

*Addressing the Shortage of Speech-Language Pathologists
in School Settings*

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Abstract

There is a shortage of speech-language pathologists (SLPs) in this country. This shortage is due, in part, to the limited number of openings in graduate programs and the increased need for SLPs as their scope of practice widens, the autism rate grows, and the population ages. Schools are feeling this shortage the most. There are several reasons school districts have a hard time attracting and retaining SLPs. This paper will offer possible solutions to attract more candidates to the field including expanding graduate school options. It will also address options to fill positions such as using teletherapy services or speech-language assistants. School speech-language pathologists (SLPs) are typically licensed by a health board in the state in which they are employed, are sometimes also licensed by their state's Department of Education, are usually certified by the American Speech-Language Hearing Association, and hold Master's degrees in communicative disorders. While there are 257 academic institutions that grant Master's degrees, there is still a nationwide shortage of qualified SLPs, with New York, California, Illinois, Florida and Texas having the greatest unmet need (Wolfgang, 2011). In 10 years time, there is predicted to be a 27% increase in job openings and employment for SLPs is expected to grow faster than the average for all other occupations (Edgar & Rosa-Lugo, 2007). This scarcity of SLPs is a nationwide concern because most SLPs are employed in school settings, and when schools cannot employ enough qualified individuals the students' needs either go unmet, or students are served by untrained persons.

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Although there is a documented need for SLPs, there is little literature available to address this shortage. What literature is available consists of a potpourri of opinions, ideas, and survey results offering solutions to the problem. Edgar & Rosa-Lugo (2007) conducted a survey analysis to obtain the perspectives of SLPs currently working in school districts regarding factors that either contribute to or hinder retention and issues that contribute to recruitment. They found that SLPs are satisfied with the population they work with, the school schedule, and being employed in an educational setting. They are dissatisfied with the workload (all of the indirect services an SLP performs in addition to providing therapy), role ambiguity, salary, and caseload size (the number of students an SLP serves).

The Problem

Children are feeling the greatest impact of the national shortage of school SLPs because speech-language services are sometimes performed by uncertified personnel or not at all (Edgar & Rosa-Lugo, 2007). And the problem is expected to grow worse. It was estimated that 26,000 additional SLPs would be needed between the years of 2002 and 2012 just to meet current demand (Edgar & Rosa-Lugo, 2007). There are several reasons that schools have such a difficult time recruiting and retaining qualified SLPs.

Salary is one factor that plays into recruitment. Speech-language pathologists in the schools are sometimes on a teacher pay scale and represented by the teachers' union. This hinders school districts from offering competitive wages when hiring SLPs. On the other hand, skilled nursing facilities, private clinics, hospitals, universities, and staffing agencies have more flexibility in negotiating salary when recruiting the limited number of SLPs on the job market. Surveys from the American Speech-Language-Hearing Association report the median salary of an academic SLP was \$58,000 in 2010 (Brook, 2010) compared to \$70,000 in 2011 for those working in the healthcare field (Brook, 2011). It is worth noting that the majority of school-based SLPs work nine to ten months, compared to healthcare SLPs who typically work 12 months.

Another reason schools have such a large number of positions to fill is the high turnover rate of SLPs due to job dissatisfaction. This includes stress from growing workloads, lack of resources, lack of recognition, few opportunities for promotion, professional isolation, and not having input on decisions (Edgar & Roas-Lugo, 2007).

One reason SLPs may have larger caseloads and workloads is because their scope of practice continues to grow. According to ASHA (2007), SLPs evaluate and treat communication disorders and swallowing in the following areas: speech sound production (articulation, apraxia of speech, dysarthria, ataxia, dyskinesia), resonance (hypernasality, hyponasality, cul-de-sac resonance, mixed resonance), voice (phonation quality, pitch, loudness, respiration), fluency (stuttering, cluttering), language (comprehension and expression: phonology, morphology, syntax, semantics, pragmatics, literacy, reading, writing, spelling, prelinguistic communication, paralinguistic communication), cognition (attention, memory, sequencing, problem solving, executive functioning), feeding and swallowing (oral, pharyngeal, laryngeal, esophageal, orofacial mycology, tongue thrust, oral-motor functions). In the school setting, one SLP often must treat many of these conditions, sometimes at the same time while students work in groups, a challenging task at best.

School SLPs are usually assigned to work with children who have autism. Recent news articles reported that the Centers for Disease Control and Prevention released a study that suggests a 23% increase in autism cases from 2006 to 2008. One in 88 American children are now on the autism spectrum (Weintraub, 2012). This is just one area where the demand for SLPs is climbing dramatically.

In addition to a growing need for SLPs, Flahive & Wright (2006) predicted that 50% of school SLPs will be eligible for retirement by 2021. Unless the number of new SLPs increases substantially, the shortage will widen further.

As 77 million Baby Boomers age, the need for care in skilled nursing facilities, hospitals, home care, and rehabilitation clinics will increase. This will create a bigger demand for SLPs in these settings, which may come at the expense of filling SLP positions in schools. As mentioned earlier, health settings tend to pay higher wages than schools and are often able to offer financial incentives to attract personnel. The need for SLPs is not just in the United States. U.S. firms must compete with their counterparts overseas when trying to attract qualified workers. The job advertisements in the *ASHA Leader* and *Advance*, two publications directed toward SLPs, continuously advertise openings in other countries.

When it comes to training future SLPs, university graduate programs are limited on how many students they can accept. The number of students applying far outnumbers the available slots. There could be a number of reasons for this. But one reason is that these programs are accredited by ASHA, which sets a low faculty/student ratio that precludes many training programs from expanding and prevents others from starting (Rosa-Lugo, Rivera, McKeown, 1998).

Possible Solutions

Training on the Job

To address the shortage of school SLPs, school districts, universities, and state agencies may have to get more creative. In Florida, for example, a shortage of SLPs encouraged several school districts and a nearby university to form a consortium that created a graduate cohort program for SLPs (Edgar & Rosa-Lugo, 2007). The university provided the training, sometimes in the evening, while the school districts agreed to give students time off so they could attend classes and engage in clinical requirements. Some districts even allowed their employees to continue to receive healthcare benefits, seniority, and – in some cases – salary. In return, the SLP students agreed to continue working in the public school setting for a certain number of years (Edgar & Rosa-Lugo, 2007).

While this option seems reasonable, it is not a quick fix. To complete a master's degree while maintaining a full-time job takes several years. In the meantime, huge caseload sizes are burning out SLPs already in the workforce. Many states, such as Indiana, do not limit the number of students an SLP can have on a caseload.

SLP Assistants

Many suggestions have been offered to alleviate the burden on school SLPs. One suggestion is to use support personnel such as speech-language assistants (SLAs) to help with the SLP's workload. However, ASHA guidelines limit the role of support personnel and also impose specific supervisory standards. As a result, the SLP's additional supervisory load may not result in a total decrease in the workload and, in the meantime, students may be subjected to compromised quality of care (Breakey, 1993).

The requirements of speech assistants vary by state. Indiana, for example has three levels of assistants, with requirements ranging from a high school degree to a bachelor's degree. In some states, speech assistants can perform direct therapy even if the SLP is not in the room. This raises the question of how well a person who may or may not even have a bachelor's degree can perform direct therapy that is otherwise performed by a SLP who graduated with a master's degree, clocked clinical hours, passed a national exam, and was supervised for a fellowship year by another SLP. It could also lead cash-strapped school districts to eliminate SLP jobs in favor of hiring more assistants (Breakey, 1993).

Teletherapy

Another possible solution is teletherapy, which is also called telepractice. ASHA believes that if done properly, teletherapy has the potential to improve access to speech-language services (ASHA, 2010) for children who live in high-need areas. Teletherapy allows an SLP to work with a student using a webcam and high-speed Internet connection. The SLP and student can see each other on their computer screens. Software also allows interaction between therapist and student as they perform tasks using the computer. Sometimes an assistant is in the room to help the student. As technology advances and the Internet gets faster, many school districts are turning to teletherapy as a way to provide services to their students.

Some school districts are discovering benefits with the teletherapy approach. First, by excluding travel time, it allows the district to pay the SLP only when his or her services are used. Second, it could allow the district to find SLPs who specialize in specific areas such as stuttering. Third, it allows districts to hire an SLP who does not live in the immediate area of the school, which widens the talent pool.

There are some limitations to teletherapy, however. First, the SLP must be licensed in the state where the student is located. This means if he or she is performing teletherapy for another state, the SLP will need more than one license. In some states this might require a state board license and a department of education license. Also, it is difficult to perform some evaluations and perform therapy via teletherapy. Children with oral motor problems, for example, require an oral mechanism exam, which needs to be performed in person. There are also children who benefit from tactile stimulation (i.e., tongue depressors) when learning how to coordinate their articulators (mouth, lips, tongue). Providing therapy over a computer precludes that intervention.

Financial Incentives

Some states and school districts have found success by offering scholarships, extra stipends, and loan forgiveness to attract school SLPs. The State of Washington, for example, offers loan forgiveness to those working in Title I schools (Office of Superintendent of Public Instruction, n.d.). In Nevada, SLPs could qualify for a 5% salary supplement above the annual salary (Nevada Speech Language Hearing Association, n.d.b) and student loan forgiveness (Nevada Speech Language Hearing Association, n.d.a).

Bachelor's Level SLPs

In order to make up for the short supply of SLPs, some have suggested licensing bachelor level therapists. In fact, Nevada allows professionals with only a bachelor's degree to work in the public schools.

One serious problem with this is that undergraduate training in communication disorders is limited because it is expected that students will go on to earn a master's degree. Students with a bachelor's degree in communication disorders lack coursework in assessment and evaluation, treatment, educational impact, and supervised clinical experience (Indiana Speech Language Hearing Association, n.d.).

Further, therapy provided by a bachelor's level therapist does not qualify for Medicaid reimbursement under current laws. In addition, it creates a two-tiered system of therapy, with a lower level of therapy being offered in public schools and a higher level in hospitals and skilled nursing facilities (Indiana Speech Language Hearing Association, n.d.). Using therapists who are not fully trained may lead to over-identification or misidentification of students with special needs (Indiana Speech Language Hearing Association, n.d.). In the end, students may not get the proper therapy, which could unnecessarily extend therapy and cost even more money.

5-Year Masters Degree Programs

Instead of certifying and licensing SLPs with only a bachelors degree, a better solution may be a five-year master's program. This allows students to enter the job market quicker while shaving off a year of college expenses. Marywood University in Scranton, Pa., The University of Texas at El Paso, LaSalle University in Philadelphia, Pa., and Calvin College in Grand Rapids, Mich., are a few schools offering a five-year program. In this five-year period, students take undergraduate and graduate classes and gain experience in clinical work. In addition to taking a year off a traditional program, a five-year program allows students to continue into the master's phase without having to complete a bachelor's degree and then reapply for a limited number of spots in a master's program.

Conclusion

While there is a documented shortage of SLPs in school settings, many locales are pursuing options to alleviate the shortage. Offering five-year programs that include a Master's degree, employing speech-language assistants to decrease the burden on SLPs, competing with health care settings by offering stipends and tuition reimbursements, and providing teletherapy to areas unable to attract SLPs are all being explored to address the SLP shortage. Continuing innovations with sound evaluation will be necessary to identify the most effective, practical approaches to this chronic SLP shortage; approaches that will also protect the integrity of the therapy provided to students in K-12 schools.

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