



Managing Workloads in a Caseload-Driven World

Guiding principles for implementing a workload approach for Speech-Language Pathologists in schools



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Executive Summary

The continuing shortage of speech-language pathologists (SLPs) impacts districts large and small, urban and rural, all across the country. An estimated 5,000 - 7,000 school-based SLP positions remain unfilled annually.

This shortage sparks us to rethink the role of special education leaders and how we can move toward a new approach for service delivery. This whitepaper presents strategies for special education leaders for dealing with real-world staffing and scheduling challenges along with examples to move you from the caseload world into the workload world, even in the midst of legal compliance challenges, the transition to Common Core State Standards (CCSS) and pressure to improve quality of service.

Material for this paper was drawn from a webinar sponsored by PresenceLearning and delivered by education leaders and workload experts Barbara Moore, Ed.D, CCC-SLP, and Judy Rudebusch, Ed.D, CCC-SLP.

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Using a Workload Approach to Deliver Educationally Relevant Services

The evolution of the workload concept comes from the work of ASHA (American Speech and Hearing Association) in 2002. Historically, SLP assignments were made based on the number of students with Individualized Education Programs (IEPs). Times have changed. SLPs do so much more and each student on a caseload does not represent an equal amount of work.

Caseload refers to the number of students with IEPs or 504 ISSPs, and may also include the number of RTI students depending on the school district. Caseloads can also be quantified in terms of the number of intervention sessions.

The workload concept is a little different. Caseload numbers do not represent everything within the SLP's responsibility during the day, week or month. ***Workload*** refers to all of the activities required of and performed by a school-based SLP.

For an SLP in a school, workload includes numerous activities:

- Day-to-day services for students
- Consultations
- Meetings
- Assessments
- IEP planning activities
- School committee work
- Instruction intervention
- Curriculum-related activities
- Writing assessment and progress reports
- Clinical management activities such as data collection, AAC device programming and so on

Because caseload numbers alone do not report the total picture, ASHA does not recommend a specific caseload number, but instead recommends a workload framework and consideration. The national picture related to caseload size for SLPs is concerning at best, even more so when all related activities are added in for each and every student on a caseload. The national average and the national medium hovers around 50; in some places, the caseload is 80 or higher. These conditions are unmanageable for SLPs and also for those who rely on SLPs.

Beyond overwork and workload, the impact on students is real. ASHA's NOMS (National Outcome Measurement System) demonstrated that high caseloads impact student outcomes. There is a direct correlation to caseload size and progress, or lack thereof.

Traditional service delivery models in schools reflect a medical model of service: twice a week for 30 minutes. This is the most common service delivery model utilized in schools according to ASHA research. For the past 20 years, however, child language researchers have encouraged SLPs to collaborate, to work in models to be part of reforms that happen in schools, including literacy and curriculum movement. There are many child language researchers who have encouraged SLPs to be more functional in their approach and to utilize separate service delivery models. But how does this all play out in our transition to CCSS?

One of the key ways to leverage change is to maintain a clear focus on educational relevance and eligibility determination in service delivery. We can use the momentum from the standards and accountability movement over the past decade to create clear expectations. The purpose of special education or IEP services is to provide the specially designed constructs needed to help students with disabilities make progress in the general education curriculum.

For speech language pathology services, this means tying the work with students who demonstrate communication disorders to those standards. Speech language pathology services shouldn't stand alone in special education or stand alone in general education. The emphasis on educational relevance is a key to change.

For CCSS, it is important to have clearly worded standards based IEP goals and objectives. The Common Core standards are clearly

worded relative to language skills, that is to speaking, listening, reading, and writing. The sections for each grade level in English, language arts, and literacy standards are rich with reference to grammar, the conventions of English, vocabulary, and speaking and listening.

The standards define content knowledge and the academic language needed to make the standard. For students with language or communication disorders, there is likely to be a gap between what is expected at the grade level and the student's current skill level. In order for SLP's to use a standards-based and educationally relevant approach to service delivery, we need to create the conditions that support, allow for, and are expected to match the standards in the IEP goals and objectives.

SLPs can conduct a gap analysis of the language skills that are expected and what the student is demonstrating. Then, they can work on activities that allow the student to master those standards. SLPs can develop a program using educationally relevant target materials and activities that tie into the general education curriculum. SLPs can then monitor progress relative to the language standards at the student's grade level. Tying everything back to the standards, rather than to a developmental model or where the student is relative to the target communication skill, is one of the keys to leveraging change.

The SLP Staffing Spiral



Another way to leverage change is to understand the SLP staffing spiral. The field has a downward spiral that leads to less job satisfaction, more burnout, more work overload, higher caseloads and greater attrition with more and more SLPs leaving schools as a place to practice speech language pathology. This, of course, creates even more work for the remaining staff. Administrators can disrupt this downward spiral by adopting the beliefs and attitudes that are at the core of using a workload approach.

We need to think differently about the roles and responsibilities of the school-based SLP in order to make the important changes discussed in this paper.

Why is change needed? If special education leaders do what has always been done, the status quo will continue with high caseloads, staffing shortages, and ineffective services with students staying on IEPs longer than they need to. And without change, students are pulled away from the general curriculum more often and for a longer duration.

One of the areas that special education leaders have considerable control over is making sure that the right students are placed on the SLP's caseload for IEP services.

***Using the workload approach
increases capacity for LRE
consideration for students with
communication disorders.***

Educationally Relevant Eligibility Deliberations

One of the key ways to gain momentum as a leader for special education is to tie all the reform together and not just do things in the same old way. When students are assessed to determine if they have a disability, the IEP team must account for the impact of the disability on educational performance. It is not just about how a student performed on a speech and language test or an academic test. This is done after a determination is made about whether the student is qualified, or if they are eligible, and that there is an adverse effect on educational performance. This documentation takes time and must be done correctly. All goals are written in the area of need, services are addressed and the goals are all agreed to. Too often, once eligibility is established (especially in the areas of speech and language), the same services are provided all over the country, and yet all over the country SLPs have also expressed concern about paperwork in special education.

In a workload approach, this responsibility is recognized and greater flexibility can be provided. We can ensure we meet legal mandates to design an IEP, and that it is developed and designed for educational benefits based on the student's individual needs and not based on a predetermined item of service. Through workload, the SLP can truly design a service plan that addresses the specific educational needs.

Educators also know, and sometimes see, that when we try to change service delivery models or change the frequency and duration of services, we get some pushback. Legally, the Individuals with Disabilities Act (IDEA) requires us to develop an IEP to provide educational benefits based on the child's unique, individual needs. When we can address those requirements, we are meeting legal mandates and we just need to make sure that our documentation matches the needs. Educators must thread the needle from the assessment to the developmental needs, to what is documented in the goals, and to the IEP and the service delivery. This all ties to the least restrictive environment (LRE).

LRE is one of the fundamental principles included in IDEA. By defini-

tion, LRE assumes that all children start out in general education and stay in general education to the maximum extent possible. If removal from the general education classroom is warranted, there must be documentation and data available to justify the removal. Some people are surprised that this also applies to speech language IEP services. LRE means educating students with disabilities with their non-disabled peers to the maximum extent possible.

Think about the application of the LRE principle to speech language pathology services. When students are working on skill acquisition in an area that is not included in the general education curriculum, it may be most effective and efficient to pull the child to a different environment to work on IEP goals and objectives. So removal from the classroom may be most appropriate when working on articulation disorders or voice disorders or stuttering, but once the student has reached a certain level of proficiency or mastery on the target skill, it may be best to transition activities back into the classroom to work on using target skills in connected speaking and academic language tasks. For students with language disorders, we need to consider a continuum of different options for that child that focuses on the academic language skills needed to be successful in the classroom. For example, LRE for a student with language disorders may include a pull away, small group, pre-teach lesson before the rest of the class gets exposure to the concepts or skills. Then, it might include support with the speech language pathologist in the classroom while the teacher is teaching the concept or skill. Then there could be a few follow up sessions that may be pull out or pull away from the classroom. Or they might be in a small group, or a flexible grouping situation in the classroom to practice the language skill to extend and expand the linguistic complexity in order to support the students in mastering the grade level standards. Using the workload approach increases capacity for LRE consideration for students with communication disorders.

A workload approach goes hand-in-hand with RTI, CCSS and other problem solving models at our schools.

Staffing Assignments and the Workload Approach

It can be a real challenge to sit down with your team and to look at student data and the resources that you have available to you and get creative. As they say, old habits die hard. Reconsidering the way staff is assigned is another leadership challenge. Let's look at what works and what doesn't and consider how the workload approach relates to other reforms that are affecting special education leaders.

If you have ever had the opportunity to make assignments for the SLP staff in your district, you know that it quickly becomes a complex endeavor. Making staff assignments requires attention to numerous variables. For example, you want to consider what the age or grade span of the school is. Often very young children (primary, pre-K, kindergarten and first grade) need SLP services that are different in design, frequency and in length than sessions for secondary students. The secondary campus needs a different configuration of staffing and staff SLP availability to meet student needs than maybe an elementary or an early childhood campus might need.

Another variable that you have to look at closely is the needs of the students at the campus. Overall enrollment in the school will drive your decision as well as individual needs represented at the campus. If there are centralized self-contained special education units at the campus, that will require different staffing considerations than if there are no centralized self-contained special education units. Are there children with complex communication disorders clustered at the school? Students on the autism spectrum, for example, have very complex and intense needs that are often met by the SLP working with teachers and other professionals on a team to address their educational needs.

You also want to look at the number of low verbal or non-verbal students. They may need augmentative communication devices or assistive technology in order to maximize their social communication skills and to take on the academic language needed to

progress through the CCSS and grade-level expectations. Look at the data to see what is already going on in the school, consider the culture and the referral rate, and ask yourself some questions: Is this a high referring campus or a low referring campus? What are the needs of the faculty or the school in terms of patterns relative to special education, in particular speech language pathology services? Look at whether or not RTI models are available at the school, and whether the SLP has been able to prevent placement in special education for articulation and/or language disorders using an RTI model. In that case, it takes time from the SLP schedule and it will need to be factored into how much time from the SLP to that particular campus is needed. You want to look at the master school schedule. You might have a campus that is year-round, or you may have a campus with block scheduling, or traditional school calendars, and often SLPs are at more than one campus, and it would be problematic to try and compare a traditional school schedule campus with a block schedule campus.

You also want consider the number of IEP students for speech language pathology services, as well as the number of non-IEP students that the SLP is working with through RTI. You want to look at the number of students who may not need direct services, but who need consultation to the special education program from the SLP. All of these things take time and are important professional activities that only the SLP can provide in terms of serving students well.

Finally, you need to factor in a match between the SLP, the building principal, the leadership team, and the faculty at the campus. You want to look at work styles and personalities – the soft things around staffing assignments that can make or break a successful school year for the individuals that you are assigning to services. To use a workload approach to make school assignments, you use a systems approach to collect a data pack regarding these variables and systematically factor the variables into your work of making the school assignments for SLP staff.

There are a couple of myths about school services. One is that more is better. Parents, teachers and sometimes SLPs often believe that more is better – more pullouts, more one-to-one time – and this isn't necessarily true. Accommodations of direct service and collaboration with the teacher may in fact be more efficient and more effective in the long run in some cases.

There are extraordinary benefits to group services. We want and need children to learn from each other. The literature has shown that there are great benefits to that. We can get the same kind of outcomes, or better, when we use group services for certain types of disabilities. The other thing is making sure that services don't stay the same over the course of the year. Services should be adjusted as the demands of the classroom and the needs of the student change. We should be tracking what is going on, considering the demands that the student has in terms of their education, and then be adjusting services to support that educational impact.

Another point relates to child language research. Over the past several years, researchers have begun to look at the concept of intensity intervention. This research shows us a clear relationship between intervention duration and intervention outcome, including looking at dosage or trials within a session. This research actually guides us to think differently in terms of how we provide services, at least in terms of not only the schedule, but what is happening within the session itself. So in other words, services for six weeks may yield a quicker and better outcome than twice a week for 15 weeks. These kinds of variations have been tried especially in articulation therapy for a number of years. But when we approach scheduling in terms of literacy, we sometimes meet greater resistance. The concept of dosage and intensity is something that we really need to pay attention to. As leaders, we should encourage staff to try variations on what they are doing to see if greater outcomes are created for the students.

Changing the way we do business is always hard, especially in schools. The good news is that a workload approach goes hand-in-hand with RTI, CCSS and other problem solving models at our schools. By using a variety of service delivery models, and especially by changing the referral and assessment process, we are considering students' needs and looking at how these needs are assessed. SLPs can then be connected in part of a system that is being more responsive.

Many special education leaders struggle to understand the workload approach work when IEPs are still written based on a medical model, which is based on a certain number of hours per month. Visuals can be very helpful in this regard. Put a visual of a student schedule up on the board. It is very easy to get caught

up in thinking that there is only one way to provide services. Sometimes, when we have conversations with parents, it is helpful to show visually what is being done and why it does or does not make sense.

It's important to look at what is going on with the student, and make sure that when we vary the number of services and/or change the way that we plan to deliver services, we document and demonstrate that we are really going to do what we say we're going to do. If we are going to do consultation, then that teacher absolutely shows up every day at the time that is scheduled to do that consultation. Making sure we are doing what we say we are going to do and also showing that the variation in scheduling is to the benefit of the student, not the benefit of the SLP, is going to be a big part of this workload shift.

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Flexible Scheduling for the Workload Approach

Moving to a workload approach requires a shift in thinking about how SLPs provide services. A rigid approach that is built around traditional service delivery models just won't work considering the demands for special education services and the resources that most special education leaders have to work with. Let's consider how you can allocate resources more efficiently and effectively, and in doing so, ease the burden on your staff and improve student outcomes.

Across the country, the default for speech language pathology services is once or twice a week, in small group pull outs, for 30 minutes. Rethink the notion of service delivery with the goal of increasing the quality of service and reducing the duration of services. By doing this, you can move students off of IEP services faster and be sure that they spend the maximum time in general instruction. Ultimately we want to increase students access to quality Tier 1 instruction that moves them through the CCSS.

All of this loops back around to educational relevance and what is done to support children as learners. Remove the default option of twice a week for 30 minutes. Put the whole schedule up on a whiteboard and talk about what the whole child needs in terms of services to support them in moving through the general education curriculum. For students with communication disorders, they need explicit direct instruction at times in order to acquire the academic language. That includes the vocabulary, speaking and listening that are represented in the CCSS. Sometimes a pull away session provides that opportunity in a more comprehensive, complete and targeted way than staying in the classroom.

As you rethink service delivery, also look at whether or not every week needs to look the same. Service delivery should change as the needs of the child change. That is, a student should not

be in the same service delivery model from admission through dismissal from services. Look at the whole child, look at the child as a learner, look at where the child is functioning relative to the standards. Every week does not need to look the same throughout school year. Some states allow you to write into the IEP a total number of minutes per month or grading period. Other states require that the IEP show weekly services. When this is the case, consideration should be given to the idea that even within weekly service, every week does not need to look the same.

For example, in week one the child might receive individual therapy, in week two, a group pull out session, in week three, classroom-based services, and then repeat the rotation if it is warranted. Work with your staff to think through a variety of scenarios to meet students' needs. We know that some individual treatment for students with articulation disorders and other speech-based disorders like stuttering will shorten the length of time or the duration of time in IEP services and reduce the time away from classroom instruction. Look at options for coordinating services in academic, non-academic and extracurricular times in the student's schedule. Consider change, look into options for telepractice or change the format for service delivery. Look for new approaches that both help the student and allow for more staffing flexibility to address staff shortage situations. Combining service delivery models is more effective and powerful in terms of affecting students with communication disorders. As special education leaders, we need to stretch our thinking relative to this notion of service delivery.

There is a mental model that speech and language services should happen in the 2 x 30-minute approach. But in fact, general education has been looking at different views of time and flexible designs for many, many years. What if you are in a year-round school? What if your school works on a trimester schedule? What if your school is at a secondary level and you are working on block scheduling? Variations in school scheduling are one of the common themes in general education research, including looking at the circadian rhythms of adolescents who really don't like to get up early in the morning. How can we maximize their learning at times when their brains are more awake? If we look at the general education flex model, doesn't it make sense that we too in speech and language seriously consider variations in our service delivery models?

To conceptualize different ways to think about our service delivery models, we need to think macro -- thinking of direct, indirect and flexible services. *Direct services* are the most familiar, providing services directly with students. In many cases this is the expectation. Direct services could be delivered isolated in one-on-one or a small group intervention. They could be integrated with individual and group interventions within the general education classrooms or shared teaching. All of these are still considered direct services.

There is a term in healthcare that also can apply to schools – *indirect services*. These extend services through working with individuals who are in the student's world, such as aides, teachers and parents, and sometimes peers and other family members. We train them and model for them to provide better communication opportunities and facilitation for students.

The idea of *flexible services* is one of the things that the workload approach really requires. We need to move to provision services based on the needs of the students. One of the concepts that has proven to be very successful in Oregon and other places is the 3:1 model. Direct services are provided for three weeks of the month and during the fourth week there is time for consultation and meetings. This decreases the number of times that services have to be cancelled because people have to go to meetings. Again the big issue here is to ensure that if you are doing something in a flexible schedule, you are documenting what you are doing and tracking and documenting the outcome. So, with all this attention and research, what progress are we seeing in terms of adopting of this workload model?

We have been working on a shift to the workload approach for over a decade. What we see historically across the country, according to the ASHA survey of school-based SLPs, is that everybody knows about the workload approach, yet it is very difficult to implement and there has been flat implementation of the workload approach from 2008 to 2012. Only about 20% of the survey respondents report using a workload approach.

Why are we still stuck in a caseload driven world? Change is hard. School administrators sometimes hear SLPs say that their principals, administrators and directors won't support change. On the flip side, administrators often say they can't get SLPs to change what they are doing and that SLPs don't see themselves as part of the reform.

We all have to expand our thinking and be open to all of the choices that are going on out there. Hanging onto old beliefs and old ways of doing things create more challenges for us. But sometimes people are just afraid. Would you go to a doctor who is going to treat you the same way he treated people ten years ago, or one who keeps up with the latest advances in medicine?

One of the most important things to remember about moving to the workload approach is to write it down, make sure follow your plan, and have conversations about the cost benefit and the value added. Meet with administrators and look at all of the components of what needs to be done. Be part of the solution, not the problem. Always be thinking about what teachers, administrators and SLPs care about. This opens up the doors to showing why we need to do things differently. Keep a pulse on what is important to the people who are in the school building, as well as what is good for them.

Moving to the workload approach creates the capacity for educational relevance. It allows for a full range of roles and responsibilities and for continuous improvement. If we can step out of our own world and use system thinking in our conversations, ultimately we'll achieve our goals in creating better outcomes for our students.

About the Authors

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