

Results of recent informal and formal polls and surveys have identified caseload issues as the number one concern for school-based audiologists and speech-language pathologists. It was evident to the Steering Committee that this is where we should begin. We are pleased, therefore, to present the first Division 16 Newsletter with caseload issues being the primary topic. We hope you enjoy reading the articles and encourage you to respond to them via the "Letters to the Editor" in the next issue of the Newsletter. We would appreciate your feedback and suggestions on future topics you would like the newsletters to address.

Determining the course of a new division presents a unique opportunity for you, as an affiliate, to participate and have input regarding the

issues and programs you would like your division to address and offer. We encourage you to communicate with the Steering Committee regarding your suggestions and feedback; volunteer in your area of interest and/or expertise to organize or join a Division 16 study group/committee; participate on the Division 16 Email List with questions and/or information; and support the Short Courses, programs, or other CE opportunities offered by Division 16.

Division 16 offers a venue for meeting your professional needs. As a group, Division 16 is a collective voice for your issues of concern at the national and state levels. This is your division and your input and participation are vital to the success of the division. Every affiliate's involvement counts!

Sometimes One Voice Does Make A Difference: Utilizing Union Negotiations To Manage Caseload

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In the state of Rhode Island, speech-language pathologists employed by school systems are members of either the National Education Association (NEA) or the American Federation of Teachers (AFT). This means that we are part of the collective bargaining units of each of our respective school systems. Being part of a union means being equal to each member of that union. Being on the same level with your colleagues is one of the most important considerations you need to remember when you are a union member. Whether you come from a medical background or hold a master's degree, there are no distinctions. You are considered equal in the eyes of your contract. We, like the social workers and school psychologists, fall under the umbrella of teachers, even though we are not technically teachers. We

are paid on the same scale as teachers and have all the benefits given them as well. This also means that, if teachers have bus duty or line duty, then speech-language pathologists can have bus duty or line duty. I feel it is a small price to pay for benefits my union has afforded me.

What speech-language pathologists need to do is to learn how to make their union work for them. It's not always easy. In some communities, there may be only one speech-language pathologist, but that doesn't mean that this individual doesn't have a voice. Remember, each speech-language pathologist is a member of the union for all other purposes. Don't be afraid to speak up.

The average caseload for speech-language pathologists in


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the state of Rhode Island is approximately 60-65. In some communities, the caseloads run as high as 80-100. The Rules and Regulations for Special Education Services in the Schools state that one speech-language pathologist should be employed in a school system for every 1,200 students in the general school population. Therefore, technically, our caseload cap is actually 1,200. While everyone seems to realize that is impossible, no one seems to realize that caseloads of 60-100 are equally impossible.

In 1995, a group of speech-language pathologists who were employed in the schools worked very hard to get state legislation passed to mandate a specific caseload size in Rhode Island. While the mandate did not pass, we did get new language written into the law stating that it was "encouraged" that the caseload size be 40 students for each speech-language pathologist. That was a good start. However, because the law simply "encouraged" a caseload size and did not mandate it, few changes in caseloads actually occurred.

I didn't think that a change in the state regulations regarding caseload size was going to happen quickly, so I began to think about my teacher's union and suggested they include contractual language about speech-language pathologists' caseload size. While I realized it might be difficult to get the union to fight for something that only affected a small number of members (6 out of 200), I still felt it was worth a try.

When our teachers' contract was being negotiated about 5 years ago, my speech-language pathology colleagues and I wrote a proposal regarding a caseload cap. We enumerated the reasons we felt change was necessary. We pointed out that classroom teachers had class size language in the contract. In addition, we compared our jobs to the learning disabilities teach-

ers. Like them, we were members of the multidisciplinary team, evaluators, and direct service providers. In fact, the learning disabilities teachers had a caseload cap of 30 in the contract and in the state regulations. We also used information from ASHA's position statement recommending one speech-language pathologist per 40 students receiving speech-language services. Finally, we provided information about the "encouraged" caseload size language in the state law.

During the negotiations for that contract, nothing happened, but our union listened and at least acknowledged caseload size in the contract, although no cap was given. During the 98-99 school year, our contract was up for re-negotiation. Remembering that Margaret Thatcher said, "You might have to fight a battle more than once to win it," we re-submitted our proposal. Again we asked for a cap of 40. We also wrote a statement into the proposal that we felt that the negotiators could use if a set cap was rejected. We would accept language that gave us caseloads of no more than 45 or 50, but 50 was as high as we would go. Fortunately, we got the cap of 40. Union officials claimed that it was difficult to get the administration to agree, but they worked it out. We were aggressive and tenacious in pushing forward our proposal, because we were union members and we were entitled to have our voice heard. In the end, we were victorious.

Not all unions are able to do what mine accomplished. Colleagues of mine in other communities with large caseloads went about lowering their caseloads in different ways. Some collected data and documented information about service. Some did cost analysis. They figured out what their hourly rate would be, based on their salary. Then they figured out what it cost to provide therapy for a child who was in service for years because of

large caseloads for a simple articulation error. The amount of money spent on this child was astronomical. The point being made here was, with fewer children on a caseload, each child could be seen more often and meet with success much more quickly, a more cost effective approach. They gave this information to the school committees, elected officials, and parent groups. They wrote letters to the superintendents and the special education directors of their schools explaining the problems with large caseloads, why evaluations were not completed in a timely fashion, why services had to be canceled, and why students were not making progress. This was very difficult to do because, in a way, it was an admission that the job of meeting students needs was not being done. However, this admission had nothing to do with our qualifications, but rather all the work associated with a large caseload. While not all were successful, some school departments did hire additional speech-language pathologists and some caseloads were lowered.

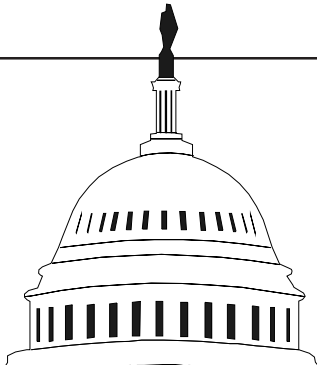
The lesson learned here was a valuable one: Don't be a silent party. The question was often asked of speech-language pathologists in my system and others, "Why didn't you complain about this before?" I had no good answer. We found that the union, to its credit, was willing to work hard on our behalf, but they needed to know that a problem existed before they could advocate for us. If we had never approached the union, I am positive that a caseload cap for speech-language pathologists would not be part of our contract.

When I was president of the Rhode Island Speech-Language Hearing Association, I was at a social function and someone came up to me and said, "Pat, you have to do something about caseloads—they are way too high." My first thought was, "I...have to do something about caseload size? What

have **you** done about caseload size?" Sitting back and waiting for other people to do something for you is always a risky proposition and puts important matters outside your control. I understand that you are busy with your jobs, children, and even parents who may

need your care. But some important changes must begin with you. Your state organizations and ASHA can help, but they can't do it all. You need to begin to think about a more active role in making changes for the better, perhaps become involved in your union, be a union

representative, become an Executive Board member, become part of the negotiating team, or submit a proposal for contract changes. You have to be willing to take the first step and get involved. Remember what Andy Warhol said, "They say that time changes everything, but actually you have to change things yourself."



Join Your Colleagues for Capitol Hill Visits and Rally

Wednesday, Nov. 15

2-4 p.m.—Congressional Office Visits

4-5 p.m.—Rally on Capitol Steps

Plan now to arrive early for Convention on Wednesday, Nov. 15, for ASHA's Capitol Hill Visits and Rally Day. Take advantage of this unique opportunity while in Washington, DC, to visit your senators, representatives, and their staff, then join hundreds of your colleagues for ASHA's first-ever Capitol Hill Rally.

This is your chance to make a difference on Capitol Hill and to make your voice heard. Set aside time to join your colleagues from all over the country and spend the afternoon visiting legislators' offices. You will receive an informational packet shortly after you register for Convention to keep you apprised of the issues affecting your professions. Prior to congressional office visits there will be briefings to provide you with the information you need to know in order to conduct successful, effective visits, as well as background on priority issues that you can discuss with your elected officials.

For information on grassroots advocacy and tips on visiting with legislators, visit ASHA's Web site at www.asha.org/governmental_affairs. Check back to the site often for new and more detailed information on ASHA's Capitol Hill Day.

You *can* make a difference. Remember that you are the constituent and the expert! Legislators and their staff need you to educate them about the professions, those you serve, and the public policy issues affecting you everyday.

We'll gather on the West steps of the U.S. Capitol for a rally and photo shoot at 4 p.m. Feel free to bring a friend, spouse, or child to the rally; there is strength in numbers. Let's show members of Congress that ASHA members are active, engaged, and involved!

Be sure to RSVP for ASHA's Capitol Hill Visits and Rally Day—watch for the special response card in the Convention Program being mailed in late August. We look forward to seeing you on Capitol Hill Nov. 15.