Solving the SLP Shortage
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Executive Summary

The growing SLP shortage means higher caseloads for district therapists. This leads to SLP burnout on an unprecedented scale, unexpected recruiting and turnover expenses, and students making slower—or no—progress against their IEP goals. As the national shortage worsens, particularly in rural areas, schools are unable to adequately provide services. Inflated costs press upon overstrained budgets, and school personnel are forced to devote inordinate amounts of time and effort searching for and managing scarce SLPs.

In response, several alternatives have been suggested and tried. Unfortunately, each of these solutions has serious drawbacks. The complexity of the problem demands a more systematic solution.

Online Speech Therapy, or “Teletherapy”, is an innovative, cost effective solution that offers maximum flexibility by overcoming barriers of distance, unavailability of specialists, and impaired mobility.

By extending top-quality clinical services to remote, rural, and underserved populations, Telepractice may hold the key to significantly reducing SLP shortages, guaranteeing children needed services, and alleviating severely strained school budgets. As a result, administrators and SpEd Directors can be free to focus upon other critical educational priorities.
The Problem

Not Enough SLPs

Consider the following:

A discouraged Rural SpEd Director recently lamented that it is “very difficult to find SLPs in the entire state of Minnesota. It got to point that parents were threatening to call the state because schools did not have SLPs.”

Carol Edmiston, MA, CCC-SLP, of Virginia, has a caseload of 90 students, 22 more than the recommended state limit. Her large caseload only allows Edmiston to see most of her students for about 20 minutes, once or twice a week. “Large caseloads directly affect the quality of service school clinicians are able to provide”, she notes.

Jennifer Pierce, MSc, CCC-SLP, of Montana has a caseload in the mid-60s. “Staffing shortages create larger caseloads for speech-language pathologists,” Pierce states. “As a result, I can’t provide the service the child needs... Our caseload size determines how much time we can offer. We’re all good at what we do, but it’s hard for students to make gains when you see them for 30 minutes one time a week.”

As reported by The U.S. Bureau of Labor Statistics, “there is a considerable national shortage of SLPs projected over next 5 years. An additional 28,800 SLPs will be needed to fill the demand between 2010 and 2020—a 23% increase in job openings.”

These shortages are exacerbated in rural areas. 80% of rural schools have shortages in special education teachers and staff, leaving them far behind their urban counterparts. When those SLPs surveyed were asked what kind of impact the shortage had on them, 77% said that the result was a larger caseload.
Not Enough Money

Let’s suppose for a moment that there was no SLP shortage. Let’s even imagine that there was a healthy surplus. Would that make the problem disappear? The answer is no! That’s because of an equally imposing hurdle-- money, or not enough of it. As the SpEd Director of a rural school complained, “Rural schools can’t afford to have their own SLPs.” And it’s not only budget cuts, which affect everyone.⁸

Rural districts often have less to spend because of inadequate tax revenues... special education is even more problematic. Very small districts spend more per pupil than larger districts due to [the] necessary infrastructure, and [also due to] increased transportation expenses.⁹

Add to this the higher recruitment fees charged by staffing agencies to find “distant and elusive” SLPs, and the heartbreaking reality is this: there is less money available to provide the children the services they need.

Rural Districts: Not Enough to Attract or Hold SLPs

Recruiting and retaining staff serving students with disabilities is particularly difficult in rural areas. Salaries are not competitive, and rural areas are far from urban cultural centers and universities, which restrict teachers from participating in training and development programs that would enhance them professionally. They feel “left behind” and unable to learn new teaching strategies.¹⁰

This is a real problem. “Attrition of speech therapists in rural districts can be two to three times the national average. Turnover is especially acute among professionals who travel long distances from site to site, on an itinerant basis, to serve students with disabilities.”¹¹

Ultimately, being an SLP in a rural area can be challenging, and unfortunately, some SLPs don’t stick it out. “A study of rural teacher turnover in Kansas indicated that 20.9% of teachers in the study sample did not return the next year. Of those who did not return, 70.7% accepted positions in larger school districts. Many teachers reportedly resigned because of the isolation of their social and cultural lives.”
Attempted Solutions

SLP Assistants Instead of SLPs

In seeking to solve this problem a number of alternatives have been implemented; however, each has its own drawback. Some rural districts have turned to hiring Speech Language Pathologist Assistants (SLPAs) or Speech Language Assistants (SLAs) as “almost” SLPs.\textsuperscript{12}

However, it has been noted that “speech language assistants are not qualified to provide speech language therapy. Schools attempt to justify the use of ‘speech therapy assistants’ by claiming that students are ‘just rehearsing’ material learned from the Speech Language Pathologist. In reality, many speech language assistants are providing speech therapy, not practice reinforcement.”\textsuperscript{13}

Transport Children to a Regional Facility

Others have arranged for students to receive services far from their districts, or “in regional programs, cooperatives, or intermediate education units.” Does this work? “While providing needed services, these placements may require long hours of travel each day,”\textsuperscript{14} which invariably adversely impact the students.
Co-Ops: Itinerant SLPs

In this spirit of regional cooperation, some districts have created a resource cooperative (Co-Op). For example, the Missoula co-op says as follows: “Many of our small district schools cannot afford SLPs so we employ and rotate them as needed. We service 17 school districts over a four-county area with a combined enrollment of 3,770 students. Our funding comes from federal grants and state allocated money. Individual schools cover the shortfall.”

Co-ops are a credible response to the shortage. Notwithstanding the resourcefulness of this option, though, there are two problems. First, the schools are often far away from each other, which means additional expenses charged by SLPs for travel time and car mileage. Secondly, its dependence upon public funding leaves implementation vulnerable.

Traditional Staffing Agencies

The most popular option for frustrated districts is to turn to traditional staffing agencies to find therapists. However, top-quality clinicians generally find students closer to home, and it is often less-experienced therapists who are willing to travel longer distances to meet with students onsite. And these SLPs often command a premium “finder’s fee” from the staffing agency in compensation for the agency’s time and efforts.

Despite the creativity and sincerely dedicated efforts evidenced in these solutions, there are inherent inadequacies in each that require a new paradigm of thought to solve this chronic problem in a more systematic and sustainable fashion.
The Optimal Solution

Telepractice to the Rescue

Online speech therapy, or telepractice, is a research-based solution to the shortage. In many ways telepractice is just like face-to-face therapy, but instead of sitting in the same room, the therapist and student(s) and/or family communicate via high-resolution, live videoconferencing.

During therapy sessions, the student and therapist can see, hear, and interact with one another in real time, using webcams, headsets, and a live, synchronous online learning environment.

Licensed speech language therapists use traditional speech therapy techniques and activities through innovative software and tools, and have the technology literally at their fingertips to plan and deliver high quality services. For example, the therapist can share her screen as she interacts in speech language activities with her students, or use a whiteboard or other appropriate instructional tools. Children born into technology are easily engaged in this medium.

Solving the Staffing Shortage

The implementation of telepractice has been proven to be a viable, evidence-based and cost-effective practice for schools. These schools can now secure top-quality therapists for a reasonable price, and maintain consistency with their students by eliminating traditional barriers of distance, mobility, and time. What’s more, by implementing telepractice, schools are positioned to reduce complaints, mediation and due process hearings, and be in full compliance with The Individuals with Disabilities Education Act (IDEA). While IDEA does not dictate specific service delivery methods, the research to date on this topic which is both extensive and peerreviewed clearly shows that teletherapy meets IDEA requirements.
Flexibility

By eliminating geographic and logistical barriers, school administrators, students, and their families enjoy flexibility regarding where and when therapy sessions take place – whether at home, at school, or some other facility. While onsite contractors control timing and may lock schools into rigid schedules, the network of therapists and the online delivery model allows for therapy to be provided when it’s convenient for the school and the students; even if that’s before or after school hours.

No Compromise on Quality

Best of all, there is no compromise needed when it comes to quality. Telepractice affords schools access to top-notch SLPs, as they are no longer limited to locally-based SLPs, but can draw from a nationwide network of highly qualified, certified therapists. Telepractice clinicians must meet the requirements for speech language pathologists as defined by the American Speech Language Hearing Association (ASHA) and hold ASHA’s CCC-SLP certification.

Management Benefits

With telepractice, districts no longer have to recruit, screen, train or manage SLPs, pay transportation expenses, or worry about interruptions in therapy when SLPs are absent, on leave, or no longer in the district. Telepractice can provide all of this while helping to ensure uninterrupted service, thus freeing up staff time for other educational priorities. This guarantees fewer headaches from dealing with SLP attrition and the resulting need to fill vacancies.

Students benefit as well; since the attrition rate of therapists is often directly related to distance and travel time, eliminating travel results in a marked rise in that therapist’s consistency.

What’s more, schools can better access culturally and linguistically diverse therapists. Finally, telepractice affords the option to match students with therapists based upon their specialties, allowing more targeted, effective treatment and enhanced outcomes.
Administrative Control

Telepractice relieves schools of other administrative issues and expenses as well by streamlining scheduling, easing tracking and reporting, simplifying, auditing and organizing accurate instantly retrievable records through the digital services provided. This ability to access critical information instantly, all in real time, minimizes risk of compliance issues. What’s more, the technology provides the capacity to remotely log in and observe the session in real time allowing the parents or members of the child’s “team” to see the child's progress for themselves.

Proven Effective and Endorsed by Experts

Telepractice has been used successfully since the late 1990’s in hundreds of thousands of therapy sessions across the United States, according to leading telepractice providers. It has been found to be an effective and appropriate therapeutic delivery mode in 20 years of research by over 40 academic published studies beginning with a landmark paper by the Mayo Clinic in 1997 which stated, “Telemedicine evaluations can be reliable, beneficial, and acceptable to patients with a variety of acquired speech and language disorders, both in rural settings and within large multidisciplinary medical settings.”

In addition, ASHA gave its endorsement in 2005. “Based on the strong body of peer-reviewed research supporting telepractice... ASHA recognizes telepractice as a valid means of service delivery.” The effectiveness of telepractice was corroborated by a 2011 study by Kent State University researchers comparing students receiving traditional in-person therapy and those receiving telepractice in public school settings. They found that the outcomes for the telepractice group were equal or better than the in-person group, stating that “Students in both service models made significant improvements with students in the telepractice group demonstrating a greater mastery of their Individual Education Plan (IEP) goals.”

Benefits for Therapists

Telepractice is a dream come true for therapists, as it offers the opportunity to be one’s own boss and flexible convenient hours with no need to travel. They can serve schools and children nationwide, work either part-time or full-time, and grow their career all while working from the comfort of their own homes. It promotes productivity, allows managing caseload and workload more efficiently, and allows the therapist to spend more time working with kids and less time in the car.
Kids Love It

By utilizing fun and engaging technology, telepractice is kid friendly. Today’s children are comfortable with computers, and love game-based activities such as video interactions and computerized learning. As technology advances, and children are exposed to, and become increasingly more adept with, computers at a young age, the familiar experience of being motivated by the computer; the monitor, games, and images will provide a natural bridge into telepractice. In this rapidly developing technological world of ours, the digital dimensions of online speech therapy have become very natural, almost expected. The computer provides other benefits as well. Aside from an ever expanding array of engaging and motivating materials, telepractice utilizes a virtual backpack for homework, which augments the student’s experience, facilitates greater involvement by the interested parties, and increases the likelihood of success.

Save Money

Telepractice has exceptional value and is affordable. There is a mistaken perception that telepractice is more costly than traditional onsite therapy due to the additional expenses associated with clinical services, equipment, adding a paraprofessional and technology. In actuality, the opposite is true. The telepractice provider, save for the computer, generally covers technology-related costs and, even if factoring in a paraprofessional, can be less expensive than what a traditional staffing agency would charge due to three factors. First, the fee for a telepractice therapist is comparable to that of an onsite therapist. Secondly, traveling expenses are eliminated. And finally, traditional staffing agencies often charge a premium fee to find a therapist who will travel, which of course with telepractice is irrelevant.

Benefits for Parents

Many children who are shy or more reserved find the experience of speech therapy at home less intimidating than the face-to-face contact of traditional speech therapy. And the home environment provides more comfort, which may encourage any child, regardless of nature, to more fully participate in the therapeutic process. But either way, the undeniable benefit to the parents is that online sessions conducted at home or in school eliminate the need to ever travel to another session, and worry about babysitting for the other children.
Key Takeaways

Administrators and SpEd Directors

- Eliminates transportation expenses and staffing agency premiums to find “distant” therapists
- Provides access to national network of top-quality therapists, perhaps for less money
- Alleviates recruiting, screening, training, and managing SLPs
- Frees up time for other critical educational priorities.
- IDEA compliance reduces complaints, mediation and due process hearings.
- Streamlines administrative functions and tasks through the digital services provided
- Maximum flexibility regarding when and where therapy sessions take place
- Easier to find culturally and linguistically diverse therapists when necessary
- More effective treatment by matching special needs students with specialty therapists

Kids

- Eliminating barriers of distance and mobility increases consistency with therapist
- Enjoyment of computerized learning, games and video interactions enhances success
- Home environment provides more comfort that may increase child’s participation
- Less intimidating than the face-to-face therapy for shy, more reserved children

Parents

- Option to monitor sessions in real time
- Eliminates hassle of finding babysitters for other children when therapy received at home

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About Global Teletherapy

Global Teletherapy poised to help reduce the SLP shortage

Global Teletherapy, through its full array of telepractice services, is poised to play a pivotal role in alleviating the SLP shortage. We recruit, screen, contract, and manage top-quality SLPs.

We provide highly qualified, ASHA's CCC-SLP certified therapists. We ensure that they are properly licensed and/or credentialed in the school district’s state, and assure that they are available when needed. Additionally, subsequent performance is monitored, ensuring the very best care. Every child is assigned to a particular clinician, who assumes responsibility for that child’s therapy. This arrangement promotes continuity and a trusting and consistent relationship between the online therapist, child, parents, and teacher.

Initial Evaluation and Assessments

The initial evaluation is typically conducted by an onsite therapist working for the school district’s assessment team prior to beginning therapy. Subsequent evaluations of the student’s progress will be completed either by the remote therapist or by an onsite therapist at the discretion of the district. We monitor progress by recording data from every session. The data can be extracted at any time, be divided by IEP objective, and seen in graph form. For triennial evaluations, our therapists use therapy data, parent/teacher questionnaires, standardized evaluations with electronic stimuli, and any other tools the therapist deems helpful.

Therapists Communication with Teachers and Parents

SLPs establish initial contact with parents and teachers at the beginning of the year and exchange contact information. Therapists send teachers monthly emails, at minimum, to discuss targets, progress, and needs in the classroom/curriculum. The SLPs communicate with parents in the same way an onsite therapist would. Homework as well as notes are “sent-home” through a virtual backpack. Clinicians deliver IEP progress reports and participate in IEP meetings via videoconference. Global Teletherapy encourages close collaboration among teachers, school resource professionals, administrators and parents.
Session Supervision

An onsite paraprofessional supervises and handles any hands-on requirements, especially for younger students. Some older students may not require supervision, depending on the policy of the school. Typically the paraprofessional’s responsibility consists of bringing the children to and from the room where the therapy takes place and initiating the session (getting the children seated, adjusting the webcam, etc). Once the session has begun, the children are interacting with the SLP online, and the paraprofessional supervises the session. A single paraprofessional can supervise several students participating in separate simultaneous sessions or one session together.

Technical Assistance

The initial setup is simple and straightforward. A Global Teletherapy representative will walk you through the process and provide any necessary support. All that is required is a computer with an Internet connection, a webcam, and an audio headset. If needed, we provide webcams and headsets at no extra charge. Our web-based platform is built on a powerful platform used around the world and host to over 40 million online meetings per year.

Option for Multiple Session Participants

More than one child can participate in a session led by the therapist. Typically two and possibly even three children could be serviced together. Multipoint videoconferencing allows kids to participate from different locations, all with one therapist, and opens up new possibilities for providing service to students in multiple schools and facilities simultaneously. Multiple sessions can be held concurrently in same facility (such as a classroom, library, or lab).

Accountability and Privacy

We ensure best practices by following all the general industry standards. The use of telepractice does not remove any existing responsibilities in delivering services, including adherence to the Code of Ethics, Scope of Practice, ASHA policy documents on professional practices, and state and federal laws (e.g., licensure). Session privacy, student data and information is protected as our system is secure, encrypted, HIPAA, FERPA and COPPA compliant.
endnotes

1 Interview between Alan Goode, CEO Global Teletherapy, and Rural SpEd Director, January 2015
2 http://speech-language-pathology-audiology.advanceweb.com/Article/Into-the-Trenches.aspx
5 http://ncdae.org/resources/articles/personnedev.php
8 Interview between Alan Goode, CEO Global Teletherapy, and Rural SpEd Director, January 2015
9 https://www2.ed.gov/pubs/OSEP95AnlRpt/ch7c.html
10 http://www2.ed.gov/pubs/OSEP95AnlRpt/ch7c.html
11 http://www2.ed.gov/pubs/OSEP95AnlRpt/ch7c.html
12 http://www.asha.org/Publications/leader/2003/031118/031118e.htm
13 http://www.wrightslaw.com/blog/?p=129
14 http://www2.ed.gov/pubs/OSEP95AnlRpt/ch7c.html
15 http://www.co.missoula.mt.us/supschools/MAECoop/index.htm
18 http://telerehab.pitt.edu/ojs/index.php/Telerehab/article/download/6102/6398f
21 http://www.asha.org/
22 http://telerehab.pitt.edu/ojs/index.php/telerehab ; http://jtt.sagepub.com/content/16/3/134.short
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