

## **Abstract: Aspects of Role Sharing and Role Release A Concept Paper for Discussion**

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This paper was created with a threefold purpose. It offers a set of definitions that can be used when professionals discuss the degree to which they might share work and expertise in the provision of services to children with disabilities. It is our hope that this discussion will :

1. Provide a common vocabulary for discussion of issues of role release.
2. Identify useful concepts related to role release and team collaboration which providers can use to make decisions regarding their services.
3. Serve as a basis for development of individual program position statements about role release.

### **Definition of Role Release**

Role release involves assigning specific tasks and methods usually performed by one person to other team members. The team member who shares aspects of his/her professional role is responsible for identifying activities appropriate for release, and for documenting that appropriate training and supervision occur (McEwen, 2000, p. 67). The team member with whom the task or method is shared is responsible to work within the scope of the training provided. Role release does not imply role "abdication". The roles of discipline-specific evaluation, treatment planning, and supervision clearly may not be delegated; they are skills that therapists, educators and other service providers are specifically trained and licensed to perform. However, intervention activities may often be shared and, with proper training, carried out by individuals from other disciplines.

In their 1997 position statement, ASHA delineates four aspects of multiskilling (or role release) (ASHA, 1997). For the purposes of this discussion, ASHA's categories have been modified to more specifically apply to role release in the educational setting.

### **Four Aspects of Role Release in an Educational Setting**

1. **Role Release of Management Skills** includes tasks which augment program-wide service delivery, but which are not discipline-specific or child-specific. Management tasks may be assigned to any individual regardless of background.
2. **Role release of Support Activities** includes tasks done on behalf of the child under the direction of a professional.
3. **Role Release of Routine Intervention Strategies** includes release of activities that require training in routine, frequently provided, easily trainable procedures. When families and service providers are trained in routine intervention strategies, the intervention can more readily be provided across environments and across time. There is also more opportunity for generalization.
4. **Role Release of Clinical Skills** involves training others to perform procedures traditionally regarded as within the scope of a specific discipline or profession. Role release of clinical skills requires a great deal of professional judgment. The responsibility for evaluation, treatment recommendation and supervision of interventions may not be delegated. They are skills that therapists, educators and

other service providers are specifically trained and licensed to perform. Persons to whom a clinical skill is released must take care not to go beyond their training. The training must be documented, and ongoing follow-up must take place. The person who receives training in a clinical skill (the learner) must be able to identify the limits of his/her knowledge and seek assistance appropriately when those limits are reached.

### **Conclusions and Recommendations:**

In making the decision to release a particular role or task, the practitioner must use professional judgment to determine which activities may appropriately be shared. Any intervention which requires independent, specialized knowledge, skill or judgment beyond the scope of practice of the individual who might accept responsibility for it should not be included in role-sharing. (American Nursing Association, 1992)

*It remains the responsibility of therapists to determine what constitutes adequate training and supervision in role release. [However ], Practitioners who resist role release due to concerns for their liability must also consider the potential risks to children and staff when therapeutic intervention is limited to isolated treatment sessions. (Rainforth, p.57)*

Potential benefits of role release include enhanced student learning, greater family involvement and satisfaction, opportunities for professional growth and development, and greater flexibility, efficiency and coordination in service delivery. Each program's unique set of resources and staffing patterns will impact local strategies for sharing the work of educating of children disabilities. This framework is offered as a way to begin program discussions that can lead to greater clarity and staff buy-in.

### **References:**

- American Speech-Language-Hearing Association. *Position Statement: Multiskilled Personnel*, ASHA, 39 (Supplement 17), 1997.
- McEwen I, Ed. *Providing Physical Therapy Services Under Parts B & C of the Individuals with Disabilities Education Act (IDEA)*. Oklahoma City, Ok: American Physical Therapy Association Section on Pediatrics; 2000.