

Aspects of Role Release in the Provision of Services to Young Children: A Concept Paper Offered by The Collaborative Teaming Work Group

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This paper was created with a threefold purpose. It is the hope of the Working Group 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 EI/ECSE service area position statements about role release.

The concept of role release among professionals, parents, and educational assistants is complex and should be considered with a thorough exploration of its various dimensions. This paper 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 in Early Intervention (EI) and Early Childhood Special Education (ECSE) programs.

Definition of Role Release

Role release involves assigning specific tasks and methods usually performed by one person on a child's team to other team members. Team members are 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.

Elements of Role Release

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 as well as parents.

In their 1997 position statement, the American Speech and Hearing Association delineates four aspects of multiskilling (or role release) as Cross-training of Administrative Skills; Cross-training of Professional Nonclinical Skills; Cross-training of Basic Care Skills and Cross-training of Clinical Skills (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. We have identified the four aspects of role release as:

1. Role Release of Management Skills
2. Role Release of Support Activities
3. Role Release of Routine Intervention Strategies
4. Role Release of Clinical Skills

The provision of special education to young children may be divided into three general types of service. Early Intervention and Early Childhood Special Education providers offer assessment services, work together in goal setting and planning, and implement special educational interventions. Each of these general service types offer team members opportunities for role release. In each description of role release aspects below, examples are offered for role release of assessment; goal setting and planning; and intervention activities.

Four Aspects of Role Release

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.

Examples:

In Assessment: An intake coordinator is assigned to schedule all assessments, freeing specialists to work in discipline-specific activities.

In Goal Setting and Planning: After the IFSP meeting, a clerical assistant is assigned to make copies of all IFSP documents and ensure that they are distributed to appropriate recipients. (e.g. IFSP team members, Medicaid billing clerk, program data manager.)

In Intervention: A paraeducator is assigned to manage the equipment inventory for the program.

2. **Role release of Support Activities** includes tasks done on behalf of a specific child under the direction of a professional.

Examples:

In Assessment: A parent collects familiar toys and everyday items to use during a curriculum-based assessment.

In Goal Setting and Planning: An occupational therapist is assigned as service coordinator for a child who primarily has fine motor goals.

In Intervention: A paraeducator is trained by a physical therapist to construct a modification for a wheelchair tray from triwall.

3. **Role Release of Routine Intervention Strategies** includes release of activities which require training in routine, frequently provided, easily trainable procedures, for example, toileting, dressing, or feeding. When parents and a variety of service providers are trained in routine intervention strategies, the intervention can more readily be provided across environments and across time.

Examples:

In Assessment: A paraeducator is trained and assigned to collect Curriculum Based Assessment (CBA) data.

In Goal Setting and Planning: The Speech-Language Pathologist trains all team members to implement specific speech and language training activities.

In Intervention: The physical therapist teaches the classroom teacher and parents to position a child for optimal eating.

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 released to another person. 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.

Examples:

In Assessment: Assessment activities that require discipline-specific clinical judgment should not be released to other team members.

In Goal Setting and Planning: After planning appropriate treatment objectives, the Speech Language Pathologist collaborates with other team members to develop functional goals based on daily routines and activities.

In Intervention: A parent is trained by the nurse in a delegable nursing task such as administering g-tube feedings, testing blood sugar levels or suctioning. She does the task with her child daily. The nurse monitors the training on a monthly basis to insure safety.

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, clinical knowledge, skill or judgment beyond the capabilities of the individual who might accept responsibility for the task should not be released. (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 child 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 in the education of young children. This framework is offered as a way to begin program discussions that can lead to greater clarity and staff buy-in as teams begin to share the work of educating young children with disabilities and developmental delays.

Bibliography

ANA: American Nurses Association Position statement on Registered Nurse Utilization of Unlicensed Assistive Personnel, December 11, 1992.

AOTA: American Occupational Therapy Association. *Occupational Therapy Services for Children and Youth under the Individuals with Disabilities Act*. Bethesda, Md: AOTA, Inc.; 1997.

ASHA: American Speech-Language-Hearing Association. *Position Statement: Multiskilled Personnel*, ASHA, 39 (Suppl. 17), 1997.

Beninghof A, Singer ALT. Transdisciplinary teaming: An inservice training activity. *Teaching Exceptional Children*. 1992.

Diamond KE, Hestenes LL, O'Connor CE. Integrating young children with disabilities in preschool: Problems and promise. *Young Children*. 1994, 49 (2): 68-75.

Dunst CJ. Rethinking early intervention. *Analysis and Intervention in Developmental Disabilities*. 1985, 5: 165-201.

Hanft BE, Pilkington K. Therapy in natural environments: The means or end goal for early intervention?. *Infants and Young Children*. 2000, 12(4): 1–13.

Peck CA, Killen C, Baumgart D. Increasing implementation of special education instruction in mainstream preschools: Direct and generalized effects of non-directive consultation. *Journal of Applied Behavior Analysis*. 1989; 22(2), 197-210.

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.

McWilliam RA, Young HJ, Harville K. Therapy services in early intervention: Current status, barriers and recommendations. *Topics in Early Childhood Special Education*. 1996; 16: 348-374.

Rainforth B. Analysis of physical therapy practice acts: implications for role release in educational environments. *Pediatric Physical Therapy*. 1997; 9:54-61.

Wilcox MJ, Kouri TA, Caswell SB. Early language intervention: A comparison of classroom and individual treatment. *American Journal of Speech-Language Pathology*. 1991, 1:49-61.

Woodruff G, McGonigel MJ. Early intervention team approaches: the Transdisciplinary model. In: Jordan, JB, Gallagher JJ, Hutinger PL, Karnes MB, eds., *Early Childhood Special Education: Birth to Three*. Reston, Va: Council for Exceptional Children; 1990: 164-181.