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Evidence-Based Practice

It is the position of the American Speech-Language-Hearing Association that audiologists and speech-language pathologists incorporate the principles of evidence-based practice in clinical decision making to provide high quality clinical care. The term evidence-based practice refers to an approach in which current, high-quality research evidence is integrated with practitioner expertise and client preferences and values into the process of making clinical decisions.

Participants are encouraged to actively seek and critically evaluate the evidence basis for clinical procedures presented in this and other educational programs.

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Building From the Ground Up

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Since the dissemination of the cardinal documents on “A Workload Analysis Approach for Establishing Speech-Language Pathology Caseload Standards in the Schools” (ASHA, 2002a, 2002b, 2002c), hundreds, if not thousands, of practicing speech-language pathologists have attended presentations on the workload approach to managing their caseload in the school setting. Underlying this movement has been a desire to improve and enhance service delivery in the school environment and on behalf of the children we serve (Cirrin et al., 2003). This approach to managing our caseloads has been highly successful both at the national and state level, as well as at the grassroots level. Remarkable changes in the working conditions of many practicing SLPs have been reported (ASHA, 2007a, 2007c).

In spite of these successes, caseloads and working conditions in many areas continue to be a challenge, and a significant shortage of SLPs persists in many parts of our country (ASHA, 2007b). Have we delved deep enough into analyzing and addressing the roots of the problem with regard to workload and caseload?

The longevity of our profession rests in the hands and in the minds of the students we prepare. Allowing students to become aware of the working world issues related to their future employment setting may not sound like an effective recruiting tool. However, withholding critical information may set them up to fail or become disheartened or, worse yet, deceived. Sharing real-world issues paired with professional organization support and self-advocacy solutions may be systemically long overdue.

The workload approach has been challenging for many clinicians to accept and/or implement. The reaction by seasoned clinicians has at first been “How do I find the time to look at my workload?” or “We’ve always done it this way” or “Just give me a caseload number.” Entrenched in daily responsibilities with large and/or complex caseloads, the expectation to suddenly or gradually change over to a new approach and become an advocate for systemic change has been a hard pill for some seasoned clinicians to swallow. Introducing a “workload approach” in the university environment may be essential (Dowden et al., 2006), if not critical, to making a qualitative and long-lasting change regarding caseload and workload. In fact, one could posit that preparing new graduates with a workload approach that could be applied across all speech-language pathology employment settings is long overdue. For the moment, however, we will continue to focus on the graduate student who is headed into the school setting.

Grassroots advocacy can and has made a difference in the working conditions of the SLP in the school setting (ASHA, 2007c). How can we continue to attract new professionals if we don’t change the way in which we introduce them to their new environment and prepare them with a strong set of workload tools to assist them in managing their professional responsibilities? Efforts to bring the workload analysis approach to the SLP are essential and have brought about measured success; however, additional changes from the ground up may be critical for our future. The two objectives discussed below would positively influence our future.

Objective #1
Alternative Service Delivery—Graduate School to Working World

In many university clinics, traditional service delivery entails assigning clients to a graduate clinician who then provides supervised services. Quite frequently, individual services may be offered twice weekly. This frequency of services holds a very important purpose—allowing the student to begin managing a caseload while fitting clinic in between courses; having sufficient time to study, problem solve, design treatment sessions, prepare materials, and meet with the clinical mentor in between sessions; and implementing services in a consistent manner over the semester or quarter to measure student clinical growth. This format also enables the university clinic to operate a predictable and relatively stable program to meet the learning needs of its students, semester after semester. Unfortunately for the graduate student, the structured frequency may instill a one-model-fits-all approach to delivering services, unwittingly reinforcing a concept that all clients should be seen twice per week in individual sessions. That model of service delivery has become far from reality for the school-based SLP. It is no surprise then that implementing alternative service delivery models could become a daunting challenge for the new working clinician.

While at the university, student participation in classroom discussions that are focused on alternative service delivery is essential. Whether it is a scenario where the graduate clinician is asked to design a hypothetical supportive teaching, consultative service, or team-teaching model for their university clinic case, or a master clinician from the community sharing working-world experiences, graduate clinicians must be challenged to think of alternative designs for assessment and intervention prior to stepping out into the working world. University clinics may be realistically unable to mirror the full school environment without sending students out into the community. Yet, the graduate clinician can be exposed early on to service delivery in the working world through a variety of methods. Additionally, for the graduate clinician in their final community-based placements, making the move toward a workload that encompasses a flexible, varied client schedule with an increasing number of clients requires a col-
implementative mentoring partnership between the university and the community. Successful transitions into the working world must be founded on successful preparation in the classroom and in earlier clinical practica that introduce the concepts of workload and alternative models for delivering services.

**Objective #2**

**Accountability & Productivity—Workload vs. Clock Hours**

A clinician’s caseload—the number of children with an individualized education program or an individualized family service plan—is an important data point in the overall measure of productivity. The caseload number does represent the specific number of individuals served and is a key factor in calculating a weighted formula to measure productivity and determine personnel needs. However, the caseload number alone most often represents the tip of the iceberg in revealing the complexity of the individuals served and the scope of the clinician’s workload. Workload is defined as all of the activities required of and performed by the school-based SLP (ASHA, 2002a) and can prove to be an expansive list of direct and indirect services, as well as related professional responsibilities that support our work and our work setting.

During a graduate student’s program, university faculty document didactic and practicum requirements by tracking credit hours and clock hours. New graduate students are oriented to their master’s degree program and introduced to the Knowledge and Skills Acquisition Summary Form (ASHA, 2003). Special attention is given to learning how to track courses and ASHA clock hours, carefully delineating what does and does not count as part of an ASHA clock hour. Students are encouraged to become organized at the start of their program, track their clock hours, and monitor their progression toward the target of a minimum of 400 clock hours. Faculty introduce graduate students to the concept of valuing the clock hour—the direct client care time. Ironically, by omitting a discussion about the workload that supports clinical assignments, we may begin the unintentional devaluation of the full scope of the professional workload.

As an example, specific clinical assignments are given out in the university clinic and typically include providing services to individuals with mild to severe communication disorders. If a student were to see a client traditionally twice per week across a 10-week quarter, the student would be on track to earn approximately 20 ASHA clock hours. Citing one specific example, a student was assigned a case involving a young child with complex communication needs. The student was responsible for the assessment and identification of the client’s needs, and implementation and training with an augmentative system. Due to the complexity of this case, the graduate student and her clinical mentor spent upwards of 40 hours across a 10-week quarter preparing for the assessment, reviewing records, consulting with school team members, reviewing systems, and selecting, designing, and programming a new device. In addition, the graduate student worked directly with the client and family members for 10 hours of direct client care. The time spent in direct care was tracked into the graduate student’s clock hour record. In other words, the student earned 10 clock hours. The nearly 40 hours of professional work—part of the workload for this graduate clinician—was not accounted for in the clock-hour summary.

Having graduate clinicians learn to account for their workload, including each of the components of their day-to-day clinical responsibilities, may assist them in establishing a workload mindset for future employment. To that end, the student clinician in the case above was asked to hand in a summary of her workload for this case that would accurately reflect her time on the case and be filed in her permanent record. As a result of this experience, the graduate clinician learned about the variability of workload depending upon the severity of the individuals on her caseload, and that a caseload number was not enough to account for her time. In addition, the graduate clinician and the clinical mentor worked together to document and account for their professional time on the case and to account for that in their productivity. By doing so, this productivity information assisted the clinic in better preparing for future service delivery for individuals with more complex communication needs.

In conclusion, in presenting information and resources on the workload approach to colleagues around the country, we have strived to bring change into an already established work setting. This dissemination approach has been successful. However, by preparing our students in graduate school to think about, talk about, and apply the concept of workload analysis from the first day of their first clinical assignment, we may facilitate the development of new professionals who are well-versed in self-advocacy. With new professionals entering the workforce who are knowledgeable about caseload and workload, we have the opportunity to bring about substantive, long-lasting changes.

**References**


Implementing a Workload Approach to Caseload: Methods and Strategies


Implementing a Workload Approach to Caseload: Methods and Strategies

Making the Shift From Caseload to Workload: Kansas Revisited

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In an effort to improve school-based programs in speech and language, ASHA’s State Education Action Team (SEAT) selected Kansas as a venue for changing public policy related to caseload/workload. These policy changes were developed by ASHA to address member concerns that many caseloads for speech-language pathologists were too high in number to provide quality services (ASHA, 2002). A state action plan was developed for Kansas and implemented collaboratively by the SEAT and the Kansas Speech-Language-Hearing Association (KSHA). Dixie Heinrich, KSHA’s Coordinator, and Mary Beasley, Assistant Director of Special Education in Harvey County, coordinated the KSHA effort. The goals of the state plan included:

1. Integrate ASHA and Kansas caseload/workload models and provide training on the ASHA model
2. Distribute Kansas and ASHA caseload/workload policy throughout the state and educate KSHA members concerning ASHA workload model
3. Pilot ASHA’s workload model in select Kansas school districts
4. Modify language of the State Department of Education caseload guidelines to include workload language
5. Modify Kansas local education agencies’ caseload policies where appropriate to include workload language

After the goals were formulated, the next step in the statewide process was to select a starting point. The Harvey County Special Education Cooperative—comprised of the Newton, Halstead/Bentley, and Hesston school districts—was chosen to become the pilot district for the implementation of the caseload/workload model. Prior to beginning the pilot program, collaborative efforts to provide local and statewide training, as well as the revision of the Kansas Speech-Language Guidelines for Schools (Kansas State Department of Education Student Support Services, 2005), needed to be considered.

The process, beginning in 2002, moved through the following phases:

1. The SLPs reviewed the state action plan, ASHA documents, and resources (ASHA, 2002).
2. Members of the ASHA Ad Hoc Committee on Caseload Size provided training on the ASHA workload analysis approach.
3. The Harvey County SLPs provided training at the state level.
4. The SLPs participated in training and implementation of the National Outcomes Measurement System (NOMS; www.asha.org/members/research/NOMS/) to collect outcomes data.
5. Meetings were regularly scheduled to discuss the workload model and review resources.
6. A communication system was developed to update ASHA and KSHA on the progress of the pilot.
7. A timeline and survey for Harvey County SLPs was developed.
8. A plan for communication to teachers and administrators was developed.
9. Representatives from Harvey County speech-language staff met with the Kansas State Special Education Team Leader and provided training to the Kansas Association of Special Education Administrators.
10. Conference calls and e-mail communication between ASHA and KSHA were held.
11. A representative from the Harvey County speech-language staff served on the committee to revise the Kansas Speech-Language Guidelines, which included information on caseload/workload.
12. The Kansas Speech-Language Guidelines for Schools were revised.

Making the Shift

Sometimes, as initiatives move forward, it becomes easy to lose the focus and direction. Returning to the way we do things may seem easier with all of the professional pressures felt by SLPs. The key to change may lie in the questions we continue to ask ourselves throughout the process. In Kansas, there has been a slow but steady shift from thinking of how many students are on a caseload to what is done on behalf of students (i.e., workload). The pilot districts in Harvey County utilized self-evaluative questions (Beasley, 2002) to guide their process. Questions helped guide the SLPs as they contemplated their workload. Some questions were: What can be done to address the workload issues and provide appropriate services to students? Who can help resolve speech-language pathologists’ workload issues? What is a reasonable action plan to address the workload issue? These questions were used for pre- and post-analysis through the implementation process.

Initially, the responses to these questions were focused on how many students the SLPs had on their caseloads. There also was a focus on having someone else, usually administration, fix the problem; the solution was often to hire another speech-language pathologist. After 6 months of trainings and discussions, the SLPs responded to the questions again. The responses from the post self-evaluation revealed changes in how most of the SLPs were thinking. While all responses identified continuing difficulties with a high caseload, the responses now showed a change in responsibility for the is-
Implementing a Workload Approach to Caseload: Methods and Strategies

The SLPs

SLPs report that this has been used successfully during IEP meetings to outline for the parents and the rest of the IEP team what direct and indirect support the student needs. In Kansas, the State Department of Education and its Student Support Services Department support designating and describing direct and indirect services on IEPs.

The Next Steps

With the support of ASHA, KSHA, and the Kansas State Department of Education, the progress in Kansas will continue. KSHA is sponsoring a regional conference, “One IEP At a Time—Making the Shift From Caseload to Workload,” which will provide SLPs with hands-on strategies for how to individualize for students. The featured speaker and facilitator, Larry Biehl, is a member of the ASHA Ad Hoc Committee on Caseload Size and contributing author/developer of the recently approved ASHA position statement on workload. Biehl provided training in Kansas at the beginning of the ASHA/KSHA pilot in 2002, and his return will help strengthen our progress.

KSHA, in addition to its taskforce on caseload/workload, has designated an SLP as a consultant to provide support to school districts throughout Kansas on implementing the workload concept. The consultant will serve on the KSHA Caseload/Workload Taskforce, continue to integrate the ASHA caseload/workload model with the Kansas model, and provide training at the state and local levels.

In Kansas, the workload approach is continuing to develop due to support through ASHA, KSHA, and the Kansas State Department of Education. In response to speech-language pathologists who have asked for assistance in developing the workload approach in their state, district, or region, the following suggestions are given:

- Read ASHA resources.
- Develop a vision for how you want speech-language services to look in the future in your district.
- Use a self-evaluation process for studying your current situation.
- Work with your state speech-language-hearing association to advocate for change.
- Contact local and state administrators for input and to propose a pilot study.
- Develop a training timeline and a long-range plan.

Change requires long-term commitment and support. Through continued collaboration, Kansas can continue to be in the forefront of the caseload/workload movement.

References


KSHA has made the caseload/workload model a priority by establishing a taskforce whose members represent school districts throughout the state. The KSHA newsletter, available to the organization’s members, provides information about the taskforce activities on a regular basis to organization members. These KSHA representatives have met with the State Director of Special Education to communicate the workload concept and have gathered information from individuals through surveys distributed at conferences or conducted over the phone. There are a variety of subtle changes taking place. Often, when contacted, speech-language pathologists state that they have not really had time to change; however, as conversations continue, some themes emerge. Following are some examples of “making the shift.”

- **Using staff differently**
  - SLPs are assisting in writing communication goals/benchmarks when they may not be the person who carries them out.
  - SLPs are working with special education teachers in continuing to implement communication goals once the student reaches a certain skill and the SLP can monitor progress.
  - The SLPs are using para-educators to provide reminders, encouragement, and take data.

- **Starting communication groups.** SLPs are working with classroom teachers and counselors to establish groups, such as students who need help with eye contact, problem solving, and turn taking.

- **Consulting with classroom teachers.** The SLPs are making this a priority.

- **Using home programs.** While this is not successful with all parents, the SLPs are stressing the importance of this as they develop individualized education programs (IEPs) with parents.

- **Providing staff training on the caseload/workload concept.** In many instances, other special education staff are realizing that this concept is applicable to them.

- **Using flexible scheduling.** SLPs report that this works best when they are assigned to one building or setting.

- **Using a variety of service delivery models.** Providing classroom-based services and valuing direct and indirect services have given SLPs a new vocabulary for describing what they do on behalf of students.

In making the shift, speech-language pathologists have been encouraged to approach changes one IEP at a time. This means that with the next IEP meeting, the SLP should consider what the student needs directly and indirectly to make progress. The Workload Activity Grid (ASHA, 2002) has been used successfully during IEP meetings to outline for the parents and the rest of the IEP team what direct and indirect support the student needs. In Kansas, the State Department of Education and its Student Support Services Department support designating and describing direct and indirect services on IEPs.
Drawing Outside the Lines: Innovative Solutions to Caseload Issues

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In 2002, ASHA developed a position statement, technical report, and guidelines on the subject of caseload size for school-based personnel that recommended a "workload analysis approach" to the issue (ASHA, 2002a, 2002b, 2002c). The following year an implementation guide was made available (ASHA, 2003). These resources were compiled to address the growing concern about large caseloads for many school-based ASHA members and included activities that were effectively being used to manage large caseloads. In addition, ASHA trained a cadre of speakers to further communicate information about the workload approach.

By using the guidebook and the information ASHA provided, speech-language pathologists were asked to change their mindset by looking beyond the number of students serviced (caseload) and instead looking at all the direct and indirect activities they did for, or engaged in, on behalf of a child (workload). Paperwork, conferences, meetings, school duties, and more were to be indicated on our schedules to reflect the breadth of responsibility in the context of time and resources. How many times have you said to yourself or heard an SLP say, "I do so much more than what my 'caseload number' indicates'? The workload approach, therefore, addresses activities that are part of the job and are positive changes happening in our schools, or are we still looking for that magic number?

Many of us entered this profession because we wanted to help children communicate more effectively. Ironically, in our effort to help, our caseloads exploded. The Individuals with Disabilities Education Act (IDEA '04) includes the following language in discussing eligibility (Johnson, 2004):

"...a child evaluated in accordance with §300.530-300.536 as having mental retardation, a hearing impairment including deafness, a speech or language impairment, a visual impairment including blindness, serious emotional disturbance (hereafter referred to as emotional disturbance), an orthopedic impairment, autism, traumatic brain injury, an other health impairment, a specific learning disability, deaf-blindness, or multiple disabilities, and who, by reason thereof, needs special education and related services. [Emphasis added.] (Section 300.125)

This article will discuss what has happened in Rhode Island and look at the efforts that have been made to address the caseload concerns of SLPs.

State-Level Initiatives in a Climate of Regulatory Change

Several years ago, the Rhode Island Speech-Language-Hearing Association (RISHA) provided its members a program on this topic at its annual conference (Iafrate Bellini, 2004). The Public/Private School Committee of RISHA continues to offer its members a place to discuss and share new service delivery models. Several school districts have requested and received training on the workload analysis approach.

Although the workload approach has yet to be universally adopted in Rhode Island, many have taken the initiative and made changes to meet the needs of their students.

Under the IDEA definition of disability, caseload numbers grew quickly because we frequently found that the child did have an impairment. However, instead of determining if the specific impairment warranted special services, we simply provided them anyway. Students were placed on our caseloads and then remained there because exiting them became a challenge. Students with speech-language impairment were the second-most identified grouping in Rhode Island. Eligibility and dismissal criteria that differed from district to district only added to the problem. Statewide uniform standards relative to eligibility were needed instead of different criteria used by individual districts.

In an effort to provide a consistent standard, the Rhode Island Department of Education has been working on a document titled “Students With Speech and Language Impairments: Meeting Their Needs—A Guide for Schools and Families.” When this guidebook is complete it will detail eligibility and exit criteria for public school students. It defines educationally significant speech-language impairments and allows for clinical judgment where specific child circumstances dictate. Also included in this document are several forms that SLPs and their teams may use to assist in making placement decisions. One of these, the “Teacher Input Form,” has been useful to document academic significance in qualifying students. Kathleen Lake, an SLP in the North Smithfield (RI) School System, said use of this form “has begun to enlighten teachers as to what defines educationally relevant speech-language impairments.” As teachers learn and assess these important criteria, fewer referrals will be made, and a corresponding decrease in case-loads will occur.

Capping Caseloads

In the 2004 ASHA Schools Survey, a median caseload of 50 was reported (with a range of 15–97 cases; ASHA, 2004). It is reasonable to believe that this number continues to grow. Some communities in Rhode Island have caseload caps or service delivery units in their union contracts, while other school districts have none. Speech-language pathologists in the city of Providence report caseloads as high as 85. Supervisors throughout the state have reported that the turnover rate for SLPs in several districts remains high and many positions go unfilled.

Upon closer examination, we know that the roles and responsibilities of SLPs in the schools have grown and changed.
With the 2004 reauthorization of IDEA and the No Child Left Behind Act (NCLB), SLPs are being called upon to provide services in a variety of new and different ways. Not only are we working with students with identified speech and language impairments, but we are providing early-intervening activities under NCLB and response-to-intervention (RTI) services under IDEA. As a result, our already large caseloads are getting larger. It appears that many SLPs have gotten the message of workload vs. caseload, but they have not been successful in getting administration to understand and implement the concept.

All school-based speech-language pathologists in Rhode Island are members of their individual school system’s teachers union. They are afforded the same benefits, salary, and working conditions that teachers are given. As previously stated, some communities in Rhode Island addressed the issue of large caseloads for SLPs with language in their teachers union contract. At present, three communities have a “not-to-exceed” clause for SLP caseloads. These range from 40 to 45. In one of the contracts, language regarding the number of students placed on “monitor” vs. “direct service” exists. In one of the districts, SLPs whose caseloads exceed the stated number are paid overages just as classroom teachers are when their class size is exceeded. There is also language in some contracts that looks at service delivery units and the complexity of the students on the caseload.

The common thread in all these communities is that SLPs worked with their union leaders to precipitate a change in contract language to assist with large caseloads. An example of this is the Central Falls School District, a small urban school system. The negotiated caseload cap for SLPs in this district is 40. Speech-language pathologist Amanda Verduchi explained that, since the caseload cap, the district has hired more personnel to meet the needs of the large population of students requiring speech and language services. At the middle school where Amanda works, her group size is no larger than two or three. The smaller groups are giving her students the opportunity to make greater gains. She has been able to dismiss more students whose needs have been met in a shorter period of time. Verduchi said, “I feel I’m making more of a difference in their progress.”

Conversely, a speech-language pathologist in a suburban school district in the southern part of Rhode Island, with no caseload language in the union contract, maintains a caseload of 60 students. She described how she divides her time between a middle school and an elementary school with grades K–3 (personal communication). To service their needs and diverse schedules, she travels between the schools 4 days a week. She accommodates the schedules of her students by being in their building on a daily basis. She reports that her groups are so large and varied that she frequently has trouble getting to know the needs of specific students. Although she stressed that some successes have been made since she implemented this type of service delivery, her ability to dismiss students because of progress has dropped significantly.

**Alternative Service Delivery Models**

Jan Larson is an SLP in the Westerly School System. For many years, Jan has been providing services in inventive ways. She has been a strong proponent of working with students in their natural environment, the classroom. Jan related that she is always looking for “alternative inclusion models” to provide better, more meaningful services to her students. For example, she has been collaborating with the school librarian during her students’ library period on ways to incorporate literacy goals. As a result, Jan was able to solve a common scheduling problem many of us face when we are not able to service students during itinerant classes.

Kathleen Lake in North Smithfield, RI, successfully convinced administrators in her district of the need to train kindergarten teachers in how to deliver phonological awareness activities to their students. Kathleen’s successful collaboration with administration and teachers allows her to reach more students in the classroom and to do so more effectively.

Although my union contract includes caseload size language, I still incorporate aspects of the workload approach in my planning. My schedule has planning time in accordance with my contract. There are blocks of time for testing and observations, as well as my school duties, which include monitoring the hall at arrival time. Team teaching within the classroom and with other specialists, such as the learning disabilities teacher and the school psychologist, are part of my service delivery model. Provisions are made for RTI services. Children with mild articulation impairments are seen for 10–15 minute individual sessions of instruction and drill 1–2 times a week. Seeing students in short individual sessions is part of the “flexible schedule” outlined within ASHA’s workload implementation guide (ASHA, 2003). By using the concepts of workload, good time management, and a little innovation, outcomes can be impacted positively.

**Summary**

The examples in this article illustrate that the issue of large caseload sizes can be addressed in different ways. Each person took a different track to address their specific problem. ASHA’s workload analysis documents were never meant to be a panacea for speech-language pathologists. What works for one person may not work for someone else.

SLPs are resilient and creative, and often we find innovation in our ranks. If we are not satisfied with the status quo, we have to be our own agents of change. Start by solving one problem at a time and then go to the next one. Instead of going to administration with complaints, go with possible solutions. Take a large concept such as flexible scheduling and look at the small parts and implement them. Don’t go it alone. Team up with others. Look for new ways to provide services that are beneficial to your students and yourself. We can learn so much from our colleagues, and they can learn from us. And remember, ASHA documents are valuable resources that we must not overlook.
References


Workload Analysis: Initial Considerations and Applications

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Before the concept of workload analysis was introduced by ASHA (2002), for decades speech-language pathologists searched for an ideal number for their maximum caseload. In 1993, ASHA published a position statement identifying 40 as the maximum number for a caseload (ASHA, 1993), but SLPs across the country typically worked with numbers that far exceeded that standard. Many administrators, concerned with providing some level of service to students with communication needs, often endorsed the maximum caseload allowed by state special education rules and regulations. The SLP, concerned with meeting the variety of demands in any school-based position, advocated for reductions in caseload size. ASHA, acknowledging the need to update its original document, convened the Ad Hoc Committee on Caseload Size as part of a focused initiative to address school-based issues.

The resulting position statement, “A Workload Analysis Approach for Establishing Speech-Language Caseloads in the Schools” (ASHA, 2002), documented that the role of today’s school-based SLPs is complex and multifaceted. Rather than simplifying that role to a single caseload number, the ASHA workload analysis approach advocates that complex work is best planned, executed, and documented as a package of direct, indirect, and compliance activities. Under this model, the role of the SLP openly expands from treatment provider to a broad collection of activities that are individualized to meet student needs. Undoubtedly, this new perspective has been career-saving, and even life-changing, for some. Behind the seeming simplicity of acknowledging that many types of workload activities benefit children, however, is a radical change in the ways that we perceive our roles, communicate with other professionals and families, and document our work.

Designing Schedules Based on Workload Analysis

One of the attractive qualities of the workload approach is its inherent invitation to individualize each speech-language pathologist’s menu of activities, based upon the activities of her workweek. Workload analysis provides for flexible service delivery and assists the SLP in problem-solving issues related to time management and effective service delivery.

The work activities of a speech-language pathologist working with augmentative communication systems are naturally very different from those of the SLP working with students who have language-learning disorders. In the first instance, the speech-language pathologist will likely develop and maintain low-tech or high-tech systems, provide in-service to paraprofessionals, collaborate with educators, observe the student in his/her learning environment, and work directly with the student in the classroom. In the second instance, working with students who have language-learning disorders, work activities on behalf of the student may be balanced toward more direct service, development of curricular supports, and collaboration with educators. Because of the differences in student characteristics and work settings themselves, activity profiles developed as a result of workload analysis will surely differ greatly from one another.

Advocating for Workload Analysis

As in any new undertaking, thoughtful presentation is necessary for stakeholder understanding and “buy in.” For administrators, educators, assessment team members, and parents, workload analysis as a basis for determining the scope and level of speech-language service may seem to be a radical change from the traditional caseload paradigm. Because of its impact on service delivery and documentation, ongoing, positive communication with the various stakeholders is key to the success of this new endeavor. Speech-language pathologists often endorse workload analysis because it leads the professional to actually “fit” work activities within the bounds of a workweek. When advocating for workload analysis to others, however, the SLP can present the benefit to both other professionals and students.

For administrators, a total workload approach allows flexibility for meetings and other occasional duties or assignments. In addition, by acknowledging that indirect services benefit the student, the SLP is able to extend the benefit of speech-language services beyond those direct service times. In some localities, administrators have been reluctant to endorse the mixing of indirect and face-to-face services typically found in workload analysis. With continued advocacy, however, many SLPs are able to win approval to implement various components of this new model. In the future, administrators who adopt workload analysis will surely be able to market position openings in terms that are attractive for prospective employees.

Implementation of a workload model also requires positive, continuous dialogue about the benefits to educators. For teachers, there are fewer disruptions of direct service when schedules show all of the activities that speech-language pathologists must complete.

Assessment team members adopt components of workload analysis as collaborative decisions are made to reserve common time for assessments, meetings with team members and families, and home visits. For some working in related professions, workload analysis may have the same level of impact on them as it has on school-based SLPs.

Finally, parents and family members learn that a SLP’s work on behalf of the student extends beyond direct, face-to-face contact. They recognize that their child benefits from observations, curricular supports, consultation with other team members, and in-service for paraprofessionals. Discussions about the SLP’s activities on behalf of a student are written

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into the individualized education program (IEP) and reflected in the minutes of service.

**Getting Started**

Caseload management through workload analysis is significantly different from traditional scheduling, so much so that many experienced professionals will themselves benefit from ongoing practice and development over an extended period of time. More than a simple change in vocabulary from "caseload" to "workload," workload analysis represents a sophisticated approach to managing one of the employer's most valuable assets—the professional's available time and expertise. Initial attempts at workload analysis may result in small, targeted changes. Such seemingly small decisions may affect one student, one activity (such as programming augmentative communication systems), or one block of time (such as time devoted to IEP meetings). Successful implementation of these decisions, in time, will become the basis and rationale for expanded implementation of the workload model.

**Applications of Workload Models**

Following are various types of workload models that may be implemented. These variations represent applications that can encompass entire schedules or only portions. As clinicians become more familiar with the principles and advantages of the workload model, they may move from one application to another, continually fine-tuning the activities represented in their schedules.

1. In the IEP, write minutes of service in minutes per month rather than minutes per week. This single decision begins to create possibilities for flexibility in the SLP's schedule.

2. With an assessment team or child-study team, agree to reserve designated times for eligibility meetings, annual reviews, or other parent meetings. This obviously requires communication with administrators, other professionals, and even the secretary who schedules meetings. This model helps to eliminate the conflict between scheduled direct services and student meetings scheduled at any point during the week. Reserving agreed-upon time for IEP meetings automatically reduces the frequency of cancelled or rescheduled direct services. There are at least two variations of this model:
   a. Set aside time each week for meetings.
   b. Set aside one week each month for goal writing, IEP meetings, assessments, writing reports, observations, and compliance activities.

3. Identify “flex” times in your schedule. Over the course of a month, use these periods for activities such as observations, writing reports, and developing IEPs. Keep a listing of direct, indirect, and compliance activities identified for each student as a visual organizer for productive use of those times.

4. Identify students who advocate for increased support. This is perhaps most applicable in a high school setting. While there are students who prefer scheduled encounters, whether in an office or class, there are always several who identify that they need increased support for a time, as when an essay or project is underway. When students advocate for themselves in this way, the SLP using a workload model may make adjustments that allow for more direct service or for development of written organizers that support the student's independent work.

5. Practice flexibility across a specific time block throughout the week. While this may not be desirable for an entire schedule, it may help some SLPs to best use classroom-based direct service as well as certain indirect activities if he/she is able to be in classes on days when the classroom needs and activities are most conducive to support, interaction, or observation.

6. Develop a different schedule for each week of the month. If the variety of activities that need to be accomplished do not comfortably fit into a single workweek, develop 2–4 different schedules to be used for different weeks of the month. Each time slot in the schedule does not only show the students’ names, but also the type of activity that the speech-language pathologist is completing.

**Individualizing Workload Analysis for the SLP**

The ASHA workload analysis implementation guide (2003) comes complete with sample forms that can be used to plan and track work activities. As the speech-language pathologist endeavors to individualize workload analysis to a specific work setting, he/she may find a need to easily refer to the services that are beneficial for individual students in that caseload. In those instances, the SLP may customize her own approach by developing forms that meet her specific needs.

Fortunately, today's technology allows each professional to create forms that are applicable to her own needs. For example, the “mail merge” function in computer software, typically used for directories or mass mailings, also can be applied to create user-friendly workload documents. To format a document with information for each individual student, open or create a data source, such as a spreadsheet or table, which contains student names and other desirable information, such as minutes of service per month, as well as types of direct service, indirect service activities, and compliance activities. The headings used in the data source will become the merge fields that are added to the main document. Create a main document such as a student time/activity log. At the top of this main document, add or customize merge fields. When the data source is merged with the main document, custom forms for each student are created. Both forms, customized logs with information on each student and the table or spreadsheet with information on all students, present readily available information at a glance.

**The Future**

Workload analysis is a tool that can benefit all stakeholders engaged in the IEP process. As with any tool, users gain expertise and proficiency with continued use. For SLPs, workload analysis has already been recognized as an innovative and powerful tool for managing time, making service delivery
decisions, and advocating for a professional work environment that is conducive to effective service delivery. Over time, SLPs may find that their workload applications become better defined or broader in their scope. Because this model encompasses all of the activities of a school-based speech-language pathologist, it naturally presents various skills and abilities of SLPs to families and other professionals. Students benefit when SLPs are freed to move beyond the traditional “direct service only” model to this broader model that provides for services to flow through many avenues. SLPs, likewise, benefit when they can design weekly or monthly schedules that allow work activities to be completed within the boundaries of the workday, thus relieving a source of frustration for many professionals.

As a model in speech-language pathology, workload analysis is still relatively new. In the next few years, more and more administrators will surely be introduced to this concept. Hopefully, they will recognize workload analysis as a way to create a positive and productive work environment that helps to retain speech-language pathologists and, when necessary, attract new employees. Eventually, SLPs interviewing for new positions will routinely ask if workload analysis is commonly used in the workplace. Pre-professionals may begin to gain a working knowledge of workload analysis in their graduate courses, thus entering school-based practice with advanced knowledge about ways to build services for students. As more individual speech-language pathologists begin to practice workload principles, that which is new today may become standard procedure tomorrow.

**References**


Managing Workload

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In 2002, ASHA adopted a position on workload approach for determining caseload standards (ASHA, 2002b). The purpose of the workload approach is to ensure students receive the services that they need, not just what a speech-language pathologist has available in his/her schedule or is convenient for administration. A key premise to this model includes acknowledging that each student on a caseload adds not only direct services, but also a myriad of indirect and related service needs, including paperwork, parent/teacher contacts, and materials management. Prior to 2002, ASHA had recommended a caseload maximum of 40, yet for years members reported caseloads in excess of this, with some reporting caseloads of more than 100 students (Beck, 2005). It was clear that merely setting a caseload number was not working for either students or clinicians—thus the workload concept was born.

Workload and Workload Clusters

Workload takes into consideration all of the responsibilities of school-based speech-language pathologists, including those that extend beyond directly working with students (ASHA, 2002b). An SLP must first identify and categorize all the various roles and responsibilities prior to workload analysis. ASHA offers a model for breaking down common SLP activities into four categories:

1. Direct services to students
2. Indirect activities that support students in the least restrictive environment and the general education curriculum
3. Indirect activities that support students’ educational programs
4. Activities that support compliance with federal, state, and local mandates

Direct services have traditionally been the largest area of a speech-language pathologist’s caseload. This includes the “face-to-face” treatments as outlined in a student’s individualized education program (IEP; ASHA, 2002a). Other tasks that do not require face-to-face contact but that are essential to a student’s school success are considered indirect services and include undertakings such as collaboration, team planning, and parent conferences. A school-based SLP is no stranger to the myriad of tasks required to comply with federal, state, and local mandates. Billing, paperwork, scheduling, duties, budgeting, and travel are only a few of the many jobs in this category. It is considered a virtual luxury, by many clinicians, if time is allotted in a work day for these compliance issues.

Determining Workload and Identifying Overload

ASHA offers the following three-step procedure for examining workload (ASHA, 2002a).

Step #1: Analyze the current workload relative to the needs of the students receiving services. This is accomplished by identifying all the activities required to serve each student and organizing them into the four workload clusters outlined above. There are only a given number of hours in a work week. All activities, both direct and indirect, must be plotted in a schedule. When all the “time slots” are full, the workload is maximized.

Step #2: Determine if the workload is “balanced.” If, after all duties are scheduled, there are still activities that need to be done, but no more time is available, the workload is unbalanced and the SLP is overloaded.

Step #3: Collaborate with others to strategize and solve the imbalance/overload. ASHA’s workload analysis implementation guide (ASHA, 2003) offers several tools to help SLPs quantify their workload, including worksheets for time and task analysis and examples of various approaches. AGS also offers a free workload calculator, which is available at http://www.speechandlanguage.com/caseload/caseload_calc2.asp.

Strategies for Managing Overload

There are many options for the overloaded SLP to achieve balance (and hopefully harmony) in his/her workload. Service delivery models are a good place to start. Flexible and varied service delivery increases successful management of direct and indirect service delivery, has a positive impact on student learning in the least restrictive environment, and facilitates collaboration with other educators. Service delivery options range from consultation to traditional pull-out (Kansas State Department of Education Student Support Services, 2005). Services also could be provided in a small group within the classroom with one or more identified students. Additionally, services may need to be community-based in order to foster the communication skills required for independent living, community involvement, and vocational success.

Scheduling options also can have a significant bearing on workload. An IEP must specify location of services as well as intensity. It is possible to develop IEPs that are more flexible and dynamic. Changes in the frequency, duration, and location of services can be written into the IEP and implemented accordingly as various benchmarks are accomplished. This practice is more in keeping with the concept of education in the least restrictive environment and supports the SLP with workload management. For example, the Kansas State Department of Education Student Support Services’ (2005) Speech-Language Guidelines for Schools offers several samples reminding readers to keep many options open. One such example describes a continuum of supports as a child progresses.
Speech-language services will be provided in the speech room 2 times a week for 30 minutes until 60% accuracy of speech sound production tasks is accomplished. Then services will be provided in the general education classroom 10 minutes a day for 3 days each week until the student’s speech sound production is 70% accurate. Indirect speech-language services will then be provided 1 day a month for 20 minutes to monitor progress. The student will be dismissed from services when the student’s speech sound production is 75% accurate (p. 83).

Developing IEPs in this manner also eases the workload burden by preventing the need for repeated IEP meetings to adjust the plan as a student progresses.

IEPs also may be written to reflect minutes of service to be delivered per month, as opposed to the customary minutes per week. Flexible weekly scheduling, flexible monthly scheduling, and intensive scheduling options should all be considered to ensure efficacy. Flexible weekly scheduling would allow for a deviation from the traditional 30 minutes 2 times a week. Rather, 60 minutes per week could be listed and then delivered in several ways, including:

- 10 minutes 6 times per week
- 15 minutes 4 times per week
- 20 minutes 3 times per week
- 45 minutes one time per week and 15 minutes once per week

Successfully blocking out time in order to complete each workload activity, from all clusters in the workload, is at the heart of flexible monthly scheduling. Flexible monthly scheduling would allow only the activities that do not require personal contact with students to be completed on designated days. This would be a significant change for many school systems and would require a great deal of administrative support, teacher support, and parent education. A 3:1 model, developed by Sharon Soliday, allocates 3 weeks of the month for direct services and 1 week specifically for all remaining duties (Annett, 2004). Other districts have modified this slightly, approaching this effort on a weekly basis, with 4 days for direct and 1 day for indirect services.

Analysis of workload and overload can assist schools in justifying additional SLP positions. The use of speech-language pathology assistants can be a benefit, especially if more direct treatments are needed for the workload.

Clerical staff to handle the plethora of office duties embedded in special education is an exciting alternative. Scheduling, IEP tracking, meeting organization, filing, copying, editing, and budget requests are time-consuming tasks that can often be handled by a clerical position rather than an SLP. Having someone else take responsibility for these activities can have a tremendous impact on the “balance” of the workload. Often this can be attractive to administrators given the salary differential(s) between a speech-language pathologist and an administrative assistant.

Administrative cooperation for initiating workload adjustments can be invaluable. Authorization for release from bus/recess duty, extended day contracts, accommodating use of early release and workshop days, and hiring staff are all supportive maneuvers. Administrators can assign personnel to specialized roles. Diagnosticians may be used to complete all screenings, assessments, and IEP development. Additional staff might have distinct responsibilities, with one being responsible for all services provided in inclusive settings and another carrying out pull-out treatment. Also, adopting eligibility criteria and policies that encompass a workload model is certainly advantageous.

Conclusion
The entire workload of a speech-language pathologist should be considered when assigning caseloads. Overload leads to inefficient service delivery to students and low job satisfaction for SLPs. Once imbalance in a workload is identified, quantified, and analyzed, several strategies exist for making improvements and allowing speech-language pathologists to ensure optimal student outcomes and participate fully in the wide range of associated professional activities.

References


Implementing a Workload Approach to Caseload: Methods and Strategies

Workload Analysis: IEP Time and Group Size Factors in Calculating Workload

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Concerns frequently voiced by speech-language pathologists working in the school setting include high caseload numbers that often translate into large group sizes. In addition, a large caseload potentially takes time away from an SLP’s other responsibilities, such as planning, meetings, paperwork, screening, assessment, and Medicaid/third-party billing (Edgar & Rosa-Lugo, 2007; ASHA, 2000b). SLPs working in school settings have reported that high caseload numbers prevent them from providing adequate services (ASHA, 1993, 2000a, 2002a, 2002b; Pezzei & Oratio, 1991; Whitmire, 2000).

The generally accepted effect of larger groups and reduced time for other duties is reduced quality and effectiveness of treatment, which potentially increases the length of treatment (Edgar & Rosa-Lugo, 2007). This perpetuates a negative cycle where caseload numbers are high, group sizes are large, and little time is left for other assigned duties. Administrators who hear these concerns have to make decisions regarding their validity and how policies and practices should be modified to address them.

Caseload numbers merely reflect the number of individuals enrolled in treatment and, by themselves, do not adequately capture the workload of the clinician (Power-deFur, 2001). For example, the intensity and frequency of treatment provided may vary for each individual on a caseload. Use of a workload approach rather than caseload numbers has been recommended to adequately reflect the duties assigned to speech-language pathologists.

Several workload analysis models have been reported to be in use (ASHA, 2006). Most models have three basic components in common: documentation, quantification, and analysis.

Documentation

The documentation component simply lists all duties that are assigned to the SLP. Documentation is a critical component of any workload analysis; thus, it is important to be inclusive when documenting. ASHA has a workload document that is an excellent reference (ASHA, 2002c). It includes 53 items divided into four clusters and can be used as a guide when documenting.

The most common method of documentation is the use of a checklist. Items that should be included are

- Treatment/IEP time
- Reevaluations
- Screening
- Evaluations
- Consultation
- Committees
- Lunch duty, recess

- IEP/IFSP/service plans
- Parent conferences
- Medicaid/third-party billing
- Planning/log/documentation
- Travel

Many duties that are specifically related to provision of treatment to students may be included in “IEP time.” The frequency of services indicated on the IEP can include more than just the time involved in direct intervention provided to the student. For example, some speech-language pathologists complete data collection for progress monitoring during the last 5 minutes of treatment. At times, “consultation” activities are provided through IEP time. A student’s IEP could include 90 minutes a week, with 60 minutes provided directly to the student and 30 minutes provided in the form of consultation with the teacher/parent. Some districts will not allow indirect services in IEP time, and there are some duties that are not student specific (e.g., lunch duty, committees, and screening) that could not be included in IEP time. Those duties that are already included in IEP time could be documented by calculating IEP time. Those duties not included in IEP time should be documented separately. A checklist is one way to document duties not included in IEP time.

Quantification

The second step in workload analysis is to quantify the documented duties. An effective workload analysis needs to be able to assign a meaningful value to both the amount of IEP time and other assigned duties. There are three methods to quantify duties that have been cited:

- Schedule time slot
- Weighting
- Weekly hours calculation

The schedule time slot method quantifies duties by designing a weekly schedule form in which all duties are entered on the schedule. The amount of time or number of slots on the schedule allocated to that duty is the value that quantifies the workload.

The weighting method assigns a numerical value to assigned duties. Weight values are either randomly assigned or are based on time-study based data (explained on p. 19).

The weekly hours calculation assigns a value based on the average number of hours per week that it takes to complete the assigned duties.

Some duties are easy to quantify. These are the regular weekly duties such as lunch, recess, and planning. Time required for other duties, such as IEPs and reevaluations,
varies from week to week and is hard to quantify. A time study can be completed to determine how much time is involved in particular duties.

**Conducting a Time Study**

A time study consists of three steps:

- Define a specific task.
- Break the task down into individual specific steps.
- Document the actual time required to complete each step of the task.

Completing the task more than once and averaging times would increase the reliability of the result. Reliability of the results also would be increased if more than one clinician participated in the time study.

Once the time required to complete the task is documented, the average weekly time allotted to the task can be calculated. This is done by estimating the number of times in a year the task needs to be carried out and then dividing by the number of weeks in the year.

For example, suppose it was documented that all the steps in completing an IEP took an average of 1 hour. An SLP with a caseload of 40 students would typically complete 40 IEPs a year. Forty IEPs a year multiplied by 1 hour per IEP equals 40 hours per year. Forty hours per year divided by 36 weeks in a school year yields an average of 1.1 hours per week to complete an IEP.

**IEP Time and the Group Size Factor**

Another important component of the weekly hours calculation method is the quantification of IEP/treatment time. Treatment time is the amount of hours per week needed to schedule all the assigned students in accord with the treatment minutes as indicated on the IEP for each student.

The calculation is simple for students with individual treatment. For example, seven students with 1 hour per week of individual treatment yields 7 hours of treatment; it will take 7 hours a week to schedule those seven students. If there are two students that receive individual treatment for 30 minutes a week and three students that receive individual treatment for 60 minutes, then the calculation would look like this:

\[
\begin{align*}
2 \times 30 &= 60 \text{ minutes} \\
3 \times 60 &= 180 \text{ minutes} \\
180 + 60 &= 240 \text{ minutes per week} \\
240/60 &= 4 \text{ hours per week needed to schedule individual students}
\end{align*}
\]

**Group Size Factor**

One of the most challenging and often ignored factors in workload analysis is the group size factor. While it is relatively simple to determine weekly treatment time needed for individual students, it is difficult to calculate for students that receive treatment in a group. If a speech-language pathologist had a caseload of 60 students each with 1 hour of treatment time, it would take 60 hours a week to schedule individual treatment, but because the students are grouped together, it takes much less time. Therefore, there needs to be a method to calculate treatment time for group treatment. This can be done using an average group size for calculation purposes.

The weekly group treatment hours can be determined by calculating the total number of 30-minute units of treatment per week and then dividing by a number based on the average group size. The total number of 30-minute units is determined by adding the number of 30-minute units that each student receives treatment according to their IEP.

For example, let’s assume that all students that receive group treatment are in a group of three students. If there are 60 students that receive speech treatment twice a week for 30 minutes, the calculation of group treatment time would be as follows:

\[
\begin{align*}
60 \text{ (students)} \times 2 \text{ (twice a week)} &= 1,200 \text{ minutes} \\
1,200 \text{ minutes} \div 3 \text{ (group size)} &= 400 \text{ minutes per week}
\end{align*}
\]

It would take 20 hours a week of treatment time to schedule the 60 students in groups of three. Of course, in a typical caseload, not all students will be in groups of three. Therefore, for the purposes of calculating workload, an “average” group size is selected for the workload calculation. The average group size concept does not mean that all students must be scheduled in the group size selected or that all groups must average a selected size when scheduling. It is a number that will be used to determine the number of treatment hours per week that will be needed to schedule clients with an average of that group size.

Since individual treatment is calculated separately, the smallest average group size would be two. Limited data are available on the effectiveness of treatment with various group sizes. One group of investigators found a significant difference between groups of three and groups of six in students with learning and behavioral disabilities (Thurlow, Ysseldyke, Wotrubka, & Algozzine, 1993). In the smaller groups there was increased use of more effective instructional behaviors, a higher percentage of time in which students made active academic responses, an increased attention to tasks, and less inappropriate behavior. Terrebonne Parish Schools surveyed IEP outcomes of approximately 1,500 students receiving speech treatment services, and review of the data indicated fewer objectives achieved for students who received treatment in a group of five or more compared to those in a group of four or less (Mire, 2000).

If students or clients are seen less frequently than weekly (e.g., 30 minutes, twice a month), the average group size is multiplied by 8 to convert 30-minute units to hours and to account for the availability of an average of 4 weeks in a month. If students or clients are seen less frequently than monthly (e.g., 30 minutes, once a semester), they are considered in the semester hours. Since these students or clients are usually scheduled with this frequency in order to track their performance, group size is not used. Rather the total number of 30-minute units per semester is divided by the number of
Implementing a Workload Approach to Caseload: Methods and Strategies

weeks in the semester. The number of weeks in the semester is first multiplied by 2 in order to convert 30-minute units to treatment hours.

The calculations of treatment time can be quite complicated, especially when there are a variety of frequency service models in use. An Excel spreadsheet is an excellent way to simplify the calculation process. Terrebonne Parish developed an Excel spreadsheet in which each SLP enters the number of students on the caseload by frequency service model. The Excel document completes all the calculations and provides a weekly group treatment time total.

Analysis

The third component of the workload model is the analysis or interpretation component. In this component, the numbers from the quantification component are used to determine if the workload is appropriate or excessive. The results of the analysis can be used by administrators in making adjustments to assignments and also can be used to advocate for additional SLP positions.

The analysis for the schedule time slot approach is based on the number of time slots filled. When all the time slots are filled, the workload is full. However, this approach does not account for group size, with some time slots filled with large groups and others filled with small groups.

The analysis of the weekly hours calculation is based on the total weekly hours compared to weekly hours employed or contracted for. The comparison and data can be used to determine if a workload is excessive/at maximum or if assignments need to be adjusted.

Summary

Two important aspects of workload analysis are IEP time and consideration of the group size factor in calculating workload. Documentation and quantification of IEP time and other assigned duties are very important components of an effective workload analysis. Administrators generally expect and respond well to objective documentation of workload.

Some workload approaches do not account for group size factor. However, when workload is heavy, the result is larger groups that could reduce effectiveness of treatment. Therefore, it is important to incorporate group size data in any workload approach. This involves selecting an average group size on which to base calculations for group IEP time. Data is needed to justify selection of the average group size. More research and collection of data on the effectiveness and efficiency of treatment based on group size would contribute significantly to workload analysis efforts.

References


Speech-Language Pathology Caseload and Workload Solutions for the Tacoma School District

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The Speech-Language Pathology Department in the Tacoma (WA) School District strives to be progressive. The staff members have studied workload and caseload issues and have several successful programs in place.

The Tacoma School District is the second largest school district in Washington state. It covers 56 square miles and is located on Puget Sound. There are 36 elementary schools, 11 middle schools, seven high schools, and eight alternative programs (Tacoma Public Schools at a Glance, 2007). The Speech-Language Pathology Department consists of 53 members, including 34 speech-language pathologists and 19 speech-language pathology assistants (SLPAs). Of these staff members, 67% are full time.

Several processes are in place in terms of workload and caseload. Staff developed a deployment team 10 years ago to ensure equity of caseload and workload. Other resources include a Weighted Caseload System developed in 2005, guidelines for eligibility, use of the ACT (Assess, Consult, Team) 3:1 Model, and a successful model working with SLPAs.

Deployment Team

The deployment team is comprised of six speech-language pathologists who have varying years on the staff and different types of caseloads. This diversity is important for a full understanding of staffing issues. This team meets to develop annual school assignments for SLPs and SLPAs. There are additional meetings throughout the school year when there are staff changes or inequity concerns because of school or program changes.

Every February, staff is provided with deployment surveys to complete and submit in April. Speech-language pathologists and SLPAs have different surveys. Both surveys request the following information: sites served, any plans for employment change, if the current assignment is manageable, if the individual would like to continue with the same assignment, and if the staff member would be open to making a change. Both groups also are asked to prioritize four items for the deployment team to consider during the process for possible changes. These four items are building site, caseload size, caseload type/program, and the opportunity to continue working with the same SLP or SLPA. It is interesting to note that when speech-language pathologists prioritize, the caseload size item is generally the fourth priority.

In addition, SLPs also report the following: number of students on caseload as recorded on school district computerized sheets, weighted caseload numbers, number of speech-language pathology assistant days currently assigned, types of programs that are in their buildings, and whether they would like to continue to work with the same SLPA(s). This school year, the speech-language pathologists also were asked how many Medicaid students are in the caseload. This number may vary significantly and does affect workload for paperwork.

In their survey, SLPAs also are asked for the number of students served and if they would like to continue working with the same speech-language pathologist(s).

Each SLP and SLPA is assigned to a deployment team member to contact for discussion or concerns. Staff members are welcome to attend a deployment team meeting to discuss issues concerning their caseload and workload. The deployment team has meetings to review each survey and make school and/or program assignment recommendations.

The team looks at the total caseload and weighted caseload numbers per SLP. This caseload number is divided by the total staff days per week to get an average number of students per day. The staff days are the sum of SLP days plus the number of SLPA days per week. Therefore, if the speech-language pathologist works full time and has 2 days of speech-language pathology assistant time, that equals 7 days. If the caseload is 60, then the average number of students per day is 8.57. The deployment team works to ensure that averages are within 5–10 students per day, depending on programs served.

The staff works well with the deployment team. The overall attitude is that the deployment team is working hard for the benefit of the entire staff. Therefore, staff members have respected the team’s decisions.

Tacoma School District Weighted Caseload System

Along with the survey, each speech-language pathologist completes the Tacoma School District Weighted Caseload System for each school they serve. This documents the students’ needs as well as other logistics per school. The SLPs also include weighted caseload information on their deployment surveys. The Tacoma School District Weighted Caseload System was modeled after a caseload system used in Wisconsin (Moore, 2004).

The most important aspect of the Tacoma School District Weighted Caseload System is that it addresses factors rather than severity or time. Also included is the consideration of the number of schools served, the size of the school for logistics (high school and middle schools), and if a student body is transient. On the Tacoma School District Weighted Caseload System, each student on a caseload is assigned a 1.0. Then other factors are assessed and given additional weight from 0.1 to 0.5.
Factors considered when weighting a SLP’s caseload include the following:

- Service as an advisor
- Work on curriculum committees
- Inclusion of students on caseload who have behavioral issues
- Inclusion of students on caseload who are visually or hearing impaired
- Consultation and meetings with outside agencies
- Inclusion of students on caseload who require swallowing treatment
- Inclusion of students on caseload who use alternative means of communication or who are wheelchair bound

There is one category for extenuating circumstances, and this also can be used if the communication problem is considered severe. All of these factors listed above have a value or a range of values using 0.1–0.5 points. Each student can receive a range of a minimum of 1.0 to a maximum of 2.7 points if all factors are checked.

The deployment team looks closely at the weighted caseload report provided by each SLP. This information is not only helpful for speech-language pathologists’ assignments, but also critical for SLPA’s placement. There are two ways that the team can assist an SLP with an elevated weighted caseload. One is to lessen the assignment, and another is to assign more SLPA time.

**Speech-Language Pathology Assistants**

In the Tacoma School District, speech-language pathology assistants have been assisting SLPs with their workload for more than 20 years. The SLPA’s are well trained. They are able to provide treatment with students, do paperwork, and provide increased communication between building staff and the speech-language pathology staff. If an SLP has a caseload of approximately 55–60 students, he/she may have an average of 3 days of speech-language pathology assistant time assigned.

When there is an SLPA at a building, the speech-language pathologist has more time to spend in the classroom, go to meetings, do evaluations, and complete paperwork. Some SLPs and SLPA’s share students, with each of them having a student once a week for treatment; this is particularly helpful with a difficult or challenging case. When the semester changes, some students may be switched between the SLP and the SLPA.

Speech-language pathology assistants also may help with paperwork. Even though they do not write individualized education programs (IEPs) or evaluations, there is an opportunity for them to help with Medicaid, the distribution of special education paperwork, and the logistics of getting required signatures from building staff.

**ACT 3:1 Model**

The Tacoma School District Speech-Language Pathology Department has been using the 3:1 model (Annett, 2004) for 2 years. The Tacoma School District entitled it the ACT Model for Assess, Consult, and Team, as these are important aspects of the program. Using this model gives the speech-language pathologist an opportunity to do 3 weeks of direct service and then 1 week of indirect service at a building. The SLPs have found more time to do the following tasks during the ACT week:

- Evaluations
- Alternative/augmentative communication
- Observations
- Planning treatment to align curriculum, which includes Washington state’s educational objectives for students by grade level
- Medicaid paperwork
- Time for writing IEPs
- Increased opportunity to team with teachers and other staff
- Additional planning for challenging cases
- More pre-referral interventions
- Supervision of SLPA’s
- Teaming with other SLPs
- Consultations with parents as well as teachers
- Observing speech and language treatment students in other settings within the school
- Meeting with outside agencies

**Tacoma School District Guidelines for Speech-Language Pathology**

The last time Washington State amended the eligibility criteria for speech and language treatment, it was a fairly open statement. The primary criterion for eligibility for services was educational impact.

To help narrow the focus of eligibility, the Tacoma School District Guidelines for Speech Language Pathology were written in August 2001. The guidelines have since had two revisions, with another revision planned for spring of 2007 (internal document).

These guidelines enable the speech-language pathology staff to make supported decisions for caseload consideration. The guidelines also can be accessed and shared with building personnel at staffings and with parents. Because these are guidelines, the eligibility law for Washington State takes precedent, including the requirement that a speech-language impairment must have an educational impact to qualify a child for services.
Summary of Solutions for Caseload and Workload

The programs that the speech-language pathologists in the Tacoma School District have implemented over the past 10 years have improved workload and caseload conditions. The first innovative idea was the addition of SLPAs to increase service to students and to ease caseload and workload. Next the department established a deployment team to tackle the challenge of equity in staff assignments for each school year. Then the guidelines for support of caseload determination with exit considerations were developed. And finally, the additions of the Weighted Caseload System and the ACT Model also have contributed to caseload and workload relief. Utilizing all of these methods has improved the quality of work experience for SLPs.

To receive any of the documents referenced in this article, please go to http://www.slpedia.com and follow the prompts for the Tacoma School District. Inquiries may be sent to Gail Rothwell by e-mail at grothwe@tacoma.k12.wa.us.

References

