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ABSTRACT

Described is the SHARE Project (speech and hearing alliances for research and education) which involves cooperation of university staff members, school supervisors, and teachers of the hearing impaired and clinicians in seeking solutions to problems in training, research, and school language/hearing/speech service programs. It is noted that undergraduates and the 16,500 clinicians with bachelors and masters degrees need a quality career education to meet needs of more than the 50% of children with communicative disorders now being served. Described is development of the alliance system in 29 regional workshops during 1971-1972 for school speech pathologists, audiologists, university personnel and state consultants. Noted is the role of the American Speech and Hearing Association to assist school districts, universities, and state departments of education in establishing formal alliances. Discussed are participating groups such as school speech pathologists; purposes such as planning for school related research; the structure involving a coordinator; regional alliances comprising several universities and school districts; and organizational structure including a state alliance coordinating team. Listed are goals and objectives such as development of uniform procedures for evaluating children's progress in therapy. Noted are different kinds of alliances such as an interstate alliance located on a state border. Funding possibilities are given to include school districts' budgets for items such as education and research planning, local service groups, and private foundations. Other aspects considered include evaluation through questionnaires, times for meetings such as after school, and periodic changes in objectives and procedures. (MC)

Guidelines for Speech and Hearing Alliances in Research and Education

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TABLE OF CONTENTS

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– Kenneth O. Johnson

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INTRODUCTION

Issues in the schools affect the total profession of speech pathology and audiology. For this field to continue delivering significant services to pupils in the school setting, several new approaches to improving and expanding programming require immediate study, understanding and action. School district, university, and state department of education personnel, particularly, should take steps to reassess their communications and join in mutual efforts to expand and strengthen school language, speech, and hearir g programs. By assuming intensive, cooperative leadership roles these groups may effect positive changes in the schools to achieve full, appropriate instruction and services for **all** pupils handicapped in communication—a goal not yet achieved.

In recent years a new vernacular has abounded in the school setting:

> *mainstreaming, collegiality, performance contracting, open modules, voucher systems, management-by-objectives, differential staffing, generalists, advocacy, computer assisted instruction, diagnostic-prescriptive interventionalists, decision models, renewal systems, perpetuation structures, cost-effectiveness, TITLE 6B-G, solution strategies, learning disabilities . . .*

The modern school scene is replete with these terms; each representing concepts and practices that are intended to effect major changes in educational programming; and each having, potentially, a far-reaching influence on traditional school language, speech, and hearing programs.

Although some of the concepts, practices and terminology represent fad, if not folly, while others are simply new semantics for venerable educational cliches, new vehicles are needed for meeting needs in school programs. A short review of the past and present may serve as an incentive for new directions in the future.

W.C.H.

BACKGROUND INFORMATION

Needs of school personnel providing language, speech, and hearing services have been met only partially in the past by local, state, and national organizations. Some issues continue to be crucial and must be resolved if speech pathologists, audiologists, and teachers of the hearing impaired are to continue advancing the quality of services being provided to children and youth in the schools.

At present, two major needs appear critical to the future improvement of services. First, a need exists for increased quality in preservice and continuing career education for language, speech, and hearing professionals involved in the schools. Education should be a continuing process meeting the needs of the preservice student as well as the clinician actively engaged in service.

Secondly, research activities within the school setting should be expanded to gain the knowledge necessary for the future upgrading of services provided to children. In particular, careful research designed to evaluate new or alternate approaches to program management would be beneficial in achieving appropriate, comprehensive services.

Educational Needs

Approximately 7,000 school language, speech, and hearing clinicians hold the bachelor's degree as their highest degree. More than 50% of the practicing clinicians have completed some graduate study. Approximately 9,500 school clinicians have the master's degree or equivalent and about 100 hold the doctorate. For the language, speech, and hearing clinician committed to professional growth, education should not terminate with academic degree completion. Changes occur rapidly and clinicians, as well as university personnel, have a professional responsibility to keep abreast of new information in this profession and related disciplines. The incorporation of new knowledge into clinical services should occur without undue time lags to increase the quality of programs provided for children and youth with communicative disorders. In the past, some universities and school districts have tended to see preservice, inservice, and continuing education as separate functions.

Many school districts require staff to obtain additional formal, credit-bound course work in university programs every few years. Likewise, most urban and suburban school districts assume that some inservice education is essential to the maintenance and improvement of services and often make participation for clinicians obligatory. Usually, salary increases are tied to the completion of inservice and continuing education credits. Much motivation for participation in further education exists. Such motivation often leads teachers of the hearing impaired and clinicians from one workshop to the next, from one after-hours extension course to the next, and from one inservice staff meeting to the next. These activities are based on an assumption that such additional information and experience will complement the clinician's preservice education and combine with practical experiences to effect greater competency in clinical performance.

Practicing clinicians often undertake programs of improvement on their own time and with their own funds, suggesting that clinicians are responsible for this aspect of their career. On the other hand, universities and colleges, state departments of education, and county or local school districts assume some inservice and/or continuing education responsibilities. In addition, these activities often become the accepted responsibility of professional organizations and federal agencies thereby making additional education everyone's responsibility.

Universities seem to operate on their own set of assumptions; one being that course content will be spontaneously updated as more research and empirical information becomes available. With this olio of assumptions about functions and responsibilities, it is not surprising that neither the beginning clinician, the experienced clinician, nor the profession is generally satisfied with the present quality of education affecting clinical practices in the schools.

Although the updating of preservice education programs theoretically could be the responsibility of university staff in cooperation with practicing clinicians, too few vehicles have been created to effect alliances between school clinicians, teachers of the hearing impaired and university faculty. Some recent impetus has been provided by the Bureau of Education for the Handicapped for universities to establish post-graduation evaluation systems of their former students. Such systems could assist universities in assessing the need for modification in their preservice education programs.

In view of these problems, the following goals may be suggested for formulating a plan of action:

1. *Career education* programs should be established that ensure continuity between preservice, inservice,

and continuing education for clinicians and supervisors in school language, speech, and hearing programs.

2. Since the primary beneficiaries of an improved service program are the children who manifest communicative disorders, the time and money for career education programs should come from public resources rather than from only the individual clinician or supervisor.
3. Career education involving the practicing clinician should be defined differently from that of traditional inservice education. The primary goal is not to help clinicians better perform those professional tasks they have already been taught. This is the function of quality supervision. Rather, future career education programs could have as their sole objective the improvement of research and clinical services in the schools through cooperative efforts of university, school, and state department of education staff in applying new knowledge.
4. The provision of quality career education for clinicians cannot be obtained when school districts, state departments of education, and universities work separately. Within each geographic region of the country, these educational agencies could establish strengthened, cooperative alliances. Such alliances, when formally established between schools, universities, and state departments of education, can increase the vitality of preservice and continuing education and upgrade the clinical practices of this profession.

Research Needs

Just as preservice and continuing education often have been conceptualized as separate functions, so also have research and the provision of services in the schools. In fact, in many regions, research activities have been noticeably absent from the professional activities and responsibilities of school language, speech, and hearing personnel.

Recently, supervisors and clinicians in the schools are being asked to document their success in meeting the needs of communicatively handicapped pupils. At present, only 50 percent of the children and youth with communicative disorders in the nation's schools are receiving some degree of special services. Research designed to evaluate the efficacy of ongoing services as well as alternate approaches to program management should be expanded. Only quality research in the school setting can provide the objective information needed for future upgrading and expansion of language, speech, and hearing services. However, many school clinicians and teachers of the hearing impaired feel their knowledge of research procedure is inadequate. More university research staff should cooperate with school clinicians in expanding research activities based on prior needs assessment.

The results of well designed, cooperative research would be beneficial to both school and university personnel. Future program planning must proceed from a foundation of adequate knowledge derived from research. In addition, university staff would be better able to provide relevant preservice and continuing education to improve services for communicatively handicapped pupils in the school environment.

In summary, the goals of improved quality in career education as well as increased research activities are of prime importance in upgrading clinical services provided in the schools. The establishment of formal cooperative alliances, especially between school districts and universities, within each region holds promise as an effective method of meeting these goals.

Speech and Hearing Alliances for Research and Education (SHARE)

Formal speech and hearing alliances have been developed in some regions to meet priority needs of university staff, school supervisors, teachers of the hearing impaired and clinicians. These professionals meet regularly to discuss issues of mutual interest and to solve problems in training, research and service programs. Such alliances were conceived as a major organizational effort in developing programs of career education and addressing topics of program development, evaluation, innovation, research, and dissemination of information to additional school districts, universities, and state departments of education. Results of these initial projects have been positive. Both university faculty and school personnel have judged the "cooperative" to be effective in meeting their existing needs.[1]

Cooperative alliances are unique from other methods utilized for resolving issues in the past. Previously, when particular needs arose, individual school districts often sought isolated avenues in solving problems with too little consideration of similar needs among their neighbors. Many college and university personnel have tended to ignore problems in the schools. Thus, the meeting of needs in a particular school district often depended on the aggressiveness of an individual or small groups within the district. As a result, no continuous concept of regional planning for the future involving combined approaches to problem solving emerged to benefit both school and university personnel. The effect, also, was too often the consumption of precious education resources to work on projects with negligible impact on other school programs within a region or state.

Speech and Hearing Alliances for Research and Education (SHARE) could develop from formal agreements between universities and school districts in many regions. It is anticipated that school districts and universities would subscribe to the concept and would voluntarily take steps to develop or increase their combined efforts. The developmental function alone, requiring improved communication, seems to have major potential.

Once improved communication is established within a region, long-term goals and continuity in mutual efforts to strengthen the profession become possible through SHARE. When the cooperating participants identify areas of deficiency in services, they can make plans not only to improve service but also to evaluate subsequent modifications. Furthermore, the training of future clinicians could include a comprehensive review of problems and possible alternatives to problem resolution in school programs.

Multiple opportunities for varied activities in SHARE can be imagined. Students in preservice education in universities could have opportunities to participate in Alliance projects designed by the clinicians and university faculty. During their clinical practicum in the schools, students should have responsibilities to participate in Alliance activities with practicing clinicians. Professional course work should introduce the students to what is being done in the Alliance and provide them with access to the information exchanged during alliance meetings and projects. Formalized plans can be developed to accomplish this. Advanced students could move from the college classroom into assigned tasks for specific Alliance projects. This could help to partially eliminate discontinuity between preservice and inservice education of clinicians and make the continuous education of clinicians a reality.

In existing alliances, school clinicians, teachers of the hearing impaired, and supervisors are released from school responsibilities to participate in Alliance meetings on the average of one day per month. Generally, school clinicians have "coordination time," and it should be possible for most clinicians or supervisors to manage their schedules to permit time for this cooperative activity, especially if the goals and objectives for the Alliance are well formulated and clearly presented to the administrative staff.

College or university credit need not be involved, nor should there be built-in expectancies beyond those of professionally attempting to solve instructional and clinical problems. The initiation of scientific investigation, testing new approaches to the teaching-learning process, and inventing and evaluating new methods and materials for meeting the needs of children would be ample reward.

[1] Report by Francis Johnson, University of Illinois, to the SHARE Conference participants, August, 1973.

The development of alliances is of particular importance to the expansion of research activities in the schools. Examples of school districts and university speech and hearing programs cooperating in research could be cited. However, research questions abound and cooperative efforts should be promoted and expanded. More internships, joint appointments, inservice training, and short term intensive courses in research design and implementation are needed and become renewed possibilities through the SHARE concept.

The American Speech and Hearing Association plans to assist school districts, universities, and state departments of education in the establishment of formal alliances that would pool funds, personnel, ideas and efforts for expanding and improving educational and research activities in the schools. Formal alliances should function in cooperation with state associations, state departments of education and other state committees in setting forth goals and objectives. Many state association activities could be strengthened by utilizing formal alliance structures as added vehicles for communication and action. In turn, state associations could assist in promoting the SHARE concept at association meetings and contacting members in regions of the state where alliance activities need to be implemented.

Before increased numbers of alliances for research and education can become a reality, several steps may be necessary:

1. More school districts should be encouraged to support the concept that alliance participation is of sufficient importance for them to provide the time and/or money necessary for clinicians, teachers of the hearing impaired, and supervisors to participate in such programs.
2. Education agencies should recognize that the tasks of ensuring quality career education and upgrading university programs, inservice education, and research are too large to be accomplished satisfactorily without such alliance systems. State departments of education, by realizing the potential resourcefulness of an Alliance system, should plan to offer consultation and financial support for the Alliance network.
3. Universities should recognize that continuous communication with service programs is essential. At least one staff member should be assigned to the Alliance and granted some release time from other duties by the university administration to meet the responsibility of effective participation in an Alliance. The Alliance system offers the advantage of providing for exemplary programming otherwise not possible in the more conventional training programs.
4. The most important step is for each of the groups to recognize the inadequacy of present practices and to develop cooperative efforts in sharing the responsibility of providing comprehensive, quality services for children with communication problems.

A basic sense of reciprocal confidence among the cooperating groups is needed. Mutual respect, participation, and concern for issues can be developed in this program.

Obviously, the purpose of the SHARE Project is to effect in the profession a vehicle for developing increased school district-university-state department of education coordination. Increased research and continuity between preservice education, inservice, and continuing development of career school clinicians should be the primary goals. Universities have an expanding responsibility to ensure quality delivery of services to handicapped children in the schools while members of the practicing profession should be involved fundamentally in the initial preparation and continuing education of clinicians. Likewise, alliances can be designed and operated by school systems and universities in such a way that state departments of education can be included in the projects. State departments of education can help to coordinate continuing research and educational opportunities with needs identified through each Alliance system. No intentions exist for excluding other clinical programs and personnel from participation in the Alliance system. In fact, they are encouraged. However, the initial intent is to effect increased coordination among the groups discussed.

How Did the Alliance System Develop?

A series of 29 regional workshops were held during 1971-72 for school speech pathologists and audiologists, university personnel, and state speech and hearing consultants to determine the critical issues related to the delivery of language, speech, and hearing services in the schools. As a result of these workshops, some of the major needs of professionals employed in the schools were identified; many university representatives discovered a need to become more involved with school programs; and state consultants expressed a need for cooperative assistance in state-wide planning and mutual efforts to strengthen school language, speech, and hearing programs.

Compilation of the workshop discussions helped to clarify those things that should be enacted at the national, state, and local levels to ensure quality services for school children and youth. For example, it became obvious that many needs could be met only through cooperative, organized efforts within a state at regional or local levels. ASHA activities at the national level could serve as a catalyst and, perhaps, could create vehicles and supporting procedures that would permit certain problems to be resolved. However, such problems as school programming and case management could be addressed more scientifically through state and locally derived strategies with cooperative planning among school districts, universities, and state education departments than at the national level.

Therefore, the SHARE Project (Speech and Hearing Alliances for Research and Education) was the product of the realization that in order for many existing needs to be met, a formal system should be developed that would permit personnel from schools, universities, state departments of education, and research facilities to communicate more regularly and to resolve problems of mutual concern. The formation of a system of alliances was proposed by the Associate Secretary for School Affairs for this purpose. Representatives of several ASHA committees and the National Office School Affairs staff convened to determine how the alliance system should be structured. As a result, a *National Alliance Coordinating Team* (NACT) was organized to promote the concept of alliances, provide technical assistance to groups organizing alliances, and collect data on the progress of the SHARE Project Alliance System.

The NACT is composed of the ASHA SHARE Project Director and Project Manager, the chairmen and two members of the ASHA Committees on Language, Speech, and Hearing Services in the Schools and Continuing Education, a representative of the University of Illinois/School District Area Alliance, and a consultant from the Indiana Higher Education Telecommunications System.

In subsequent meetings, a formal prototype of the alliance system was designed. Initially, the five states of Indiana, Illinois, Arizona, Missouri, and Virginia were selected to participate. Representatives of school systems, university training programs, and state departments of education from within each of the five states were invited to form five *State Alliance Coordinating Teams* (SACT). All members of the SACT from each state were invited to participate in a SHARE Conference held at Virginia Beach, Virginia, August 18-20, 1973 to formulate a specific Alliance plan and objectives for each of their states. These plans will be implemented during 1973 and 1974 and will be evaluated on a continual basis by the state teams, members of individual alliances, and the National Alliance Coordinating Team.

What is an Alliance?

An Alliance is a formally organized consortium providing ongoing opportunities for regular communication and cooperative research and education among, but not limited to, school districts, universities, and state departments of education to ensure delivery of quality language, speech, and hearing services in schools. Although an Alliance may work through a variety of different and changing tasks the Alliance itself is continuous.

The qualities of an Alliance include:

a) **A Formal Structure with**
   1) identifiable leadership,
   2) a system of communication,
   3) mutually defined goals and objectives,
   4) multiple resources for funding,

b) **Continuity involving**
   1) permanent participants representing each group in the Alliance,
   2) regularly scheduled meetings,

c) **An Evaluation System** to collect data on needs, objectives, procedures, and results of the Alliances, and

d) **A Dissemination System** for transmitting information to personnel concerned with upgrading programs for children with communicative disabilities.

What Groups are Represented in an Alliance?

Alliances generally are composed of professionals in the field of speech pathology and audiology including: school speech pathologists and audiologists, teachers of the hearing impaired, supervisors, coordinators and administrators, university training program staff, school district and university researchers, state department of education personnel, and graduate students in communicative disorders programs. Persons representing other disciplines or groups may also participate (i.e., special education personnel, physicians, parents).

Individuals chosen to represent each of the groups make up the basic Alliance membership for planning and implementation of projects.

What are the Purposes of Creating Alliances?

The primary purpose for creating alliances is to establish a formal system through which cooperative research and educational activities among school districts, state departments, and training programs can be planned and implemented to advance the quality of school programs for the communicatively handicapped and to meet the needs of professionals who serve them.

Research is needed to provide reliable information on delivery systems, staffing, staff development patterns, and case management practices in school programs. Through the combined regular efforts of school and university personnel, research can be conducted to answer many of the questions of those working in an educational setting. Researchers could work to determine the relevance of theory and research results to school and instructional practices.

Of considerable importance to school-related research is the potential for cooperation and assistance from representatives of the State Department of Education. State Department personnel can provide direction in seeking information and funding needed to formulate long-term goals for school programs. Cooperative research efforts involving the State Department of Education should aid in the development of evaluation systems designed to provide information on case management, cost effectiveness, manpower needs and man-

power utilization for language, speech, and hearing services. For example, a cooperative study of the training and utilization of supportive personnel in rural and understaffed areas might be undertaken in this manner.

Providing professionals with *quality career education* is another major reason for creating an Alliance network. Alliance members could determine the inservice needs of practicing clinicians and better coordinate planning for needed courses, seminars and workshops. Improved school district-university communication and continuity between preservice education, beginning service, and inservice opportunities for career speech pathologists and audiologists can be accomplished.

Through a strong Alliance system, universities can obtain important feedback from practicing professionals on the relevance of academic preparation for students from evaluations of the practicing clinicians' performance in the school setting. Strengthened communication channels between schools and universities was suggested by many workshop participants as being vitally important in helping schools and training programs to provide quality management of students during their practicum in the schools. Additionally, a regular communication system will allow university programs to modify their curricula as changes in procedures and practices in school programs occur that require corresponding changes in training procedures. Utilization of the potential for interaction between Alliance members should encourage the development of evaluation systems designed to examine the total effectiveness of the habilitative and educational processes.

What is the Structure of the Alliance System?

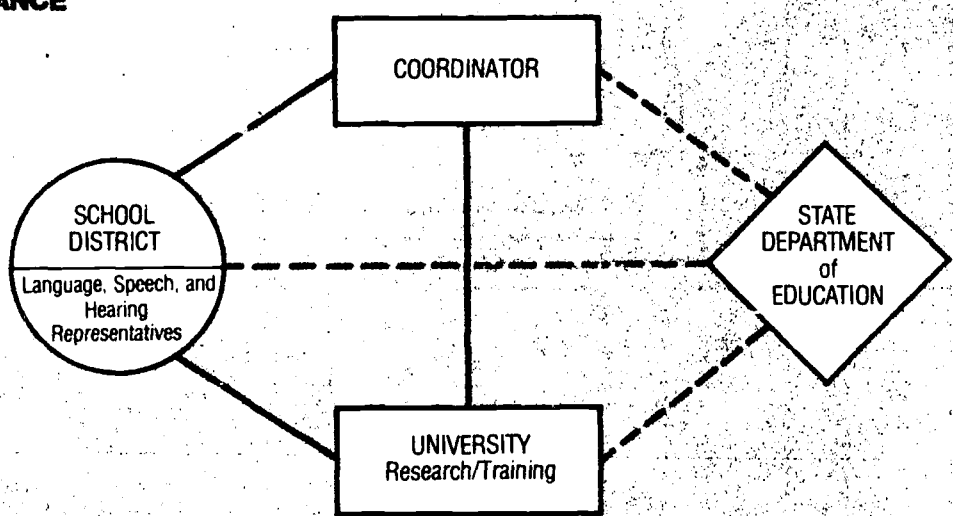
The accompanying chart illustrates the overall Alliance structure for the SHARE Project System. (see chart on page 6)

ALLIANCE TYPES

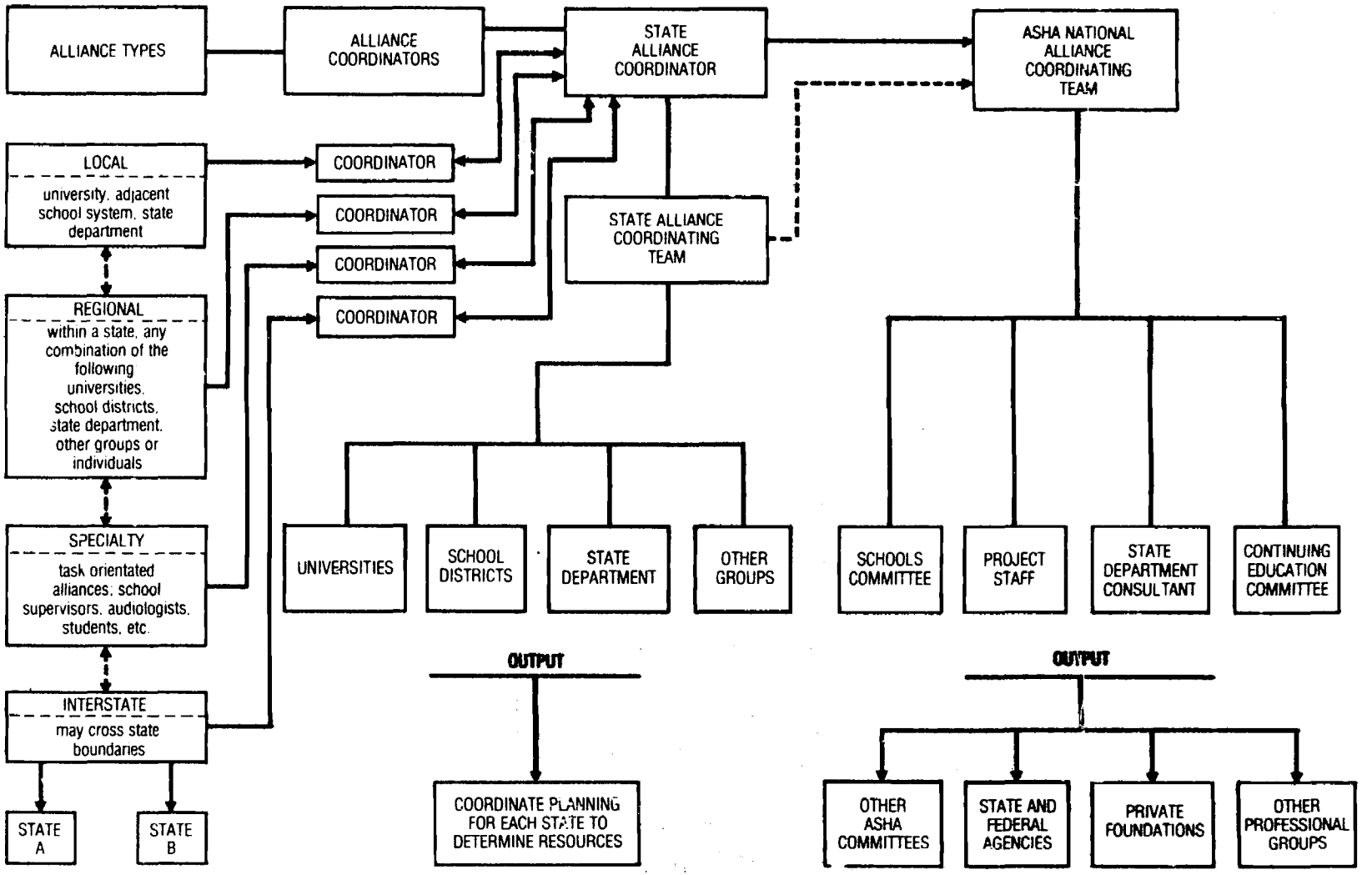
Opportunities exist for several different types of alliances to develop within most states. To date, the following alliance types may be defined:

a) *Local*,
b) **Regional**,
c) **Interstate, and**
d) **Specialty.**

LOCAL ALLIANCE



SPEECH AND HEARING ALLIANCES FOR RESEARCH AND EDUCATION (SHARE)



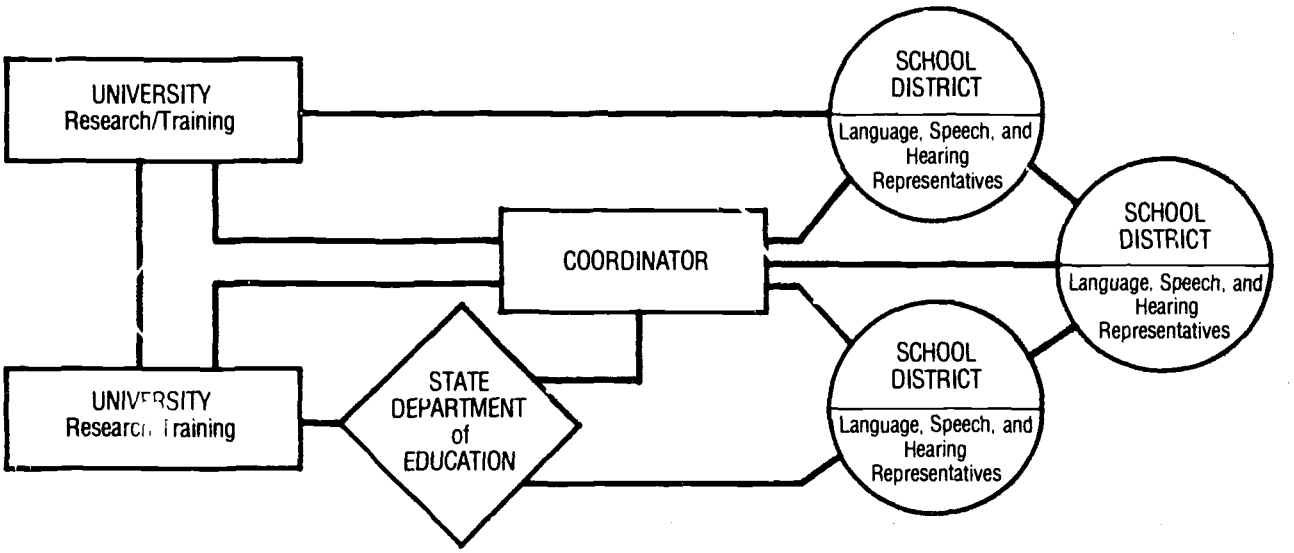
A *Local Alliance* is composed of members representing a university, an adjacent local school system and the State Department of Education. If the school district has a supervisor and a large number of clinicians, it may be necessary to restrict the number of participants in some Alliance activities.

Those persons representing the university may include supervisors of clinical practice, instructors and/or researchers depending upon the activities and needs identified by the Alliance representatives.

The advantages of a Local Alliance are many. Of particular importance is the ability of members representing a small geographic area to interact on a continuing basis and to address unmet needs as they occur.

This type of alliance can provide numerous opportunities for pooling resources to improve student training, supervision, research, and career education. Representation by the State Department of Education should be included in Local Alliances on a consultative basis. In larger cities (Chicago, St. Louis, etc.) it would be essential to have frequent representation from the State Department due to the number and variety of programs that can exist in a single city.

REGIONAL ALLIANCES



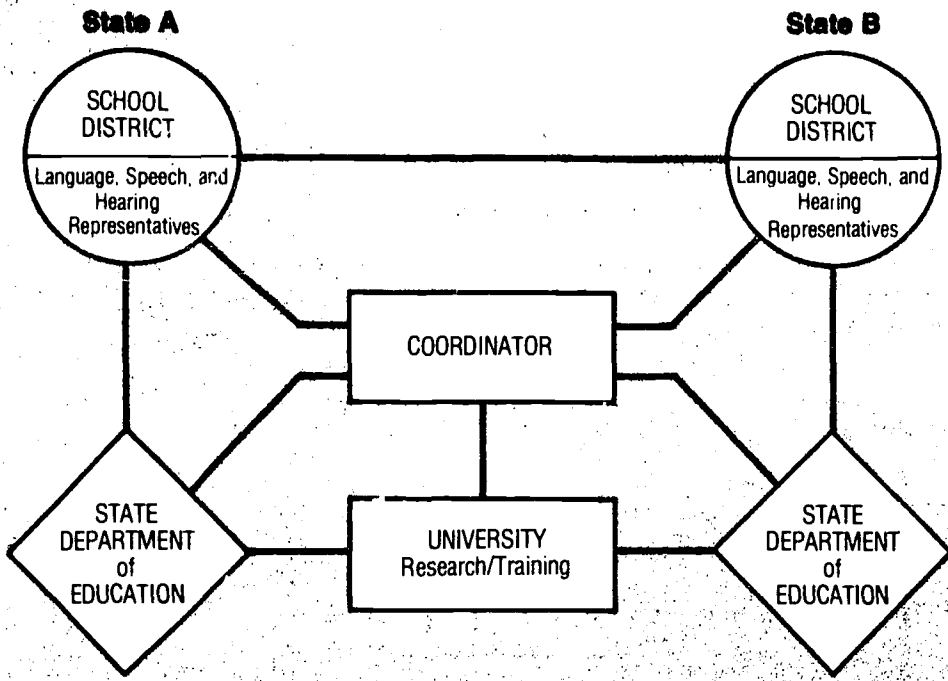
A *Regional Alliance* exists within a state utilizing several combinations of school systems and universities, and the State Department of Education. A few of the possible combinations for Regional Alliance membership include:

a) **several universities, several school systems and the State Department,**
b) **a university, several school systems and the State Department,**
c) **several universities, a large school system and the State Department, and**
d) **any of the preceding combinations plus other group representatives (parents, physicians, special educators).**

Many types of Regional Alliances may be created in a given state to meet existing needs. It is recommended that individual members representing their group in an Alliance planning meeting not exceed ten people in order to facilitate productivity. These group representatives must be able to present the goals, objectives, and concerns of their particular groups to the Alliance. Conversely, group representatives should communicate information back to their group from the Alliance on a regularly scheduled basis.

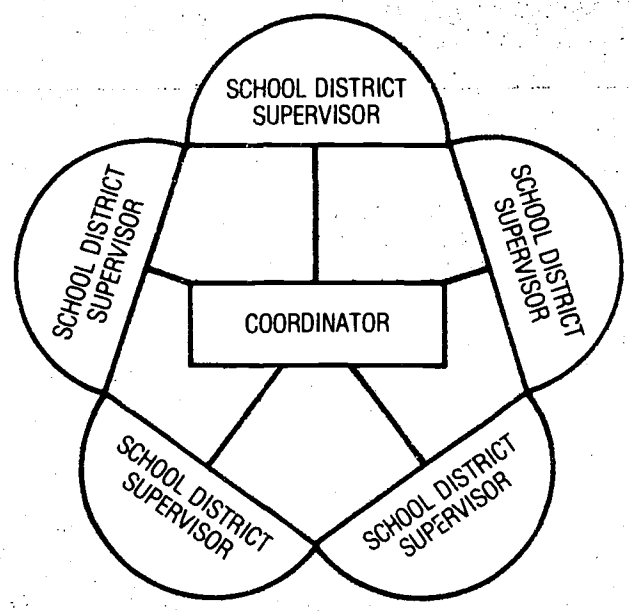
The advantages of a Regional Alliance include opportunities for: implementing cooperative programs on a large scale, determining multiple resources for funding, and providing a broad base for strengthening research, training and services.

INTERSTATE ALLIANCE



An *Interstate Alliance* may cross state boundaries and be composed of any of the previously mentioned local or regional combinations. In some instances, a university or a school system from adjacent states may find it geographically desirable to form an Alliance. It is recommended that representatives from the State Departments of Education of botn (or all) states represented be included in this type of alliance. Although two school districts are depicted above, some Interstate Alliances may involve only one school system.

SPECIALTY ALLIANCE



A *Specialty Alliance* is composed of members representing a specific category of personnel who undertake tasks involving needs relating to their particular responsibilities and concerns (i.e., school supervisors,

diagnosticians, audiologists, teachers of the hearing impaired, university supervisors of clinical practicum, etc.). For example, supervisors from several school districts may form an Alliance to address such common needs as: formulating recommended state certification criteria for supervisors, selecting formal program planning and evaluation systems, developing plans to improve services for high school students, determining strategies for preventing staff reductions in several districts, formulating common case record systems, etc. Many alliance activities can be envisioned for other specialty groups as well.

How are Alliances Organized?

The organizational structure of each Alliance, regardless of type, should not be cumbersome. The structure should facilitate group interaction and encourage continuous communication among all members. Alliances should be similar in organizational structure regardless of total membership, task oriented, address each groups' professional interests, and prepared to establish priorities when necessary.

It is essential that for every Alliance formed (local, regional, interstate, specialty), an *Alliance Coordinator* be selected to assume responsibility for organizing and coordinating all Alliance plans and activities for a specified time period. The Alliance Coordinator should serve as manager and be responsible for such activities as: scheduling meetings, informing members of progress and new ideas for Alliance activities, disseminating information, compiling data, keeping records, and assigning duties. The primary responsibilities of an Alliance Coordinator remain the same for each type of alliance.

STATE ALLIANCE COORDINATING TEAM (SACT)

To promote the alliance concept and to assist groups in forming alliances of each type within a state, State Alliance Coordinating Teams may be formed. The composition of a SACT includes representation from the following groups:

a) **school district speech pathologists, audiologists and educators of the hearing impaired,**
b) **university training and research programs,**
c) **State Department of Education,**
d) **state professional associations,**
e) **school supervisors and coordinators, and**
f) **others.**

The purpose of a SACT will be to coordinate alliance activities within a state. Alliance Coordinators from each Alliance will be responsible for reporting information and coordinating tasks with the State Alliance Team. With the information gathered from Alliance Coordinators, a SACT will be able to provide for continuous regional planning. In those regions of the state in need of alliances, the SACT should encourage appropriate groups to establish alliances. The coordination activities of a SACT should also discourage the development of redundant alliance activities and allow for the most efficient utilization of regional funds and personnel.

A State Alliance Coordinator should be selected by each state team for a specified period of time to assume ongoing leadership and managerial responsibilities. These responsibilities include scheduling meetings, informing members of progress and new activities, correlating tasks with state goals and objectives, disseminating information to existing or emerging alliances, and compiling data.

NATIONAL ALLIANCE COORDINATING TEAM (NACT)

To collect data on the progress of the SHARE Project and to promote the organization of alliances throughout the country, the NACT was formed. Presently, the NACT consists of members from each of the five states participating in the prototype system. Eventually, after the demonstration phase of the project and as other states or state groups express interest in participating, it is possible that the NACT will be reorgan-

ized to include more members. The NACT has several responsibilities: a) perfecting the alliance concept and structure, b) promoting alliances at the national, state and local levels, c) coordinating communication through the Alliance structure, and d) evaluating the efficacy of the SHARE project.

The alliance structure as outlined is designed to provide a formal system for the creation of future alliances. The permanence of this design is dependent upon its functionability and the recommendations of those participating in the alliance network as it grows. Changes in the structure may occur as the system evolves; however, the basic structure that has been designed should prove to be permanent and serviceable for any groups wanting to promote the creation of and participation in an Alliance.

Alliances can be organized independently by groups of professionals with identified research and/or educational needs. However, a SACT could assist with regional planning and the implementation of a formalized alliance system. The National Alliance Coordinating Team has recommended that all states forming an alliance system appoint a State Alliance Coordinating Team, if possible, prior to forming additional regional or local alliances. Appointment of a SACT is recommended in order to prevent duplication of professional efforts and to achieve a statewide gestalt for all future alliance activities.

In the five states chosen to implement the prototype alliance system, potential alliances will be identified and promoted by the State Alliance Coordinating Team. The SACT in each state will have the responsibility of: a) gathering information on existing unaffiliated groups, b) determining some unmet education and research needs, c) recommending appropriate activities for alliances, d) promoting the organization of new alliances, e) guiding the reorganization of groups involved in limited cooperation toward forming an Alliance, and f) compiling information on alliance projects and progress.

Groups within a single state (or adjacent states) may organize an Alliance either at the suggestion of the SACT or on their own initiative. In those instances where an Alliance is organized independently, the SACT should obtain complete information on their plans and encourage them to participate in a cooperative statewide alliance network. For inclusion in the formal alliance structure, a previously existing Alliance could be given technical assistance to meet the specifications of the alliance system. In some instances, the independent existence of regional or local alliances in states with no SACT may actually serve to demonstrate a need to organize a state team to coordinate and monitor activities throughout the state.

It is suggested that all SACT members search for potential alliance groups within their state and inform such groups of the advantages of the SHARE concept and the possibilities for organizing alliances. SACT members should encourage and assist new alliances and monitor activities in alliances that already exist. Organizing new alliances should be an ongoing activity for all professionals in each state.

Nationally, it appears that more universities and school districts need to increase communication with one another on matters of mutual interest and concern in supervision, program development, research and continuing education. It is recommended that each school system at the local level make every effort to participate in a formal Alliance with a university by 1975.

State department representatives should be included in the organization of every alliance in their state to aid in determining issues that relate to funding, compliance with state laws and regulations, continuing education and statewide service goals.

Although various alliance types are envisioned it is not imperative that each type exist in every state. The types of alliances organized will depend on the needs identified in each state, region or local district.

Who Profits from an Alliance?

The basic purpose for implementing alliances is to upgrade services for children in the schools which is the combined responsibility of universities, school districts, and state departments of education. Therefore, children with special needs or communicative disorders and their parents are the beneficiaries both directly and indirectly.

Issues and problems affecting the schools do *affect the total profession*. Therefore, steps taken to improve school services, increase the competencies of clinicians, generate more research for better understanding of the communicatively handicapped, strengthen training programs, or assist in developing standards for planning and evaluation, will represent steps toward greater professionalism.

When an Alliance operates productively, all participating groups can profit from its activities, and the results from meeting some objectives may also benefit persons outside of the alliance system.

As a first step in contemplating the establishment of an Alliance, school district, university, and/or state department personnel should make a list of potential benefits that could accrue under such headings as:

a) Cooperative Research,
b) Program Planning, Management, Evaluation,
c) Career Education, and
d) Interdisciplinary Identification and Coordination.

The list of potential benefits should then be developed into sets of goals and objectives for an Alliance relating directly to needs and problems facing the schools, training programs, and state education agencies.

What are some Alliance Goals and Objectives?

The basic goal of any alliance should be:

To ensure full, appropriate services for each pupil with special needs in developing competence in communication

Further, more specific goals may be developed but they, and all objectives, should relate significantly to the overriding goal of full, appropriate services (see ASHA Manual on Program Planning, Development, Management and Evaluation).[1]

ALLIANCE OBJECTIVES

Multiple objectives can be envisioned that relate, directly or indirectly, to the primary goal. However, it should be obvious that objectives for any alliance will be based on needs identified by each of the groups participating. A formal objective would state the *What, Who, When, Where, How,* and *Criterion* that would be required for its successful completion.

The following list of *examples* represent only the *What* aspect for a number of potential alliance objectives:

a) to develop uniform procedures for use by school clinicians, university clinical personnel, and practicum students in evaluating children's progress in therapy,

b) to develop formal (perhaps computerized) record keeping and data collection systems for use in school and university service programs,

c) to improve screening and diagnostic procedures for earlier identification of pupils with language (hearing, voice, articulation, rhythm) disorders,

[1]To be available after September 1, 1974.

d) to establish plans for serving preschool children (birth to 5),

e) to develop and implement an interaction analysis system that can be used by school and university supervisors in evaluating clinician or practicum student competencies,

f) to formulate a long range career education plan based on the needs of practicing school clinicians,

g) to develop a cooperative plan for research on program (or case management) practices,

h) to modify the present university preservice curriculum to include more information for students on program management (administrative and supervisory skills) in the schools,

i) to implement training programs for communication aides who will work under supervision of qualified personnel, or

j) to develop sets of competencies required of school clinicians (supervisors, etc.)

Examples of how and by whom a specific objective was met in several different alliances are described below.

REGIONAL ALLIANCE

A group of school speech pathologists in a single district met with their supervisor who was participating in a Regional Alliance composed of representatives from two nearby universities, one other school district, and the State Department consultant for school programs, to discuss their need for further instruction in language intervention with preschool children. At an alliance meeting, the supervisor related their need. The Alliance identified this need as one common to all working professionals represented by the Alliance. An objective was developed to cooperatively provide instruction for these clinicians through an intensive summer program.

The State Department offered funds for two instructors to conduct an intensive six-week summer institute. One university pre-arranged for graduate credits and application to state certification for staff of the two school districts in the Alliance taking the course. The school districts offered to pay for the instructional materials and provided transportation for children who would be enrolled in a summer demonstration clinic during the course. The second university decided to produce the course on closed-circuit video tape for use by other school districts and at another State Department workshop in the fall. The school clinicians completed a practical handbook on pre-school language intervention techniques that could be used by practicing clinicians and student clinicians.

LOCAL ALLIANCE

University research staff had developed a new method of articulation therapy for use by school clinicians incorporating interference theory and utilizing operant conditioning techniques. To contrast the effectiveness of the new therapeutic approach with traditional treatment methods incorporating auditory stimulation and placement techniques, the university research project director contacted the supervisor of an adjacent school district. It was agreed that part of the caseload of 50% of the staff in nearby selected schools would be treated using the new approach to therapy during five months of the following school year.

Half of the clinicians volunteering to participate in the project and serving the preselected schools were selected randomly to administer the new type of therapy. These clinicians received a three day training session on the background and use of the new method from university personnel. The training sessions were held during a summer institute with subsequent follow-up visits by university personnel during a pilot period to establish reliability among the clinicians utilizing the new techniques.

Those clinicians not using the experimental method met during the same summer institute to discuss the therapeutic methods they commonly used with articulation disorders, and to agree upon a group of treatment methods to be used by all the staff providing traditional therapy. These clinicians agreed to use these therapeutic methods with those cases assigned to them during the experimental period for articulation therapy. A university staff member was included in the meetings and wrote up the results of the final decisions made by the traditional group for distribution.

It was not regular school procedure to screen all children in grades three through six. Therefore, the university's graduate students were enlisted both to screen and diagnostically assess the children as an objective third party. The children were then divided into equivalent groups with regard to grade level and the type and severity of their articulation disorder. None of these children had previously received speech ther-

apy. From each group, equal numbers of children were randomly assigned to the experimental and traditional staffs for two therapy sessions per week. Close liaison was maintained by clinicians and the university personnel during the five month experimental period with final evaluation measures being administered by the graduate students of the university.

Following the compilation of the results, they were presented for discussion and interpretation at a workshop by the university research staff to school clinicians, supervisors and graduate students of the university. The school district supported the workshop with inservice training funds and both the school district and university funded the duplication of the final report. This report was disseminated to all school personnel, university staff and students as well as other groups within the state.

INTERSTATE ALLIANCE

Ten speech pathologists in a rural county school district were located on the western border of their state and were 150 miles away from any university in their state having a graduate program in speech pathology and audiology. However, the adjacent state had a university that was only 35 miles away. After reviewing their needs to upgrade clinical skills and to effect a better system for program coordination, an Interstate Alliance was formed between the school clinicians and personnel from the university in the adjoining state.

Through mutual agreement, the practicing clinicians were included in seminars, workshops and special colloquia at the university while students from the university could be placed for practicum experience in the county school system. The university supervisor and the school clinicians scheduled bi-weekly meetings on student supervision, developed a manual on supervision, and presented a plan to the county school board that resulted in the employment of two more clinicians and a full time supervisor.

SPECIALTY ALLIANCE

A group of public school and university audiologists in the state formed a Specialty Alliance when it became apparent insufficient personnel were available to provide regular audiological services for school children in the southern part of the state. In addition, audiological services were not being provided for severely retarded children anywhere in the region.

The audiologists met to define the problem and develop a plan to best meet the needs of all school aged children in the region. They contacted the State Director of Special Education for assistance who agreed to help them review all strategies for getting audiological services to the region. In order to identify those school children needing audiological services, a plan was developed for audiological screening of all entering kindergarten and primary school children in the region by use of a mobile testing van. The total plan also provided for comprehensive audiological services including special test procedures for evaluating the severely mentally retarded children.

These plans were presented to the superintendents of the schools in the region by the State Director of Special Education and the Alliance Coordinator. It was agreed that school audiological services were essential and the plans were accepted for implementation during the next school year. To implement the plan, two audiologists were employed out of the composite funds of four school districts, while the State Director of Special Education agreed to purchase and maintain the mobile unit with state funds, and the Alliance members set up the initial testing guidelines.

OTHER ALLIANCE ACTIVITY

Alliances are being encouraged as a method for stimulating more cooperative research in the schools and the profession. Some universities and many researchers in the last few years have considered the schools to be "off limits," especially for doctoral candidate research. Several reasons for avoidance of the schools might be cited but, whatever the variables, more sophisticated studies are needed.

For example, a State Alliance Coordinating Team could meet to establish a state plan for cooperative research. The SACT could determine the types of research needed within a state, identify school, university and other personnel with potential for implementing research, take steps to help coordinate research efforts, and identify funding sources when support is required.

How can Alliances be Funded?

Accountability is a major concern in the delivery of services to the communicatively handicapped. Although budgets are tight, funds will continue to be available from a variety of sources for those projects that are clearly described and represent well organized efforts to find solutions to some of the pressing problems affecting the delivery of quality clinical services. SHARE projects should be of particular interest because they incorporate a long recognized need for inter-agency cooperation in pooling professional expertise and resources.

It is difficult to specify in detail actual methods for obtaining funds in a given state due to the complexities and disparities of funding patterns that currently exist. However, the following suggestions are presented as a guide to SHARE groups as they consider possible sources of funding.

LOCAL SCHOOL DISTRICTS

Local school districts will be the direct beneficiaries of the alliance effort and should be supportive. Administrators, directors of special education, and those persons responsible for coordinating federal grant programs are excellent sources for advice and counsel. Funds may be available through any one of the following categories:

1. **Education and Research Planning funds—These may be set aside for research projects developed by departments or divisions in the local school system.**
2. **Staff Development—Funds in this category may be available for consultant fees, career education workshops, in-service training, instructional materials, travel, and the printing of SHARE project proceedings.**
3. **Program Planning and Evaluation—If states have mandated comprehensive planning for the handicapped, these local district funds may be available for developing accountability systems in language, speech, and hearing programs.**

LOCAL SERVICE GROUPS

Local service groups have long been recognized for their interest in and contribution to the education of handicapped children. Parent-teacher groups in particular are frequently looking for worthwhile school projects to support. Funds for special projects might also be obtained by contacting such local service organizations as Lions, Elks, Kiwanis, Junior League of Women, to mention only a few.

MUNICIPAL-COUNTY LEVEL

Funds may be available through local or county health and welfare departments. Projects related to preschool and/or disadvantaged children are particularly appropriate at this level. The 1967 Amendments to Title XIX of the Social Security Act added a provision to the Medicaid program requiring the states to make available to all persons certified for Medicaid under 21 years of age, early screening and diagnosis with regard to their health. Speech, language, and hearing is a part of this program.

STATE LEVEL

Support from the state level can be a significant source of funding for SHARE alliances. Many agencies, institutions and associations are dedicated to the rehabilitation of the language, speech, and hearing handicapped. Also, state governmental agencies have the combined resources of both state and federal funds available. State sources include, but are not limited to, any of the following:

1. **The State Department of Public Instruction, Division of Special Education**—The Director of Special Education and/or Consultants for Speech, Language, and Hearing can play a major role in assisting SHARE alliances.
2. **Universities**—Training programs may have funds available, particularly for projects that provide school-clinical and research opportunities for staff and students. Most universities have foundations that are very receptive to collaborative research projects.
3. **The State Board of Health, Division of Maternal and Child Health**—The State Board of Health has in the past supported a variety of research and continuing career education projects.

4. **Speech and Hearing Associations**—Professional associations are uniquely and totally dedicated to the language, speech, and hearing handicapped. Consequently, they should be very responsive to the needs of alliances and may be able to support some activities, especially those that can have a positive impact on programs throughout the state.

NATIONAL LEVEL

The American Speech and Hearing Association will play an active role in assisting alliances in identifying appropriate federal agencies such as the Bureau for the Education of the Handicapped and the National Institute of Education that could provide small grant support. In addition, the Association will develop and sponsor a series of intensive short-term instruction courses that will be made available to those alliances who request them during 1974-75.

PRIVATE FOUNDATIONS

Private foundations have become a major source of financial support for projects in the public interest. Recent federal legislation has mandated that private foundations expend greater portions of their financial assets. Although there is no hard and fast rule, it appears reasonable to assume that foundations within those states with a state-wide alliance system would be most responsive to well conceived project proposals. Foundation directories can be found in most libraries. ASHA has a guide on how to write foundation proposals.

Realistically, it must be assumed that some members of alliances would be unable to make a direct financial contribution. However, there are many ways in which other kinds of support can have the effect of financial aid. For example, providing consultants, computer time, use of non-toll telephone networks, secretarial and publication assistance, can all make a significant contribution to the work of an Alliance.

A final note bears repeating. Funds will continue to be available for those projects that represent clearly described, well organized efforts to find solutions to some of the pressing problems affecting the delivery of quality language, speech, and hearing services.

How will Alliances be Evaluated?

The National Alliance Coordinating Team will develop a written set of information and evaluation forms to distribute at intervals to all State Alliance Coordinating Teams. These evaluation forms should be completed by Local, Regional, Interstate or Specialty Alliances. Forms also will be sent directly to all other recognized alliances in those states without a SACT if they will identify themselves to the ASHA School Affairs Program.

The NACT representatives from Illinois, Indiana, Missouri, Arizona, and Virginia will survey existing groups in their states to obtain base line data on potential alliances in each state and will establish a communication system that will permit evaluation of the SHARE project.

The following are examples of questions that will be asked of these groups prior to the initiation of formal alliances.

1. **Are you currently involved in any cooperative efforts between groups in education and research? If so, describe them.**
2. **Who participates in these meetings?**
3. **What is the size of your group?**
4. **Do you have regular meetings?**
5. **What are the objectives of your meetings?**
6. **How long have you been meeting?**
7. **Do you have sources for obtaining funds?**

8. **How effective has your group been in meeting their objectives?**
9. **Would you be interested in establishing a formal alliance system?**
10. **Do you desire any technical assistance?**

Once working alliances with established goals and objectives have been organized, questionnaires will be sent out by the SACT to each to determine their progress and to collect basic data for transmittal to the NACT.

When could Alliance Participants Convene?

Opportunities for Alliance members to meet can present a problem and requires formal planning and dedication. The composition of the group, the proximity of participants, and the needs for meeting must be carefully considered. The actual frequency of meetings should be determined after the Alliance itself has determined its goals, objectives and procedures.

A few possible meeting times include: released school coordination time; in-service days; state, local or regional meetings; after school hours; or other times when schools and universities are not in session.

Some Alliance tasks will require that the total group meet frequently (i.e., planning). Others will require less frequent meetings, or meetings where fewer members attend. At times, it may be most efficient to assign people to work individually or in small groups. Regardless of the task, time schedules should be predetermined and followed.

To maintain interest and obtain full participation, meetings should be scheduled regularly to provide for continuity, monitoring of progress, and to accomplish defined tasks.

Good organization is imperative and the successful completion of defined tasks is essential for alliances to be professionally productive and worthwhile. As a rule of thumb, alliance members should, initially, establish procedures that would permit them to meet at least monthly.

Can Alliances Change?

Once an Alliance has been established, its objectives and procedures may change to meet the needs of those it is serving. Certainly the goals and objectives of each alliance should be evaluated regularly and updated with the anticipation of future needs and trends.

In order to assure a wide range of representation and to encourage new ideas, an Alliance may rotate individual participants or add new representatives from other groups although the Alliance structure should remain permanent.

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