

Hello,

I've been working as an OT in the school system in Oregon for nearly 20 years. During this time my caseload has increased approximately 200-300%. Originally in 1999 my caseload for a full time work week was approximately 30. This allowed me to see most of my students weekly for direct treatment in the area of fine motor skills. With 1:1 attention, students made dramatic progress with their handwriting, cutting, and other fine motor skills to allow them to participate fully in their classrooms. Children with severe physical disabilities, such as cerebral palsy, were given attention from OT to learn adaptive skills for performing basic functions such as writing, cutting, eating, typing, dressing, etc.

Over the years my caseload has continued to increase, once even reaching a high of 110. Suffice to say, at those large numbers I am not very effective. I am able to perform basic duties of evaluating students and attending meetings but rarely have time to meet with students directly. Instead of providing treatment to the student myself, I now assign these recommendations to be carried out by the teacher. As you might imagine, teachers are understandably frustrated with this "diluted" version of OT and feel abandoned. And the students bear the brunt of this inadequate model--- even after a year or more of receiving our services there is often little evidence of improvement. Logically the teacher doesn't have time to provide the recommended OT interventions during their already overly busy day. They also don't have the necessary background or training to carry out our treatment plans, even though many tried.

Another area in which OTs have seen increases in demand for our services is sensory processing. Students with autism and ADHD struggle to stay calm and focused during the school day, and this is often due to their inability to process sensory stimulation in their environments. OTs are considered experts in this area, and as such, are now in high demand in all schools. Yet, we can not keep up with teachers' requests for OT assistance with this area. As a result, many students are unable to sit quietly in classrooms in order to learn. In a great many classrooms, these students disrupt the learning environment for the entire room and make the teacher's job a misery.

The lack of OT staffing has created a situation where students' fine motor and sensory processing needs largely go unaddressed in today's schools. Teachers continue to ask for OT help due to the increased numbers of students with challenges in these areas, but are often disappointed in the availability of OT services. However, due to a chronic shortage of OT staff in ALL school districts in Oregon, there continues to be a vast gap between the needs of the students, and the availability of occupational therapists to serve them.

It is a mystery to me why other health care professionals such as speech pathologists are present in the schools in significantly greater numbers. This allows them to work with students directly. There is at least one speech pathologist in every school building, and often an additional speech assistant. As such they are able to see students directly and continue to make dramatic gains in their area of expertise. It is obvious that the need for OT services is similar to the demand for speech services, and that makes this discrepancy difficult to comprehend. Speech pathologists have significantly lower caseload numbers yet are represented at an approximately tenfold increase over OTs in the schools. Why is OT considered to be such

an inconsequential service as to be only allowed to provide consultative service when teachers are begging for more?

I hope that you will consider installing mandatory caseload caps within the school setting for occupational therapy services. This would allow us to return to providing a meaningful amount of therapy to students who desperately need it.

Thank you
Sheryl

--

Sheryl Riley
Occupational Therapist
DDSD
M-TH 8-3:30

[OT DEPT Website](#)