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## A Survey Of Speech-Language Pathologists' Attitudes Toward The 3:1 Service Delivery Model

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A SURVEY OF SPEECH-LANGUAGE PATHOLOGISTS' ATTITUDES  
TOWARD THE 3:1 SERVICE DELIVERY MODEL

being

A Thesis Presented to the Graduate Faculty  
of the Fort Hays State University in  
Partial Fulfillment of the Requirements for  
the Degree of Master of Science

by

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B.S., Kansas State University

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## Graduate Committee Approval

The Graduate Committee of Whitney M. Hubert hereby approves her thesis as meeting partial fulfillment of the requirement for the Degree of Master of Science.

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## **Abstract**

The purpose of this study was to evaluate the attitudes and perceptions of SLPs who are currently using the 3:1 service delivery model. The 3:1 Model consists of services being directly administered for three out of the four weeks of a month and indirect services provided during the fourth week. An internet-based questionnaire was completed by 90 speech-language pathologists (SLPs) to obtain their perspectives regarding the 3:1 Model. In general, 45% of the SLPs reported using the 3:1 Model with all of their clients and 86% preferred the 3:1 Model over other models (block scheduling, traditional model). The SLPs noted that the 3:1 Model helped address their workload issues. They also described being able to address more of their workload concerns during the indirect services week by consulting with other school professionals, making-up therapy sessions, completing paperwork, developing materials, attending meetings, report writing, and other items. Overall, the 3:1 Model was viewed positively by the SLPs who were surveyed in this study.

Key Words: 3:1 service delivery model, workload, speech-language pathology, school, students

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## **Introduction**

According to the American Speech-Language-Hearing Association (ASHA), there are a variety of service delivery options for speech-language pathologists (SLPs) who work in schools (ASHA, 2000). ASHA has stated that no one service delivery model fits every student and that a single SLP may utilize a different approach to intervention depending on the student's needs and the communication disorder (ASHA, 2000). The models that ASHA typically describes include: monitoring, collaborative consultation, classroom-based intervention, intervention within the self-contained program, community-based intervention, intervention outside the classroom, and a combination of those mentioned before (ASHA, 2002).

In conjunction with the previously mentioned types of service delivery, SLPs have often utilized the traditional approach to providing therapy, in which students are seen during each week of school for their specified amount of intervention. Recently, however, the 3:1 Model has been introduced. Similar to the traditional approach, the 3:1 Model allows any of the above models, such as monitoring or collaborative consultation, to be utilized as part of the delivery of intervention. In contrast, services are directly administered for three out of the four weeks of a month and indirect services are provided during the fourth week.

### **Direct and Indirect Services**

Direct services are those provided directly to an SLP's clients on his/her caseload. These services include both evaluation and intervention. ASHA found that SLPs spend

more time providing direct services than in any other type of activity – specifically, an average of 24.1 hours per week in direct intervention services (ASHA, 2010).

In contrast to direct services, SLPs also provide indirect services for students on their caseload. These services include completing paperwork, writing Individualized Education Plans (IEPs), developing treatment resources, and attending meetings with parents, teachers, as well as others (Van Zandt, 2006). According to ASHA (2002), indirect services can be categorized into the following types: (a) services that support the implementation of education programs; (b) activities that support students in the least restrictive environment and in the general education curriculum; and (c) activities that support fulfillment of mandates and that result from membership in a community of educators. SLPs reported spending approximately 9.3 hours per week on indirect services for their students (ASHA, 2010).

### **Models of Service Delivery**

Intervention services are most often provided, using the traditional service delivery model. Within the traditional service delivery model, the speech-language pathologist provides direct services to clients on a weekly basis and is not provided time for completing indirect services during school hours (Van Zandt, 2006). For instance, an SLP would provide services to a student twice a week for 30 minutes each week of the school year.

In addition to the traditional service delivery model, SLPs can utilize block scheduling when providing services. According to Hedge and Davis (2009), the block scheduling approach occurs when students participate in direct services four to five days

a week for a specified number of weeks (e.g., six weeks) followed by no direct services for the same interval of time (e.g., six weeks). After the six-week period during which no direct services are provided, the student's skills are reassessed. If additional intervention is required, another rotation of services (direct services, followed by no services) is begun.

### **Types of Service Delivery**

Not only does an speech-language pathologist (SLP) decide whether to provide student intervention services using a block scheduling or traditional intervention approach, but he/she must also determine which approach to intervention will best meet his/her student's needs. SLPs utilize a variety of approaches when providing intervention, which can be provided either indirectly or directly to the student. Two indirect service delivery models are monitoring and collaborative consultation. According to ASHA (2000), the monitoring approach allows the speech-language pathologist to indirectly provide services to the student (e.g., observation in the classroom, meetings with the classroom teacher) to ensure the student's speech and/or language needs are being met within the classroom. This type of service delivery has traditionally been utilized prior to dismissing the client or the initiation of services.

In contrast to monitoring, the collaborative consultation model takes place when the family, teacher(s), and speech-language pathologist (SLP) work together to assist the student in an educational setting. However, the SLP does not work with directly the child. The 2008 ASHA School Survey found that an average of three hours per week is spent by an SLP working in the schools utilizing the collaborative consultation model.

The remaining service delivery models involve the SLP working directly with the student. One of these approaches is classroom-based intervention, also known as “integrated services.” This approach occurs when the speech-language pathologist provides direct services to the client in the most naturalistic setting, such as the general education classroom (ASHA, 2000). SLPs reported that an average of five hours per week was spent by the SLP providing classroom-based models (ASHA, 2008).

Another direct service delivery model occurs when the SLP provides intervention is provided within a self-contained classroom such as the special education classroom (ASHA, 2000). ASHA (2008) reported that SLPs spent an average of four hours each week providing intervention within self-contained classrooms. More specifically, a self-contained classroom delivery was used most often when targeting areas such as reading comprehension, composition, writing accuracy, and word recognition (ASHA, 2000).

The most commonly utilized service delivery model is the pull-out approach. This type of service delivery allows the students to receive direct services, either individually or in small groups, outside of the general education classroom (ASHA, 2000). According to ASHA (2010), this intervention approach was used most often (71%) for currently practicing school-based SLPs. In addition, to providing intervention outside of the classroom, multiple studies (ASHA, 2010; Brandel & Loeb, 2009; Mullen & Schooling, 2010) have also found that intervention is most often delivered in groups of two to four students. Utilizing the pull-out model was the overwhelming choice regardless of the disability or severity.

### **Definition of Caseload and Workload**

Finding the time to complete indirect services has become difficult for many speech-language pathologists because of their large caseloads (ASHA, 2002). An SLP's caseload consists of the number of students with IEPs whom the speech-language pathologist serves. In contrast, an SLP's workload refers to all of the responsibilities that he/she must complete as part of the job. This includes not only the provision of direct services but also indirect services such as meetings, paperwork, and billing (ASHA, 2002). ASHA (2002) recommended that a workload approach, rather than caseload approach be utilized by organizations employing SLPs.

The use of the workload approach has been recommended by others in addition to ASHA. In utilizing a workload approach, the multiple tasks that a SLP must complete when providing services to children on his/her caseload are considered (Annett, 2003). In contrast, when a caseload approach is used, only the number of students for which the SLP provides services is considered when determining the appropriateness of his/her workload.

Currently, eighty-two percent of SLPs reported that they use a caseload approach when determining the number of students they serve (ASHA, 2010). According to ASHA (2010), the median caseload size for full-time SLPs is 50 students. The largest median caseload was in Indiana with 80 students, and the smallest median caseload was in Maine with 30 students. The remaining 18% of SLPs described using the workload approach.



Several studies have investigated the impact of utilizing the caseload or workload approach (Dowden et al., 2006; Edgar & Rosa-Lugo, 2007). A study done by Dowden et al. (2006) surveyed speech-language pathologists in Washington State schools to document caseload and workload management. A follow-up survey was completed by 464 SLPs out of 984 SLPs for a response rate of 47%. The surveys found the mean caseload size for SLPs in the Washington State public schools was 59 students. More specifically, the authors noted there was no difference between the caseload size for SLPs who had children with severe disabilities and to SLPs without children with severe disabilities. This finding supported the Position Statement of ASHA (2002) that SLPs were managing their time according to the number of students with IEPs rather than to the speech and language needs of the students they serve. Overall, Dowden et al. documented there was no consideration given for the greater time demands for children with more severe disabilities.

Another study conducted by Edgar and Rosa-Lugo (2007) utilized a questionnaire to obtain the opinions of speech-language pathologists (SLPs) regarding the factors impacting recruitment and retention of SLPs in the public school setting. A total of 382 out of 592 speech-language pathologists who were employed in 10 public schools in central Florida completed the survey for a response rate of 64.5%. Using a Likert scale format, the SLPs reported the top five reasons related to job satisfaction were the school schedule, working with children, the ability to work with experienced mentors, and school assignments. In contrast, the SLPs reported that job dissatisfaction was most often attributed to workload, size of caseload, salary, and role ambiguity.

Similarly, Edgar and Rosa-Lugo (2007) also found that the dissatisfaction for SLPs working in the school setting were workload, large caseloads, salary, and role ambiguity. Although ASHA's 2010 School Survey found that large amounts of paperwork and lack of time for collaboration, planning and meeting with teachers were the two biggest challenges of their jobs, these seem to align with what Edgar and Rosa-Lugo (2007) found. These findings more specifically identify the impact of large caseloads/workloads on SLPs dissatisfaction because they do not have time for collaboration and paperwork.

### **The 3:1 Service Delivery Model**

Due to workload concerns of speech-language pathologists in school settings (ASHA, 2008), professionals are beginning to consider new ways to address this problem. The Minneapolis Public Schools implemented indirect service contacts into their nine-week reporting period schedules. They did this by replacing a few direct service contacts with indirect service contacts (Cirrin, 2004). For example, a student typically received 45 minutes of direct speech-language services per week over a nine-week reporting period. The typical approach would include nine direct sessions of 45 minutes each during the period. The new approach would allow eight contacts per reporting period, which would include six contacts that consisted of direct intervention, with two contacts that consisted of indirect services pertaining to the child being completed (Cirrin, 2004). The district personnel felt that this would alleviate some of their workload problems.

Another school district that was looking to change its service delivery model was the Cincinnati Public Schools, which developed the Indirect Services Week (Rapking, 2007). The 3:1 Model was selected by the district in which SLPs provided three weeks of direct services to clients followed by a week of indirect services each month. A pilot study conducted by the district identified several increases in indirect services following the adoption of the new service delivery model. SLPs participated in more parent consultations, teacher and staff consultations, interventions in the classroom, and pre-referral meetings. Because the pilot showed such positive increases in indirect services for the students, the district implemented the 3:1 Model permanently.

At the end of the first year of implementation, the SLPs were surveyed again regarding the model. Once again, the participants reported positive gains in the following: direct services, including implementing intervention and screenings and indirect services, including conferences with teachers without disruption for therapy, number of classroom observations, parent consultations, and consulting with other professionals (Rapking, 2007).

Another district located in Oregon has reported using the 3:1 Model to improve workload concerns (Annett, 2004). After implementing the 3:1 Model, the Portland Public Schools found the changes to be positive. Annett (2004) reported that a pilot project conducted by the school district found that direct services included fewer student service cancellations and improved ability of SLPs to incorporate speech and language goals with classroom curriculum. It also found that indirect services included significant reductions in SLPs work being completed at home at the expense of the district,

significant increase in billings for third-party Medicaid reimbursement, which generated money for the school district, and an increase in consultation between teachers and parents, which created better morale among the SLPs and higher quality of work.

Soliday (2009) also reported that the Portland Public schools asked the SLPs to describe the activities completed during their week of indirect services each month. Speech-language pathologists documented the activities completed during the indirect services week. This data was collected four times throughout the year. The results showed that 90.2% SLPs consulted with teachers, 60.3% with parents, and 69.5% with other specialists, and 66% SLPs developed materials for student use. It also reported that 85% completed student evaluations, 84.3% completed paperwork, and 75.3% SLPs participated/facilitated special education meetings. Speech-language pathologists also reported continuing to work with some clients during the indirect services week. According to Soliday (2009), an average of 13.25 students continued to receive services during the indirect services week.

As a result of the positive findings of the 3:1 Model by the Portland School district, the Kansas City, Missouri, school district made the decision to implement this model. Following the implementation of the 3:1 Model, Van Zandt (2006) conducted a questionnaire of the views of the speech-language pathologists twice during a school year (August, 2005 and February, 2006). The first questionnaire requested their opinions regarding the traditional service delivery model. In contrast, the second questionnaire inquired about the newly-implemented 3:1 Model. The questionnaire asked questions about direct services, paperwork completion, how therapy sessions were made-up if a

session was cancelled, and job satisfaction. The questionnaire results showed an overall positive response in all of the above categories with the 3:1 Model. Approximately 58% SLPs reported more time to provide direct intervention while 51% of the SLPs indicated the 3:1 Model allowed adequate time for paperwork to be completed. When asked if the 3:1 service delivery model allowed them to make up missed therapy sessions that had been cancelled, approximately 72% agreed with this statement. Overall, 52% of the SLPs reported being satisfied with their job. More specifically, the SLPs viewed the new service delivery model more positively than the traditional service delivery model that had been used before.

A web-seminar presented by Soliday (2009) stated that the main objective of the 3:1 Model was to provide time for indirect services. Soliday described appropriate activities to be completed during the indirect services week such as consultation with teachers, parents, paraprofessionals, other specialists, and others in order to align the services the students receive with their curriculum. Soliday explained the primary objective with the 3:1 Model was to allow SLPs to more easily support the curriculum and general education teachers' objectives in order to obtain better generalization of their students' skills.

### **Summary of the Literature**

A recent national survey of the speech-language pathologists (SLPs) who work in the schools was completed by ASHA (2010), and it found that the majority of SLPs continue to use the caseload rather than workload approach. Since the caseload approach does not focus on indirect services, many SLPs have difficulty incorporating these

services to the extent that they should (Van Zandt, 2006). Several questionnaires of caseload versus workload have illustrated the negative impact of SLPs who have high caseloads and their satisfaction working at the school (Dowden et al., 2006; Edgar & Rosa-Lugo, 2007). Other researchers have described the 3:1 Model or Indirect Services Model as improving the SLPs ability to alleviate these workload concerns (Annett, 2004; Rapping, 2007; Van Zandt, 2006). These reports have also shown that this model is viewed positively by SLPs. However, only pilot studies have been completed on these models.

### **Purpose and Justification**

The purpose of this study was to evaluate the attitudes and perceptions of SLPs currently using the 3:1 service delivery model. This study was needed for several reasons. First, several school districts have used the 3:1 Model for a few years; however, no research was found that specifically investigated the preferences of SLPs who have utilized the 3:1 Model and the traditional approach to providing services. Information on the 3:1 Model will assist in determining the effectiveness of this model in alleviating workload concerns for SLPs. Specifically, the following research questions were addressed.

1. What are the opinions of school speech-language pathologists using the 3:1 Model and its ability to alleviate workload concerns?
2. Do speech-language pathologists using the 3:1 Model utilize this service delivery approach for all students on their caseload?

3. For speech-language pathologists using the 3:1 Model, how do they spend their time during the indirect services week?

## **Methodology**

This study was designed to investigate the attitudes and perceptions of speech-language pathologists (SLPs) in school districts that were using the 3:1 service delivery model. A questionnaire was used as the method for collecting this information.

### **Research Approval**

Prior to administering the questionnaire, the researcher presented the methodology of this study and a description of the steps taken to provide protection of future respondents to the thesis committee, which served as the department human subjects review committee. Upon receiving approval from the thesis committee, the questionnaire was finalized and the Fort Hays State University Institutional Review Board (IRB) reviewed the research application (Appendix A). Following receipt of IRB's approval (Appendix B), potential school districts were contacted utilizing the initial e-mail (Appendix C).

### **Selection of Participants**

School districts that used the 3:1 service delivery model in the United States were identified using the internet. A total of 11 school districts were identified and contacted using the email addresses located on the internet. Of those contacted, eight school districts reported using the 3:1 Model at that time and five of those agreed to participate by returning the institution consent form (Appendix D). These districts were then sent the introductory e-mail with an imbedded link to the questionnaire (Appendix E), which they forwarded to SLPs currently employed by their institution using email.



## **Respondents**

The five school districts that agreed to participate in the questionnaire were USD #475 in Junction City, KS; Portland Public Schools in Portland, OR; Calhoun Intermediate of Marshall, MI; Delaware County Intermediate Unit in Morton, PA; and Edmonds School District #15 located in Lynnwood, WA. The districts that agreed to participate were geographically balanced across the United States. However, the school districts involved in this study differed greatly when it came to the size of the district, number of students receiving services, and the number of SLPs who work in the district. According to the respondents, two of the school districts were classified as urban, one was rural, and the remaining two were suburban. These classifications were determined by the institutions participating in the survey. The range of students receiving speech and language services in their school districts ranged from 650 to 3,414 students, and the number of SLPs ranged from 4 to 85 in the school districts (See Table 1). Overall, 184 SLPs were working in the schools that participated in this study. There were 90 questionnaires returned, for a response rate of 48.9%. The submission of the completed questionnaire by the individual participants served as their consent to take part in the study.

Table 1

*Demographic Information of Schools*

School District	Size of District	Number of Students Receiving Services	Number of SLPs
USD #475 Junction City, KS	Rural 7,300 students	650	12
Portland Public Schools Portland, OR	Urban 47,000 students	3,414	100
Edmonds School District Lynwood, WA	Suburban 20,000 students	1,390	32
Calhoun Intermediate Marshall, MI	Urban N/A	NA	36
Delaware County Intermediate Unit Morton, PA	Suburban; (includes 15 school districts)	NA	4

Of the SLPs who completed the survey, 97% of the respondents had completed their Master's degree. The average caseload of the speech-language pathologists after adjusting for full-time SLPs was 57.7 students. The respondent's caseload ranged from 14 to 70 students. Sixty-seven percent of the participants worked full-time, while the other 33% of the participants worked part-time. According to the results of the study, the average number of years the SLPs worked in the public school system was 12.5 years, which ranged from 6 months to 38 years. The participants also noted that they worked with all different ages of populations. Nearly 24% of the respondents stated that they worked with preschool children, while 89% of the participants said they worked with elementary school children. The SLPs also noted that 57% and 27% worked with middle

school and high school children, respectively. According to these results, the SLPs in this study worked with more than one age group in the public schools.

### **Questionnaire Development**

A pilot study was conducted to evaluate the questionnaire (Appendix E) and its ability to provide the information necessary to answer the research questions. The original questionnaire was based upon the questionnaire used by Van Zandt (2006) but also included questions about the SLPs' opinions regarding student's progress using the 3:1 Model.

The original questionnaire was sent to seven SLPs in the Kansas City, Missouri, school district to determine whether the questionnaire was appropriate for acquiring the desired information. Six SLPs completed the questionnaire for a completion rate of 86%. After receiving the results of the pilot study questionnaire and how the SLPs interpreted the questions, changes were made for the final questionnaire.

The book, *Internet, Mail, and Mixed-Mode Surveys: The Tailored Design Method* (Dillman, Smyth, & Christian, 2009), was used to help formulate questions for the final questionnaire which consisted of three sections: service delivery models, workload issues, and indirect service week. The first section asked about service delivery models, including the traditional model, block scheduling approach, and the 3:1 Model. The second section inquired about workload issues by specifically asking the SLPs about their ability to complete paperwork and make-up therapy sessions that are cancelled due to illness and/or meetings. Finally, questions about the indirect service week were added to the questionnaire following the pilot study. The questionnaire was distributed using

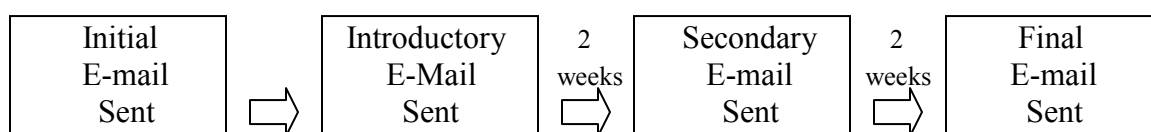
SurveyMonkey ([www.surveymonkey.com](http://www.surveymonkey.com)). Usernames and passwords were required to access this questionnaire system and only the researcher and research advisor had access to the questionnaire.

### Procedures

School districts that used the 3:1 Model within their district were identified through searches on the internet as well as posting inquiries on the ASHA web-site. After finding the school districts and their e-mail addresses, several attempts were made to contact the participants in order to introduce the study, provide rationale for the study, and allow the targeted population more than one chance to take part in the research study. The procedure used for the distribution of the questionnaire can be seen in Figure 1.

Figure 1

#### *Procedure for Distribution of Questionnaire*



First, an introductory e-mail was sent to the prospective participants asking them whether they would be willing to participate in the study. This letter described the purpose of the questionnaire and provided information about the questionnaire. It also stated that completion of the questionnaire would serve as their consent to take part in the study. The e-mail was sent to eight school districts. The initial e-mail can be found in Appendix C. After five school districts agreed to be in the study by sending back a signed

institution consent form (Appendix D), the letter of introduction was sent to the five school districts. The letter of introduction (Appendix F) provided details of the study as well as the questionnaire link. Two weeks after the letter of introduction was sent, a similar secondary e-mail was distributed to the five school districts again. The second letter of introduction (Appendix G) was designed as a reminder about the questionnaire for the participants and to provide an additional opportunity to take part in the study. Two weeks later, a final follow-up e-mail (Appendix H) was sent to the school districts again. The purpose of the final e-mail was to provide the respondents one final chance to participate in the study and to let them know that the questionnaire would no longer be available two weeks after the final e-mail. The actual questionnaire used in this study can be found in Appendix E. All individual responses were kept confidential, and no names were disclosed. Only group data was summarized. Once the group data was collected and reliability measures completed, the individual responses from the questionnaire website were deleted.

### **Data Analysis**

A descriptive analysis of the data was completed. The demographic information was summarized and averages and ranges were reported when appropriate (e.g., average and range of year of graduation, average and range of caseload). The frequency of responses for each question was collected and summarized.

### **Validity and Reliability**

To ensure the validity of the data gathered, several steps were taken to decrease total questionnaire error. Dillman, Smyth, and Christian (2009) described four possible

errors which questionnaires should address. These errors included coverage error, sampling error, nonresponse error, and measurement error. Coverage error was defined as occurring when everyone in a population does not have an equal opportunity to participate in the questionnaire. Because it was not known how many SLPs use the 3:1 Model across the nation, it was not possible to determine whether a coverage error occurred. There was no place that tracked the service delivery model utilized within a district or by its SLPs. Therefore, it was unknown whether all districts were provided an equal opportunity to participate. However, through the internet and blog sites, efforts were made to locate schools utilizing the 3:1 Model as well as inquiring districts that were using the 3:1 Model concerning any district of which they had knowledge regarding its service delivery approach.

Another potential error was sampling error, which occurs when a researcher surveys only a portion of a desired population rather than the entire population (Dillman et al., 2009). As with coverage error, it was impossible to know if a sampling error occurred because it was not known how many SLPs use the 3:1 Model. The researcher attempted to survey as many institutions as were willing to participate.

Nonresponse error was the third possible source of error. It was described as occurring when those chosen to complete the questionnaire were different from those who did not (Dillman et al., 2009). One method to reduce nonresponse error was to utilize follow-up reminders. The current study contacted participants four times over approximately two months prior to the questionnaire's being closed, as can be seen in Figure 1.

The final possible error that was addressed was measurement error. Measurement errors was defined as occurring when inaccurate answers are obtained as a consequence of the type of questionnaire mode utilized and/or poorly worded questions. The pilot study allowed the researcher to evaluate the question format that would be used for the final study. The questions were also reviewed by the thesis committee, which helped ensure they were not misleading or confusing. Also, the survey was conducted through the internet by SurveyMonkey throughout the entire time it was administered.

## **Results**

A questionnaire was administered to gather information about the attitudes and perceptions of SLPs who are currently using the 3:1 Model. A total of 90 out of 184 questionnaires were completed and included in the analysis (48.9%). The responses were evaluated using descriptive statistics.

### **Question 1: SLPs Opinions of 3:1 Model and Ability to Alleviate Workload**

#### **Concerns**

Participants were asked whether they had worked in the school district prior to the adoption of the 3:1 service delivery model. Fifty percent of the participants said that they had worked in the school district prior to the 3:1 Model's being adopted. Eighty-three percent of the respondents had also used the traditional service delivery model within the public schools, while the other 17% had used only the 3:1 Model in the school system. The questionnaire also asked the participants if they had ever utilized the block scheduling approach. Only 9% of the respondents stated that they had used the block scheduling approach in the public schools.

When answering part of the first research question about the speech-language pathologist's preferences toward the 3:1 service delivery model, a majority of the SLPs stated that they preferred using the model (see Table 2). More specifically, 71 SLPs indicated they had more time to complete paperwork using the 3:1 Model (Table 3), and 48 indicated they were better able to provide missed intervention sessions (Table 4).



Table 2

*Preference of 3:1 Service Delivery Model*

Attitude	Percentage of Responses
Agree	86%
Neutral	11.6%
Disagree	2.3%

Table 3

*Participants Attitudes of Paperwork Completion in Regards to the 3:1 Model*

Paperwork Completion	Percentage of Responses
3:1 Model allows more time to complete paperwork	82.6%
3:1 Model allows same amount of time	15.1%
3:1 Model allows less time to complete paperwork	2.3%

Table 4

*Participants Attitudes of Making-Up Therapy in Regards to the 3:1 Model*

Making-up Therapy	Percentage of Responses
More likely to provide missed therapy sessions	55.8%
As likely to provide missed therapy session	30.2%
Less likely to provide missed therapy sessions	14.0%

When asked to provide feedback on the advantages and disadvantages of the 3:1 Model, SLPs reported several items. After summarizing the responses, the researcher found that the three most common advantages noted by the SLPs included the following: time for consultations (33 SLPs), ability to complete evaluations and assessments (33 SLPs), and time to complete paperwork (31 SLPs) (see Table 5). The three most common disadvantages reported by the SLPs included the following: none (22 SLPs), fewer direct services/takes away from direct services (19 SLPs), and lack of understanding of the 3:1 Model by other professional colleagues (19 SLPs) (see Table 6).

Table 5

*Advantages of the 3:1 Model (N=82)*

Advantages	Number of SLPs
Time for consultations	33
Ability to complete evaluations/assessments on students	33
Time to complete paperwork	31
Allows time for classroom observations	18
Flexibility	15
Report writing	13
Ability to make-up sessions	13
Schedule/attend meetings	13
Everything	12
SLP doesn't have to cancel treatment sessions	10
Better morale with staff	9
Better for students	7
Develop more materials	6
Time to attend professional development/continuing education	4
Better generalization	4
Time to program devices	2

Table 6

*Disadvantages of the 3:1 Model (N=82)*

Disadvantages	Number of SLPs
None	22
Less direct services/takes away from direct services	19
Other professionals do not understand	19
Scheduling difficulties	8
Not a good model for all students	6
Confusing for students/parents	6
Too long to wait to complete indirect services	5
Not good when students miss therapy	4

**Question 2: Students and the 3:1 Model**

In regards to the SLPs use of the 3:1 Model and the impact on students, 45% of the participants reported that they use the 3:1 Model with all of their clients, while 55% reported that while they use the 3:1 Model primarily, they also use other service delivery models. For those SLPs who utilized other service delivery models, the traditional approach was utilized most often. The SLPs reported a range of two to 58 students that were seen through a different type of service delivery other than the 3:1 Model. The SLPs indicated that the severity of the child's disorder, type of disorder, parental requests, and other factors determined whether the 3:1 Model was utilized as noted in Table 7.

Table 7

*Reasons for Not Using 3:1 Model with All Students on Caseload*

Reason	Percentage of Responses*
Severity of Disorder	61.7%
Type of Disorder	40.4%
Parental Request	8.5%
Other	42.6%

\*(Participants were allowed more than one answer.)

Some of the other reasons that the SLPs did not use the 3:1 Model included: attendance, insufficient time to use the model with clients, finding the traditional service delivery model satisfactory, the client's need for consistency, and the difficulty of young clients to adjust to a changed schedule.

### **Question 3: SLPs Activities Completed During Indirect Service Week**

The SLPs were also questioned about how they spent their indirect service week in order to answer the third research question. Table 8 shows what the SLPs reported doing during the indirect service week while using the 3:1 service delivery model. The table shows that completing paperwork was the most common activity done during the indirect services week. However, report writing and consulting with others were also activities that were completed often during the fourth week. Other activities that the respondents stated that they did during the indirect services week included: classroom

observations, inservice training, evaluations/assessment of students, and professional development.

Table 8

*Activities Completed During Indirect Service Week*

Activities	Percentage of Responses
Consultations	88.1%
Making-up sessions	65.5%
Completing paperwork	92.9%
Developing materials	66.7%
Meetings	79.8%
Report writing	90.5%
Other	46.4%

\*(Participants were allowed more than one answer.)

Since consultations are the main objective of the 3:1 Model, a specific question relating to that was asked in the questionnaire. See Table 9 for how the SLPs responded regarding using their indirect service week to consult with other professionals. As noted by Table 9, the SLPs said that they met with their students' teachers the most during their indirect service week. Other than meeting with teachers, parents, and paraprofessionals,

there were several other types of professionals that the SLPs noted they met with during the indirect service week. These professionals included: administrators, school psychologists, social workers, principals, behavior specialists, occupational therapists, physical therapists, special education team, and other SLPs.

Table 9

*People Who SLPs Consulted with During Indirect Service Week*

Professionals	Percentage of Responses
Teachers	91.7%
Parents	71.4%
Paraprofessionals	61.9%
Others	46.4%

\*(Participants were allowed more than one response.)

Most of the SLPs met with teachers during the indirect service week, the questionnaire also asked them about how many teachers they consulted with during this time. The SLPs stated that they met and consulted with a range of two to 25 teachers during their indirect services week.

## **Discussion**

The purpose of this study was to survey the attitudes and perceptions of SLPs who were currently using the 3:1 service delivery model. The participants were 90 speech-language pathologists from five school districts around the United States. Overall, the SLPs viewed the 3:1 Model positively and reported that they were better able to complete activities such as collaboration and paperwork utilizing this approach to providing intervention.

### **Current Practice**

While this study investigated the 3:1 service delivery model, the speech-language pathologists were also asked about the service delivery models that they have used in the past and/or currently use with the 3:1 Model. A majority of the participants indicated that they had experience using the traditional service delivery model within the public schools. In contrast, only eight of the respondents had used block scheduling for students on their caseload. In addition, the majority of SLPs used the 3:1 Model with all of their clients. The finding that SLPs tended to utilize the same service delivery model for all of the students on their caseload does not align with ASHA's recommendation and Individuals with Disabilities Education Acts (IDEA) (U.S. Department of Education, 2004) mandate that each child's services should be individualized. According to ASHA (2000), students should be put into service delivery models that will best suit their needs. The findings in the present study would indicate that there are a significant number of instances in which students may not be provided individualized treatment.



While approximately half of the SLPs utilized the 3:1 Model for all of the students on their caseload, the other SLPs did report using other service delivery models. Therefore, the current study explored the reasons why these SLPs used different models for some of the students on their caseload. According to the results of this study, the severity of the child's disorder, type of disorder, parental requests, and other factors contributed to using other models than the 3:1 Model with some of the students on their caseload. Other factors that seemed to affect SLPs not using the 3:1 Model included the following: attendance, not enough time with students to use model, finding no problem with the traditional service delivery model, the child's need for consistency, challenging to use at high school level, scheduling needs, and difficulty for young students to follow the schedule. These findings illustrated that over half of the SLPs varied their service delivery model for the different students on their caseload. However, some SLPs continued to utilize a single approach to intervention for all students on their caseload.

For those SLPs who reported utilizing other service delivery models for a varying number of students, they primarily chose to have students participate in the traditional approach. A majority of the SLPs indicated using the traditional option most often in lieu of the 3:1 Model. Other SLPs modified the 3:1 Model; however, no SLPs reported utilizing a block scheduling approach with their students.

While the traditional approach to providing intervention to students was sometimes used, this study found that SLPs completing the questionnaire preferred to use the 3:1 service delivery model because of their increased ability to complete paperwork consult with other professionals and take part in meetings. While these results reported a

positive attitude regarding the 3:1 Model, these results may be biased because the researcher was unable to establish the sample as being representative of the general population.

### **Improvement of Workload Concerns**

The current study also investigated how the 3:1 service delivery model affected the SLP's ability to deliver direct services to their students. Unlike Van Zandt (2006), the present study found that less than a quarter of the SLPs thought the model allowed them more time for direct services. More SLPs reported more time for completing paperwork as compared to Van Zandt (2006). In addition, when looking at SLP satisfaction using the 3:1 Model, the current study found that slightly over three-quarters of the SLPs were satisfied with their jobs. This was a higher level of satisfaction than the previous study done by Van Zandt (2006).

Another difference between Van Zandt (2006) and the present study was observed with regards to making up intervention sessions. Speech-language pathologists within the present study reported less ability to make-up sessions. Overall, the current study results characterized their participating SLPs as being more satisfied with their jobs than those in the Van Zandt (2006) study.

### **Activities During Indirect Service Week**

Previous research did little exploration of the specific activities in which SLPs engaged during their indirect services week. Soliday (2009) reported that consultations, student evaluations, paperwork completion, and material development were completed during the indirect service week during the pilot study done in the Portland Public

Schools. Similarly, the SLPs in the present study most often reported engaging in activities such as writing reports, completing paperwork, and consulting with others most often. Utilizing this time to write reports and complete paperwork would assist SLPs in alleviating some of their concerns described in the Dowden et al. (2006) and Edgar & Rosa-Lugo (2007) articles. The information found in the pilot study done in Portland aligns with the information found in this study regarding activities completed during the indirect service week. However, the use of this time to do paperwork would also lead to the comment made by the respondents that other professional colleagues questioned why they also did not get indirect service weeks. Therefore, more information about the responsibilities of the SLPs should be provided to the other professionals in the institution for a fuller understanding of the function of the indirect services week.

It was also encouraging to see that consultations with others was one of the activities done most often during the indirect service week since that is one of the main reasons why the 3:1 Model should be used with clients. According to Soliday (2009), the week put aside for indirect services is an opportunity to consult with teachers, parents, paraprofessionals, other specialists, and others in order to help align the services the students receive with their curriculum. The main goal of the 3:1 Model is to help students generalize the skills they learn with the SLP to other environments (Soliday, 2009). The number of teachers that the SLPs consulted with during this indirect service week ranged from two to 25 teachers. Many of the SLPs stated that the number of teachers with whom they consulted depended on the week and how their students were

progressing in treatment. Other than teachers, the SLPs also consulted with parents, paraprofessionals, and other professionals.

### **Strengths and Limitations**

The present study expanded the information available on the 3:1 Model in a number of ways. First, a variety of school districts with regards to size and location were included. The total enrollment of the institutions varied from 7,300 students to 47,000 students, while the number of students receiving services ranged from 650 students to 3,414 students. The completed questionnaires were returned from school districts from across the nation. Previous research has focused on single districts and not compared opinions and information from SLPs in various settings and places.

An additional strength of this study was that the questionnaire offered a variety of question types, which included close-ended questions, partially-restricted questions and open-ended questions. The responses gathered from the partially-restricted items and open-ended questions were used in this study to gather additional opinions of the SLPs regarding the 3:1 model that may have not been asked in the questionnaire. The responses varied, but showed strong, positive opinions toward the 3:1 service delivery model. The open-ended response questions were consistent with the findings from the previous sections of the survey which validated the close-ended results.

Lastly, the current study was completed electronically. This allowed the participants to be contacted more frequently to request their participation and increase the response rate. In addition, the questionnaire was able to be programmed so that respondents viewed questions specific to the responses they had provided.

In addition to the strengths, a number of limitations of this study were found as well. As with any survey, some of the targeted respondents chose not to participate. Therefore, their input was not able to be incorporated in the findings. Also, because there was no data regarding the number of districts utilizing the 3:1 Model, there was no ability to evaluate whether the present study would be considered a representative sample.

### **Implications for Further Research**

There are many aspects to take into consideration when completing further research regarding the 3:1 service delivery model. Through this study and other studies (Rapking, 2007, & Van Zandt, 2006), SLPs have positively reviewed the 3:1 Model. However, more research needs to be done on the attitudes and perceptions of others who are involved with the use of the model (e.g., parents, coworkers, teachers). The use of the 3:1 Model impacts not only the SLP but also those with whom they work and the parents of students who have disabilities. Therefore, their opinions are as critical as those of the SLPs in helping identify the strengths and weaknesses of this new approach to providing intervention to students with speech and language disabilities.

While SLPs had reported being better able to meet their workload demands, no research has been gathered on the effectiveness of the model in regards to student progress. This critical piece of research is important in determining the effectiveness of not only the 3:1 Model, but also the traditional approach to providing intervention every week or block scheduling. Specifically, Soliday (2009) has described the goal of the 3:1 Model as being to increase consultations so that generalization can occur more often and more easily with students. Related to the use of varying service delivery models within

the workforce is the need for training programs to provide graduate students the opportunity to utilize varying service delivery models. The impact of these varied experiences on their later provision of speech and language intervention would also be important in evaluating the impact of specific training approaches.

### **Conclusions**

The current study investigated the attitudes and perceptions of SLPs who were currently using the 3:1 service delivery model within five school districts across the nation. It would appear from the results of the current study that the 3:1 service delivery model was viewed in a positive light by the SLPs within these school districts. The SLPs reported that nearly half of them used the 3:1 Model with all of their students, while the other half used the 3:1 Model in accordance with other models to support the needs of their students. The SLPs within the present study also reported that the model helped address workload issues by providing more time for paperwork, consultations and delivery of missed intervention sessions. During the consultations, SLPs most often met with teachers as well as parents, paraprofessionals, and others who worked with their students. Based on the present study, the 3:1 Model may assist in alleviating workload concerns and allowing SLPs to more effectively engage in collaborative interactions with other school professionals. However, additional research is needed in regards to the student progress on his/her intervention goals and the attitudes of other school professionals.

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**Appendix A**  
**Institutional Review Board Application**



**FORT HAYS STATE UNIVERSITY  
INSTITUTIONAL REVIEW BOARD  
FOR HUMAN SUBJECTS RESEARCH**

**APPLICATION**

Proposals for review by the IRB may be submitted at any time. With the exception of expedited reviews, complete proposals submitted no later than ten (10) business days prior to a scheduled meeting will be reviewed at that meeting. Late proposals will be reviewed at the next scheduled meeting. The IRB meeting schedule is posted on the website. Incomplete proposals will not be reviewed, and will be returned to the researcher for completion.

**Type of Request:**

- Full Review**  
Complete Application and Relevant Forms
- Expedited Review**  
Complete Application and Expedited Review Attachment
- Approved research proposal revision request (use revision /extension form)**
- Approved research proposal extension request (use revision /extension form)**
- Exempt from Review**  
Complete Application and Exempt Review Attachment

### Application Information:

1. Activity or Project Title: An Evaluation of Speech-Language Pathologists Attitudes of the 3:1 Service Delivery Model
2. List all people involved in research project:

Name & Title	Institution & Department	Phone	Email
*Whitney Hubert, B.S.	Fort Hays State University Communication Disorders	(785) 672- 7750	wmhubert@ scatcat.fhsu.edu
**Jayne Brandel, Ph.D.	Fort Hays State University Communication Disorders	(785) 628- 5244	jmbrandel@ fhsu.edu

\*Principal Investigator

\*\*Faculty Research Advisor (if student is Principal Investigator)

Time period for activity: From March 2010 to February 2011.

\*If longer than 1 year, annual review will be needed

3. Type of investigator and nature of the activity: (Check all the appropriate categories)

A. Faculty/Staff at FHSU:

- Submitted for extramural funding to:
- Submitted for intramural funding to:
- Project unfunded
- Other (Please explain)

B. Student at FHSU:  Graduate  Undergraduate  Special

- Thesis  Graduate Research Paper
- Specialist Field Study  Independent Study
- Class Project (Course Number and Course Title):
- Other (Please Explain)

C. Investigator not from FHSU but using subjects obtained through FHSU

D. Other than faculty, staff, or student at FHSU:

○ Please identify each investigator and describe the research group:

#### 4. Certifications:

I am familiar with the policies and procedures of Fort Hays State University regarding human subjects in research. I subscribe to the university standards and applicable state and federal standards and will adhere to the policies and procedures of the Institutional Review Board for the Protection of Human Subjects. I will comply with all instructions from the IRB at the beginning and during the project or will stop the project.

AND

I am familiar with the published guidelines for the ethical treatment of human subjects associated with my particular field of study.

### **Statement of Agreement:**

By electronically signing this application package, I certify that I am willing to conduct and /or supervise these activities in accordance with the guidelines for human subjects in research. Further, I certify that any changes in procedures from those outlined above or in the attached proposal will be cleared through the IRB.

*If the Principal Investigator is a student, the electronic signature of the Faculty Advisor certifies: 1) Agreement to supervise the student research; and, 2) This application is ready for IRB review. The Student is the "Principal Investigator". The Faculty Research Advisor is the "Advisor". Designees may not sign the package. It is the student's responsibility to contact their Faculty Research Advisor when the study is ready for his/her signature.*

- I certify the information provided in this application is complete and correct
- I understand that I have ultimate responsibility for the conduct of the study, the ethical performance of the project, the protection of the rights and welfare of human subjects and strict adherence to any stipulations imposed by the IRB.
- I agree to comply with all FHSU policies, as well as all federal, state and local laws on the protection of human subjects in research, including:
  - Ensuring all study personnel satisfactorily complete human subjects in research training
  - Performing the study according to the approved protocol
  - Implementing no changes in the approved study without IRB approval
  - Obtaining informed consent from subjects using only the currently approved consent form
  - Protecting identifiable health information in accordance with HIPAA Privacy rule
  - Promptly reporting significant or untoward adverse effects to the IRB

## Description of Project

Completely describe the research project below. Provide sufficient information for effective review, and define abbreviations and technical terms. Do NOT simply attach a thesis, prospectus, grant proposal, etc.

**A. Project purpose(s):**

This study is designed to investigate the attitudes and perceptions of speech-language pathologists (SLPs) in several school districts who are using the 3:1 Model.

**B. Describe the proposed participants (number, age, gender, ethnicity, etc).**

Speech-language pathologists who use the 3:1 Model that are located around the country will be asked to participate in this study. The demographic section of the questionnaire (Appendix H) will be summarized and described after the data have been obtained.

**C. What are the criteria for including or excluding subjects? Are any criteria based on age, gender, race, ethnicity, sexual orientation, or origin? If so, justify.**

To be included in this study, the participants must be a speech-language pathologist (SLP) in a public school district using the 3:1 Model. This researcher wants to find out the attitudes and perceptions of SLPs of the 3:1 Model.

**D. Population from which the participants will be obtained:**

General Populations:

Adult students (18-65 years) on-campus

Adults (18-65 years) off-campus

FHSU Students\*

FHSU Employees\*

International Research Population \*

Protected Populations\*

Children (Less than 18 Years)

Elderly (65+ Years)

Prisoners

Wards of the State

Pregnant Women

Fetuses

Vulnerable Population\*

*Vulnerable to coercion*

*Vulnerable to influence*

*Economically disadvantaged*

*Educationally disadvantaged*

*Mentally disable*

\*APPROPRIATE ATTACHMENTS MUST BE INCLUDED IN THE  
APPLICATION PACKAGE

E. Recruitment Procedures: Describe in detail steps used to recruit participants. Once the Department of Communication Disorders Human Subjects Review Committee has been contacted (Appendix A) and the research proposal approved (Appendix B), the proposal will be sent to the FHSU IRB for review (Appendix C). Once approval has been received from the IRB (Appendix D), the school districts will be contacted by an e-mail letter from the researcher in order to identify the appropriate contact person to whom the institution consent (Appendix F) should be addressed. Once the institution consent is signed and the school district provides the e-mail addresses, the SLPs will be contacted through a letter of introduction (Appendix E). The letter will describe the purpose of the study as well as address confidentiality. The participants will be asked to complete the questionnaire (Appendix G) and that completion of the questionnaire will serve as their consent to participate in the research project.

F. Describe the benefits to the participants, discipline/field, and/or society for completing the research project.

This study is important and needed for several reasons. First, the school districts have used the 3:1 Model for the past few years and should be able to evaluate its effectiveness. Information on the attitude of SLPs using this model will help inform the profession regarding the application of this model as a service delivery model.

G. Describe the potential risks to participants for completing the research project. *A risk is a potential harm that a reasonable person would consider important in deciding whether to participate in research. Risk can be categorized as physical, psychological, social, economic and legal, and include pain, stress, invasion of privacy, embarrassment or exposure of sensitive or confidential information. All potential risks and discomforts must be minimized to the greatest extent possible by using appropriate monitoring, safety devices and withdrawal of a subject if there is evidence of a specific adverse event.* There will be minimal risk because they can choose whether or not to complete the survey.

H. Describe the follow up efforts that will be made to detect any harm to subjects, and how the IRB be kept informed. *Serious adverse or unexpected reactions or injuries must be reported to the IRB within 48 hours. Other adverse events should be reported within 10 days.*

There will be no face-to-face contact so no follow up efforts need to be advised. However, if the participants have any questions or concerns regarding the questionnaire, both the researcher's and research advisor's name and contact information will be provided in the introductory letter.

I. Describe the procedures used in the research project (in detail, what will all participants experience during the research project):

E-mail addresses for the participants will be obtained from the school districts included in the study. The participants will be contacted via a letter of introduction (Appendix E) sent through e-mail and the study will be described, with the approximate amount of time to complete the questionnaire provided. Participants will be informed of their anonymity within the email. In addition, the researcher's contact information and the contact information for the research advisor will be provided in this initial letter. The participants will be asked to complete the questionnaire within a two week period of time. At the end of the two weeks, a second e-mail (Appendix H) will be sent to the participants who have not responded to the questionnaire. This e-mail will ask these participants to complete the questionnaire within one week. All other aspects of the e-mail letter will be similar to the first e-mail (Appendix E). No emergencies or unanticipated adverse events related to the research will occur because there will be no face-to-face contact with participants.

J. List all measures/instruments to be used in the project, include citations and permission to use (if measure/instrument is copyrighted) if needed or if it will be changed for this study. Attach copies of all measures:

The questionnaire (Appendix G) is designed similarly to the one utilized in the study by Van Zandt (2006). The questionnaire also includes questions that were not used in the original study. The first statement on the questionnaire is a reminder that the completion of the questionnaire serves as their consent to participate in the research project. The questionnaire is divided into four sections. The first segment will ask about service delivery models. These specific service delivery models will include the traditional model, block scheduling approach, and the 3:1 Model. The second section will inquire about workload issues by specifically asking the SLPs about paperwork completion and making-up therapy sessions that are cancelled due to illness and/or meetings. The third section will ask questions about student progress using the different service delivery models, specifically the 3:1 Model. The last segment will inquire about the indirect service week. For example, questions will be asked how they divide their time during this week (Questions 24-27 in Appendix G). The questionnaire will be developed in Survey Monkey. Usernames and passwords will be required to access this survey system and only the researcher and research advisor will have access to the questionnaire.

K. Describe in detail how confidentiality will be protected before, during, and after information has been collected?

Confidentiality will be protected before, during, and after information is collected. Confidentiality will be protected before information is collected by going through the institution to obtain the participants needed for this study. Once the e-mail addresses have been placed in the online questionnaire, the questionnaire will be sent out to them individually. All individual responses will be anonymous and no names will be disclosed. Only group data will be summarized. Anonymity will be addressed in the letter of introduction.



L. Data: How will the data be stored? When will the data be destroyed? Who will have access to the data? If audio or video recordings are used, how will they be kept confidential?

The data will be stored in the electronic survey host. Once the group data has been collected and reliability measures completed, the individual responses from the questionnaire web-site will be deleted. The questionnaire will be developed in SurveyMonkey. Usernames and passwords are required to access this survey system and only the researcher and research advisor will have access to the questionnaire. Once the data and reliability measures have been completed, the individual questionnaire responses will be deleted from the web-based survey site.

M. Informed Consent: Describe in detail the **process** for obtaining consent. *If non English speaking subjects are involved, describe how consent will be obtained.*

The letter of introduction (Appendix E) will state that completion of the questionnaire will serve as their consent to take part in this study. This statement will also be on the actual questionnaire (Appendix G) that the participants complete.

N. If informed consent is to be waived or altered, complete Supplemental: Consent Waiver Form

N/A

O. If written documentation of consent is to be waived, complete Supplemental: Documentation Waiver Form

N/A

N. Explain Debriefing procedures/end of study information that will be given to all participants.

After the study has ended, if participants would like to know the results of the study, they can contact the researcher by e-mail. This will be included on the questionnaire instrument (Appendix G).

O. Emergencies. How will emergencies or unanticipated adverse events related to the research be handled if they arise?

No emergencies or unanticipated adverse events related to the research will occur because there will be no face-to-face contact.

P. Will information about the research purpose and design be held from subjects? If yes, justify the deception.

No, information about the research purpose and design will not be held from the subjects.

R. If the research involves protected health information, it must comply with the HIPAA Privacy Rule.

- Do you plan to use or disclose identifiable health information outside FHSU?  
*If yes, the consent form must include a release of protected health information.*
- The IRB may make a waiver of authorization for disclosure if criteria are met under the HIPAA Privacy Rule.  
*If a waiver of authorization is being requested, the researcher must contact the IRB chair prior to submitting this application.*
- Will the protected health information to be used or disclosed be de identified or will a limited data set be used or disclosed?

- S. Each individual with a personal financial interest or relationship that in the individual's judgment **could reasonably appear to affect or be affected by the proposed study** involving human subjects should attach a Supplemental Form: Conflict of Interest. It is unnecessary to report any financial interests or relationships that do **not** reasonably appear to affect or be affected by the proposed study.

**Definitions:**

*"Conflict of interest"* occurs when an independent observer may reasonably question whether an individual's professional actions or decisions are influenced by considerations of the individual's private interests, financial or otherwise.

Conflicting financial interests do not include:

- Salary and benefits from Fort Hays State University;
- Income from seminars, lectures, teaching engagements, or publishing sponsored by federal, state, or local entities, or from non-profit academic institutions, when the funds do not originate from corporate sources;
- Income from service on advisory committees or review panels for governmental or non-profit entities;
- Investments in publicly-traded mutual funds;
- Gifts and promotional items of nominal value; and
- Meals and lodging for participation in professional meetings.

*"Principal investigator or other key personnel"* means the principal investigator and any other person, including students, who are responsible for the design, conduct, analysis, or reporting of research involving human subjects.

**Appendix B**  
**Institutional Review Board Approval**

<i>The decision to exempt a study from IRB review must be made by someone other than the researcher associated with the project.</i>	<b>Fort Hays State University Institutional Review Board Office for Scholarship and Sponsored Projects</b>
<b>Request for Exemption</b> From IRB Review	600 Park Street Hays, KS 67601 (785) 628-4349 E-mail: <a href="mailto:lpai@fhsu.edu">lpai@fhsu.edu</a>

<b>Study Title:</b> An Evaluation of Speech-Language Pathologists Attitudes of the 3:1 Service Delivery Model		
<b>Name of Principal Investigator:</b> Whitney Hubert		
	Departments with Human Subjects/Ethics Review Committees	Departments without Human Subjects/Ethics Review Committees
Departmental Representative (Department Chair/Ethics Chair)	Departments with Human Subjects/Ethics Review Committees	
Date of Departmental	2-19-2010	
Committee Members:	Britten, Finch, Brandel, Zollinger, Shaffer	
Votes for: 5		
Votes Against: 0		
Abstained: 0		

EXEMPT CRITERIA
<p>Research must be "<b>minimal risk</b>" to qualify for an Exemption. Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.</p>
<p><b>A. Risk Level:</b> Does this research pose more than minimal risk to participants? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * Greater than minimal risk research must be reviewed by the university IRB. <u>Please request a full IRB review.</u></p>
<p><b>B. Public Data:</b> Will the study use archived data, documents, records or biological specimens? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No * Provide Source: *When were these data collected:</p>

**C. Special Subject Populations** (generally not eligible for exemption, unless the study qualifies for an educational exemption)

1. Minors (under 18 years of age). Not applicable to educational research. **Not exempt.**
2. Fetuses or products of labor and delivery
3. Pregnant women (in studies that may influence maternal health)
4. Prisoners
5. Individuals with a diminished capacity to give informed consent

Does the study include any special subject populations?  Yes\*  No

\* Indicate population:

**E. Categories of Sensitive Information** (generally not eligible for exemption)

1. Information relating to sexual attitudes, preferences, or practices.
2. Information relating to the use of alcohol, drugs or other addictive products.
3. Information pertaining to illegal conduct.
4. Information that if released could reasonably damage an individual's financial standing, employability, or reputation within the community.
5. Information that would normally be recorded in a patient's medical record and the disclosure of which could reasonably lead to social stigmatization or discrimination.
6. Information pertaining to an individual's psychological well-being or mental health.
7. Genetic information.

Does the study include collection of any sensitive information?  Yes\*  No

**F. Exempt Categories (45 CFR 46.101(b))** Check Category that best describes the study:

(1) Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as

(i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

**This applies only Normal educational research in regular educational settings.**

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview

procedures or observation of public behavior, unless:

(i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. **This exemption does not apply to children or prisoners.**

(3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview

procedures, or observation of public behavior that is not exempt under paragraph (b)(2) of this section, if:

(i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

**This applies only to elected officials, not officials appointed via a regular hiring process**

(4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens,

if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

**All data must exist when the application is submitted (if data will be used that is collected or will be collected for clinical purposed, complete the IRB Review Form)**

(5) Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and

which are designed to study, evaluate, or otherwise examine:

(i) Public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes

in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

**This applies only to research and demonstration projects under the Federal Social Security Act. This does NOT apply**

**to state or local public service projects that are not pursuant to the Social Security Act.**

(6) Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or

(ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the

Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

**PROCESS:**

This form should be completed and attached to the Application Package for Human Subjects Research. All components must be included:

- Application
- Informed Consent Process and Documentation (if needed)
- Recruitment materials
- Any research instruments that will be used for the study (interviews, questionnaires, advertisements) If the study is designed to develop instruments and test the instruments for validity, state this in the Research Summary. Provide a copy of the materials to the OHRPP once developed using an Amendment Form.

Departments with Human Subjects/Ethics Review Committees:

The Chair of the Committee provides the completed form to the Principal Investigator to upload.

Departments without Human Subjects/Ethics Review Committee:

The Department Chair provides the completed form to the Principal Investigator to upload, and recommends the study be considered for exemption.

<b>ELECTRONIC SIGNATURES</b>
<b>PRINCIPAL INVESTIGATOR</b>
Your electronic signature means that the research described in the application and supporting materials will be conducted in full compliance with FHSU policies, as well as federal, state, and local laws on the protection of human subjects in research. You have the ultimate responsibility for the conduct of the study, the ethical performance of the project, and the protection of the rights and welfare of human subjects. In the case of student protocols, the faculty supervisor and the student share responsibility for adherence to policies.
Whitney Hubert
<b>FACULTY RESEARCH ADVISOR- REQUIRED FOR STUDENT RESEARCH</b>
Your electronic signature certifies that you have read the research protocol submitted for IRB review, and agree to supervise these activities in accordance with the guidelines for human subjects in research. Although the Principal Investigator has ultimate responsibility for the conduct of the study, the ethical performance of the project, the protection of the rights and welfare of human subjects and strict adherence to any stipulations imposed by the IRB, faculty who are serving as the Principal Investigator's Faculty Advisor are responsible for providing appropriate supervision.
<b>DEPARTMENT HUMAN SUBJECTS/ETHICS REVIEW COMMITTEE CHAIR REQUIRED FOR FACULTY OR STUDENT RESEARCH FOR DEPARTMENTS WITH HUMAN SUBJECTS/ETHICS REVIEW COMMITTEES</b>

Your electronic signature certifies that the Committee has reviewed the application and all supporting documents pertaining to this research protocol. The Committee has determined that the proposed activity meets the criteria for exemption from IRB review.

**SIGNATURE OF DEPARTMENT CHAIR REQUIRED FOR FACULTY RESEARCH FOR DEPARTMENTS WITHOUT HUMAN SUBJECTS / ETHICS REVIEW COMMITTEES**

Your electronic signature affirms you have been informed of the research, and recommend that this study be considered for exemption.



**Appendix C**

**Initial E-mail**

(Date)

Hello!

My name is Whitney Hubert and I am currently a graduate student in the Department of Communication Disorders at Fort Hays State University working towards my Master's Degree in Speech-Language Pathology. In partial fulfillment of the requirements for my Master's Degree of Science, I am conducting a research project under the direction of Dr. Jayne Brandel, Ph.D. My study is investigating the current attitudes of speech-language pathologists of the 3:1 Service Delivery Model.

Through research I have found that the school district you work for employs the 3:1 Model. I would be honored to include your school district in my research project. The results of this survey will help provide data to evaluate the effectiveness of the 3:1 Model.

Thank you so much for all of your help. I look forward to hearing from you! If you have any questions, please contact me at [withubert@scatcat.fhsu.edu](mailto:withubert@scatcat.fhsu.edu) or (785) 672-7750 or contact Jayne Brandel, Ph.D. at [jmbrandel@fhsu.edu](mailto:jmbrandel@fhsu.edu) (785) 628-5244.

Thank you,

Whitney Hubert

**Appendix D**  
**Institution Consent Form**

Investigator: Whitney Hubert, Graduate Student

Research Advisor: Jayne Brandel, Ph.D., Assistant Professor  
 Communication Disorders Department  
 Fort Hays State University

**An Evaluation of Speech-Language Pathologists  
 Attitudes of the 3:1 Service Delivery Model**

This institution has been informed via an e-mail letter of the proposed research project to investigate the opinions of speech-language pathologists on the 3:1 service delivery model. The study was described in full and the institution was allowed to review the questionnaire prior to its administration. This institution agrees to the administration of a questionnaire to speech-language pathologists.

This institution understands:

1. That it will provide the e-mail addresses for all speech-language pathologists within the district.
2. There are no foreseeable risks involved with the procedures in this study since a questionnaire will be used to collect the data.
3. The questionnaire will investigate the attitudes and perceptions of the SLPs related to the 3:1 Model.
4. Each speech-language pathologist's participation in this study is voluntary and they may withdraw at any time without penalty.
5. The information obtained from the study will be confidential and no names will be disclosed.
6. The benefit of this project is that information on the attitude of SLPs using this model will help inform the profession regarding the application of this model as a service delivery model.
7. A copy of this consent form will be provided for your records.
8. Any questions concerning this study will be answered by Whitney Hubert at (785) 672-7750 or Dr. Jayne Brandel (785) 628-5244.

\_\_\_\_\_  
 Name of Institution

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of individual giving consent

\_\_\_\_\_  
 Signature

**Appendix E**  
**Questionnaire**

The purpose of this pilot study is to evaluate the current attitudes and perceptions of speech-language pathologists using the 3:1 Model or indirect services model.

The 3:1 Model is composed of three weeks of direct intervention with clients while one week is dedicated to performing indirect services. Direct services consist of intervention, assessment, etc. Indirect services consist of report writing, parent consultations, meetings, travel, etc.

Your participation in this questionnaire represents your willingness to take part in a research study. Findings from this research will remain confidential and no individual data will be disclosed.

### **Background Information**

1. What is your highest level of education completed?
  - a. bachelor's degree
  - b. master's degree
  - c. doctorate degree
  
2. What year did you complete your master's degree program?  
\_\_\_\_\_
  
3. What is your caseload size?  
\_\_\_\_\_
  
4. How many different teachers have students on your caseload? For instance, you may have 50 students who are in 10 different elementary classrooms.  
\_\_\_\_\_
  
5. Do you work full-time or part-time?  
Full-time \_\_\_\_\_  
Part-time \_\_\_\_\_
  
6. If you are working part-time, what percent of time do you work (e.g., 20 hours is 50% time)?  
\_\_\_\_\_ %
  
7. Please mark any of the following populations that are represented on your caseload?
  - a. Preschool
  - b. Elementary (K-5)
  - c. Junior High/Middle School (6-8)
  - d. High School (9-12)

8. How many years have you worked within the public school system?

\_\_\_\_\_ year(s)

9. How long have you worked in this school district?

\_\_\_\_\_ year(s)

10. Did you work in the school district prior to the adoption of the 3:1 service delivery model?

Yes \_\_\_\_\_

No \_\_\_\_\_

The traditional service delivery model allows the speech-language pathologist to provide direct services to clients on a weekly basis. An example of it would be an SLP seeing a student two times a week for 30 minutes during each week of the school year.

11 Have you ever utilized the traditional service delivery model within the public schools?

Yes \_\_\_\_\_

No \_\_\_\_\_

The block scheduling approach allows specific students to receive services four to five days a week for a specified number of weeks. After the prearranged length of time, service is discontinued for the same amount of time. An example of block scheduling would be to provide intervention four days a week for 30 minutes for six weeks followed by six weeks of no services before re-evaluating and beginning a new rotation of services.

12 Have you ever utilized the block scheduling approach within the public schools?

Yes \_\_\_\_\_

No \_\_\_\_\_

The 3:1 Model is composed of three weeks of direct intervention with clients while one week is dedicated to performing indirect services. Direct services consist of intervention, assessment, etc. Indirect services consist of report writing, parent consultations, meetings, travel, etc.

13. Are you using the 3:1 Model for all of the students on your caseload?

Yes \_\_\_\_\_

No \_\_\_\_\_

14. For how many students on your caseload are you using a different model?

\_\_\_\_\_ students

15. For my students not using the 3:1 Model, what model(s) are you using with those students?

- a. Traditional service delivery model – The traditional service delivery model allows the speech-language pathologist to provide direct services to clients on a weekly basis. An example of it would be an SLP seeing a student two times a week for 30 minutes during each week of the school year.
- b. Block scheduling – The block scheduling approach allows specific students to receive services four to five days a week for a specified number of weeks. After the prearranged length of time, service is discontinued for the same amount of time. An example of block scheduling would be to provide intervention four days a week for 30 minutes for six weeks followed by six weeks of no services before re-evaluating and beginning a new rotation of services.
- c. Other \_\_\_\_\_

16. Why are you using a different model? Choose all that apply.

- a. Severity of the child's disorder
- b. Type of disorder
- c. Parental request
- d. Other \_\_\_\_\_

**Please choose your strongest opinion when answering the following questions. The following definitions may assist you in answering Questions 17-19.**

The traditional service delivery model allows the speech-language pathologist to provide direct services to clients on a weekly basis. An example of it would be an SLP seeing a student two times a week for 30 minutes during each week of the school year.

The block scheduling approach allows specific students to receive services four to five days a week for a specified number of weeks. After the prearranged length of time, service is discontinued for the same amount of time. An example of block scheduling would be to provide intervention four days a week for 30 minutes for six weeks followed by six weeks of no services before re-evaluating and beginning a new rotation of services.

The 3:1 Model is composed of three weeks of direct intervention with clients while one week is dedicated to performing indirect services. Direct services consist of intervention, assessment, etc. Indirect services consist of report writing, parent consultations, meetings, travel, etc.

17. I prefer the 3:1 service delivery model.

- Agree
- Neutral
- Disagree



18. I prefer the traditional service delivery model.  
Agree  
Neutral  
Disagree
19. I prefer the block scheduling approach.  
Agree  
Neutral  
Disagree
20. As compared to the traditional approach, the 3:1 service delivery model allows me to  
a. provide more direct services  
b. provide the same amount  
c. provide less direct services
21. In regards to paperwork, the 3:1 Model provides me  
a. more time to complete paperwork.  
b. the same amount of time to complete paperwork.  
c. less time to complete paperwork.
22. Using the 3:1 Model, I am  
a. more likely to provide missed therapy sessions  
b. as likely to provide missed therapy sessions  
c. less likely to provide missed therapy sessions
23. I am satisfied with my job while using the 3:1 Model.  
Agree  
Neutral  
Disagree
24. During my last indirect services week, I spent my time doing the following activities.  
Mark all that apply.  
a. consultations  
b. making-up sessions  
c. completing paperwork  
d. developing materials  
e. meetings  
f. report writing  
g. other \_\_\_\_\_
25. During my last indirect services week, I had consultations with the following:  
Mark all that apply.  
a. teachers  
b. parents

- c. paraprofessionals
- d. other specialists

26. If you consulted with teachers during your indirect services week, please indicate the number of teachers with whom you met.

\_\_\_\_\_

Co-teaching is two or more people sharing responsibility for teaching some or all of the students assigned to a classroom. It involves the distribution of responsibility among people for planning, instruction, and evaluation for a student(s).

27. During your three weeks of direct services, please indicate the number of different teachers with whom you co-taught.

\_\_\_\_\_

28. Would you would like to receive a summary of the results of this survey.

Yes \_\_\_\_\_  
No \_\_\_\_\_

29. In your opinion, please tell me any advantages of the 3:1 Model.

30. In your opinion, please tell me any disadvantages of the 3:1 Model.

Thank you for contributing to my research project! I truly appreciate your time and effort.

Whitney Hubert

**Appendix F**

**Letter of Introduction**

(Date)

Survey Participant:

My name is Whitney Hubert and I am currently a graduate student in the Department of Communication Disorders at Fort Hays State University working towards my Master's Degree in Speech-Language Pathology. In partial fulfillment of the requirements for my Master's Degree of Science, I am conducting a research project under the direction of Dr. Jayne Brandel, Ph.D. My study is investigating the current attitudes of speech-language pathologists of the 3:1 service delivery model.

You have been chosen to participate in a web-based questionnaire designed to look at your opinions on the 3:1 Model being used in your school district. The questionnaire will take approximately 5-10 minutes and will be accessed through SurveyMonkey.

By completing this questionnaire, it represents your consent to participate in this study. Confidentiality of your participation is protected. The information obtained from the study will be confidential and no names will be disclosed. The results of this questionnaire will help provide data to evaluate the effectiveness of the 3:1 Model. Your cooperation is greatly appreciated.

Please click on the link to access the web-based questionnaire:  
<http://survey.fhsu.edu/takeSurvey.asp?surveyID=890&invid=x>

Please complete this questionnaire no later than \_\_\_\_\_. If you are interested in the results of this study or have any further comments or questions, please contact me at [wmlhubert@scatcat.fhsu.edu](mailto:wmlhubert@scatcat.fhsu.edu) or (785) 672-7750 or contact Jayne Brandel, Ph.D. at [jmbrandel@fhsu.edu](mailto:jmbrandel@fhsu.edu) (785) 628-5244.

Thank you,

Whitney Hubert

**Appendix G**

**Second Letter of Introduction**

(Date)

Survey Participant:

My name is Whitney Hubert I am currently a graduate student in the Department of Communication Disorders at Fort Hays State University working towards my Master's Degree in Speech-Language Pathology. In partial fulfillment of the requirements for my Master's Degree of Science, I am conducting a research project under the direction of Dr. Jayne Brandel, Ph.D. I sent you an e-mail two weeks ago asking for your participation in my questionnaire. Your participation in my questionnaire is important to me. If you have completed the questionnaire, I want to thank you in helping me with this research project.

If you haven't completed the questionnaire, I would appreciate it if you could do this. The purpose of this study is to evaluate the attitudes and perceptions of SLPs who are currently using the 3:1 service delivery model. You have been chosen to participate in a web-based questionnaire designed to look at your opinions on the 3:1 Model being looked at in your school district. The questionnaire will take approximately 5-10 minutes and will be accessed through SurveyMonkey.

By completing this questionnaire, it represents your consent to participate in this study. Confidentiality of your participation is guaranteed during the presentation of the results. The information obtained from the study will be confidential and no names will be disclosed. The results of this questionnaire will help provide data to evaluate the effectiveness of the 3:1 Model. Your cooperation is greatly appreciated.

Please click on the link to access the web-based questionnaire:  
<http://survey.fhsu.edu/takeSurvey.asp?surveyID=890&invid=x>

Please complete this questionnaire no later than \_\_\_\_\_. If you are interested in the results of this study or have any further comments or questions, please contact me at [wmlhubert@scatcat.fhsu.edu](mailto:wmlhubert@scatcat.fhsu.edu) or (785) 672-7750 or contact Jayne Brandel, Ph.D. at [jmbrandel@fhsu.edu](mailto:jmbrandel@fhsu.edu) or (785) 628-5244.

Thank you,

Whitney Hubert

**Appendix H**

**Final E-mail**

(Date)

Survey Participant:

If you would still like to participate in my study regarding the 3:1 Model, there is still time! The questionnaire link will remain open for two more weeks and I would greatly appreciate your input. If you have completed the questionnaire, I want to thank you in helping me with this research project. As a reminder, I am a graduate student at Fort Hays State University in Hays, KS, and my research is under the direction of Dr. Jayne Brandel.

The purpose of this study is to evaluate the attitudes and perceptions of SLPs who are currently using the 3:1 service delivery model. The questionnaire will take approximately 5-10 minutes.

By completing this questionnaire, it represents your consent to participate in this study. Confidentiality of your participation is guaranteed during the presentation of the results. The information obtained from the study will be confidential and no names will be disclosed. The results of this questionnaire will help provide data to evaluate the effectiveness of the 3:1 Model. Your cooperation is greatly appreciated.

Please click on the link to access the web-based questionnaire:  
<http://survey.fhsu.edu/takeSurvey.asp?surveyID=890&invid=x>

Please complete this questionnaire no later than \_\_\_\_\_. If you are interested in the results of this study or have any further comments or questions, please contact me at [wmhubert@scatcat.fhsu.edu](mailto:wmhubert@scatcat.fhsu.edu) or (785) 672-7750 or contact Jayne Brandel, Ph.D. at [jmbrandel@fhsu.edu](mailto:jmbrandel@fhsu.edu) or (785) 628-5244.

Thank you,

Whitney Hubert



