History of SLPAs

- ASHA guidelines since 1969
- Regulation in some states since 1970s
- ASHA registration program (SLPAs and training programs) 2003
- ASHA Associates program 2012 – voluntary membership
- New SLPA Scope of Practice in 2013.
  [Website Link]

SLPAs in SD

- March 19, 2012 SLP and SLPA Licensure law signed. SDCL 36-37
  [Website Link]
- May 15, 2013 Administrative Rules for SLP and SLPA licensure passed review
  [Website Link]
SLPAs in SD

• 36-37-18.
  – Associate’s degree in speech-language pathology
    assisting or Bachelor’s degree in speech-language
    pathology or communication disorders.
  – Supervised clinical practicum of 100 hours as an
    SLPA.
• 36-37-19. Paraprofessionals who were
  providing SLP services under the direct
  supervision of a SD DOE certified SLP on
  7/1/2012 may be licensed as an SLPA until
  7/1/2020.

Supervision of SLPAs in SD

• 36-37-20. Supervising SLP must be
  licensed with at least 3 years of
  experience as an SLP.
• Is responsible for the extent, kind, and
  quality of service provided by the assistant
• Must notify clients in writing that services
  will be provided by an assistant.
• May not supervise more than 3 SLPAs at
  a time.

SLPA Scope of Practice

• Speech-Language Pathology Assistant
  Scope of Practice
  http://www.asha.org/policy/SP2013-00337/

SLPA Responsibilities

• Administer speech, language and hearing
  screenings (no interpretation)
• Assist with informal documentation, prepare
  materials, assist with other duties
• Follow documented treatment plans
• Document client performance and report to SLP
• Maintain equipment
• Assist during assessment (no administration or
  interpretation)

SLPA Responsibilities Outside the
  Scope for SLPAs

• Represent self as SLP
• “Administer or perform any standardized
  or nonstandardized diagnostic tests,
  formal or informal evaluations, swallow
  screenings checklist, or clinical
  interpretation of screening or test results”
• Procedures that require a high-level of skill
  (TEP fitting, vocal tract imaging,
  swallowing therapy with boluses)

• Support SLP in research, in-services, PR programs
• Assist with scheduling, record keeping, safety and
  maintenance of supplies and equipment
• Comply with policies, regulations and
  reimbursement requirements
• Program and instruct in use of AAC devices
• Demonstrate/share information with patient,
  families, and staff regarding feeding strategies (no
  bolus).
• Provide treatment via telepractice.
(SDCL:20:79:04:01)
Responsibilities Outside the Scope for SLPAs

- Tabulate or interpret feeding/swallowing evaluations
- Participate in PTCs or team meetings without the SLP
- Write or change treatment plans
- Provide client or patient counseling
- Provide interpretative information to anyone other than supervising SLP

Responsibilities Outside the Scope for SLPAs

- Sign formal documents without the SLP co-signature
- Assist with clients without following the treatment plan
- Select clients, discharge clients, refer clients for additional services
- Develop swallowing strategies and precautions
- Treat medically fragile clients independently
- Design/Select AAC systems
  (SDCL:20:79:04:02)

Practice Settings

- Schools
- Early intervention, preschools, day cares
- Hospitals
- Residential and non-residential health care settings
- Private practice
- University/College clinics
- Research facilities
- Corporate/industrial settings
- Residences
  (SD Medicaid, Medicare do not reimburse for SLPA services)

Ethics

- SLPs and SLPAs licensed in SD are held to the ASHA 2010 Code of Ethics
- Responsibility for client/subjects lies with the SLP
- ASHA 2013 SLPA Scope of Practice outlines specific Rules of Ethics which apply to supervision of support personnel

Requirements for Supervising SLP

- Must have at least three years of experience as a speech-language pathologist.
- Is responsible for the service provided by the assistant,
- Must provide clients with prior written notification that services are being provided by an SLPA,
- May not supervise more than three SLPAs at a time.
- SLPA may have more than 1 supervisor if BOE for SLP is notified.

Supervisor Responsibilities

- “…design and implement a supervision system that protects the students’, patients’, and clients’ care and maintains the highest possible standards of quality. The amount and type of supervision should meet the minimum requirements and be increased as needed based on the needs, competencies, skills, expectations, philosophies, and experience of the SLPA and the supervisor; the needs of students, patients, and clients served; the service setting; the tasks assigned; and other factors.” (ASHA, 2013)
Minimum Supervision Requirements 0 – 90 Workdays

• At least 30% of the time each week
• At least 20% direct supervision weekly
• Weekly review of data on each client
• All clients receive direct contact with SLP at least 1x/2weeks

Minimum Supervision After 1st 90 Workdays

• “After 90 workdays, the amount of supervision can be adjusted if the supervising speech-language pathologist determines the speech-language pathologist assistant has met appropriate competencies and skill levels with a variety of communication and related disorders.”

Minimum Supervision After 1st 90 Workdays

• Documentation of direct supervision of SLPA with each client at least every 60 calendar days
• Minimum 1 hour direct supervision weekly and as much indirect supervision as needed for full-time SLPAs
• Minimum of two hours of direct supervision monthly and as much indirect supervision as needed for part-time SLPAs
• Documentation of all supervising activities
• Direct supervision may be via teleconferencing* (ongoing, immediate feedback)

Direct Supervision

• “on-site, in-view observation including live video conferencing and guidance by a speech-language pathologist while an assigned activity is performed by an assistant. This can include the supervising speech-language pathologist viewing and communicating with the speech-language pathology assistant via telecommunication technology as the speech-language pathology assistant provides clinical services, because this allows the speech-language pathologist to provide ongoing immediate feedback. Direct supervision does not include reviewing a taped session at a later time”

Indirect Supervision

• “any activity other than direct observation and guidance, conducted by a speech-language pathologist that may include methods such as audio recordings, videotape recordings, telephone communications, conferences, and review of data”
Stages of Supervision

- **Evaluation – Feedback**: Direct and active supervision in which the supervisor evaluates the supervisee and gives feedback.
- **Transitional**: Supervisee is more active and works together with supervisor in decision-making and problem-solving activities. Eventually become colleagues.
- **Self-Supervision**: Supervisee evaluates his/her own clinical skills. Still benefits from consultation with supervisor. Independent clinical decision-making is not the role of the SLPA. (McCready, 2007)

Anderson’s Continuum of Supervision

http://www.asha.org/uploadedFiles/academic/teach-tools/andersoncontinuum.pdf

Communication Styles

http://sciencecareers.sciencemag.org/career_magazine/previous_issues/articles/2001_04_20/nodoi.5864281510025907845

Generational Differences

http://www.pewresearch.org/quiz/how-millennial-are-you/
Cultural Differences

http://www.odec.umd.edu/CLASS/INVENTORY.PDF

Components of Supervision

• Understanding
• Planning
• Observing
• Analyzing
• Integrating
(Vinson, 2009)

Understanding the Supervisory Process

• What background and training do you each have?
• Where is the SLPA on the continuum of supervision?
• What is the SLP’s supervisory style? What is the SLPA’s learning style?
• What do you expect from each other?
• What do you understand about each other’s roles and responsibilities?

Planning

• When and how will observations be completed?
• What activities will require direct or indirect supervision?
• How will data be collected and analyzed for planning future sessions?
• How and when will you communicate with each other?
• How will the SLPA’s work and the SLP’s supervision be assessed?

Observing

• The SLPA watches the SLP, observing interactions between SLP and clients to identify successful interactions and techniques to incorporate into therapy.
• The SLP watches the SLPA and collects objective data regarding SLPA performance on assigned tasks.

Observing

• Direct Observation Skills Brief Checklist
• Direct Observation Follow-Up Contract
• SLPA Self-Evaluation of Intervention Session
• Skills-Proficiency Checklist
Analyzing

- Participate in regularly-scheduled weekly conferences.
- Review notes from past week.
- Supervisor interprets data and observations.

Providing Effective Feedback

- Balance positive and negative feedback
- Use objective (not emotional) language
- Use data to support your observations
- Focus on the effect of the SLPA’s behaviors on the student
- Provide details about the behaviors you observe; be specific
- Help SLPA to self-evaluate through questions and suggestions for options.

(Vinson, 2009)

Integrating

- Plan upcoming activities based on analysis of data from past week.
- What worked?
- What changes to treatment plans need to be made?
- What does the SLPA need from the SLP to be successful?
- What changes do the SLP and SLPA need to make to maintain a successful supervisory relationship?

Oral vs. Written Feedback

Oral
- Immediate
- Opportunity for discussion
- Tone of voice present
- No documentation of supervision
- More easily forgotten

Written
- Delayed
- Discussion is delayed or absent
- Can be misread
- Provides documentation of supervision
- Written record for SLPA to refer to for future sessions
Mentoring

- Helping another person to grow professionally and personally.
- Effective mentors are caring, supportive, intelligent, patient, encouraging, and engaging.
- Mentors give professional advice, build self-confidence, teach new skills, provide professional opportunities, and reduce stress.

(Carozza, 2011)

Challenges

- Conflicts may arise, but can result in:
  - Increased interest and interaction
  - Greater understanding and identification of problems
  - Increased creative thinking
  - Increased commitment
  - Increased quality decision-making
- Know your conflict management style and your supervisor’s or supervisee’s style.


Map for Having Hard Conversations

- What is the problem?
- What is your desired outcome?
- What behaviors do you want to see?
- What knowledge, skills and attitudes does the person need to reach the desired outcome?
- What strategies can you implement to help the person grow?
- What resources do you need to implement these strategies?

(Abrams, 2009)

ASHA Special Interest Group 11

- SIG 11, Perspectives on Administration and Supervision newsletters and resources http://www.asha.org/SIG/11/
- Free access to Perspectives if you are a member of any ASHA SIG.

SLPs say...

- “The SLP-A acts as an extension of your services. He/she has had the training needed so you can speak in professional terms and not need to hold their hand to help them with the youngsters with whom you are working. The advantage from my perspective is that I am able to give an assignment and goals and know that they are being carried out faithfully, appropriate materials are chosen, documentation is occurring and I will have great feedback when it’s time for progress reports, IEP’s, etc. I know that I will enjoy a great therapy session when I come to observe and if there are questions, the SLP-A will contact me. If there are questions or concerns from teachers or parents, the SLP-A will let me know what the questions are and have me contact the family. The bottom line is that I know my students are well cared for in good hands when they are seen by an SLP-A.”

ASHA Mentoring Manual
http://www.asha.org/uploadedFiles/students/gatheringplace/MentoringManual.pdf

SLPs sayzelipsis

- “The SLP(SP acts as an extension of your services. He/she has had the training needed so you can speak in professional terms and not need to hold their hand to help them with the youngsters with whom you are working. The advantage from my perspective is that I am able to give an assignment and goals and know that they are being carried out faithfully, appropriate materials are chosen, documentation is occurring and I will have great feedback when it’s time for progress reports, IEP’s, etc. I know that I will enjoy a great therapy session when I come to observe and if there are questions, the SLP-A will contact me. If there are questions or concerns from teachers or parents, the SLP-A will let me know what the questions are and have me contact the family. The bottom line is that I know my students are well cared for in good hands when they are seen by an SLP-A.”
SLPs say...

- "...some [SLPAs] need more ‘coaching’ than others, but I think that is more the personality of the individual."
- "The SLPAs are also aware of what they are qualified to do and what they are not qualified to do." (referred any questions from teachers, administrators, parents, etc., that are outside of their training to the supervisor)
- Essential that the SLP be part of the hiring process, "as the SLP and SLPA will be working together closely and need to be able to understand one another in order to best meet the needs of the students."

SLPs say...

- "...the most important thing about working with an SLPA is to have good communication with them. The SLPA does most of the therapy so they have the most knowledge about how the client is doing in therapy."
- "Don’t be afraid to have an SLPA. They are actually very helpful. While the SLPA is doing therapy the SLP has time to test, write reports, attend meetings and do other stuff. This actually reduces the time I spend working on the paperwork after school because I can do it doing school hours."

Judy Montgomery

"I would jump at the chance to work with a speech-language pathology assistant! We’d make a splendid team, increasing the number of sessions a student received in a set period of time. We’d incorporate many of the findings of the NOMS study (Mullen, 2002), I would track my yearly dismissal rate and inform my superiors. This would increase my accountability, change the way I write IEPs, and eventually enable my school to serve more students in Tier I and Tier II instruction, avoiding unnecessary special education paperwork and programs.”


Questions

References

References