a workload model is consistent with best practice because it

supports students in the least restrictive environment as well as promotes consistent collaboration with teachers and other team members which improves the carryover of therapy strategies within the natural environment. Providing individualized services and implementing strategies in collaboration with the other interdisciplinary team members within a workload model is important for all students, especially students who have experienced trauma and require consistency from staff (Lynch et al., 2020). This would also impact the therapists' quality of work because it accounts for time to complete all aspects of their job, by providing them with flexibility to adjust their schedule to implement the individualized supports to meet their students' needs versus just accounting for only direct service delivery.

According to Every Student Succeeds Act of 2015 (ESSA, Pub. L. No 114-95), OTs can help to support all students to successfully participate in their school environment and learning through preventative efforts and using health-promoting activities (ESSA OT Advocacy Network, 2022). Moving from the traditional one-on-one service delivery model to a more flexible role that includes whole-class education, small group interventions, providing in-services to interdisciplinary teams, collaborative consultation, and encouraging successful participation of all students in meaningful occupations throughout their school day is supported through using alternative service delivery models. Using alternative service delivery models would allow for increased occupational therapy support for all students and would allow for an expanded role for the OT within the school setting, promoting participation in occupation for all students. This expanded role is consistent with AOTA's Vision 2025 which emphasizes that the occupational therapy profession seeks to maximize health, well-being, and quality of life for all people, improving their participation in their everyday living tasks.

According to the 2019 Workforce and Salary Survey (AOTA, 2020a), 18.8% of occupational therapists and 15.4% of occupational therapy assistants are employed in the school setting. Improving the implementation of best practices in the school setting and expanding the role and scope of school-based practice would impact a significant portion of the occupational therapy practitioner workforce. According to the AOTA 2020 Occupational Therapy Code of Ethics (AOTA, 2020c), OTs must respect the applicable laws and standards related to their practice setting. This study seeks to gain a better understanding of administrators' perceptions of SBOTs' roles and responsibilities, their understanding of alternative service delivery models, and their value of interdisciplinary team collaboration.

Operational Definitions

At this stage in the research, the workload model will be generally defined as a service delivery model that incorporates all aspects of the therapist's job including assessment and interventions as well as ongoing collaboration with regular and special education staff, communication with parents, and participation in school and district-level committees (AOTA et al., 2014). The 3:1 model is a service delivery model that falls under the umbrella of the workload model, by acknowledging all the work that therapists do directly and indirectly for their students and the school community (Gardner et al., 2013). Within the 3:1 model, therapists provide direct intervention three weeks out of the month, and during the fourth week, indirect services are completed in the form of consultation and collaboration, meetings, documentation, observations, make-up sessions, preparation, staff training and parent contact (Garfinkel & Seruya, 2018). For this study, administrators will be defined as directors of special education, assistant directors of special education, principals, and superintendents who work in the public school setting. Interdisciplinary teams in the school setting are a group of professionals from

various disciplines which may include occupational therapists, speech-language pathologists, physical therapists, school psychologists, social workers, special education teachers, regular education teachers, and adapted physical educators who work collaboratively to address the individual needs of students so they can access the curriculum and participate in school activities. Collaborative consultation is when professionals from various disciplines utilize an interactive problem-solving process to generate solutions to mutually identified problems (Villeneuve, 2009).

Summary

School-based occupational therapists provide a range of services and using a workload model accounts for all aspects of the SBOT's job. Using a caseload approach where only students with mandated direct services are counted and schedules are filled with direct sessions, leads to the risk of high caseloads and limited time to complete all tasks required to meet the student's needs (Jackson, 2013). Many SBOTs do not utilize the workload model despite valuing the role of collaboration and realizing the need to incorporate time for this in their schedules to accommodate for all their job responsibilities. Administrators are valuable decision-makers in school districts and making a shift in service delivery for therapists requires all stakeholders to have a thorough understanding of the SBOTs' role and responsibilities as well as the impact the workload model would have on the student outcomes. Identifying administrator perspectives on this model and on the role of the SBOT is a step to help minimize reported barriers to providing best practice services in the school setting, by using a workload model.

Section 2: Literature Review

After completing a literature review, it is evident that despite SBOTs valuing collaboration with their interdisciplinary team members, interdisciplinary collaboration is not consistently occurring even though it is recognized as best practice. The literature review for this study was completed using various search engines through the Eastern Kentucky University library including CINAHL Complete, Google Scholar, and ERIC, as well as searching for content through AOTA. Within the Eastern Kentucky University library, the following journals were also accessed through hand searches: the American Journal of Occupational Therapy, Canadian Journal of Occupational Therapy, and Journal of Occupational Therapy, Schools, & Early Intervention. Search terms that were utilized during these searches included: school-based occupational therapy, workload approach, best practice, current practice patterns, collaboration, and interprofessional collaboration.

Roles and Responsibilities

Many SBOTs see the need for a change in service delivery models but have not yet implemented such changes into their practice (Clough, 2019). Exploring the perceptions of other stakeholders with the 3:1 model, which is a workload-oriented service delivery model, was identified as an area needing further research because this impacts the participants' practices (Garfinkel & Seruya, 2018). The results of Garfinkel & Seruya's study indicated a need for change in service delivery within the school-based practice. Occupational therapists continue to provide mostly direct, one-on-one services, outside the natural classroom despite literature supporting consultation and inclusive services (Bolton & Plattner, 2020). In accordance with IDEA 2004, OTs need to collaborate with teachers to set appropriate goals for the student and to ensure access to the general education curriculum (Laverdure et al., 2017). According to IDEA

2004, and the Occupational Therapy Practice Framework-4, OTs must collaborate during the intervention planning and implementation process with the client and promote access to the general education curriculum by assessing the client's function and participation in daily occupations (AOTA, 2020b; Individuals with Disabilities Education Improvement Act, Pub. L. No 94-142, 2004). By providing contextually based services, OTs can model strategies for classroom teachers and staff as well as enhance skill development through naturally occurring activities in their school day (Laverdure et al., 2017).

AOTA's Vision 2025 identifies that part of the OT's role is to address health, well-being, and quality of life for all people, populations, and communities (AOTA, 2017). School-based occupational therapists can be involved in curriculum or classroom planning, building-based changes for recess programs, and mental health interventions that could be beneficial for all students in the school. Shifting the role to one of opportunity by including the SBOT's expertise in identifying ways to improve current programs in place within the school setting and ways to adapt programs to address broader school-based needs would be an asset. This change would allow SBOTs to serve as advocates and view population-level concerns, rather than being reactionary to system changes and expectations to stay at the individual student level in service delivery. When reviewing the research from Bolton & Plattner (2020), 76% of OTs reported that they never or rarely provided consultation to an entire classroom and 62% reported that they frequently or always provide consultation for an individual student. Thus, occupational therapists may not fully consider their role in the implementation of multi-tiered systems of support (MTSS) within the educational setting.

Collaboration

Collaboration is an important part of the SBOT's role when providing comprehensive services for students on their caseload. Difficulty with scheduling team meetings contributed to teacher frustration with having access to meeting with the OT that they work with. Teachers' perceptions of occupational therapy contributions to skill development were positively correlated to collaborative team practices and this in turn may influence successful educational outcomes (Barnes & Turner, 2001; Villeneuve, 2009). Villeneuve (2009) conducted a review of the literature finding that collaboration between practitioners and educators can potentially contribute to educationally relevant outcomes when there is a joint effort and there is sustained interaction with both time and opportunity to work together to develop solutions to problems. A common theme that emerged from the studies reviewed was that educators felt that there was not enough time to collaborate and there was a lack of follow-up from therapists. Educators also voiced concerns regarding the inconsistent presence of therapists at the schools. Some areas that could be addressed included OTs spending time clarifying their roles and responsibilities to educators.

Occupational Therapy Practice Framework-4 acknowledges that intra- and interprofessional collaborations are necessary for all relevant providers and stakeholders to participate in the collaborative process (AOTA, 2020b). The role of the SBOT includes collaboration at the core instructional intervention level (Tier 1), targeted group interventions level (Tier 2), and intensive, individual interventions level (Tier 3; AOTA, 2015). Aside from providing traditional services for students identified with an Individual Education Program or 504 Plan, OTs have contributions to make within MTSS in the educational system. However, practitioners need allotted time within their schedules to provide services to students that do not

receive special education services. Implementing a workload model may support OT practitioners' participation in Response to Intervention (RTI) initiatives within the MTSS system (Cahill et al., 2014).

Service Delivery Models in School-based Practice

The concept of the OTs workload in school-based practice is viewed differently, depending on multiple factors. Types of models, employment status, and understanding of the various laws impact the role of the OT in the school setting. Traditionally two models reflect the role of the OT: caseload and workload. Each of these aspects will be further explored.

Caseload Model

A caseload model has its origins in the healthcare system, with direct 1:1 interaction between the therapist and the client. The caseload model is reflective of productivity expectations and reimbursement processes used in healthcare settings. Caseload is one part of the SBOTs' workload, focusing on the number of students receiving services. When using a caseload model, consideration of activities to promote community outcomes, participation in program planning, participation in district-level wellness committees, and educational training OTs provide to staff members are not included. The shift in healthcare is moving from a focus on solely on reimbursement-driven, high volume direct patient care, focusing on volume to a model which places value on the quality of care provided and patient outcomes (Long et al., 2020). The use of a caseload model can result in staff burnout, high turnover, safety risks, and can impact the quality of care because it does not account for the nonbillable work that occurs outside of direct patient care (Long et al., 2020). Psychologists in public education have also noted a lack of time as well as a lack of staff available with the knowledge to collect treatment integrity data within the RTI model, despite 74% of the respondents indicating that treatment integrity is very

important (Cochrane et al., 2019). Within a workload model, allotted time to collect treatment integrity data for interventions and time for staff education and training is accounted for.

Utilizing a workload model is conducive to the therapists being part of the school community as well as allowing for therapists to participate in system-wide supports for the schools which benefits all students (AOTA et al., 2014). Within a workload model, therapists can support student participation in educational initiatives including Universal Design for Learning (UDL), Positive Behavioral Intervention Supports (PBIS), MTSS, and RTI (AOTA et al., 2014). Connecticut is a state that does not have guidelines specifying what are reasonable caseloads for SBOTs, but the Connecticut Occupational Therapy Association (ConnOTA) recognizes that a workload approach encompasses all the SBOTs' responsibilities as well as ensuring compliance with state and local mandates when supporting students (ConnOTA, 2017). This is one example of how a professional state association has taken a stand to support best practice of its membership.

3:1 Service Delivery Model

School-based OTs have many roles and responsibilities which are not always included in the traditional caseload service delivery model. Therapists are implementing alternative service delivery models, such as the 3:1 model, which is consistent with a workload model and is inclusive of all aspects of their job functions. Therapists felt that using the 3:1 model was beneficial when providing differentiated services in natural settings as it expanded their scope of practice, increased their work efficiency, and was influenced by stakeholder support (Garfinkel & Seruya, 2018). Therapists found that using the 3:1 model was beneficial because they were able to manage their workload responsibilities and they had an increased ability to provide services for students in their natural environments. The 3:1 model provided flexibility to

differentiate service delivery and using this workload-oriented model was more effective for time management (Garfinkel & Seruya, 2018). Utilizing flexible service delivery models, such as the 3:1 model, allow for more individualized services to students based on their individual needs.

Workload Model

The workload model encompasses all aspects of the job that a SBOT engages in including direct and indirect support of students, consultation with parents and other interdisciplinary team members, participation in school-wide initiatives, and participation in health and wellness promotion within the larger school population. The use of a workload model aligns with federal legislation under ESSA and the IDEA 2004, as well as aligns with best practice by providing contextually based services in natural settings and occupation-based interventions (Garfinkel & Seruya, 2018).

Utilizing a workload model supports collaboration between practitioners and teachers. The workload model supports servicing children within their natural environments, which is considered best practice. However, therapists continue to provide most services outside of the classroom. There is a disconnect between intent and current practice trends and practitioners need support to advocate and implement alternative service delivery models to meet diverse student needs (Seruya & Garfinkel, 2020). Seruya and Garfinkel (2020) identified that practitioners need support for the successful implementation of alternative service delivery models. Lack of administrative support, time, procedural knowledge, and inadequacy of advocacy skills were identified by practitioners as barriers that they have encountered when trying to implement a workload model (Seruya & Garfinkel, 2020).

Barriers

In previous research, barriers to the implementation of a workload model that were identified include a lack of resources and decreased knowledge of strategies to support advocacy for this approach (Seruya & Garfinkel, 2020). Teachers, administrators, support staff, and parents are all stakeholders in the education of children within public schools. Administrators hold a valuable role as decision-makers regarding staff changes and the hiring of new staff. Therapists identified that administrator perceptions of the 3:1 model directly impacted the implementation of this model in their school (Garfinkel & Seruya, 2018). Educating the administrators on the advantages of these service delivery models can be beneficial in gaining the support of the practitioners and alternative practice models. Many school districts, such as the North Carolina Public Schools, have utilized a workload calculator to help stakeholders to have a clear understanding of all the components of their SBOTs' regular responsibilities within their workday (Flynn et al., 2022). Workload calculators are valuable tools because administrative barriers have been noted to negatively impact educators and occupational therapists when attempting to establish and maintain collaborative partnerships. Educating administrators and other stakeholders can be helpful in mitigating this barrier. Further research is needed in identifying the ways that school districts can foster collaborative teaming among occupational therapists and teachers (Barnes & Turner, 2001). Making regularly scheduled time slots within therapist and teacher schedules for collaboration is important for ensuring open communication among team members and improving student outcomes because strategies can be carried over within various environments.

Nochajski (2002) identified collaboration in schools to be valuable, but found the barriers included a lack of time for collaboration, inconsistent presence of therapists in the school

building, and lack of clarity and understanding of the therapist's role in helping students progress academically. The most common barrier noted was a lack of administrative approval for time to plan meetings for collaboration. This is relevant to this research study because the goal is to identify ways that districts can incorporate collaborative consultation more consistently into the SBOT's routine using alternative service delivery models, such as the workload model.

Administrators were a consistent theme as a barrier to the implementation of alternative service delivery models and to supporting collaboration, so they need to be incorporated in the problem-solving to address this problem (Garfinkel & Seruya, 2018; Seruya & Garfinkel, 2020). Teachers felt that OTs need to spend more time within the classroom, take more time to understand teacher perspectives and provide both consultative and direct services (Truong & Hodgetts, 2017).

Another consideration within the topic of barriers is in states where unions and collective bargaining are present. The literature on unions within public education states that one of the goals of unions is to improve or replace the accountability of schools within the public education system and these improvements directly impact the internal operations of schools (Eberts, 2007). Considering that collective bargaining agreements regulate many aspects of teachers' work and school operations, union contracts are a vital document that guides school operations (Hill, 2006, as cited in Cowen & Strunk, 2015). Therefore, it is important to have related service providers' roles clearly delineated in these contracts so that all aspects of their roles are reflected. No specific information was found regarding how collective bargaining expectations impact related service providers within public education; thus, a void in the literature exists.

Advocacy

After reviewing various studies, it is evident that OTs and teachers understand the value of collaboration and in-class support; yet it is still not consistently happening in their practice. It would be beneficial to educate administrators regarding the benefits of consistent collaboration with team members and flexible service delivery models to support this as well as in-class support. Villeneuve (2009) identified one implication for program administrators was for them to assess service delivery models to facilitate opportunities for collaboration among occupational therapists and educators. This study suggested that research was needed for identifying the specific influence of therapist, teacher, and student variables on successful collaboration. Assessing the relationship between team collaboration and outcomes of school-based occupational therapy services for a better understanding is recommended. The study by Villeneuve (2009) discussed the benefits of interdisciplinary collaboration in the school setting and provides administrators with valuable information regarding various service delivery models that can better support student outcomes. Having a clear picture of administrator perceptions would help to guide SBOTs in which direction they need to proceed to facilitate more opportunities for regular collaboration in their regular practice. Advocacy for changes in service delivery models at the state and local level within state and federal regulations and policies, including language which reflects the contributions of OTs in the school setting and highlights the benefits of the workload model, is one step in this process (AOTA et al., 2014).

Summary

This literature review highlights how administrators serve as one of the barriers to the implementation of alternative service delivery models and the potential need for administrator education regarding occupational therapy roles, alternative service delivery models, and the

value of collaboration in the school setting. As noted, a void in the literature exists regarding examination of administrator understanding of OT roles and responsibilities within various service delivery models. This lack of understanding contributes to the barriers to service delivery in workload implementation. Further, it serves as a challenge when education laws are introduced, revised, and implemented, if workload considerations are not considered, thus impacting the role of the SBOT and their ability to implement their necessary job responsibilities. By gaining a better understanding of administrators' perceptions and knowledge regarding these topics, OTs can then determine the next steps in moving forward with the implementation of best practice in the school setting as well as remaining in compliance with the laws and regulations that guide school-based services. OTs need to continually assess their practice and strive to make improvements in service delivery to ensure that they are meeting the needs of their clients, utilizing best practice interventions for their practice setting, and continuing to remain occupation focused with the interventions used.

Section 3: Methods

Project Design

The primary purpose of this study was to examine administrators' perceptions of the workload model for OTs in the public school setting in Rhode Island. This quantitative cross-sectional study (Creswell & Creswell, 2018) consisted of an anonymous electronic survey developed for administrators who are currently working within a public school system. Approval was obtained by the Institutional Review Board at Eastern Kentucky University prior to conducting the research (See Appendix A).

Setting

The setting for this capstone project was virtual. School districts located in Rhode Island served as the targeted audience for this capstone project. Administrators that met inclusion criteria were invited to complete the digital survey using the Qualtrics platform.

The digital survey was completed anonymously by administrators. Qualtrics software was used to distribute the surveys and analyze the survey results using descriptive statistics.

Inclusion/Exclusion Criteria for Participants

Inclusion criteria consisted of administrators who were currently employed within the public school setting within Rhode Island; that were English-speaking and reading; and who had computer access to complete the digital survey. Administrators that were included in this study included superintendents, assistant superintendents, directors of special education, assistant directors of special education, principals, and assistant principals. Exclusion criteria included administrators who were retired or administrators that worked in school districts that did not have OTs providing services within their school district.

Project Methods and Procedures

Participants were recruited via a phone and/or email script which was distributed through the Association of Rhode Island Administrators of Special Education (ARIASE), snowball sampling, and social media platforms. Participants were recruited by word of mouth within local school districts and snowball sampling, where participants shared colleagues' contact information, and additional participants were recruited. The primary researcher also contacted district administrators from twenty-six public school districts in Rhode Island via email using contact information obtained from the school district's websites. The researcher also utilized social media platforms to obtain contact information of potential participants. The primary

researcher reached out to the Association of Rhode Island Administrators of Special Education (ARIASE), and they kindly distributed the survey to their members.

Instrumentation

Data was collected using a digital survey created with Qualtrics software. Content validity for the questions was based on the literature and a panel of experts. The survey contained close-ended questions, some of which utilized a Likert Scale. The survey was designed to collect information about administrators' perceptions of the workload model, their understanding of the roles and responsibilities of the SBOT, and their perceptions of the value of consultation amongst interdisciplinary teams. The survey instrument included questions related to administrators' perceptions of the workload model and the 3:1 service delivery model, their understanding of the SBOTs' role and responsibilities, and their perceptions regarding the value of collaboration for interdisciplinary teams which is consistent with the purpose of this study and the research objectives. To ensure content validity for this study, the survey was developed utilizing an in-depth literature review and professional review by two occupational therapy professors with research experience. The survey contained a brief description of the study, and participants provided consent by advancing through the survey. Data was collected over a 4-week time period. Data analysis using descriptive and exploratory statistics within the Qualtrics software occurred during the month of February 2023.

Face validity was utilized to determine if the survey developed for the study measured what the researcher intended to measure and that it was relevant to the purpose of the study (Kielhofner & Coster, 2017). Prior to initiating the study, the survey was piloted with four administrators that were not eligible to participate in the formal study due to being employed

outside of the Rhode Island public schools. Operational definitions were included in the survey to ensure participants understood the terms within the questions and for consistency.

Outcome Measures

The digital survey was accessible to participants for four weeks, once the researcher determined that an adequate number of participants had completed the survey. Accompanying the survey, were operational definitions of the workload model, 3:1 service delivery model, and interdisciplinary teams. All participants completed the same survey so there would be no differences in the treatment of participants or content retrieved from participants. Descriptive statistics that include percentage values and cross tabulations were used to represent the administrators' understanding of the OTs' roles and responsibilities, perceptions about the workload model, and understanding of how they value consultation in the school setting. Results from the surveys were presented using a narrative form, as well as tables and figures generated using Qualtrics software.

Ethical Considerations

Potential risks to the participants of this research were minimal and participants remained anonymous throughout the study. Participants completing digital surveys may have experienced boredom, fatigue, headache, or eye strain from completing the online survey. They were encouraged to step away from the computer screen or stretch while taking the survey. The study was submitted to the Institutional Review Board for approval through Eastern Kentucky University and modifications were made based on their recommendations.

Timeline

Table 1 depicts the timeline process in planning, developing, implementing the capstone project. This table will help others to appreciate the detail needed in the capstone process.

Table 1: Projected Capstone Timeline

Completion Date	Result
July 2021	Finalized Capstone Project Topic Needs Assessment Completed
November 2022	Survey content completed
November 29, 2022	Submitted IRB application
December 2022	Survey completed in Qualtrics software
January 5, 2023	Revised submission to IRB
January 6, 2023	Received IRB approval
January 7, 2023	Distributed survey for trial
January 15, 2023	Minor revision to survey
January 17, 2023	Email with survey link distributed digitally to administrators
January 20, 2023	Email with survey link distributed digitally to administrators (6 districts) Reminder email sent, following up from the first distribution on 1/17/23
January 23 and January 26, 2023	Email with survey link distributed to administrators in 13 districts in RI
February 14, 2023	Survey closed for responses
March 2023	Data Analysis and Capstone paper completed
April 2023	Capstone Project presentation completed

Section 4: Results and Discussion

Introduction

Survey participants were recruited using an email script which was created by the primary investigator and distributed via direct emailing, snowball sampling, and social media recruiting. The number of participants was increased due to snowball sampling. The survey was initially distributed digitally on January 17, 2023, and it was closed on February 14, 2023, one week after no new responses were received. Ninety participants opened and initiated the survey, and 65 participants completed the survey in its entirety. Two participants were excluded from the data collection due to them not being employed within the state of Rhode Island, with a 74% useable response rate. The survey utilized included 21 questions, 13 of which were closed-ended questions and 8 of the questions allowed participants to enter a response from a list of options or to type in a different response if desired. The survey n's will vary because of incomplete survey questions. It was decided to report all responses if participants met the survey inclusion criteria.

Participants

Of the eighty-eight surveys initiated, principals (42%; n=36) were the largest represented population, followed by directors of special education (21%; n=18; see Figure 1). Most participants have been in an administrative role for 1-5 years (26.51%; n=22). Of the 83 participants who completed this question, 81 people were employed within the public schools in Rhode Island and 2 people were not employed within the public schools in Rhode Island and thus eliminated from the data set. Most respondents (35.94%) oversee elementary programs within their role (see Figure 2). Of the respondents, 18.23% oversee middle school programs, 17.71% oversee the preschool population, 16.15% oversee high school programs, and 11.98% oversee transition programs. Two participants had administrative roles which were not listed in

the inclusionary criteria and their titles were district MLL (multilingual learner) director and early childhood director. The data from their surveys were included in the study.

Figure 1: Current Position in the Public School Setting

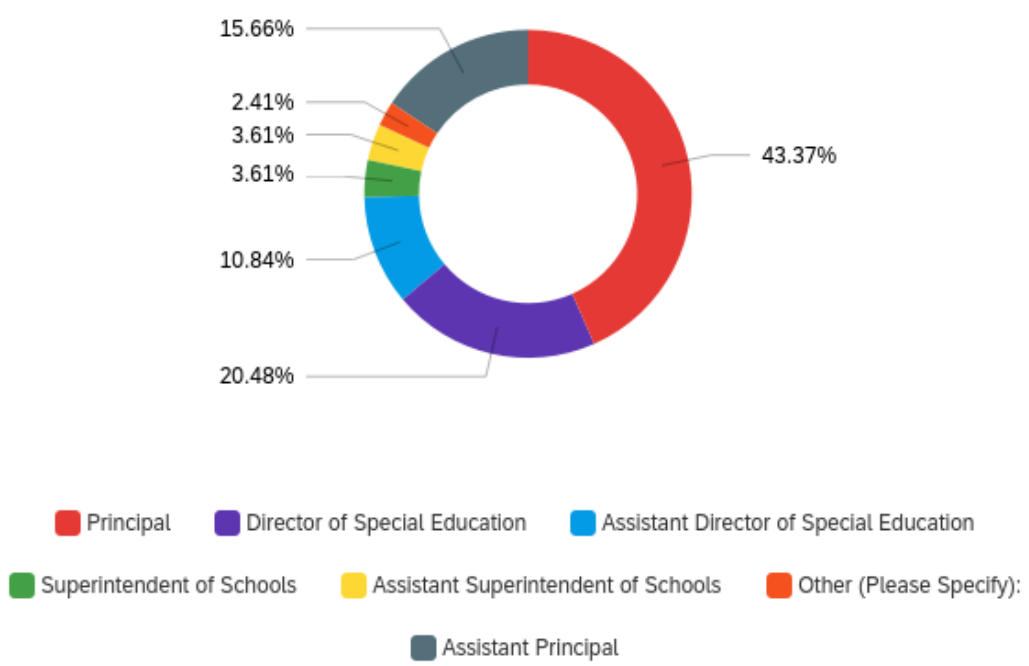
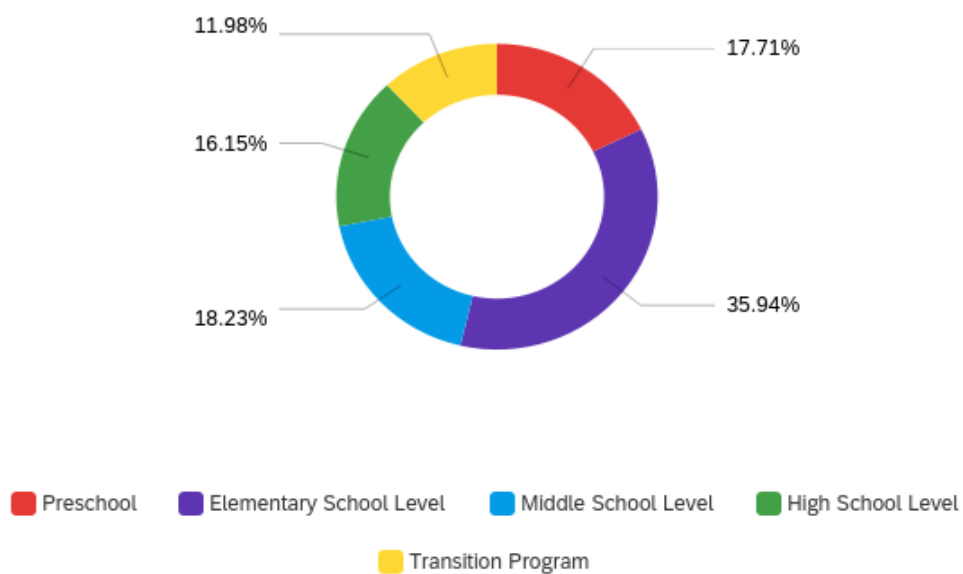


Figure 2: Grade Level Overseen in Current Role



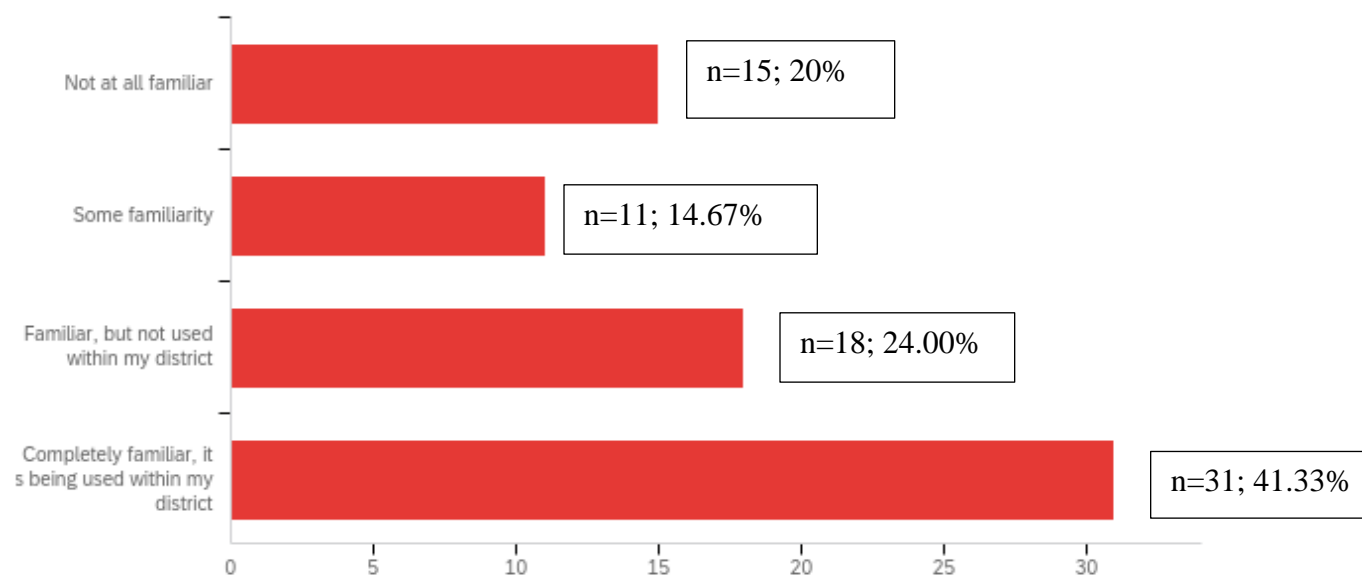
Results

The objectives of this capstone project were to understand administrators' perceptions of the 3:1 service delivery model, the workload model for occupational therapists, and to understand their value of collaboration for interdisciplinary team members and teachers within the public school setting. Another objective was to explore administrators' understanding of the SBOT's role and responsibilities in public schools.

3:1 Service Delivery Model

Of the 75 participants who answered this question, 41.3% reported that they are completely familiar with the 3:1 model and it is being used within their district, while 24.0% reported that they are familiar with the 3:1 model but it is not currently used within their district. This data is presented in Figure 3.

Figure 3: Familiarity With the 3:1 Model for Service Delivery

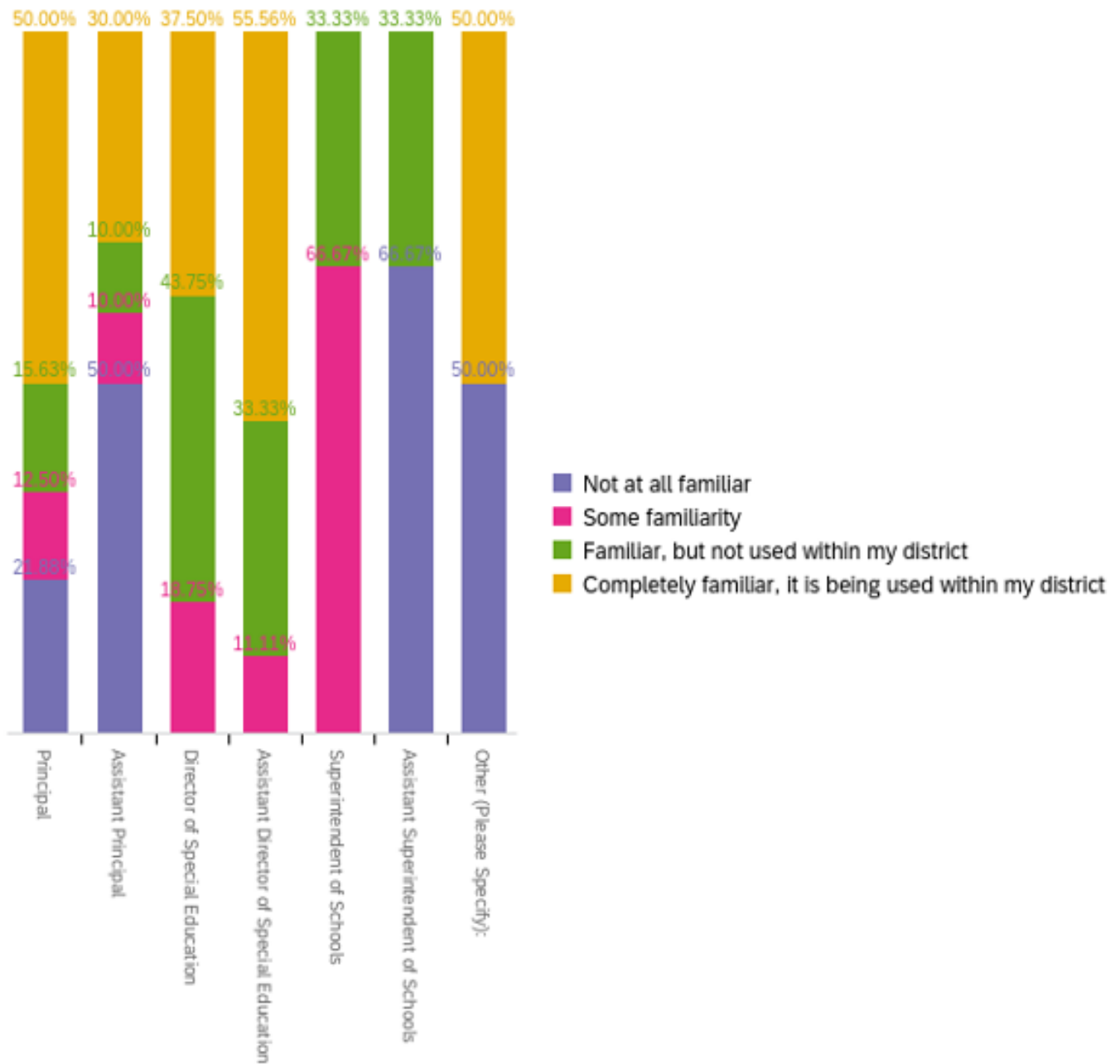


A One-Way ANOVA was conducted. When reviewing the administrators' familiarity with the workload model and the 3:1 service delivery model, no statistical significance was found between the roles of the participants and their knowledge of the various models. This data is presented in Table 2.

Table 2: Familiarity with Workload Models

	F	df1	df2	p
Familiarity with 3:1 Model n=75	2.51	5	10.67	0.096
Familiarity with Workload Model n=72	2.41	5	9.97	0.111

Figure 4: Familiarity with Workload Model by Role



Workload Model

When reviewing respondent’s familiarity with the workload model (See Figure 4), 36.11% of total respondents report being completely familiar with it and that it is currently being

used within their district, while 12.50% report being familiar with the workload model but that it is not being used in their district. Of the 72 respondents who answered this question, 20.83% reported that they are not at all familiar with the workload model. With further analysis, 60.00% of assistant principals and 13.79% of principals reported that they were not at all familiar with the workload model. Alternatively, 75.00% of directors of special education and 66.66% of assistant directors of special education reported being familiar with the workload model. Despite this, only 36.11% of the overall respondents report that the workload model is being used within their district.

Challenges and Benefits

Administrators identified that staff was unclear about how to transition to an alternative service delivery model and lack of knowledge and support from families were barriers to implementing alternative service delivery models for OTs (Figure 5). Administrators did identify various benefits to implementing alternative service delivery models as noted in Figure 6. Most respondents (75.00%) noted differentiated service delivery for students, followed by increased work efficiency (55.88% of respondents), and then time to complete all aspects of the job (52.94% of respondents) as benefits to implementing alternative service delivery models.

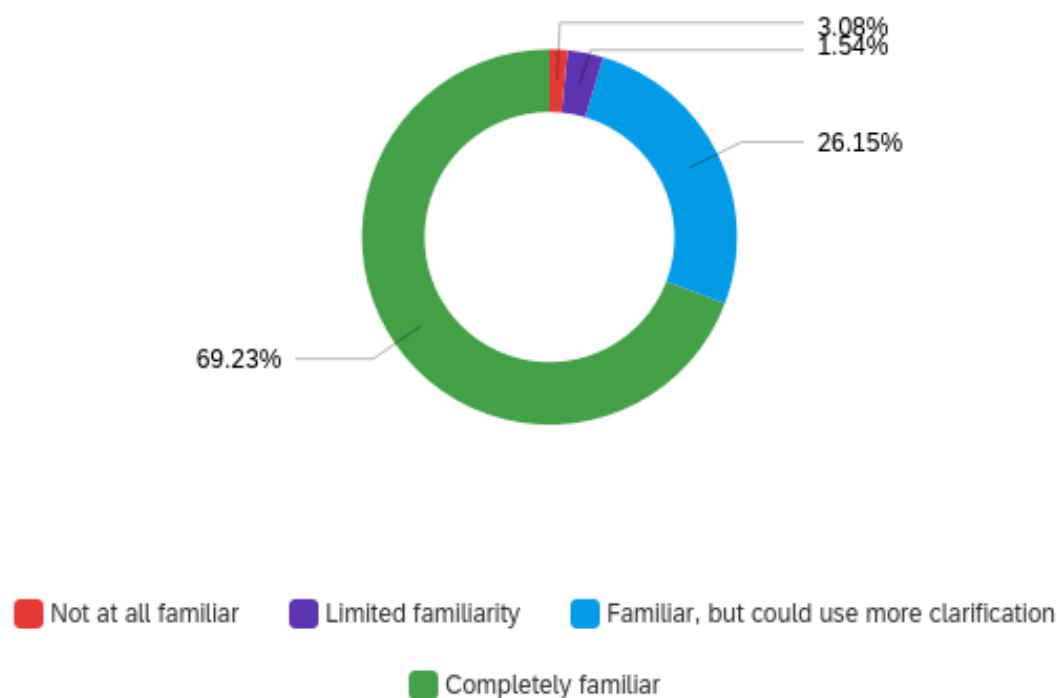
Figure 5: Perceived Barriers of Implementing Alternative Service Delivery Models for OTs

	Q1: What is your current position in the public school setting? - Selected Choice							
	Total	Principal	Assistant Principal	Director of Special Education	Assistant Director of Special Education	Superintendent of Schools	Assistant Superintenden of Schools	Other (Please Specify)
Total Count (Answering)	68.00	27.00	8.00	16.00	9.00	3.00	3.00	2.00
I do not foresee there being any barriers	16.18%	18.52%	0.00%	6.25%	33.33%	0.00%	33.33%	50.00%
Lack of teacher support	29.41%	22.22%	62.50%	37.50%	22.22%	0.00%	33.33%	0.00%
Lack of administrator support	13.24%	11.11%	25.00%	6.25%	11.11%	0.00%	66.67%	0.00%
Lack of knowledge and support from families	35.29%	25.93%	37.50%	50.00%	55.56%	0.00%	33.33%	0.00%
Staff being unclear how to transition to an alternative service delivery model	63.24%	66.67%	62.50%	62.50%	55.56%	66.67%	66.67%	50.00%
Other (Please Specify):	29.41%	33.33%	25.00%	31.25%	22.22%	66.67%	0.00%	0.00%

Figure 6: Perceived Benefits of Implementing Alternative Service Delivery Models for OTs

	Q1: What is your current position in the public school setting? - Selected Choice							
	Total	Principal	Assistant Principal	Director of Special Education	Assistant Director of Special Education	Superintendent of Schools	Assistant Superintendent of Schools	Other Please Specify:
Total Count (Answering)	68.00	27.00	8.00	16.00	9.00	3.00	3.00	2.00
Differentiated service delivery for students	75.00%	92.59%	62.50%	75.00%	55.56%	33.33%	66.67%	50.00%
Contextually based services in the students' natural setting	50.00%	59.26%	50.00%	37.50%	33.33%	33.33%	66.67%	100.00%
Increased work efficiency	55.88%	37.04%	50.00%	75.00%	66.67%	66.67%	100.00%	50.00%
Expanded scope of practice for occupational therapists	47.06%	44.44%	50.00%	50.00%	44.44%	33.33%	66.67%	50.00%
Time to complete all aspects of the job (documentation, screening, evalua	52.94%	44.44%	62.50%	50.00%	55.56%	66.67%	100.00%	50.00%
Other (Please Specify):	7.35%	11.11%	12.50%	0.00%	0.00%	33.33%	0.00%	0.00%

Figure 7: Familiarity with Role and Responsibilities of Occupational Therapists



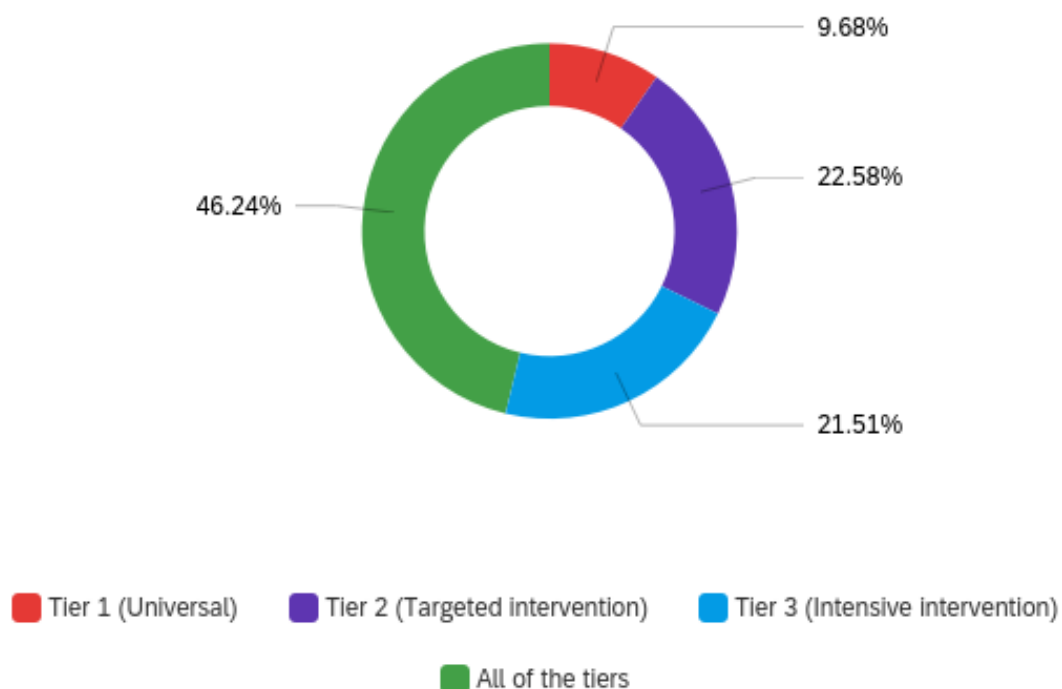
Knowledge of OT

When reviewing the 65 responses for familiarity with the roles and responsibilities of the OT, 65.4% of principals, 12.5% of assistant principals, 100% of directors of special education,

88.9% of assistant directors of special education, 66.7% of superintendents of schools, and 100% of assistant superintendents reported that they were completely familiar with the OT's role and responsibilities. For this same question, 26.15% of the total respondents reported that they were familiar with the OT's role and responsibilities but could use more clarification (See Figure 7).

Almost half of the respondents (n=43; 46.24%) believe that OTs have a role in all three tiers within the MTSS system of support. This data is presented in Figure 8.

Figure 8: MTSS Tiers for Occupational Therapists' Practice Contributions

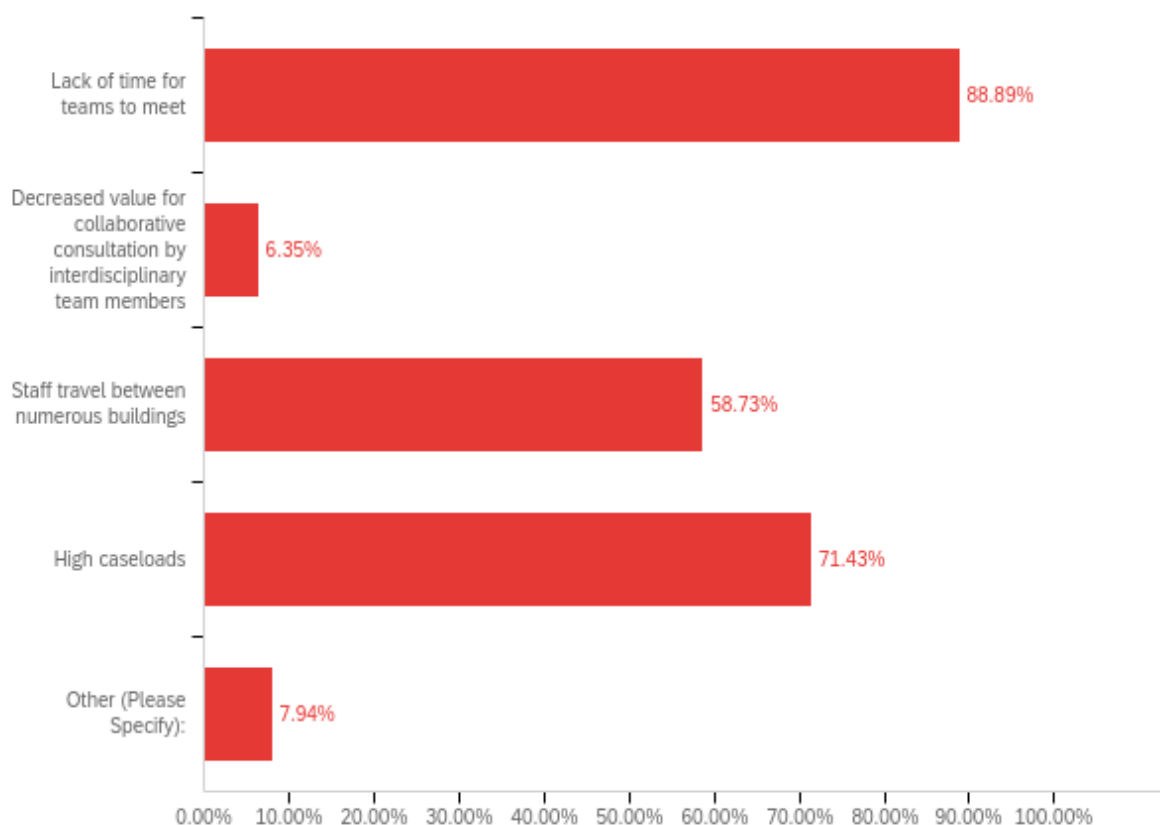


Interdisciplinary Collaboration

When participants were asked if their interdisciplinary teams had time built into their schedules for regular collaborative consultation with OTs, 44.62% (n=29) reported that they have regularly scheduled consultation time with the OT and 38.46% (n=25) reported that they do not

have regularly scheduled consultation time with the OT. Figure 9 lists the perceived barriers to interdisciplinary collaborative consultation. Participants were able to select all barriers listed in the question, along with the option to list other alternatives. The barrier that was identified by most respondents was a lack of time for teams to meet (88.89%) and the second most noted barrier was high caseloads (71.43%). Some respondents also identified the following barriers to include a lack of substitute coverage for team members, alignment of staff schedules across grade levels, and funding/collective bargaining. In the other category, participants listed substitute coverage for stakeholders, funding and collective bargaining, and alignment of staff schedules as barriers to team collaborative consultation.

Figure 9: Barriers to Interdisciplinary Team Collaborative Consultation



Based on the responses within this research, administrators do see numerous benefits to interdisciplinary team collaboration with OTs, including improved student outcomes (16.90%), carryover of strategies by multiple team members (16.07%), shared knowledge and strategies through modeling and demonstration (16.07%), generalization of strategies in the general education setting (13.30%), individualized solutions to meet student needs (13.30%), and increased ability for students to participate in the general education setting (12.74%). Administrators also view OTs as having a role in program planning and environmental/task modifications (11.36%) which is facilitated by team collaboration. This data is summarized in Figure 10.

Figure 10: Benefits of Interdisciplinary Team Collaboration with Occupational Therapists

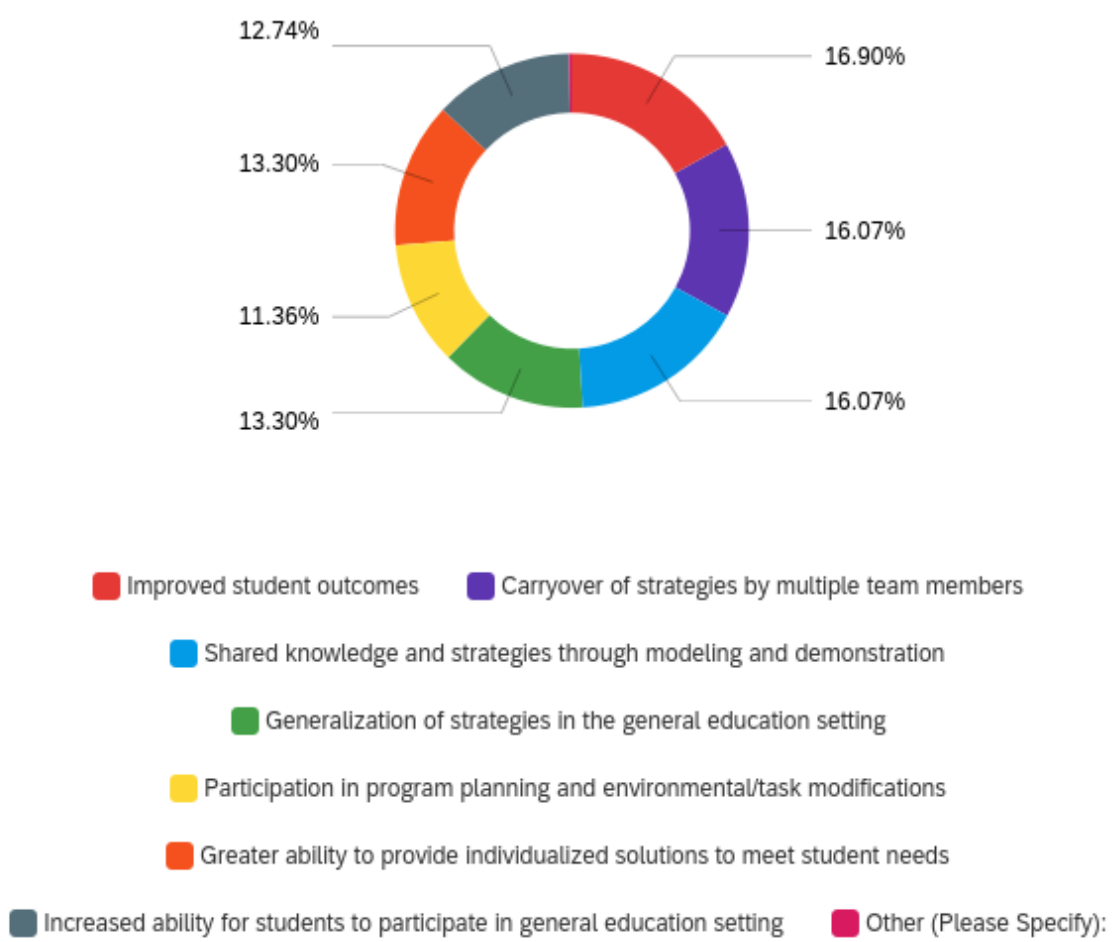


Figure 11: Belief About the OTs' Role in Health Promotion and Prevention Programs in the School Setting

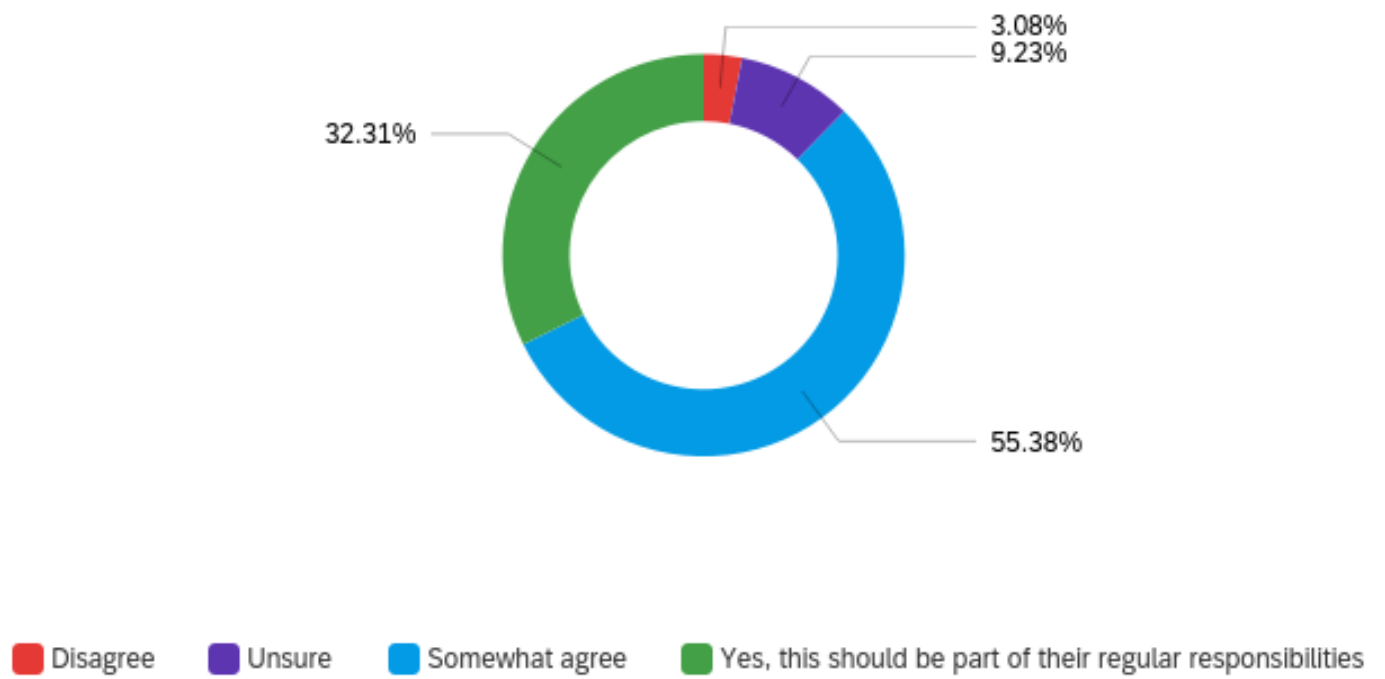
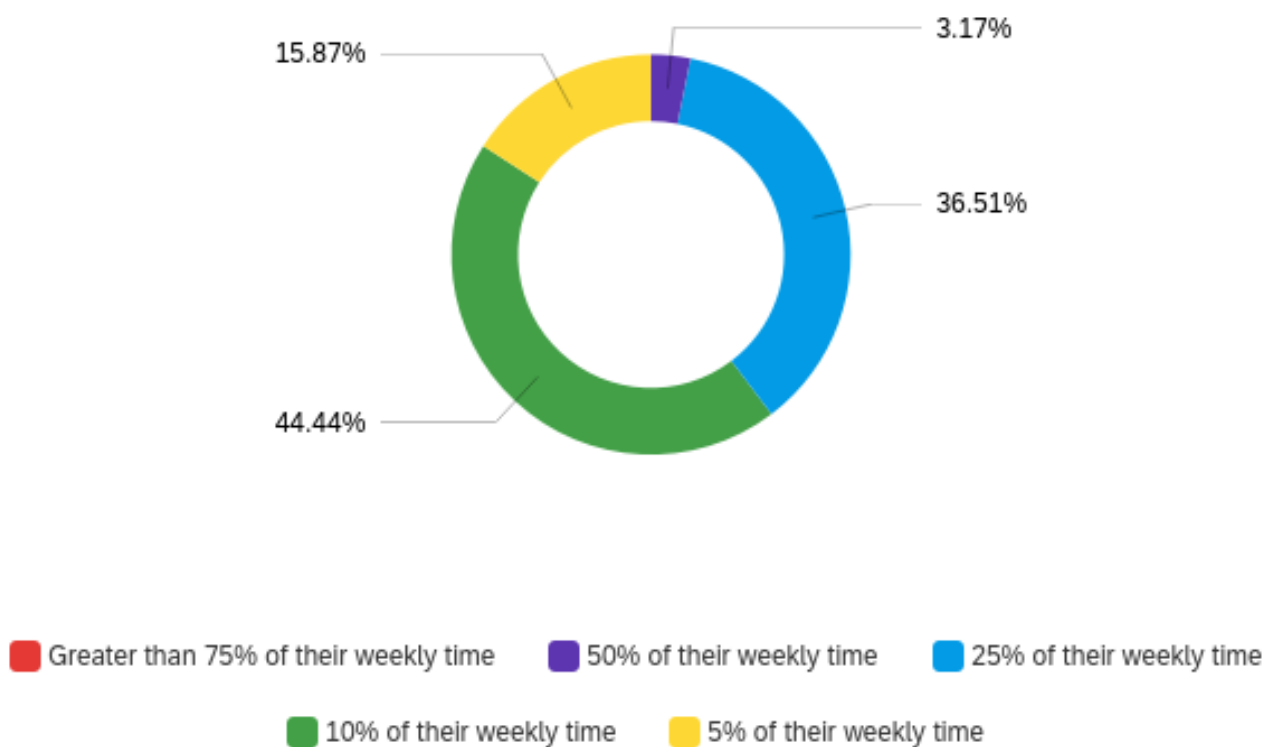


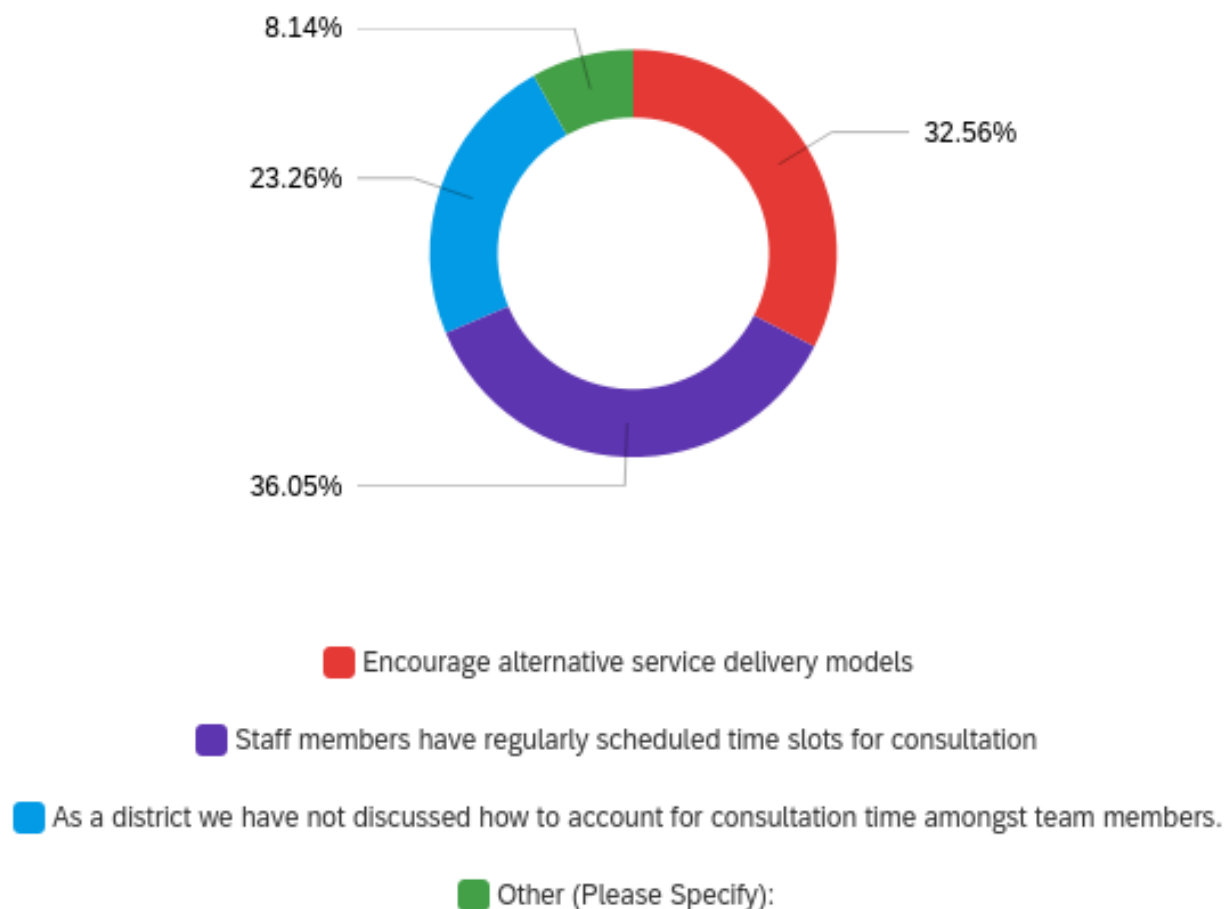
Figure 12: Percentage of OT's Workload That Should be Designated Toward Collaborative Consultation



Within the current capstone study, many administrator respondents (44.44%; n=28) believe that 10% of the SBOTs' weekly workload should be designated towards collaborative consultation as noted in Figure 12.

Administrators identified that they could facilitate interdisciplinary collaboration by encouraging alternative service delivery models (43.08%) and by having regularly scheduled time slots for staff members to consult (47.69%) as noted in Figure 13.

Figure 13: Ways Administrators Can Facilitate Collaboration



Discussion

The purpose of this capstone project was to gain a better understanding of administrator perceptions of the workload model, the 3:1 model, their value for collaborative consultation, and their understanding of the SBOT's role and responsibilities. Supporting previous literature review findings and adding depth, the results of this study revealed that administrators believe that the benefits of alternative service delivery models include differentiated service delivery for students, increased time to complete all aspects of the job, contextually based services for students, and expanded scope of practice for SBOTs. This is consistent with the research by

Garfinkel and Seruya (2018) in which participants (OTs, physical therapists, and speech-language pathologists) identified that the 3:1 model had numerous benefits including increased collaboration, opportunities to work in natural settings, flexible scheduling, opportunities to expand the scope of services, and increased job satisfaction.

This capstone study's results added a different interpretation of what was found in the literature by providing administrator perspectives on these topics, which was a void in the previous works. In previous research, administrators were identified as a barrier to the implementation of alternative service delivery models (Seruya & Garfinkel, 2020). Gaining an understanding of their perspectives helps school-based occupational therapy practitioners who are seeking to implement alternative service delivery models to maintain best practice and optimally address federal statutes. Additionally, this project can be useful in planning professional development content for school-based administrators.

Role and Responsibilities

Many of the respondents (46.24%) believe that OTs should be part of all three tiers within the MTSS in school-based practice, which reinforces the need for using a workload model. Providing interventions within the MTSS is typically for students that are not already receiving occupational therapy services within their individual education plan (IEP), as identified within IDEA 2004. Delivering services within MTSS also includes providing system-wide support, participation in school-based problem-solving, and involvement in coaching and consultation. This is consistent with the research by Cahill et al. (2014), where 56.5% of respondents (SBOTs) indicated that they were part of school-based problem-solving, 53.3% indicated that they were involved in coaching and consultation, and 39.9% reported that they provided in-services to educational personnel. All these activities contribute to supporting

general education students who are at risk academically because of learning or behavioral difficulties (Cahill et al., 2014). As noted in Figure 11, most of the participants agree that SBOTs should participate in health promotion and prevention programs within the school setting. This supports that OTs should have an expanded focus and roles within the school setting, using the broad spectrum of their skillset as outlined in the OTPF-4 (AOTA, 2020b) and within federal laws impacting school-based practice.

Another valuable area where SBOTs are valuable to the general population includes participating in all three tiers to support the implementation of trauma-informed strategies within the classroom. According to Lynch et al. (2020), OTs have the skillset to participate in the evaluation and intervention of students who have experienced trauma, which is negatively impacting their success in the school environment. Working collaboratively with other professionals within the educational environment within MTSS to provide universal strategies, small group strategies, and individual interventions using a trauma-informed approach. This also is another reason why collaborative consultation amongst interdisciplinary team members is essential, ensuring consistent expectations and responses to elicit positive behavioral outcomes (Lynch et al., 2020). The results of this capstone study revealed that administrators see various benefits to using alternative service delivery models including differentiated service delivery for students, increased time to complete all aspects of the job; it allows for contextually based services; and allows for expanded scope of practice. This is consistent with the research by Garfinkel and Seruya (2018) in which OTs, physical therapists, and speech-language pathologists identified that the 3:1 model, which is consistent with the workload approach, had benefits including increased collaboration, opportunities to work in natural settings, flexible scheduling, opportunities to expand the scope of services, and increased job satisfaction.

Practitioners and administrators both see the value in using alternative service delivery models. Previous research also supports the use of service delivery models consistent with the workload model; thus, educational communities need to begin implementing these models within public schools. To best support all students and maximize the SBOT's role, stakeholders need to work together to problem-solve how schools can make this necessary transition.

Collaboration

Identified barriers to collaborative consultation included lack of time for teams to meet (38.10%), high caseloads (30.61%), and staff travel between numerous buildings (25.17%). Consistent with previous research regarding lack of consultation time, 77.63% of teacher participants felt that the amount of collaboration time was often or sometimes adequate, while 22.37% of participants felt that collaboration time with the OT was rarely or never adequate (Edick et al., 2022).

Students who have experienced trauma require collaborative team strategies from the intradisciplinary team members for consistency and to foster positive behavioral outcomes (Lynch et al., 2020). When all team members collaborate regarding support of the student's self-regulation, academics, and fostering relationships, trauma-informed practices can be implemented in all areas of the student's school day. Seruya & Garfinkel (2020), identified that when services are provided within the classroom setting, it allows for the practitioner to actively collaborate and develop stronger interprofessional relationships.

Service Delivery Models in School-Based Practice

In research by Garfinkel & Seruya (2018) administrators were identified as a barrier to the implementation of alternative service delivery models. Within this current study, 48.61% of administrators reported that they are familiar or completely familiar with the workload model,

and 65.33% of administrators reported being familiar or completely familiar with the 3:1 model for service delivery. Almost half of the administrators (48.61%) felt that it was completely feasible and 48.61% felt that it was somewhat feasible, but there were some barriers for OTs to use a workload model in the public school setting.

The PEOP model reinforces that occupational performance is impacted by the interaction between the person, environment, and activity (Cole & Tufano, 2020). If the person and environment have a good fit, then it will lead to successful occupational performance as is seen in the perceptions of administrators about the role of occupational therapy in MTSS. Understanding potential environmental barriers to the OTs' responsibilities including collaborative consultation and implementation of alternative service delivery models, could inform future education and collaboration between administrators and practitioners which would positively impact occupational performance. Implementing alternative service delivery models would allow for students to participate in occupation-based interventions within their natural environment, promoting therapeutic outcomes and positively impacting overall performance.

Consistent with social constructivism, this study allowed administrators to display their knowledge of and experience with alternative service delivery models, their views on consultation, as well as their understanding of the OTs' role and responsibilities within the work environment of the school setting. The data collected was specific to their experiences within their work context, which is helpful for understanding what is happening in current education systems within Rhode Island.

Limitations

There are several limitations within the enactment of this capstone project. The primary investigator did not ask the participants if they had occupational therapy practitioners working in

their district though, within the educational model, one would expect every district to have OT practitioners either directly employed by the district or contracted into the district. Force completion was not used in the survey design, so there were surveys that were initiated and part of the total data set, but some surveys were not completed. A limitation of this study was that it only represents the population in the state of Rhode Island, so it can not necessarily be generalized to the population in other states because it did not include geographically diverse participants.

Implications for Practice

Based on the findings from this research, administrators would benefit from further education regarding the SBOT's role as well as alternative service delivery models. Education and guidance for staff on how to transition to alternative service delivery models would be beneficial to ensure a successful transition to using alternative service delivery models. Providing education for families on the use of alternative service delivery models and helping them to understand the value of this model in the school setting would reinforce the practitioners seeking to transition to alternative service delivery models. Discussions with administrators regarding ways to consistently implement collaborative consultation into the weekly SBOT's schedule, as well as helping them to understand the various aspects that OTs can be used in this setting, including the MTSS system would be beneficial to expanding the SBOTs' role.

Future Research

Additional research using administrators from a larger geographic area and a variety of school settings would be beneficial to gain a wider perspective that would be more generalizable. Exploring caregiver perceptions of alternative service delivery models would also be valuable, being that caregivers are stakeholders in the child's education. Interviewing practitioners that

have successfully transitioned to alternative service delivery models to identify strategies that were beneficial to them, would be educational for helping others seeking to transition to alternative delivery models.

Summary

The purpose of this capstone project was to gain a better understanding of administrator perceptions of the workload model, their value for collaborative consultation, and their understanding of the SBOT's role and responsibilities. The findings indicated that administrators could use more education regarding alternative service delivery models such as the workload model and the 3:1 service delivery model, as well as the various responsibilities of the SBOT. Practitioners would benefit from having discussions with administrators and other stakeholders regarding alternative service delivery models, highlighting the benefits of these models and dispelling myths that administrators may have. School-based occupational therapists need to advocate for expanded roles in the school setting to meet the needs of all students, implement best practice strategies for the profession, remain in compliance with federal regulations, and educate others about all areas where OTs' expertise could be used. Having informed conversations with stakeholders such as administrators, unions, teachers, and families of students would be essential to successfully transition into implementing alternative service delivery models and expanding the roles for the SBOT.

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Appendices

Appendix A: IRB approval Letter



Hello Kimberly Saccucci,

Congratulations! Using a limited review process, the Institutional Review Board at Eastern Kentucky University (FWA00003332) has approved your request for an exemption determination for your study entitled, "Administrators' Perceptions of Alternative Service Delivery Models and the School-based Occupational Therapists' Role" This status is effective immediately and is valid for a period of three years as long as no changes are made to the study as outlined in your limited review application. If your study will continue beyond three years, you are required to reapply for exemption and receive approval from the IRB prior to continuing the study.

As the principal investigator for this study, it is your responsibility to ensure that all investigators and staff associated with this study meet the training requirements for conducting research involving human subjects and comply with applicable University policies and state and federal regulations. Please read through the remainder of this notification for specific details on these requirements.

Adverse Events: Any adverse or unexpected events that occur in conjunction with this study should reported to the IRB immediately and must be reported within ten calendar days of the occurrence.

Changes to Approved Research Protocol: If changes to the approved research protocol become necessary, a Protocol Revision Request must be submitted for IRB review, and approval must be granted prior to the implementation of changes. If the proposed changes result in a change in your project's exempt status, you will be required to submit an application for expedited or full review and receive approval from the IRB prior to implementing changes to the study. Changes include, but are not limited to, those involving study personnel, subjects, recruitment materials and procedures, and data collection instruments and procedures.

Registration at [ClinicalTrials.gov](https://clinicaltrials.gov): If your study is classified as a clinical trial, you may be required by the terms of an externally-sponsored award to register it at [ClinicalTrials.gov](https://clinicaltrials.gov). In addition, some medical journals require registration as a condition for publication. In the case of journals with membership in the International Committee of Medical Journal Editors, clinical trials must be registered prior to enrolling subjects. It is important that investigators understand the requirements for specific journals in which they intend to publish. In the case of sponsored project awards, timeline requirements will vary

for awards that require registration. Approved consent forms must be uploaded in the system for all Federally-funded clinical trials after subject enrollment has closed, but earlier registration is not required for all agencies. If you have questions about whether a sponsored project award requires registration and on what timeline, please send an email to tiffany.hamblin@eku.edu before beginning recruitment so that the specific terms of the award can be reviewed. If you have a need to register your study and do not have an account in the system, please send an email to lisa.royalty@eku.edu and request to have a user account created.

If you have questions about this approval or reporting requirements, contact the IRB administrator at lisa.royalty@eku.edu or 859-622-3636.

For your reference, comments that were submitted during the review process are included below. Any comments that do not accompany an “I approve” response have been provided to you previously and were addressed prior to the review process being completed.

Appendix B: Survey Instrument

Administrators' Perceptions of Alternative Service Delivery Models and the School-based Occupational Therapists' Role

You are invited to take part in a research study about administrator perceptions of the roles and responsibilities of occupational therapists (OTs) within the public-school setting. The purpose of this study is to examine administrators' understanding and perceptions of OTs' roles and responsibilities as well as their familiarity with alternative service delivery models within the school setting. By doing this study, I hope to learn more about administrators' perceptions of OT, familiarity with alternative service delivery models, and their perceptions of collaborative consultation in the public-school setting. There is no guarantee that you will get any benefit from taking part in this study. By completing the survey, you are providing the researcher with the unique opportunity to gather important information regarding school-based OTs and service delivery models in the school setting. Using the data, the researchers will be able to gain clarity on administrators' perceptions to move forward with implementing best practice strategies into practice in the school setting.

By choosing to participate in the study, it should be because you are volunteering, and you have the choice to withdraw from completing the survey at any time. You will not receive any payment or reward for taking part in this study. This survey is completed digitally and should take no longer than 8 minutes to complete. As with any electronic survey, potential risks of participating include boredom, possible headache, and eye strain. The survey is not timed, and participants are encouraged to take breaks as necessary to minimize these risks. Email addresses will not be collected, so participation is anonymous and the data from the completed surveys will be combined with information from other peoples' completed surveys with data being reported in an aggregated form. Researchers will not be able to identify participants that have completed the survey.

Feel free to contact the primary researcher Kimberly Saccucci at Kimberly_saccucci@mymail.eku.edu with any questions regarding this research study. If you have questions about your rights as a research volunteer, contact the staff in the Division of Sponsored Programs at Eastern Kentucky University at 859-622-3636. By proceeding with answering the survey questions, you are indicating that you have thoroughly read this document, understand its contents, have been given an opportunity to have your questions answered, and agree to participate in this research project.

1. What is your current position in the public-school setting?

Principal

Director of Special Education

Assistant Director of Special Education

Superintendent of Schools Assistant

Superintendent of Schools

Other: (Please Specify)

2. How long have you been employed in an administrative role?

1-5 years

6-10 years

11-15 years

16-20 years

More than 21 years

3. Are you employed in a public-school setting in Rhode Island?

Yes

No

4. What grade level do you oversee in your current role? (Select all levels that apply)

Preschool

Elementary School Level

Middle School Level

High School Level

Transition Program

*****3:1 Service Delivery Model Definition******

The 3:1 service delivery model aligns with the workload model, by acknowledging all the work that therapists do directly and indirectly for their students and for the school community (Gardner et al., 2013). Within the 3:1 model, therapists provide direct intervention three weeks out of the month, and during the fourth week, indirect services are completed in the form of consultation and collaboration, meetings, documentation, observations, make-up sessions, preparation, staff training and parent contact (Garfinkel & Seruya, 2018).

What is your familiarity with the 3:1 model for service delivery?

Not at all familiar

Some Familiarity

Familiar, but not used within my district

Completely familiar, it is being used within my district

*****Workload Model Definition*****

The workload model is a service delivery model that incorporates all aspects of the therapist's job including assessment and interventions as well as ongoing collaboration with regular and special education staff, communication with families, and participation in school and district-level committees (AOTA et al., 2014).

6. What is your familiarity with the workload model?

Not at all familiar

Some Familiarity

Familiar, but not used within my district

Completely familiar, it is being used within my district

7. Do you feel that the workload model is feasible for occupational therapists to use in the public-school setting?

Yes, completely feasible

Somewhat feasible, but there are some barriers to implementation

No, it is not feasible

8. Do you perceive there to be barriers to using alternative service delivery models for occupational therapists in the school setting?

Yes

No

9. What barriers do you perceive to interfere with implementing an alternative service delivery model for occupational therapists? (Select all that apply)

I do not foresee there being any barriers

Lack of teacher support

Lack of administrator support

Lack of knowledge and support from families

Staff being unclear on how to transition to an alternative service delivery model

Other (Please Specify):

10. What benefits do you see with the implementation of alternative service delivery models for occupational therapists? (Select all that apply)

Differentiated service delivery for students

Contextually based services in the students' natural setting

Increased work efficiency

Expanded scope of practice for occupational therapists

Time to complete all aspects of the job including documentation, screenings, evaluations, etc.

Other (Please Specify):

11. What is your familiarity with the role and responsibilities of the occupational therapists within your school district?

Completely familiar

Familiar, but could use more clarification

Limited Familiarity

Not at all familiar

12. Which of the following responsibilities fall under the occupational therapist's role in your district? (Check all that apply)

Direct Intervention

Consultation with the staff

Consultation with families

Address district level initiatives

Participate in response to intervention plans

Supporting school-wide programs (social-emotional, behavioral, playground, fine motor, etc.)

Other (Please Specify):

13. Do you believe that occupational therapists should participate in health promotion and prevention programs within the school setting?

Yes, this should be part of their regular responsibilities

Somewhat agree

Disagree

Unsure

14. Within the multi-tiered system of support (MTSS), what tiers do you believe occupational therapists should be a part of?

Tier 1 (Universal)

Tier 2 (Targeted intervention)

Tier 3 (Intensive intervention)

All of the tiers

15. The options listed below are ways that administrators could support occupational therapists' various roles outlined in IDEA-04 and ESSA guidelines. What is the feasibility of your school district implementing these?

Completely Feasible	Somewhat Feasible	Somewhat Infeasible	Completely Infeasible
--------------------------------	------------------------------	--------------------------------	----------------------------------

-Implement alternative service delivery models to allow for time to address preventative and whole-class or school-level initiatives

-Hire more staff for increased flexibility with service delivery and expanding the role of OT in the school setting

-Encourage alternative service delivery times to allow for greater individualization of services (front loading times, service written monthly versus weekly, etc.)

*****Interdisciplinary Team Definition*****

Interdisciplinary teams in the school setting are a group of professionals from various disciplines which may include occupational therapists, speech-language pathologists, physical therapists, school psychologists, social workers, special education teachers, regular education teachers, and adapted physical educators who work collaboratively to address the individual needs of students so they can access the curriculum and participate in school activities.

*****Collaborative Consultation Definition*****

Collaborative consultation is when professionals from various disciplines utilize an interactive problem-solving process to generate solutions to mutually identified problems (Villeneuve, 2009). This involves effective communication skills for building collaborative relationships by listening, observing, and sharing knowledge.

16. Do your interdisciplinary teams have time built into their schedules for regular collaborative consultation with occupational therapists?

Yes, they have regularly scheduled consultation time with OT

No, they do not have regularly scheduled consultation time with OT

I am unsure if there is scheduled consultation time with OT

17. How often do interdisciplinary teams meet in your district? (Select all that apply)

Weekly

Biweekly

Monthly

Quarterly

At the IEP meeting

Other (Please Specify):

18. How are you able to facilitate interdisciplinary collaboration in your role? (Select all that apply)

Encourage alternative service delivery models

Staff members have regularly scheduled time slots for consultation

As a district we have not discussed how to account for consultation time amongst team members

Other (Please Specify):

19. What percentage of an occupational therapist's workload should be designated toward collaborative consultation with interdisciplinary team members?

Greater than 75% of their weekly time

50% of their weekly time

25% of their weekly time

10% of their weekly time

5% of their weekly time

20. What do you perceive to be barriers to interdisciplinary team collaborative consultation in the school setting in your district? (Select all that apply)

Lack of time for teams to meet

Decreased value for collaborative consultation by interdisciplinary team members

Staff travel between numerous buildings

High caseloads

Other (Please Specify):

21. What do you see as the benefits of interdisciplinary team collaboration with occupational therapists? (Select all that apply)

Improved student outcomes

Carryover of strategies by multiple team members

Shared knowledge and strategies through modeling and demonstration

Generalization of strategies in the general education setting

Participation in program planning and environmental/task modifications

Greater ability to provide individualized solutions to meet student needs

Increased ability for students to participate in the general education setting
Other (Please Specify):

We thank you for your time spent taking this survey.

Your response has been recorded.

References for Survey

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Appendix C: Email Script

To Whom It May Concern:

I am a school-based occupational therapist in Rhode Island. Currently, I am pursuing a Doctor of Occupational Therapy degree through Eastern Kentucky University. As part of my capstone project, I am conducting a research study to explore administrators' perceptions of the workload model, their understanding of the school-based occupational therapists' roles and responsibilities, and their value of collaboration amongst interdisciplinary teams. By completing this study, I hope to gain valuable information from stakeholders that will improve school-based occupational therapists' future practice and improve the implementation of best practices for all students in Rhode Island.

As an occupational therapy practitioner with twenty years of school-based experience in the state of Rhode Island, it is my goal to consistently reassess my practice to ensure that my students are receiving the highest quality services using what is best practice for my profession. Gaining administrators' perspectives is a key component to optimizing the school-based occupational therapists' functioning within the schools.

I would greatly appreciate your assistance in helping me make an impact by forwarding this email with the anonymous survey link to the administrators within your association.

https://eku.co1.qualtrics.com/jfe/form/SV_e2m3nPUeCr3PwJo

Thank you for your participation!

Kimberly Saccucci, OTR/L

Occupational Therapist

Kimberly_saccucci@mymail.eku.edu

Appendix D: Phone Script

Researcher: Good afternoon, may I please speak with [name]?

(If the person is not available, the researcher will thank the person who answered the phone and say goodbye)

(If the person is available, the researcher will confirm that they are speaking with the correct individual.)

Researcher:

Hello, my name is Kimberly Saccucci and I am a school-based occupational therapist in Rhode Island. I am currently enrolled in the Doctor of Occupational Therapy program at Eastern Kentucky University and this phone call is regarding my research project. Is this an Ok time for you to speak?

If the individual says no, the researcher will ask if there is another time that we can talk

If they say no, the researcher will thank them and say goodbye

If they say yes, the researcher will attempt to schedule another phone call

If the individual says yes, proceed with the script below.

Researcher

I am contacting you because I am looking to reach local administrators within public schools in Rhode Island. As part of my capstone project, I am conducting a research study to explore administrators' perceptions of the workload model, their understanding of the school-based occupational therapists' roles and responsibilities, and their value of collaboration amongst interdisciplinary teams. By completing this study, I hope to gain valuable information from stakeholders that will improve school-based occupational therapists' future practice and improve the implementation of best practices for all students in Rhode Island.

If you are interested in completing this brief digital survey, I would gladly send you the link via email. The estimated time to complete the survey is no more than eight minutes and the survey is anonymous. Once receiving the digital survey, you can discontinue completion at any time.

I appreciate your considering participating in this research. What is the best email to send you for this survey?

If the person says “yes”, the researcher will ask for their email.

If the person says “no”, the researcher will thank them for their time and say goodbye.

Researcher:

Thank you! Do you have any questions for me at this time?

It was nice speaking with you, feel free to contact me with any questions or concerns.