

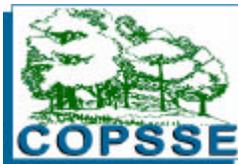
Issue Brief on Personnel Preparation and Credentialing in Speech-Language Pathology

Prepared for the Center on Personnel Studies in Special Education

EXECUTIVE SUMMARY

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COPSSE research is focused on the preparation of special education professionals and its impact on beginning teacher quality and student outcomes. Our research is intended to inform scholars and policymakers about advantages and disadvantages of preparation alternatives and the effective use of public funds in addressing personnel shortages.

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INTRODUCTION

Over the past several decades, speech-language services in the schools have undergone profound fundamental changes in scope and focus. Legislative, regulatory, societal, professional, medical, and demographic influences have converged to shape and define practice as we know it today. The challenges and demands of school settings call for special attention to preparation, recruitment, and retention of qualified personnel to meet the needs of students with communication disorders. Findings suggest that the majority of graduate programs in communication sciences and disorders train generalists who may not be prepared for the unique demands of employment in schools. In addition, on-the-job training is complicated by the practice of assigning professionals from other fields to supervise new speech-language pathologists. Further, alternate certification programs geared for working professionals may sacrifice quality for expediency. Inadequately trained personnel hired under emergency certificates, waivers, or some state teacher requirements may be unequipped to handle the responsibilities of a school-based speech-language pathologist. This paper will examine these issues as they relate to: (a) personnel preparation at the undergraduate, graduate, and on-the-job levels; (b) certification and licensure; and (c) supply and demand of qualified providers.

PERSONNEL PREPARATION

The roles and responsibilities of school-based speech-language pathologists (SLP) have expanded significantly in the past decade, and caseloads have become more complex. The setting requires sound knowledge of assessment and treatment procedures for a broad range of disorders, including articulation and fluency, autism, cognitively based communication disorders, and dysphagia. It also requires knowledge of issues associated with cultural/linguistic diversity. In addition, SLPs are involved in the prevention of literacy problems, the identification, assessment, and remediation of spoken and written language problems in preschool, elementary, and secondary students. Furthermore, they must engage in a wide range of indirect activities to support educational programs and to ensure compliance with federal, state, and local mandates. Many of these expanded roles, which were required or strongly encouraged by the 1997 reauthorization of the Individuals with Disabilities Education Act, are consistent with current policy and practice in the field of communication sciences and disorders. Preparing SLPs to meet the demands of school settings is complicated by: (a) undergraduate and graduate program issues related to content, design, and faculty and (b) on-the-job training and supervision limitations. These factors have long-term and devastating implications for quality speech-language services in the schools.

Undergraduate and Graduate Training

Content for generalists versus specialists. The majority of graduate programs in speech-language pathology are training SLPs to be generalists in the field of communication disorders rather than specialists who work in school settings. This approach provides a solid foundation in communication disorders that clinicians can take into any employment setting. However, this may lead to gaps in professional preparation for the unique challenges and demands particular to school settings. A specific area of concern involves service delivery options, because there are significant discrepancies among recommended practice, reported practice, and graduate training. In general, there are *direct* and *indirect* speech and language services. *Direct services* include the pull-out model, the push-in model, the self-contained classroom model, and the co-teaching model. The *pull-out model* is the traditional approach to speech therapy in which a student is taken to the therapy room for direct services provided by the SLP. In the *push-in model*, the SLP provides services in the classroom rather than pulling out the student. The *self-contained classroom model*, the most restrictive model, is used selectively for students with severe speech and/or language problems. The *co-teaching model* usually involves the SLP and a classroom teacher working together to teach a language arts curriculum. *Indirect service* is the other major type of speech and language program. This involves the *collaborative consultation service delivery model*. The SLP collaborates with members of the school team to provide speech and language services to the student. This collaborative model usually involves the technical skills of the SLP for assessing skills and establishing realistic communication goals for the student. Implementation of the goals

and strategies is carried out by members of the team throughout the school day and is integrated into the educational curriculum. It is often appropriate to offer a combination of service delivery options to meet the individual needs of the student, particularly as their needs change over time. Preparation for SLPs must also include: (a) knowledge of curriculum and instruction, (b) skills in professional collaboration in planning and providing services, (c) training in strategies and techniques for working in educational settings, and (d) supervised experiences in general education settings (since traditional university-based clinics do not provide adequate experience with current service delivery models and collaboration in the development and implementation of assessment and intervention plans). This content should be infused into academic course work in communication sciences and disorders and through integration with general education preparation programs. Such preparation is often not found in programs for communication sciences and disorders programs.

Program designs for preparation for school-based practice. Programs that do provide training relevant to practice in school settings follow several designs. Some offer undergraduate and graduate course work tied to specific requirements for state teacher certification. This track may include: (a) a course in organization and management of speech-language services in the schools, (b) course work in child development and pedagogy, and/or (c) a clinical practicum experience in a school setting (i.e., student teaching). Other programs offer streamlined training to upgrade professionals with temporary or provisional certification so they are eligible for permanent teacher certification. Still other programs offer course work needed for licensed and/or ASHA-certified SLPs to qualify for state teacher certification. Unfortunately, certification programs for working professionals often are not part of an institutions' accredited degree program and are typically designed to meet minimum requirements in a minimum amount of time. These programs may sacrifice quality and comprehensiveness for expediency.

Shortage of doctoral-level faculty. A shortage of doctoral-level faculty in communication sciences and disorders is affecting undergraduate and graduate training in speech-language pathology. There is a substantial disparity between the current number of individuals with doctorates pursuing careers in higher education and the current/future demand for such faculty. At this time, there are 333 unfilled slots for students in doctoral programs in communication sciences and disorders. Typically, 1–2 years pass before a faculty position is filled with a qualified individual. Preliminary estimates project that over the next 15 years, the shortage of Ph.D. faculty is likely to require massive restructuring in the field and result in program closures and reductions in the proportion of faculty holding the Ph.D.

Supervision for On-the-Job Training

Most graduate education programs do not include specific content on school-related roles and tasks. This includes: (a) curriculum-based assessment, (b) development and implementation of educationally relevant intervention plans, and (c) implementation of specially designed instruction to remediate or circumvent severe language problems in the classroom. These skills must be learned on the job. Many school systems have professionals from other fields supervising SLPs. If there is no speech-language supervisor to assist with proper mentoring of a new staff member, school-specific content is never learned. Another issue is that many school systems, especially smaller districts, do not have a supervisor or peer with ASHA's Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP). Since school systems cannot (and should not) hire entry-level graduates who need to complete a clinical fellowship year under the direct supervision of an ASHA-certified SLP for ASHA certification, the pool of qualified candidates is limited further.

CERTIFICATION AND LICENSURE

The credentials held by speech-language clinicians working in the schools vary according to state requirements. Possible credentials include ASHA's CCC-SLP, a state license, and a state teacher certificate. This variability has created concerns regarding the qualifications of school personnel and barriers to the hiring of qualified personnel due to issues of reciprocity.

ASHA's Certificate of Clinical Competence

ASHA's CCC-SLP sets the standard for entry-level requirements for the practice of that profession. Requirements for ASHA's CCC-SLP include the following: (a) a graduate degree, (b) 21 graduate semester hours and a total of 350 practicum hours with at least 250 practicum hours obtained in a graduate program accredited by the ASHA Council for Academic Accreditation (CAA), (c) a passing grade on the Praxis examination in speech-language pathology, and (d) successful completion of a clinical fellowship under the supervision of an ASHA-certified SLP.

State Licensure and Teaching Certification

Some states have what is known as universal licensure, a state license that is required to practice in all settings and is typically issued and administered by state Departments of professional regulation. In other states, school practitioners are exempt from the state licensing law; however, they must meet separate state department of education requirements in order to obtain teacher certification. A few states require state licensure and teacher certification or state licensure plus education-specific course work and examinations. Requirements for most state licenses are similar or equivalent to those for ASHA's CCC-SLP. In fact, some states will automatically grant licensure if the applicant holds the CCC-SLP. Teacher certification, on the other hand, varies across states in terms of requirements for the masters degrees (e.g., may be a degree in a field related to communication disorders), clinical practicum (i.e., must include experience in a school setting), course work (e.g., courses in pedagogy and child development), and examinations (e.g., a passing grade on a state teachers exam). The requirements for ASHA's CCC-SLP were established as the minimum skills required for entry into the field of SLP. Individuals who hold state teaching certificates with requirements less rigorous than ASHA's CCC-SLP risk lacking the basic skills and knowledge needed to carry out the responsibilities of a speech-language pathologist. Individuals at the bachelors level and/or with emergency certification are clearly not prepared for the demands of broad job responsibilities or a diverse school speech-language case load.

Reciprocity

In some ways, state teacher certification reciprocity for school-based SLPs is even more complicated than for teachers or special education teachers. Although the ASHA Certificate of Clinical Competence (CCC) is a national credential, it is not universally accepted by state departments of education. The three distinct credentials—the ASHA-CCC, state licensure, and state department of education teacher certification—create confusion for potential school-based SLPs. Reciprocity issues are further complicated by the fact that many university programs in communication sciences and disorders are not housed in schools of education. This causes three common problems: (a) student teaching may not be specifically listed on the official transcript, (b) course work in education pedagogy may not be required in order to graduate, and (c) confusion exists over the state and national exams that a student should take. It is not uncommon that a potential employee in speech and language cannot be credentialed in a reasonable time because he or she has not taken that state's tests.

QUALIFIED PROVIDERS: SUPPLY AND DEMAND

SLPs' knowledge of the language-learning-literacy connection equips them to analyze the linguistic demands of the school curriculum and to contribute to students' mastery of that curriculum. However, the recruitment and retention of qualified SLPs is thwarted by rising demands, challenging conditions, and competing options in the work place.

Studies on Availability and Need

Studies conducted at state and national levels have documented existing difficulties in hiring qualified SLPs (American Association for Employment in Education [AAEE], 1999; ASHA,

2001b; Legislative Office of Education Oversight, 1999; U. S. Bureau of Labor Statistics [BLS], 2001), with projections of increased needs. Fifty-one percent of respondents to ASHA's 2000 Schools Survey indicated a shortage of qualified SLPs in their school district (ASHA, 2001a), with greater shortages in rural and urban areas compared to suburban settings. The Study of Personnel Needs in Special Education (SPeNSE) conducted by the U. S. Department of Education's Office of Special Education Programs reported 11,148 job openings for SLPs in schools for the 1999-2000 academic year. The greatest barrier to recruiting SLPs was the shortage of qualified applicants, with 59% of respondents reporting this factor as having the greatest impact on shortages. The American Association for Employment in Education (AAEE) lists speech-language pathologists as ranking third in the nation in 1998 for number of vacancies as compared to other areas in the teaching field. According to the U. S. Bureau of Labor Statistics (BLS), the employment of SLPs is expected to grow much faster than other occupations through the year 2010. In their estimates, speech-language pathology ranks 25th out of the 700 occupations and 11th out of the 68 health-related occupations in terms of growth. More than 34,000 additional SLPs will be needed to fill the demand between 2000 and 2010—a 39% increase in job openings. A total of 57,000 job openings for speech-language pathologists are projected between 2000 and 2010 due to growth and net replacements. Although the U. S. is the most demographically diverse nation in the world (Deal-Williams, 2002), that diversity is not reflected among practitioners, graduate student populations, or program faculty. In addition, there is a critical shortage of bilingual speech-language pathologists.

Challenges to Working in School Settings

Challenges facing school-based SLPs are one possible explanation for the difficulty in recruiting and retaining qualified applicants. These challenges include: (a) excessive paperwork; (b) lack of time for planning, collaboration, and meeting with teachers and parents; (c) high caseloads; (d) extensive traveling between buildings or sites; (e) little or no clerical assistance; (f) lack of parental involvement and support; (g) low salaries; (h) inadequate work space and facilities; (i) limited access to technology; (j) lack of training for special populations; and (k) lack of administrative support. One of the greatest barriers to maintaining qualified and experienced clinicians in the schools is the lack of portability across school systems and work settings. Schools seldom give new employees credit for their experience. In contrast, SLPs in medical settings or private practice are typically paid for previous experience. When frustrated by these barriers to providing quality services to children, SLPs have the option of employment in other settings e.g., hospitals, long-term health care, private practice, or higher education.

Recruitment and Retention of Qualified Personnel

In addition to strategies for attracting classroom teachers, there are specific strategies for recruiting and retaining qualified SLPs. These include: (a) salaries commensurate with the level of training required for the profession; (b) higher salary schedules; (c) salary supplements similar to those for National Board Certification; (d) clerical assistance and computers; (e) reasonable and manageable case loads that allow services to be delivered based on individual needs and time to accomplish all responsibilities required of the school-based SLP; (f) better facilities for intervention and office work; (g) streamlined paper work, particularly for documenting therapy treatment for Medicaid reimbursements; (h) travel time between assigned schools; (i) time to meet with teachers to consult and plan collaborative services, (j) recruitment at colleges and universities with communication disorders departments; (k) recruitment through national ads (e.g., ASHA's online career web site); (l) reimbursement for professional dues; and (m) release time and funding for profession-specific staff development.

KEY RESEARCH QUESTIONS

Key research questions should include:

- What are the universities currently doing to address the content-specific information needed by entry-level SLPs who choose to work in school settings? What are the barriers to providing the necessary information? What are some efficacious solutions to the barriers?

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- Is it possible to deliver content-specific graduate course work or professional education training via distance learning to SLPs who want to work in the schools? Are state or regional collaboratives possible? What should be included in these courses?
 - Why is the collaborative consultation model of service delivery used so rarely to address the speech and language needs of students in schools? What supports must be in place for successful collaborative consultation? What initiatives are needed to facilitate the use of collaboration as an appropriate delivery of speech and language services?
 - What are the demonstrated outcomes in improving formal literacy measures of elementary students when SLPs, reading teachers, and regular education teachers work together to target at-risk students and to develop prevention programs?
 - What are additional funding strategies for training clinicians for hard-to-fill positions, including positions for rural and urban school districts and bilingual SLPs?
 - How can we foster partnerships between the university graduate programs and schools to transfer information between the two settings? What supports have to be in place for these partnerships to be formed and maintained? Are there any collaboratives that can be established at state or national levels to infuse school-specific content into graduate curricula?
 - What are the deterrents to entering and completing of doctoral programs in communication sciences and disorders? What are effective incentives for obtaining a doctoral degree and working in academia?
 - What strategies are effective for recruiting culturally and linguistically diverse students into our graduate programs? What are the barriers to their completing masters or doctoral degrees?

Assuring that children with communication disorders receive the highest quality of services from adequately prepared personnel will require partnerships among university programs, public schools, and funding agencies. Commitments of time, effort, and financial resources and support are essential. Only then will training programs produce school-based SLPs who are equipped to respond to the needs of diverse case loads and who seek and maintain employment in the school setting.