

SPLA PROGRAM CHECKLIST

CALIFORNIA CODE OF REGULATIONS

Section Code	Description Summary	Yes
1399.170.4 Application for Approval of Speech-Language Pathology Assistant Training Programs		
CCR 1399.170.4 (a)	To be eligible for approval by the Board as a speech-language -pathology assistant training program (herein after referred to as “program”), is the sponsoring institution must shall be accredited by the Accrediting Commission for Community Colleges and Junior Colleges, Western Association of Schools and Colleges?	
CCR 1399.170.4 (b)(1)	Has the Sponsoring Institution's officially designated representative submitted a written request to the Board, through the speech-language pathology assistant program director, of its intent to offer a new program?	
CCR 1399.170.4 (b)(2)	Has the SLPA training program submitted a formal proposal to the Board, no later than six (6) months prior to the enrollment of students, demonstrating how the program will meet the requirements of Sections 1399.170.5 through 1399.170.10	
1399.170.6 Requirements of the Sponsoring Institution		
CCR 1399.170.6 (a)	Has the Sponsoring Institution created a procedure to enter into a formal agreement or memorandum of understanding with each field work site establishing the responsibilities of the institution and of each work site?	
CCR 1399.170.6 (b)	Does the Sponsoring Institution assume full responsibility for recordkeeping and documenting the completion of all required standards, curriculum planning, selection of course content, coordination of classroom teaching and supervised field work, appointment of faculty, and granting the completion certificate, or otherwise documenting satisfactory completion of the program for each SLPA Student?	
CCR 1399.170.6 (c)	Do SLPA Student records include admission, enrollment, academic performance directed observations, field work clock hours, and demonstration of field work competencies according to Sponsoring Institution policies? Are grades and credits courses recorded on student’s transcripts and maintained by the Sponsoring Institution? Are hours for field work experiences and supervision recorded and documented by the supervisory staff?	
CCR 1399.170.6 (d)	Is the program director of the Sponsoring Institution responsible for ensuring that the scope of practice delegated to the SLPA Student during field work experiences is appropriate to the training received and the clients assigned are consistent with the American Speech-Language-Hearing Association’s Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Assistants (1996 Spring)?	
1399.170.7 Administration and Organization of the Program		
CCR 1399.170.7 (a)	Does the Sponsoring Institution have a written statement of program objectives which serves as a basis for curriculum structure? Is that statement nondiscriminatory in regard to race, color, creed, gender, age, or disabling conditions?	
CCR 1399.170.7 (b)	Does the Sponsoring Institution have written policy and procedures that reflect the objectives of the program and contains a requirement that such statement is provided to all applicants to the program? <i>The procedure will also include the following:</i>	
CCR 1399.170.7 (b)(1)	<ul style="list-style-type: none"> • Completion requirements that are accurately stated and published. 	
CCR 1399.170.7 (b)(2)	<ul style="list-style-type: none"> • Procedures for processing student and faculty grievances. 	
CCR 1399.170.7 (b)(3)	<ul style="list-style-type: none"> • Policies and procedures regarding student academic probation, field work suspension, and program dismissal. 	
CCR 1399.170.7 (b)(4)	<ul style="list-style-type: none"> • Provisions for the health and safety of clients, students, and faculty associated with training activities. 	
CCR 1399.170.7 (b)(5)	<ul style="list-style-type: none"> • Requirements to become registered by the Board as a speech-language pathology assistant. 	
CCR 1399.170.7 (c)	<ul style="list-style-type: none"> • Does the SLPA training program have a written plan for evaluating the effectiveness and outcomes of the program including: (1) admission and selection procedures; (2) student attrition and retention; (3) measurements of student achievements. Does the plan include a process to reflect the results of such evaluations in curricular changes and modifications to the program? 	
CCR 1399.170.7 (d)	Does the SLPA training program have sufficient resources, including faculty, library, staff and support services, physical space and equipment to achieve the program's objectives?	
CCR 1399.170.7 (e)(1)	Does the student/teacher ratio permit the achievement of the stated objectives of the program?	
CCR 1399.170.7 (e)(2)	Is the student/teacher ratio compatible with accepted practices of the Sponsoring Institution?	
CCR 1399.170.7 (e)(3)	Does the student/teacher ratio ensure student and client safety, and quality of training in laboratory and field work experiences by adjustment of faculty/student ratios when required?	
CCR 1399.170.7 (e)(4)	Is the student/teacher ratio consistent with available resources such as faculty, field work sites, materials, and equipment?	

Section Code	Description Summary	Yes
1399.170.8 Field Work Experience		
CCR 1399.170.8 (a)	Does the program utilize any agencies and/or community facilities for field work experience without prior approval of the Board? Does the Sponsoring Institution acknowledge that there is a requirement to submit evidence that the program has complied with this prior approval process?	
CCR 1399.170.8 (b)	When a SLPA training program utilizes agencies and/or community facilities for field work experience, does the program maintain written objectives for SPLA Students learning in such facilities? Is the SPLA Students only assigned to facilities that can provide the experience necessary to meet those objectives?	
CCR 1399.170.8 (c)	Does the SLPA training program maintain written agreements with such facilities? <i>Do the agreements include the following:</i>	
CCR 1399.170.8 (c)(1)	Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives?	
CCR 1399.170.8 (c)(2)	<ul style="list-style-type: none"> Provision for orientation of faculty and students? 	
CCR 1399.170.8 (c)(3)	<ul style="list-style-type: none"> A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students? 	
CCR 1399.170.8 (c)(4)	<ul style="list-style-type: none"> Assurance that staff is adequate in number and quality to ensure safe and continuous health care services to patients? 	
CCR 1399.170.8 (c)(5)	<ul style="list-style-type: none"> Provisions for continuing communication between the facility and the program? 	
CCR 1399.170.8 (c)(6)	<ul style="list-style-type: none"> A description of the responsibilities of faculty assigned to the facility utilized by the program? 	
1399.170.10 Required Curriculum		
CCR 1399.170.10 (a)	Is the curriculum designed so that a SLPA Student completing the course will have skills in accordance with the minimum standards set forth in Section 2538.1 (b)(3)?	
CCR 1399.170.10 (c)	Does the curriculum consist of no less than sixty (60) semester units or ninety (90) quarter units?	
CCR 1399.170.10 (c)(1)	Does the curriculum include twenty (20) to thirty (30) semester units or thirty (30) to forty-five (45) quarter units in general education requirements, including but not limited to, basic communication skills, knowledge of mathematics, liberal arts, and biological, behavioral and health sciences?	
CCR 1399.170.10 (c)(2)	Does the curriculum include thirty (30) to forty (40) semester units or forty-five (45) to sixty (60) quarter units in course work that satisfies the competencies defined in the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Assistants (1996 Spring) <i>including the following observation and field work experiences?</i>	
CCR 1399.170.10 (c)(2)(A)	<ul style="list-style-type: none"> A minimum of fifteen (15) clock hours of directed observation? 	
CCR 1399.170.10 (c)(2)(B)	<ul style="list-style-type: none"> A minimum of seventy (100) clock hours of field work experience? 	



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants

Task Force on Support Personnel

These guidelines are an official statement of the American Speech-Language-Hearing Association. They provide guidance on the training, credentialing, use, and supervision of one category of support personnel in speech-language pathology: speech-language pathology assistants. Guidelines are not official standards of the Association. They were developed by the Task Force on Support Personnel: Dennis J. Arnst, Kenneth D. Barker, Ann Olsen Bird, Sheila Bridges, Linda S. DeYoung, Katherine Formichella, Nena M. Germany, Gilbert C. Hanke, Ann M. Horton, DeAnne M. Owre, Sidney L. Ramsey, Cathy A. Runnels, Brenda Terrell, Gerry W. Werven, Denise West, Patricia A. Mercaitis (consultant), Lisa C. O'Connor (consultant), Frederick T. Spahr (coordinator), Diane Paul-Brown (associate coordinator), Ann L. Carey (Executive Board liaison). The 1994 guidelines supersede the 1981 guidelines entitled, "Guidelines for the Employment and Utilization of Supportive Personnel" (Asha, March 1981, 165-169). Refer to the 1995 position statement on the "Training, Credentialing, Use, and Supervision of Support Personnel in Speech-Language Pathology" (Asha, 37 [Suppl. 14], 21).

Preamble

Changes in the service delivery system, increasing numbers of persons who need communication and related services, ever-rising costs of providing services in both health care and education, and technological and scientific advances have resulted in an expanding scope of practice for the profession of speech-language pathology. Speech-language pathologists have by necessity expanded their roles

so that they are not only service providers, but also managers of service delivery. As managers, responsibilities include oversight of service delivery programs and supervision of personnel. Qualified professionals possess the knowledge and skills necessary to make clinical judgments and decisions.

Speech-language pathology must respond to the spiraling costs of health care and education and the increase in managed care systems. There is a need to be more cost-effective and to better allocate limited resources. The exclusive use of a one-on-one service model with a certified, licensed professional may not be an option in an ever-increasing managed care environment. At the same time, quality and access to service must be maintained for all those in need. One possible way to accomplish these diverse goals is by incorporating a nonprofessional level of personnel who can support speech-language pathologists. These guidelines present a model for the training, use, and supervision of one category of support personnel in speech-language pathology: speech-language pathology assistants.

Support personnel are people who, following academic and/or on-the-job training, perform tasks as prescribed, directed, and supervised by certified speech-language pathologists. There are different levels of support personnel based on training and scope of responsibilities. Support personnel can be used to increase the frequency, efficiency, and availability of services; they can assist the supervising speech-language pathologist with generalization of learned skills to multiple settings; and they can assist with habilitation and restorative programs. The use of support personnel can increase access to care for diverse and underserved patient/client populations, and increase diversity in the work force by having different levels of entry into the profession. The use of well-trained and -supervised support personnel is one way to increase the frequency of services while maintaining the quality of services provided. These guidelines present a model for establishing and

Reference this material as: American Speech-Language-Hearing Association. (1996, Spring). Guidelines for the training, credentialing, use, and supervision of speech-language pathology assistants. *Asha*, 38 (Suppl. 16, pp. 21-34)

Index terms: Assistants-speech-language pathology, credentialing, support personnel-speech-language pathology, supervision

credentialing assistant-level support personnel in speech-language pathology. The use of credentialed assistants is already a well-established practice for other core rehabilitation professions, such as occupational and physical therapy.

Some tasks, procedures, or activities used with individuals with communication disorders can be performed successfully by persons other than speech-language pathologists if the persons conducting the activity are properly trained and supervised by ASHA-certified speech-language pathologists. The decision to shift responsibility for implementation of the more repetitive, mechanical, or routine clinical activities to assistants should be made only by qualified professionals and only when the quality of care and level of professionalism will not be compromised. Professional judgment should be at the heart of the selection, management, supervision, and use of support personnel.

The guidelines are consistent with the principles of ASHA's Code of Ethics (American Speech-Language-Hearing Association, 1994a). Recognizing the diversity of service delivery settings (e.g., schools, clinics, hospitals) and populations served, the guidelines were designed to be flexible enough to allow variations in support services, yet definitive enough to provide a model for qualifications, training, supervision, credentialing, and use of assistant-level support personnel.

Most important, these guidelines were developed to respond to the consumer's right to know about the level of service provided (i.e., professional or support level). Speech-language pathologists must inform consumers when services are provided by support personnel. Professionals may delegate certain tasks to support personnel, but the professionals retain the legal and ethical responsibility for all services provided or omitted. Although ASHA endorses the use of trained and supervised support personnel (American Speech-Language-Hearing Association, 1995), it is important to emphasize that ASHA does not mandate the use of support personnel. ASHA condemns the inappropriate use of support personnel and will impose sanctions accordingly. Support personnel may be an appropriate option in some settings, particularly when administrative support and supporting licensure laws exist. In other settings, the use of support personnel may be inappropriate. Speech-language pathologists should never be obliged to use support personnel, particularly if they feel that quality of service may be compromised.

The foundation for successfully using an assistant-level support personnel service delivery model may include:

- Administrative understanding that will support the use of assistants in speech-language pathology.
- Administrative understanding of the benefits and restrictions of using assistants.
- Availability of speech-language pathologists with an understanding and commitment to the use of assistants.
- Appropriate target population for use of assistants.
- Availability of qualified people to work as assistants.
- Sufficient education so other personnel (e.g., teachers) are aware of the role of assistants when they are used.
- Availability of preparation for speech-language pathologists in the area of supervision of speech-language pathology assistants.
- Availability of appropriate training programs for speech-language pathology assistants.
- Provision of sufficient resources and empowerment of speech-language pathologists to decide whether to use assistants.
- Provision of sufficient time to adequately train and supervise speech-language pathology assistants.

It must be stressed that the optional use of assistants does not preclude active recruitment of speech-language pathologists to the workforce.

Key Word Definitions

Support personnel: Support personnel in speech-language pathology are people who, following academic and/or on-the-job training, perform tasks as prescribed, directed, and supervised by certified speech-language pathologists. There are different levels of support personnel based on training and scope of responsibilities.

Supervising speech-language pathologist: A speech-language pathologist certified by the American Speech-Language-Hearing Association and licensed by the state (where applicable), who has been practicing for at least 2 years following ASHA certification.

Direct supervision: Direct supervision means on-site, in-view observation and guidance by a speech-language pathologist while an assigned activity is performed by support personnel.

Indirect supervision: Indirect supervision means those activities other than direct observation and guidance conducted by a speech-language pathologist that may include demonstration, record review, review and evaluation of audio- or video-taped sessions, and/or interactive television.

Credentialing: Mechanism for formal recognition. May take different forms such as recognition, registration, or certification. Certification is the type of credential ASHA awards professionals. Another type of credential, such as registration (with specified requirements), will be developed for speech-language pathology assistants.

Screening: A pass-fail procedure to identify people who may require further assessment.

Plan of care (treatment plan): This terminology is meant to include, but not be limited to, the "Plan of Care," "Individualized Education Program (IEP)," or "Individualized Family Service Plan (IFSP)," and other titles that outline the care of the patient/client.

Interpreter: A person who conveys information from one language to another and who has the minimum linguistic competencies necessary to accurately interpret for speech-language pathologists during conference sessions, assessments, and treatment, and who has been adequately trained in the underlying principles and procedures specific to the activity. (These guidelines do not address the use of interpreters as support personnel in speech-language pathology. Additional training is required. See the question and answer section in Appendix A.)

Translator: A person who uses the written modality to convey information from one language to another, has the minimum linguistic competencies necessary to accurately interpret for speech-language pathologists during conference sessions, assessments, treatments and correspondences, and who has been adequately trained in the underlying principles and procedures specific to the activity. (These guidelines do not address the use of translators as support personnel in speech-language pathology. Additional training is required. See the question and answer section in Appendix A.)

Introduction

These guidelines provide a model for the use of speech-language pathology assistants and specify the accepted title, credentials, required training, responsibilities and restrictions, and level of supervision. The guidelines address these considerations for one category of support personnel: the speech-language pathology assistant. Guidelines for the training, use, and supervision of assistants in speech-language pathology were established to be applicable in a variety of work settings. Training requirements for speech-language pathology assistants are based on the type of tasks specified in their scope of responsibility. Specific education and on-the-job training may be necessary to prepare assistants for unique roles in certain settings (e.g., hospitals and schools). Separate guidelines are being developed by ASHA for the use of interpreters and translators as support personnel. Monolingual supervisors working with bilingual assistants should evaluate the assistant's skills in the language shared by both. A question and answer section is included in Appendix A to provide the rationale for the guidelines.

Different Levels of Support Personnel

The specific training and credentialing requirements established by ASHA for the speech-language pathology assistant do not preclude use of appropriately trained and supervised support personnel at another level (e.g., less skilled aide level). However, official recognition through an ASHA credentialing program is limited to the speech-language pathology assistant. Other support personnel models have a different, often narrower scope of responsibilities (e.g., multiskilled practitioner, rehabilitation aide) and a different, often narrower training base relative to speech-language pathology assistants. The availability of speech-language pathology assistants is not feasible in some work settings, yet the use of some level of support personnel may still be appropriate. The use of personnel at this level is acknowledged. For personnel at this level, the term "aide" is appropriate. Aides differ from assistants in their degree of training and, correspondingly, in the types of responsibilities that can be assigned to them (e.g., set up treatment room, prepare materials, order supplies, record data). Training for aides is most accurately described as "on the job," is provided by a supervising speech-language pathologist, and furnishes task-specific knowledge and skills. Any individual assisting the speech-language pathologist should

have a general knowledge base similar to that described in these guidelines, with the amount and type of supervision determined by the specific responsibilities (see "Guidelines for Caseload Size and Speech-Language Service Delivery in the Schools," American Speech-Language-Hearing Association, 1993).

Individuals who hold a bachelor's degree in speech-language pathology are considered at the same level as assistants who meet the training requirements specified in this document. However, these distinctions could be viewed as separate rungs of a career ladder for support personnel that for some could culminate with a master's degree and ASHA certification in speech-language pathology. A bachelor's degree does not automatically qualify an individual as a speech-language pathology assistant. All training requirements apply, including supervised practicum, on-the-job training, and demonstrated competence through outcome-based measures.

Ethical Responsibilities

The guidelines attempt a balance between requiring specified direct supervision and creating a treatment system that is flexible and functionally managed based on individual patient/client needs. It is imperative that speech-language pathologists "... continually consider the Code of Ethics in their roles as supervisors of such personnel" (American Speech-Language-Hearing Association, 1994b). In accordance with the Code of Ethics, Principle of Ethics I states that "Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally," and Principle of Ethics II Rule D states that "Individuals shall delegate the provision of clinical services only to persons who are certified or to persons in the education or certification process who are appropriately supervised. The provision of support services may be delegated to persons who are neither certified nor in the certification process only when a certificate holder provides appropriate supervision" (American Speech-Language-Hearing Association, 1994a).

The consumer must be informed about the use of support personnel. The supervising professional and support personnel "... must exercise extreme caution to avoid misrepresentation by implying that the aide is a speech-language pathologist or audiologist"

(American Speech-Language-Hearing Association, 1994b).

Principle of Ethics III Rule A states that "Individuals shall not misrepresent their credentials, competence, education, training, or experience" (American Speech-Language-Hearing Association, 1994a).

As a manager of services, the supervisor has direct responsibility for correction of inappropriate actions by support personnel. The speech-language pathology assistant does not exist without the supervisor. Support personnel are an accessory rather than an alternative to professional service. Supervisors who fail to provide appropriate supervision of assistants are in violation of ASHA's Code of Ethics.

Recommended Requirements for a Speech-Language Pathology Assistant

1. Responsibilities for a speech-language pathology assistant may be designated to an individual:

- who meets the expected training requirements,
- who demonstrates proficiency in skills required for a speech-language pathology assistant,
- who holds the current credential from ASHA as a speech-language pathology assistant,
- who is supervised by an ASHA-certified speech-language pathologist who has practiced for at least 2 years (following ASHA certification).
- who adheres to ASHA's scope of responsibilities for speech-language pathology assistants,
- who performs tasks as prescribed by the supervising speech-language pathologist, and
- who adheres to applicable state licensure laws and rules regulating the practice of speech-language pathology such as those requiring licensure or registration of support personnel.¹

2. Minimum requirements to function as a speech-language pathology assistant are to:

¹ State laws and rules, in particular those relating to licensure, may differ from ASHA guidelines. Fully qualified professionals and support personnel are legally bound to follow the licensure laws and rules that regulate them and their practice in the state in which they work. Use of support personnel is not permitted in every state. In states with less stringent requirements, ASHA members should follow ASHA guidelines.

a. Complete a minimum of an associate's degree in an ASHA-approved speech-language pathology assistant training program, a college-based speech-language pathology assistant certificate program, or an equivalent course of study with a major emphasis in the area of speech-language pathology. (See Appendix B for a sample curriculum.)

b. Complete practicum under the supervision of an ASHA-certified speech-language pathologist.

c. Complete and file with ASHA an application listing preparation (i.e., training) and signed by the speech-language pathologist who has agreed to provide supervision in the employment setting.

d. Successfully complete a uniform, functionally based proficiency evaluation developed by ASHA that checks the minimum skills necessary for fulfilling responsibilities as a speech-language pathology assistant. (See Appendix C for suggested competencies.)

e. Possess, within 6 months of employment, written confirmation of a current support personnel credential from ASHA.

f. Be employed in a setting in which direct and indirect supervision are provided on a regular and systematic basis by an ASHA-certified speech-language pathologist.

Scope of Responsibilities for a Speech-Language Pathology Assistant

Although the speech-language pathologist may delegate specific tasks to the speech-language pathology assistant, the legal (e.g., professional liability) and ethical responsibility to the patient/client for all services provided or omitted cannot be delegated; it must remain the full responsibility of the supervising speech-language pathologist. The speech-language pathology assistant may execute specific components of a speech and language program as specified in an individualized treatment plan composed by the speech-language pathologist. Tasks listed on the treatment plan and executed by the speech-language pathology assistant are only those that are within the scope of responsibilities for the speech-language pathology assistant and are tasks that the speech-language pathologist has determined the speech-language pathology assistant has the training and expertise to perform. The speech-language pathologist must provide at least the minimum specified level of supervision to ensure quality of care to all persons served. The amount of supervision may vary and must depend on the complexity of the case

and the experience of the assistant. The speech-language pathologist must maintain documentation of preservice training, in-service training, and supervision of the assistant. Under no circumstance may the intent of these guidelines, particularly in relation to the ASHA Code of Ethics, be diluted or circumvented by the use of a speech-language pathology assistant. Again, the use of a speech-language pathology assistant should be considered optional, and a speech-language pathology assistant should be used only when appropriate.

Provided that the training, supervision, documentation, and planning are appropriate (i.e., consistent with the guidelines), the following tasks may be designated to a speech-language pathology assistant:

a. Conduct speech-language screenings (without interpretation) following specified screening protocols developed by the supervising speech-language pathologist.

b. Provide direct treatment assistance to patients/clients identified by the supervising speech-language pathologist.

c. Follow documented treatment plans or protocols developed by the supervising speech-language pathologist.

d. Document patient/client progress toward meeting established objectives as stated in the treatment plan, and report this information to the supervising speech-language pathologist.

e. Assist the speech-language pathologist during assessment of patients/clients, such as those who are difficult to test.

f. Assist with informal documentation (e.g., tallying notes for the speech-language pathologist to use), prepare materials, and assist with other clerical duties as directed by the speech-language pathologist.

g. Schedule activities, prepare charts, records, graphs, or otherwise display data.

h. Perform checks and maintenance of equipment.

i. Participate with the speech-language pathologist in research projects, in-service training, and public relations programs.

Activities Outside the Scope of Responsibilities of a Speech-Language Pathology Assistant

There is a potential for possible misuse of the speech-language pathology assistant, particularly when responsibilities are delegated by administrative staff or nonclinical staff without the knowledge and approval of the supervising speech-language pathologist. Therefore, the speech-language pathology assistant should not perform any task without the express knowledge and approval of the supervising speech-language pathologist.

An individual's communication or related disorder or other factors may preclude the use of services from anyone other than an ASHA-certified speech-language pathologist.

The speech-language pathology assistant may not:

- a. Perform standardized or nonstandardized diagnostic tests, formal or informal evaluations, or interpret test results.
- b. Participate in parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising speech-language pathologist or other ASHA-certified speech-language pathologist designated by the supervising speech-language pathologist.
- c. Provide patient/client or family counseling.
- d. Write, develop, or modify a patient/client's individualized treatment plan in any way.
- e. Assist with patients/clients without following the individualized treatment plan prepared by the speech-language pathologist or without access to supervision (see Supervision Guidelines).
- f. Sign any formal documents (e.g., treatment plans, reimbursement forms, or reports; the assistant should sign or initial informal treatment notes for review and co-signature by the supervising professional).
- g. Select patients/clients for services.
- h. Discharge a patient/client from services.
- i. Disclose clinical or confidential information either orally or in writing to anyone not designated by the supervising speech-language pathologist.
- j. Make referrals for additional services.

k. Communicate with the patient/client, family, or others regarding any aspect of the patient/client status or service without the specific consent of the supervising speech-language pathologist.

1. Represent himself or herself as a speech-language pathologist.

Exclusive Responsibilities of the Speech-Language Pathologist²

1. Complete initial supervision training prior to accepting an assistant for supervision and upgrade supervision training on a regular basis.

2. Participate significantly in hiring the assistant.

3. Document preservice training and credentials of the assistant.

4. Inform patients/clients and families about the level (professional vs. support personnel), frequency, and duration of services as well as supervision.

5. Represent the speech-language pathology team in all collaborative, interprofessional, interagency meetings, correspondence, and reports. This would not preclude the assistant from attending meetings along with the speech-language pathologist as a team member or drafting correspondence and reports for editing, approval, and signature by the speech-language pathologist.

6. Make all clinical decisions, including determining patient/client selection for inclusion/exclusion in the case load, and dismissing patients/clients from treatment.

7. Communicate with patients/clients, parents, and family members about diagnosis, prognosis, and treatment plan.

8. Conduct diagnostic evaluations, assessments, or appraisals, and interpret obtained data in reports.

9. Review each treatment plan with the assistant at least weekly.

10. Delegate specific tasks to the assistant while retaining legal and ethical responsibility for all patient/client services provided or omitted.

² See Idaho State Board for Vocational Education. (1994). *Technical committee report and curriculum guide for speech-language pathology assistant*. Vo. Ed. 292.

11. Prepare an individualized treatment plan and make modifications prior to or during implementation.
12. Discuss the case with or refer the patient/client to other professionals.
13. Sign all formal documents (e.g., treatment plans, reimbursement forms, reports; the supervisor should indicate on documents that the assistant performed certain activities).
14. Review and sign all informal progress notes prepared by the assistant.
15. Provide ongoing training to the assistant on the job.
16. Provide and document appropriate supervision of the assistant.
17. Ensure that the assistant only performs tasks within the scope of responsibility of the speech-language pathology assistant.
18. Participate in the performance appraisal of the speech-language pathology assistant.

NOTE: The speech-language pathologist should not supervise a speech-language pathology assistant until the speech-language pathologist has completed the ASHA certification examination, the Clinical Fellowship, and 2 additional years of clinical experience after receiving the Certificate of Clinical Competence in Speech-Language Pathology from ASHA.

Supervision Guidelines for a Speech-Language Pathology Assistant

The variety of roles and responsibilities involved in clinical supervision are described in the position statement developed by the ASHA Committee on Supervision in Speech-Language Pathology and Audiology (American Speech-Language-Hearing Association, 1985). Additional guidance for the supervising speech-language pathologist comes from the ASHA Code of Ethics.

Even though this document provides essential guidance, it is the speech-language pathologist's responsibility to design and implement a supervision system that protects patient/client care and maintains the highest possible standards of quality. The amount and type of supervision required should be based on the skills and experience of the speech-language pathology assistant, the needs of patients/clients served, the service setting, the tasks assigned, and other factors. More intense supervision, for example, would be required in such instances as the orientation of a new speech-language pathology assistant, initiation of a new program, equipment, or task; or a

change in patient/client status (e.g., medical complications).

As the supervisory responsibility of the speech-language pathologist increases, the clinical responsibilities of the speech-language pathologist must decrease. Functional assessment of the speech-language pathology assistant's skills with assigned tasks should be an ongoing, integral element of supervision.

Treatment for the patient/client served remains the responsibility of the supervisor. Therefore, the level of supervision required is considered the minimum level necessary for the supervisor to retain direct contact with the patient/client.

The speech-language pathology assistant must be supervised by a speech-language pathologist who holds a Certificate of Clinical Competence in Speech-Language Pathology from ASHA, has state licensure (where applicable), who has an active interest and wants to use support personnel, and who has practiced speech-language pathology for at least 2 years following ASHA certification. In addition, completion of at least one preservice course or continuing education unit in supervision is required. Periodic updating of supervision skills through in-service training is also considered highly desirable (see American Speech-Language-Hearing Association, 1989). Because the clinical supervision process is such a close, interpersonal experience, the supervising speech-language pathologist should participate in the selection of the speech-language pathology assistant.

A total of at least 30% direct and indirect supervision is required and must be documented for the first 90 workdays. (For a 40-hour workweek this would be 12 hours for both direct and indirect supervision.) Documented direct supervision of patient/client care shall be required no less than 20% of the actual patient/client contact time weekly for each speech-language pathology assistant. This ensures that the supervisor will have direct contact time with the speech-language pathology assistant as well as with the patient/client. During each week, data on every patient/client seen by the speech-language pathology assistant must be reviewed by the supervisor. In addition, the 20% direct supervision should be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive some direct contact with the speech-language pathologist at least once every 2 weeks. Direct supervision means on-site, in-view observa-

tion and guidance while a clinical activity is performed. Supervision should provide information about the quality of the speech-language pathology assistant's performance of assigned tasks and should verify that clinical activity is limited to tasks specified in the speech-language pathology assistant's scope of responsibilities. Information obtained during direct supervision may include data relative to (a) agreement (reliability) between the assistant and the supervisor on correct/incorrect recording of target behavior, (b) accuracy in implementation of screening and treatment procedures, (c) accuracy in recording data, and (d) ability to interact effectively with the patient/client.

In addition, indirect supervision is required no less than 10% of the actual patient/client contact time and may include demonstration, record review, review and evaluation of audio- or videotaped sessions, interactive television, and/or supervisory conferences that may be conducted by telephone. Additional direct and indirect supervision, beyond the minimum 30% required in the first 90 workdays, may be necessary depending on the skills of the assistant and the needs of the patient/client. The speech-language pathologist will review each plan of care as needed for timely implementation of modifications.

After the initial 90-day work period, the amount of supervision may be adjusted depending on the competency of the assistant, the needs of the patients/clients served, and the nature of the assigned tasks. The minimum is 20% supervision, with no less than 10% being direct supervision. (For a 40-hour workweek, this is 8 hours of supervision, at least 4 of which is direct supervision.)

At no time may a speech-language pathology assistant perform tasks when a supervising speech-language pathologist cannot be reached by personal contact, phone, pager, or other immediate means. If for any reason (i.e., maternity leave, illness, change of jobs) the supervisor is no longer available to provide the level of supervision stipulated, the speech-language pathology assistant may not perform tasks until an ASHA-certified speech-language pathologist has been designated as the speech-language pathology assistant's supervisor.

Although more than one speech-language pathologist may provide supervision of a speech-language pathology assistant, at no time may a speech-language pathologist supervise or be listed as a supervisor for more than three (3) speech-language pathology assistants. The supervising speech-language pathologist should be the only professional to

decide the number of assistants to use (i.e., 0, 1, 2, or 3). When multiple supervisors are used, the supervisors are encouraged to coordinate and communicate with each other.

The purpose of the assistant level position is not to increase the caseload size for speech-language pathologists (see American Speech-Language-Hearing Association, 1993, for caseload size guidelines in school settings). Assistants should be used to manage the existing caseloads of speech-language pathologists.

Individualized Treatment Plan for Speech-Language Pathology Services

The individualized treatment plan serves as the specific clinical instruction from the speech-language pathologist to the speech-language pathology assistant. It is to be followed as written and may only be adjusted, modified, or amended by the speech-language pathologist. It contains identifying information about the patient/client, the measurable goals and objectives of treatment, and the tasks and/or assessments that are to be used to meet those objectives and goals and measure progress. Periodic review of the treatment plan (usually weekly) shall be done by the speech-language pathologist in consultation with the speech-language pathology assistant. The patient's/client's progress will be documented and changes in goals, objectives, and tasks made as deemed appropriate.

Conclusion

Support personnel may be used to supplement, enhance, and extend speech-language pathology services in all practice settings, including schools, hospitals, clinics, home-health, long-term care, and others. In no setting is the use of support personnel obligatory. The use of appropriately trained and supervised support personnel provides an opportunity for speech-language pathologists to develop and refine management skills by serving as managers of service delivery. Professionals perform at a management level, corresponding with trends in health care and education. In allied health professions, qualified professionals are moving toward managerial positions. In such a capacity they are responsible for developing plans of care and supervising personnel. In education, the move toward the use of support personnel is increasing. Affirmation of this trend was provided in a recent report, "Issues and Trends in Special Education" for the Office of Special Edu-

cation Programs (Hales & Carlson, 1992). This report, based on responses of 137 representatives in the field of special education, projected that paraprofessionals will have an increasing role in service delivery because of the critical shortage of special education personnel at all levels.

Varying service delivery models in schools and clinical settings also provide opportunities for the use of support personnel with professionals serving in a managerial role. For example, a collaborative/consultation model, as one service delivery option (i.e., when the speech-language pathologist, teacher, and parents work together to facilitate a student's communication and learning in educational environments), could be enhanced through the use of support personnel who could assist in the classroom with practice and generalization of learned skills (see American Speech-Language-Hearing Association, 1993).

The fact that the profession of speech-language pathology has identified certain tasks that can be performed by assistant-level support personnel should be the primary rationale for their use. The use of appropriately trained and supervised assistants is seen as a mechanism to achieve effective

patient/client outcomes within a cost-effective system of quality care. The guidelines provide a means for standardization, uniformity, and evaluation of the use of one level of support personnel—speech-language pathology assistants.

References

- American Speech-Language-Hearing Association. (1985, June). Clinical supervision in speech-language pathology and audiology. *Asha*, 27, 57-60.
- American Speech-Language-Hearing Association. (1989, March). Preparation models for the supervisory process in speech-language pathology and audiology. *Asha*, 31, 97-117.
- American Speech-Language-Hearing Association. (1993, March). Guidelines for caseload size and speech-language service delivery in the schools. *Asha*, 35 (Suppl. 10), 33-39.
- American Speech-Language-Hearing Association. (1994a, March). Code of Ethics. *Asha*, 36 (Suppl. 13), 1-2.
- American Speech-Language-Hearing Association. (1994b, March). ASHA policy regarding support personnel. *Asha*, 36 (Suppl. 13), 24.
- American Speech-Language-Hearing Association. (1995, March). Position statement for training, credentialing, use, and supervision of support personnel in speech-language pathology. *Asha*, 37 (Suppl. 14), 21.
- Hales, R.M., & Carlson, L.B. (1992). *Issues and trends in special education*. Lexington, KY: Federal Resource Center for Special Education, University of Kentucky.

Appendix A — Rationale for Guidelines

Question and Answer Section

During the peer review process for these guidelines, respondents asked a number of pertinent questions about the decisions made on issues such as supervision, credentialing, and training requirements. This section attempts to address major areas of concern and provides the rationale for decisions made by the Task Force on Support Personnel in the course of developing these guidelines.

1. Do the majority of audiologists and speech-language pathologists perceive a need for support personnel?

There are differences in perceived need for support personnel between the professions of speech-language pathology and audiology, and between employment settings. Whereas 72% of speech-language pathologists reported a moderate or high degree of need for support personnel, 59% of audiologists reported a moderate or high degree of need. In addition, speech-language pathologists working in hospitals reported the greatest need for support personnel; those in residential health care facilities reported the least need. In contrast, hospital-based audiologists reported the least degree of need, and those in colleges and universities perceived the greatest need (ASHA Omnibus Survey, 1992). Separate guidelines are being developed for the use of support personnel in audiology.

According to the 1991 ASHA Omnibus Survey, 15% of respondents employed three or more support personnel in their facilities. Up to 31% of speech-language pathologists and audiologists were assisted by support personnel.

2. Are these guidelines applicable to assistants in all work settings?

The guidelines are intended to be applicable in any health care or educational setting. In health care settings, Medicare policies and managed care systems have created a need for assistants. The use of assistants may not be immediately feasible in some school systems, but there is a strong potential for future use as assistants become trained and incorporated into the service delivery system. Consideration was given to the special needs of service providers in rural settings. Feasible supervisory guidelines were established to allow some indirect supervision and to recognize that the supervisor may not be on-site at all times.

3. Why is there a need for ASHA to credential assistants in the area of speech-language pathology?

Although many states have some regulatory mechanism that deals with support personnel, they are far from uniform. As stated in this document, the speech-language pathology assistant is a specific level of support personnel and is very clearly defined. The ASHA credential will provide the unity of definition that is now lacking from state to state. Further, it will place the credentialing process in a single national location, using the single standard for training programs as well as for these specific levels of support personnel. Third party payers, as well as state and national governmental and service organizations, often look for ASHA credentials when considering the areas of communication disorders; credentialing through ASHA is consistent with that current practice.

4. Will ASHA have an accreditation process for training programs offering an associate's degree for speech-language pathology assistants?

A mechanism will be established for ASHA to review curricula. ASHA plans to develop a credentialing process for individuals with the training necessary to be speech-language pathology assistants. Any credentialing process will include outcome-based performance measures. ASHA may develop an accreditation process for training programs for assistants in the future.

5. Did you consider requiring a national examination for assistants?

Consideration was given to requiring successful completion of a standardized examination testing requisite knowledge for competence as a speech-language pathology assistant. However, the final guidelines instead require use of a functional, outcome-based proficiency checklist (see Appendix C) that is related directly to the assistants' scope of responsibilities. Any credentialing program established will involve outcome-based measures.

6. What if an employer hires an assistant instead of a qualified professional, or insists that someone other than the speech-language pathologist supervise the assistant?

Employers need to be informed of the supervisory requirements and limited scope of responsibilities for assistants. They need to know that the

credential of the speech-language pathologist will be in jeopardy if the decision to use assistants or extend their responsibilities is made by someone other than an ASHA-certified speech-language pathologist. ASHA will support the professional as the only responsible agent for making supervisory decisions regarding assistants.

7. Why is more supervision required for individuals in Clinical Fellowship than assistants (following the initial 90-day period)?

It is important to emphasize that the amount of supervision required for assistants is only a minimum. Supervisors may determine that assistants need more supervision.

More supervision may be needed for clinical fellows than assistants because the supervisory goals are different. The goal for supervisors of clinical fellows is to bring fellows to a level of independence in the same scope of practice as the professional. The duties of an assistant are more restricted and narrower in scope than a clinical fellow. Furthermore, independent practice is contradictory to the role of assistants. Assistants can work only under the supervision of an ASHA-certified speech-language pathologist. Some assistants may work for a number of years and may be experienced with their scope of responsibilities. Supervisors need to evaluate the assistant's ability to implement directions as received. In contrast, clinical fellows, typically in their first work experience, are supervised for a relatively short period of time (i.e., 9 months to 1 year) and supervisors need to evaluate their independent clinical decision-making skills.

8. Why are there documentation requirements for assistants?

The documentation required for assistants has been specified for four primary reasons: (a) mechanism for consumer protection; (b) practice for responsible management; (c) accountability to employers; and (d) protection to professionals if litigation or ethical practice concerns occur. The documentation required by states with licensure laws would be acceptable in fulfilling the requirements for documentation in these guidelines for assistants.

9. How should professionals handle reimbursement of services provided by speech-language assistants?

The use of assistants can improve access to and reduce costs of quality services. It is appropriate to bill for the service provided; whether conducted by a professional or trained and supervised assistant, the level of care should remain the same.

10. Should continuing education be required for speech-language pathology assistants?

It is the professional's responsibility to ascertain the continuing training needs of assistants. The proficiency checklist may be used by supervisors to determine whether the assistants' skills are current.

11. Should speech-language pathology assistants be used as interpreters/translators?

These guidelines are limited to the specified scope of responsibilities for assistants. Additional training is needed for assistants to be used as interpreters/translators. ASHA's Multicultural Issues Board reviewed these guidelines for assistants from the perspective of culturally and linguistically diverse populations with communication disabilities. The Board suggested that there is a unique role for assistants and for interpreters/translators. Therefore, the Board recommended that the guidelines for assistants eliminate all references to interpreters/translators. Instead, they suggested that a separate paper be developed describing the use of support personnel as interpreters/translators for the following reasons:

- There is a paucity of bilingual speech-language pathologists. Persons who assist monolingual professionals should have training and minimum competencies to adequately serve the growing multicultural population.

- The assistant who serves as an interpreter/translator must receive training in interpretation and translation in order to provide the highest quality of service to multicultural populations.

- Professionals must be trained to use interpreters/translators when providing services to linguistically and culturally diverse populations.

Appendix B — Sample Curriculum for the Speech-Language Pathology Assistant

Any of the three training options for the speech-language pathology assistant (i.e., an associate's degree, certificate program, equivalent course of study) could include the following core coursework and practicum experience. The coursework may vary depending on the setting within which the assistant will be working. For example, the curriculum may include a course in neurogenic disorders for those assistants whose anticipated employment setting is a hospital or clinic. Multicultural information should be integrated in all points of the curriculum for assistants. A mechanism for ASHA approval of the curriculum will be established.

Coursework pertaining to clinical populations, clinical management, or any of the duties to be assumed by the assistant should be taught by ASHA-certified speech-language pathologists (e.g., survey of disabilities, normal development, clinical methods, acquired disorders) or audiologists (e.g., introduction to audiology). Practicum supervision must be provided by ASHA-certified speech-language pathologists.

Suggested Course	Suggested Number of Credit Hours
English Composition/Grammar	6
Math	3
Psychology/Sociology/Multicultural Studies (some combination)	9
Phonetics	3
Human Anatomy and Physiology	6
Survey of Disabilities	3
Normal Speech, Language, and Hearing Development Across the Life Span	3
Articulation Disorders and Rehabilitation	3
Language Disorders and Rehabilitation	3
Clinical Methods/Procedures	3
Acquired Disorders and Rehabilitation	3
Practicum 1 – Program-Based Observation	4 *
Practicum 2 – Public School (on-the-job-training)	4
Practicum 3 – Hospital/Rehabilitation (on-the-job training)	4
Introduction to Audiology/Aural Rehabilitation	3
	60 hours plus electives**

* This practicum consists of extensive observation in at least two different sites selected by the training program.

** An elective in computer technology is strongly suggested.

Appendix C — Speech-Language Pathology Assistant Suggested Competencies

The functionally based proficiency evaluation may check competencies in the following areas:

I. Interpersonal Skills (communicates honestly, clearly, accurately, coherently, and concisely.)

1. Deals effectively with attitudes and behaviors of the patient/client

- a. Maintains appropriate patient/client relationships
- b. Communicates sensitivity to the needs of the patient/client and family
- c. Takes into proper consideration patient/client needs and cultural values
- d. Demonstrates an appropriate level of self-confidence when performing assigned tasks
- e. Establishes rapport with patient/client and family
- f. Demonstrates insight in patient/client attitudes and behaviors
- g. Directs patient/client, family, and professionals to supervisor for information regarding testing, treatment, and referral

2. Uses appropriate language (written and oral) in dealing with patient/client and others

- a. Uses language appropriate for patient/client and other's age and educational level
- b. Is courteous and respectful at all times
- c. Maintains appropriate pragmatic skills

3. Deals effectively with supervisor

- a. Is receptive to constructive criticism
- b. Requests assistance from supervisor as needed
- c. Actively participates in interaction with supervisor

II. Personal Qualities

1. Manages time effectively

- a. Arrives punctually and prepared for patient/client appointments
- b. Arrives punctually for work-related meetings (e.g., meetings with supervisor, staff, etc.)
- c. Turns in all documentation on time

2. Demonstrates Appropriate Conduct

- a. Respects/maintains confidentiality of patients/clients
- b. Maintains personal appearance appropriate for the work setting
- c. Uses appropriate language for the work setting
- d. Evaluates own performance
- e. Recognizes own professional limitations and performs within boundaries of training and job responsibilities

III. Technical-Assistant Skills

1. Maintains a facilitating environment for assigned tasks

- a. Adjusts lighting and controls noise level
- b. Organizes treatment space

2. Uses time effectively

- a. Performs assigned tasks with no unnecessary distractions
- b. Completes assigned tasks within designated treatment session

3. Selects, prepares, and presents materials effectively

- a. Prepares and selects treatment materials ahead of time
- b. Chooses appropriate materials based on treatment plan
- c. Prepares clinical setting to meet the needs of the client for obtaining optimal performance
- d. Selects materials that are age- and culturally appropriate as well as motivating

4. Maintains documentation

- a. Documents treatment plans and protocols accurately and concisely for supervisor
- b. Documents and reports patient/client performance to supervisor
- c. Signs documents reviewed and co-signed by the supervisor
- d. Prepares and maintains patient/client charts, records, graphs for displaying data

5. Provides assistance to speech-language pathologist

- a. Assists speech-language pathologist during patient/client assessment
- b. Assists with informal documentation
- c. Schedules activities
- d. Participates with speech-language pathologist in research projects
- e. Participates in in-service training
- f. Participates in public relations programs

IV. Screening

1. Demonstrates knowledge and use of a variety of screening tools and protocols
 - a. Completed training on screening procedures
 - b. Uses two to three screening instruments reliably
2. Demonstrates appropriate administration and scoring of screening tools
 - a. Differentiates correct versus incorrect responses
 - b. Completes (fills out) screening protocols accurately
 - c. Scores screening instruments accurately
3. Manages screenings and documentation
 - a. Reports any difficulty encountered in screening
 - b. Schedules screenings
 - c. Organizes screening materials
4. Communicates screening results and all supplemental information to supervisor
 - a. Seeks supervisor's guidance should adaptation of screening tools and administration be in question
 - b. Provides descriptive behavioral observations that contribute to screening results

V. Treatment

1. Performs tasks as outlined and instructed by the supervisor
 - a. Accurately and efficiently implements activities using procedures planned by the supervisor
 - b. Uses constructive feedback from supervisor for modifying interaction (interpersonal or otherwise) with patient/client
2. Demonstrates skills in managing behavior and treatment program
 - a. Maintains on-task behavior
 - b. Provides appropriate feedback as to the accuracy of patient/client response
 - c. Uses feedback and reinforcement that are consistent, discriminating, and meaningful to the patient/client
 - d. Gives directions and instructions that are clear, concise, and appropriate to the patient's/client's age level and level of understanding
 - e. Applies knowledge of behavior modification during interaction with the patient/client
 - f. Implements designated treatment objectives/goals in specified sequence
3. Demonstrates knowledge of treatment objectives and plan
 - a. Demonstrates understanding of patient/client disorder and needs
 - b. Identifies correct versus incorrect responses
 - c. Describes behaviors demonstrating a knowledge of the patient's/client's overall level of progress
 - d. Verbally reports and provides appropriate documentation of assigned activities

Appendix B: Sample Course Work and Fieldwork for the Speech-Language Pathology Assistant

Curriculum Content. The recommended curriculum includes 60 semester credit hours with the following content:

- 20 – 40 semester credit hours in general education
- 20 – 40 semester credit hours in technical content areas
- a minimum of 100 clock hours fieldwork experience

General education (20 – 40 semester credit hours). The general education sequence includes, but is not limited to, the following areas:

- Oral and written communication. Course work in oral and written communication may include grammar and usage, composition, public speaking, or business writing.
- Mathematics. Course work in mathematics may include general mathematics, business mathematics, accounting, algebra, or higher level mathematics.
- Computer applications. Course work in computer applications may include computer basics, computer literacy, word processing, software applications, or web-based applications.
- Social and natural sciences. Course work in social and natural sciences may include psychology, sociology, biology, or anatomy/physiology of speech and hearing mechanisms.

Technical knowledge (20 – 40 semester credit hours). Course content provides students with technical knowledge to assume the job responsibilities and core technical skills for speech-language pathology assistants, and includes the following areas:

- a. Overview of normal processes of communication. Course work in normal processes of communication may include normal speech, language, communication, and hearing development; phonetics; or communication across the life span.
- b. Overview of communication disorders. Course work in communication disorders may include introduction to communication disorders, survey of communication disorders, or speech and language disorders.
- c. Instruction in assistant-level service delivery practices. Course work in assistant-level service delivery practices may include technical procedures for speech-language pathology assistants, professional issues and ethics for speech-language pathology assistants, assisting the speech-language pathologist in service delivery, or speech-language pathology assistant technical skills in speech and language disorders.
- d. Instruction in workplace behaviors. Course work in workplace behaviors of the speech-language pathology assistant may include:
 - relating to clients/patients in a supportive and professional manner
 - following supervisor's instructions
 - maintaining confidentiality
 - communicating in oral and written formats
 - following health and safety precautions
- e. Cultural and linguistic factors in communication. Course work in cultural and linguistic factors in communication may include the following: language and culture, nonverbal communication, sign language and other manually coded systems, bilingualism, or multicultural issues.
- f. Observation. Observation experiences include direct, on-site observation of an ASHA-certified speech-language pathologist. Additional observation experiences may include on-site or video observation of an ASHA-certified speech-language pathologist.

Fieldwork experiences (a minimum of 100 clock hours is recommended). Fieldwork provides appropriate experiences for learning the job responsibilities and workplace behaviors of the speech-language pathology assistant. These experiences are not intended to develop independent practice. Fieldwork experiences include the following supervision and verification documentation:

- A minimum of 100 hours of fieldwork experiences supervised by an ASHA-certified speech-language pathologist.

- Speech-language pathology assistant students engaging in fieldwork experience are supervised by an ASHA-certified speech-language pathologist (with at least 2 years of post certification experience) at least 50% of the time when engaged in patient/client contact.
- The supervising ASHA-certified speech-language pathologist has a minimum of 2 years of professional experience post certification, and the supervisor-student ratio is no greater than one supervisor to three students. Speech-language pathology assistant students may have more than one ASHA-certified speech-language pathologist supervisor during their fieldwork experience.
- The supervising ASHA-certified speech-language pathologist completes an assessment of technical proficiency for the speech-language pathology assistant student to verify achievement of core technical skills (see Appendix C).



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Guidelines for the Training, Use, and Supervision of Speech-Language Pathology Assistants

ASHA Task Force on Support Personnel

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About This Document

This guidelines document is an official statement of the American Speech-Language-Hearing Association (ASHA). The document was published originally by ASHA in 1996 and was developed by the ASHA Task Force on Support Personnel: Dennis J. Arnst, Kenneth D. Barker, Ann Olsen Bird, Sheila Bridges, Linda S. DeYoung, Katherine Formichella, Nena M. Germany, Gilbert C. Hanke, Ann M. Horton, DeAnne M. Owre, Sidney L. Ramsey, Cathy A. Rannels, Brenda Terrell, Gerry W. Werven, Denise West, Patricia A. Mercaitis (consultant), Lisa C. O'Connor (consultant), Frederick T. Spahr (coordinator), Diane R. Paul (associate coordinator), and Ann L. Carey (Executive Board liaison). These guidelines were reviewed and updated in 2003 to be consistent with current ASHA policies for training and supervising speech-language pathology assistants. This document provides guidance on the training, use, and supervision of one category of support personnel in speech-language pathology: speech-language pathology assistants. The ASHA Scope of Practice in Speech-Language Pathology (ASHA, 2001) states that the practice of speech-language pathology includes supervision of support personnel. The ASHA Preferred Practice Patterns (ASHA, 1997) are statements that define universally applicable characteristics of practice. The guidelines within this document fulfill the need for more specific procedures and protocols for training, using, and supervising speech-language pathology assistants across all settings. Also refer to the position statement on the "Training, Use, and Supervision of Support Personnel in Speech-Language Pathology" (ASHA 2004). It is required that all individuals who practice independently as supervisors of speech-language pathology assistants hold the Certificate of Clinical Competence in Speech-Language Pathology and abide by the ASHA Code of Ethics (ASHA, 2003), including Principle of Ethics II, Rule B, which states: "Individuals shall engage in only those aspects of the profession that are within their competence, considering their level of education, training, and experience."

Executive Summary

These guidelines present a model for the training, use, and supervision of one category of support personnel in speech-language pathology: speech-language pathology assistants. Support personnel in speech-language pathology perform tasks as prescribed, directed, and supervised by ASHA-certified speech-language pathologists. Support personnel can be used to increase the availability, frequency, and efficiency of services.

Some tasks, procedures, or activities used with individuals with communication disorders can be performed successfully by persons other than speech-language pathologists if the persons conducting the activity are properly trained and supervised by ASHA-certified speech-language pathologists. The decision to shift responsibility for implementation of the more repetitive, mechanical, or routine clinical activities to assistants should be made only by qualified professionals and only when the quality of care and level of professionalism will not be compromised. Professional judgment should be at the heart of the selection, management, training, supervision, and use of support personnel.

Preamble

The guidelines specify the qualifications and job responsibilities of a speech-language pathology assistant, and indicate the job tasks that are the exclusive responsibilities of the speech-language pathologist.

Changes in the health and education service delivery systems, increasing numbers of persons who need communication and related services, ever-rising costs of providing services in both healthcare and school settings, and technological and scientific advances have resulted in an expanding scope of practice for the profession of speech-language pathology. Speech-language pathologists by necessity have expanded their roles so that they are not only direct service providers, but also managers of service delivery. As managers, responsibilities include oversight of service delivery programs and supervision of personnel. Qualified professionals possess the knowledge and skills necessary to make clinical judgments and decisions.

Speech-language pathologists must respond to the spiraling costs of healthcare and education and the increase in managed care systems. There is a need to be more cost-effective and to better allocate limited resources. The exclusive use of a one-on-one service model with a certified, licensed professional may not be an option in an ever-increasing managed care environment. At the same time, quality and access to service must be maintained for all those in need. One possible way to accomplish these diverse goals is by incorporating a nonprofessional level of personnel who can support speech-language pathologists.

Support personnel in speech-language pathology perform tasks as prescribed, directed, and supervised by ASHA-certified speech-language pathologists. There are different levels of support personnel based on training and scope of responsibilities, such as aides and assistants (Council for Exceptional Children, 1996). Support personnel can be used to increase the availability, frequency, and efficiency of services; can assist the supervising speech-language pathologist with generalization of learned skills to multiple settings; and can assist with habilitation and restorative programs. The use of support personnel may increase the pool of potential bilingual service providers to enhance service delivery. The use of well trained and supervised support personnel is one way to increase the frequency of services while maintaining the quality of services provided. The use of assistants is already a well-established practice for other core rehabilitation professions, such as occupational and physical therapy.

Some tasks, procedures, or activities used with individuals with communication disorders can be performed successfully by persons other than speech-language pathologists if the persons conducting the activity are properly trained and supervised by ASHA-certified speech-language pathologists. The decision to shift responsibility for implementation of the more repetitive, mechanical, or routine clinical activities to assistants should be made only by qualified professionals and only when the quality of care and level of professionalism will not be compromised. Professional judgment should be at the heart of the selection, management, training, supervision, and use of support personnel.

The guidelines are consistent with the principles of ASHA's Code of Ethics (ASHA, 2003). Recognizing the diversity of service delivery settings (e.g., schools, clinics, hospitals) and populations served, the guidelines were designed

to be flexible enough to allow variations in support services, yet definitive enough to provide a model for training, supervision, and use of assistant-level support personnel. Additional setting-specific resources are available (ASHA, 2000).

The consumer has a right to know about the level of service provided (i.e., professional or support level). Speech-language pathologists must inform consumers when services are provided by support personnel. Professionals may delegate certain tasks to support personnel, but the professionals retain the legal and ethical responsibility for all services provided or omitted. Although ASHA endorses the use of trained and supervised support personnel (ASHA, 2004), it is important to emphasize that ASHA does not mandate the use of support personnel. ASHA opposes the inappropriate use of support personnel and may impose sanctions, as appropriate, according to the ASHA Code of Ethics. Support personnel may be an appropriate option in some settings, particularly when administrative support and supporting licensure laws exist. In other settings, the use of support personnel may be inappropriate. Speech-language pathologists should never be obliged to use support personnel, particularly if they feel that quality of service may be compromised.

The foundation for a speech-language pathologist to successfully use assistant-level support personnel may include:

- Administrative understanding that will support the use of assistants in speech-language pathology.
- Administrative understanding of the benefits and restrictions of using assistants.
- Availability of speech-language pathologists with an understanding and commitment to the use of assistants.
- Appropriate target population for use of assistants.
- Availability of qualified people to work as assistants.
- Sufficient education so other personnel (e.g., teachers) are aware of the role of assistants when they are used.
- Availability of preparation for speech-language pathologists in the area of supervision of speech-language pathology assistants.
- Availability of appropriate training programs for speech-language pathology assistants.
- Provision of sufficient resources and empowerment of speech-language pathologists to decide whether to use assistants.
- Provision of sufficient time to adequately train and supervise speech-language pathology assistants.

It must be stressed that the optional use of assistants does not preclude active recruitment of speech-language pathologists to the workforce.

Key Word Definitions

Support Personnel: Support personnel in speech-language pathology perform tasks as prescribed, directed, and supervised by ASHA-certified speech-language pathologists. There are different levels of support personnel based on training and scope of responsibilities.

Introduction

Different Levels of Support Personnel

Supervising Speech-Language Pathologist: A speech-language pathologist certified by ASHA and licensed by the state (where applicable), who has been practicing for at least 2 years following ASHA certification.

Direct Supervision: Direct supervision means onsite, in-view observation and guidance by a speech-language pathologist while an assigned activity is performed by support personnel.

Indirect Supervision: Indirect supervision means those activities (other than direct observation and guidance) conducted by a speech-language pathologist that may include demonstration, record review, review and evaluation of audio- or videotaped sessions, and/or interactive television.

Screening: A pass-fail procedure to identify people who may require further assessment.

Plan of Care (Treatment Plan): This terminology is meant to include, but not be limited to, the "Plan of Care," "Individualized Education Program (IEP)," or "Individualized Family Service Plan (IFSP)," and other titles that outline the care of the patient/client.

Guidelines for the training, use, and supervision of assistants in speech-language pathology were established to be applicable in a variety of work settings. Training for speech-language pathology assistants should be based on the type of tasks specified in their scope of responsibility. Specific education and on-the-job training may be necessary to prepare assistants for unique roles in certain settings (e.g., hospitals and schools). A question and answer section is included in Appendix A to provide further details and rationale for the guidelines.

The training recommendations specified by ASHA for the speech-language pathology assistant do not preclude use of appropriately trained and supervised support personnel at another level, such as a less skilled aide level. Other support personnel models have a different, often narrower scope of responsibilities (e.g., multiskilled practitioner, rehabilitation aide) and a different, often narrower training base relative to speech-language pathology assistants (Council for Exceptional Children, 1996). The availability of speech-language pathology assistants is not feasible in some work settings, yet the use of some level of support personnel may still be appropriate. The use of personnel at this level is acknowledged. For personnel at this level, the term "aide" is appropriate. Aides differ from assistants in their degree of training and, correspondingly, in the types of responsibilities that can be assigned to them (e.g., set up treatment room, prepare materials, order supplies, record data). Training for aides is most accurately described as "on-the-job," is provided by a supervising speech-language pathologist, and furnishes task-specific knowledge and skills. The amount and type of supervision should be determined by the specific responsibilities assigned by the supervising speech-language pathologist. A workload analysis approach may be useful for delineating specific responsibilities that may be assigned to an aide or assistant working in a school setting (ASHA, 2002a).

Ethical Responsibilities

The guidelines attempt a balance between requiring specified direct supervision, and creating a treatment system that is flexible and functionally managed based on individual patient/client needs. It is imperative that speech-language pathologists "...continually consider the Code of Ethics in their roles as supervisors of such personnel" (ASHA, 2003). In accordance with the Code of Ethics, Principle of Ethics I states that "Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally," and Principle of Ethics II Rule D states that "Individuals shall delegate the provision of clinical services only to: (1) persons who hold the appropriate Certificate of Clinical Competence; (2) persons in the education or certification process who are appropriately supervised by an individual who holds the appropriate Certificate of Clinical Competence; or (3) assistants, technicians, or support personnel who are adequately supervised by an individual who holds the appropriate Certificate of Clinical Competence" (ASHA, 2003).

The consumer must be informed about the use of support personnel (ASHA, 1994). Principle of Ethics III Rule A of the ASHA Code of Ethics states that "Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions" (ASHA, 2003).

As a manager of services, the supervisor has direct responsibility for correction of inappropriate actions by support personnel. The speech-language pathology assistant does not exist without the supervisor. Support personnel are an extension of, rather than an alternative to, professional service. Supervisors who fail to provide appropriate supervision of assistants may be in violation of ASHA's Code of Ethics.

Qualifications for a Speech-Language Pathology Assistant

1. Speech-language pathology assistant responsibilities may be designated to an individual:
 - who completes course work, field work, and on-the-job training specific to speech-language pathology assistant job responsibilities and workplace behaviors;
 - who demonstrates proficiency in the technical skills of a speech-language pathology assistant;
 - who is supervised by an ASHA-certified speech-language pathologist who has practiced for at least 2 years following ASHA certification;
 - who adheres to the job responsibilities for speech-language pathology assistants specified in these guidelines;
 - who performs tasks as prescribed by the supervising speech-language pathologist; and
 - who adheres to applicable state licensure laws and rules regulating the practice of speech-language pathology such as those requiring licensure or registration of support personnel.¹

¹ State laws and rules, in particular those relating to licensure, may differ from ASHA guidelines. Fully qualified professionals and support personnel are legally bound to follow the licensure laws and rules that regulate them and their practice in the state in which they work. Use of support personnel is not permitted in every state. ASHA members also are ethically bound to follow ASHA guidelines.

Job Responsibilities for Speech-Language Pathology Assistants

2. Qualifications that are recommended to function as a speech-language pathology assistant are to:
 - a. Complete course work and training specific to speech-language pathology assistant job responsibilities and workplace behaviors (see Appendix B for a sample curriculum of an associate degree speech-language pathology assistant training program).
 - b. Complete field work under the supervision of an ASHA-certified speech-language pathologist (see Appendix B for a sample curriculum, including field work recommendations of a speech-language pathology assistant training program).
 - c. Demonstrate the skills necessary for fulfilling the job responsibilities of a speech-language pathology assistant (see Appendix C for suggested technical skills of a speech-language pathology assistant).
 - d. Successfully complete a verification of technical proficiency as evaluated by an ASHA-certified speech-language pathologist (see Appendix C for sample form).
 - e. Be employed in a setting in which direct and indirect supervision are provided on a regular and systematic basis by an ASHA-certified speech-language pathologist.

Although the speech-language pathologist may delegate specific tasks to the speech-language pathology assistant, the legal (e.g., professional liability) and ethical responsibility to the patient/client for all services provided or omitted cannot be delegated; it must remain the full responsibility of the supervising speech-language pathologist. The speech-language pathology assistant may execute specific components of a speech and language program as specified in an individualized treatment plan composed by the speech-language pathologist. Tasks listed on the treatment plan and executed by the speech-language pathology assistant are only those that are within the job responsibilities of the speech-language pathology assistant and are tasks that the speech-language pathologist has determined the speech-language pathology assistant has the training and skill to perform. The speech-language pathologist must provide at least the minimum specified level of supervision to ensure quality of care to all persons served. The amount of supervision may vary and must depend on the complexity of the case and the experience of the assistant. Under no circumstance may the intent of these guidelines, particularly in relation to the ASHA Code of Ethics, be diluted or circumvented by the use of a speech-language pathology assistant. Again, the use of a speech-language pathology assistant should be considered optional, and a speech-language pathology assistant should be used only when appropriate.

Provided that the training, supervision, and planning are appropriate (i.e., consistent with the guidelines), the following tasks may be delegated to a speech-language pathology assistant:

- a. assist the speech-language pathologist with speech-language and hearing screenings (without clinical interpretation of results)
- b. assist with informal documentation as directed by the speech-language pathologist
- c. follow documented treatment plans or protocols developed by the supervising speech-language pathologist

**Activities Outside
Job Responsibilities
for a Speech-
Language Pathology
Assistant**

- d. document patient/client performance (e.g., tallying data for the speech-language pathologist to use; preparing charts, records, and graphs) and report this information to the supervising speech-language pathologist
- e. assist the speech-language pathologist during assessment of patients/clients
- f. assist with clerical duties such as preparing materials and scheduling activities as directed by the speech-language pathologist
- g. perform checks and maintenance of equipment
- h. support the supervising speech-language pathologist in research projects, in-service training, and public relations programs
- i. assist with departmental operations (scheduling, record keeping, safety/maintenance of supplies and equipment)
- j. collect data for monitoring quality improvement
- k. exhibit compliance with regulations, reimbursement requirements, and speech-language pathology assistant's job responsibilities

There is a potential for possible misuse of the speech-language pathology assistant, particularly when responsibilities are delegated by administrative staff or nonclinical staff without the knowledge and approval of the supervising speech-language pathologist. Therefore, the speech-language pathology assistant should not perform any task without the express knowledge and approval of the supervising speech-language pathologist.

An individual's communication or related disorder or other factors may preclude the use of services from anyone other than an ASHA-certified speech-language pathologist.

The speech-language pathology assistant:

- a. may not perform standardized or nonstandardized diagnostic tests, formal or informal evaluations, or clinical interpretations of test results
- b. may not screen or diagnose patients/clients for feeding/swallowing disorders
- c. may not participate in parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising speech-language pathologist or other ASHA-certified speech-language pathologist designated by the supervising speech-language pathologist
- d. may not write, develop, or modify a patient's/client's individualized treatment plan in any way
- e. may not assist with patients/clients without following the individualized treatment plan prepared by the speech-language pathologist or without access to supervision
- f. may not sign any formal documents (e.g., treatment plans, reimbursement forms, or reports; the assistant should sign or initial informal treatment notes for review and co-signature by the supervising speech-language pathologist)
- g. may not select patients/clients for services
- h. may not discharge a patient/client from services
- i. may not disclose clinical or confidential information either orally or in writing to anyone other than the supervising speech-language pathologist
- j. may not make referrals for additional service
- k. may not counsel or consult with the patient/client, family, or others regarding the patient/client status or service

Exclusive Responsibilities of the Speech-Language Pathologist²

- l. may not use a checklist or tabulate results of feeding or swallowing evaluations
- m. may not demonstrate swallowing strategies or precautions to patients, family, or staff
- n. may not represent himself or herself as a speech-language pathologist

1. Complete initial supervision training prior to accepting an assistant for supervision and upgrade supervision training on a regular basis.
2. Participate significantly in hiring the assistant.
3. Document preservice training of the assistant.
4. Inform patients/clients and families about the level (professional vs. support personnel), frequency, and duration of services, as well as supervision.
5. Represent the speech-language pathology team in all collaborative, interprofessional, interagency meetings, correspondence, and reports. This would not preclude the assistant from attending meetings along with the speech-language pathologist as a team member or drafting correspondence and reports for editing, approval, and signature by the speech-language pathologist.
6. Make all clinical decisions, including determining patient/client selection for inclusion/exclusion in the case load, and dismissing patients/clients from treatment.
7. Communicate with patients/clients, parents, and family members about diagnosis, prognosis, and treatment plan.
8. Conduct diagnostic evaluations, assessments, or appraisals, and interpret obtained data in reports.
9. Review each treatment plan with the assistant at least weekly.
10. Delegate specific tasks to the assistant while retaining legal and ethical responsibility for all patient/client services provided or omitted.
11. Prepare an individualized treatment plan and make modifications prior to or during implementation.
12. Discuss the case with or refer the patient/client to other professionals.
13. Sign all formal documents (e.g., treatment plans, reimbursement forms, reports; the supervisor should indicate on documents that the assistant performed certain activities).
14. Review and sign all informal progress notes prepared by the assistant.
15. Provide ongoing training to the assistant on the job.
16. Provide and document appropriate supervision of the assistant.
17. Ensure that the assistant only performs tasks within the ASHA-approved job responsibilities of the speech-language pathology assistant.
18. Participate in the performance appraisal of the speech-language pathology assistant.

Supervision Guidelines for a Speech-Language Pathology Assistant

The variety of roles and responsibilities involved in clinical supervision are described in the position statement developed by the ASHA Committee on Supervision in Speech-Language Pathology and Audiology (ASHA, 1985). Additional guidance and information for the supervising speech-language pathologist are available from the ASHA Code of Ethics (ASHA, 2003), the ASHA

² See Idaho State Board for Vocational Education. (1994). *Technical committee report and curriculum guide for speech-language pathology assistant*. Vo. Ed. 292.

knowledge and skills document for supervisors of speech-language pathology assistants (ASHA, 2002b), and an ASHA product with practical tools and forms for supervising assistants (ASHA, 1999).

Even though these documents provide essential guidance, it is the speech-language pathologist's responsibility to design and implement a supervision system that protects patient/client care and maintains the highest possible standards of quality. The amount and type of supervision required should be based on the skills and experience of the speech-language pathology assistant, the needs of patients/clients served, the service setting, the tasks assigned, and other factors. More intense supervision, for example, would be required in such instances as the orientation of a new speech-language pathology assistant; initiation of a new program, equipment, or task; or a change in patient/client status (e.g., medical complications).

As the supervisory responsibility of the speech-language pathologist increases, the clinical responsibilities of the speech-language pathologist must decrease. Functional assessment of the speech-language pathology assistant's skills with assigned tasks should be an ongoing, integral element of supervision.

Treatment for the patient/client served remains the responsibility of the supervisor. Therefore, the level of supervision required is considered the minimum level necessary for the supervisor to retain direct contact with the patient/client.

The speech-language pathology assistant must be supervised by a speech-language pathologist who holds a Certificate of Clinical Competence in Speech-Language Pathology from ASHA, has state licensure (where applicable), has an active interest and wants to use support personnel, and has practiced speech-language pathology for at least 2 years following ASHA certification. In addition, completion of at least one preservice course or continuing education unit in supervision is suggested. Periodic updating of supervision skills through in-service training is also considered highly desirable (see ASHA, 2002b). Because the clinical supervision process is such a close, interpersonal experience, the supervising speech-language pathologist should participate in the selection of the speech-language pathology assistant.

A total of at least 30% direct and indirect supervision should be provided weekly for the first 90 workdays. (For a 40-hour workweek this would be 12 hours for both direct and indirect supervision.) Direct supervision of patient/client care should be no less than 20% of the actual patient/client contact time weekly for each speech-language pathology assistant. This ensures that the supervisor will have direct contact time with the speech-language pathology assistant as well as with the patient/client. During each week, data on every patient/client seen by the speech-language pathology assistant should be reviewed by the supervisor. In addition, the 20% direct supervision should be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive some direct contact with the speech-language pathologist at least once every 2 weeks.

The amount and type of supervision should be documented (see Appendix A). Direct supervision means on-site, in-view observation and guidance while a clinical activity is performed. Supervision should provide information about the quality of the speech-language pathology assistant's performance of assigned tasks and should verify that clinical activity is limited to tasks specified in the speech-language pathology assistant's ASHA-approved job responsibilities. Information obtained during direct supervision may include data relative to (a) agreement (reliability) between the assistant and the supervisor on correct/incorrect recording of target behavior; (b) accuracy in implementation of assigned treatment procedures; (c) accuracy in recording data; and (d) ability to interact effectively with the patient/client.

In addition, indirect supervision should be no less than 10% of the actual patient/client contact time weekly and may include demonstration, record review, review and evaluation of audio- or videotaped sessions, interactive television, and/or supervisory conferences that may be conducted by telephone. Additional direct and indirect supervision, beyond the weekly minimum 30% required in the first 90 workdays, may be necessary depending on the skills of the assistant and the needs of the patient/client. The speech-language pathologist will review each plan of care as needed for timely implementation of modifications.

After the initial 90-day work period, the amount of supervision may be adjusted depending on the skill of the assistant, the needs of the patients/clients served, and the nature of the assigned tasks. The minimum is 20% supervision weekly, with no less than 10% weekly being direct supervision. (For a 40-hour workweek, this is 8 hours of supervision, at least 4 of them direct supervision.)

A speech-language pathology assistant may not perform tasks when a supervising speech-language pathologist cannot be reached by personal contact, phone, pager, or other immediate means. If for any reason (i.e., maternity leave, illness, change of jobs) the supervisor is no longer available to provide the level of supervision stipulated, the speech-language pathology assistant may not perform tasks until an ASHA-certified speech-language pathologist with at least 2 years of experience (post certification) has been designated as the speech-language pathology assistant's supervisor.

Although more than one speech-language pathologist may provide supervision of a speech-language pathology assistant, a speech-language pathologist should not supervise or be listed as a supervisor for more than three speech-language pathology assistants. The supervising speech-language pathologist should be the only professional to decide the number of assistants to use (i.e., 0, 1, 2, or 3). When multiple supervisors are used, the supervisors are encouraged to coordinate and communicate with each other.

The purpose of the assistant level position is not to increase the caseload size for speech-language pathologists (see ASHA, 2002a). Assistants should be used to manage the existing caseloads of speech-language pathologists.

Individualized Treatment Plan for Speech-Language Pathology Services

The individualized treatment plan serves as the specific clinical instruction from the speech-language pathologist to the speech-language pathology assistant. It is to be followed as written and may only be adjusted, modified, or amended by the speech-language pathologist. It contains identifying information about the patient/client, the measurable goals and objectives of treatment, and the tasks and/or assessments that are to be used to meet those objectives and goals and measure progress. Periodic review of the treatment plan (usually weekly) should be done by the speech-language pathologist in consultation with the speech-language pathology assistant. The patient's/client's progress should be documented and changes in goals, objectives, and tasks made as deemed appropriate.

Conclusion

Support personnel may be used to supplement, enhance, and extend speech-language pathology services in all practice settings, including schools, hospitals, clinics, home health, long-term care, and others. In no setting is the use of support personnel obligatory. The use of appropriately trained and supervised support personnel provides an opportunity for speech-language pathologists to develop and refine management skills by serving as managers of service delivery. Professionals perform at a management level, corresponding with trends in healthcare and education. In allied health professions, qualified professionals are moving toward managerial positions. In such a capacity they are responsible for developing plans of care and supervising personnel. In education, the move toward the use of support personnel may be increasing because of the shortage of special education personnel at all levels.

Varying service delivery models in schools and clinical settings also provide opportunities for the use of support personnel with professionals serving in a managerial role. For example, one service delivery option, a collaborative/consultation model (when the speech-language pathologist, teacher, and parents work together to facilitate a student's communication and learning in educational environments), could be enhanced through the use of support personnel who could assist in the classroom with practice and generalization of learned skills (see ASHA, 2002a).

The profession of speech-language pathology has identified certain tasks that can be performed by assistant-level support personnel. The use of appropriately trained and supervised assistants is seen as a mechanism to achieve effective patient/client outcomes within a cost-effective system of quality care. The guidelines provide a means at the national level for standardization, uniformity, and evaluation of the use of one level of support personnel: speech-language pathology assistants.

References

- American Speech-Language-Hearing Association. (1985, June). Clinical supervision in speech-language pathology and audiology. *Asha*, 27, 57-60.
- American Speech-Language-Hearing Association. (2004). *Support personnel*. Available from: <http://www.asha.org/policy>.
- American Speech-Language-Hearing Association. (1997). *Preferred practice patterns for the profession of speech-language pathology*. Rockville, MD: Author.
- American Speech-Language-Hearing Association. (1999). *Practical tools and forms for supervising speech-language pathology assistants*. Rockville, MD: Author.
- American Speech-Language-Hearing Association. (2000). *Working with speech-language pathology assistants in school settings*. Rockville, MD: Author.

- American Speech-Language-Hearing Association. (2001). *Scope of practice in speech-language pathology*. Rockville, MD: Author.
- American Speech-Language-Hearing Association. (2002a). *A workload analysis approach for establishing speech-language caseload standards in the schools: Position statement*. Rockville, MD: Author.
- American Speech-Language-Hearing Association. (2002b). Knowledge and skills for supervisors of speech-language pathology assistants. *ASHA Supplement*, 22, 113-188.
- American Speech-Language-Hearing Association. (2003). Code of ethics. *ASHA Supplement*, 23, 13-15.
- American Speech-Language-Hearing Association. (2004). *Training, use, and supervision of support personnel in speech-language pathology* [Position statement]. Rockville, MD: Author.
- Council for Exceptional Children. (1996). *Consortium guidelines for speech-language pathology assistants*. Reston, VA: Author.
- Idaho State Board for Vocational Education. (1994). *Technical committee report and curriculum guide for speech-language pathology assistant*, Vo. Ed. 292.

Appendix A: Questions and Answers About the Use of Speech-Language Pathology Assistants

This section of the guidelines addresses areas of concern about the use of speech-language pathology assistants and provides the rationale for decisions made by the Task Force on Support Personnel in the course of developing these guidelines.

1. How prevalent is the use of speech-language pathology assistants by ASHA-certified speech-language pathologists?

According to the 1999 ASHA Omnibus Survey, 18.1% of respondents reported the employment of one or more speech-language pathology assistants in their facilities. In the school-based setting, according to the ASHA 2000 Schools Survey, 25.4% of respondents employed one or more speech-language pathology assistants in their facilities. According to the 2002 ASHA Healthcare Survey, less than 2% of respondents employed speech-language pathology assistants in healthcare settings. A limitation on reimbursement for speech-language pathology assistant services may be the primary contributor to the small number of speech-language pathology assistants employed in healthcare settings.

2. Are these guidelines applicable to assistants in all work settings?

The guidelines are intended to be applicable in any healthcare or education setting. In healthcare settings, Medicare policies vary among fiscal intermediaries in terms of level of reimbursement for services provided by the assistant. The use of assistants in school settings has increased as assistants become trained and incorporated into the service delivery system. Consideration was given to the special needs of service providers in rural settings. Feasible supervisory guidelines were established to allow some indirect supervision and to recognize that the supervisor may not be able to be on-site at all times.

3. What if an employer hires an assistant instead of a qualified professional, or insists that someone other than the speech-language pathologist supervise the assistant?

Employers need to be informed of the supervisory requirements and limited job responsibilities for assistants. ASHA considers the ASHA-certified speech-language pathologist to be the only responsible agent for making supervisory decisions regarding speech-language pathology assistants. Employers need to know that speech-language pathologists may be in violation of the ASHA Code of Ethics if they practice in ways that conflict with ASHA policies.

4. Why is more supervision required for individuals in Clinical Fellowship than assistants (following the initial 90-day period)?

It is important to emphasize that the amount of supervision required for assistants is only a minimum. Supervisors may determine that assistants need more supervision. More supervision may be needed for clinical fellows than assistants because the supervisory goals are different. The goal for supervisors of clinical fellows is to bring fellows to a level of independence in the same scope of practice as the professional. The duties of an assistant are more restricted and narrower in scope than a clinical fellow. Furthermore, independent practice is contradictory to the role of assistants. Assistants may work only under the supervision of an ASHA-certified speech-language pathologist. Some assistants may work for a number of years and may be experienced with their job responsibilities. Supervisors need to evaluate the assistant's ability to implement directions as received. In contrast, clinical fellows, typically in their first work experience, are supervised for a relatively short period of time (i.e., 9 months to 1 year) and supervisors need to evaluate their independent clinical decision-making skills.

5. Why are there documentation recommendations when employing speech-language pathology assistants?

The documentation recommendations for assistants have been specified for four primary reasons: (a) mechanism for consumer protection; (b) means to demonstrate responsible caseload/workload management; (c) accountability to employers; and (d) protection for professionals if litigation or ethical practice concerns occur. The documentation required by states with licensure laws would fulfill the documentation suggestions in these guidelines.

6. How should professionals handle reimbursement of services provided by speech-language pathology assistants?

The use of assistants can improve access to and reduce costs of quality services. It is appropriate to bill for the service provided; however, local and state policies regarding Medicare and Medicaid reimbursement of services provided by a speech-language pathology assistant may vary.

7. Should continuing education be required for speech-language pathology assistants?

It is the professional's responsibility to ascertain the continuing training needs of assistants. The "Verification of Technical Proficiency" form in Appendix C may be used by supervisors to determine whether the assistants' skills are current.

8. Should speech-language pathology assistants be used as interpreters/translators?

These guidelines are limited to the specified ASHA-approved job responsibilities for assistants. Additional training is needed for assistants to be used as interpreters/translators. There are distinct roles for speech-language pathology assistants and for interpreters/translators. Therefore, the guidelines for assistants do not address the use of interpreters/translators.

9. What kind of training is recommended for speech-language pathology assistants?

Course work, supervised fieldwork specific to job responsibilities, on-the-job training, and demonstrated technical proficiency and workplace behaviors of a speech-language pathology assistant are recommended. This type of training is typically received from an associate degree technical training program for speech-language pathology assistants. Individuals who hold a bachelor's degree in speech-language pathology are not automatically qualified to be speech-language pathology assistants. For more detailed information on course work and fieldwork offered at speech-language pathology assistant training programs, refer to Appendix B; for speech-language pathology assistant technical skills, refer to Appendix C.



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Speech-Language Pathology Assistant Scope of Practice

Speech-Language Pathology Assistant Scope of Practice ad hoc committee

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About This Document

This scope of practice for the speech-language pathology assistant (SLPA) was developed by the American Speech-Language-Hearing Association (ASHA) Speech-Language Pathology Assistant Scope of Practice ad hoc committee. It was approved by ASHA's Board of Directors (January 2013). Members of the committee were DeAnne Wellman Owre (chair), Diane L. Eger, Ashley Northam, Mary Jo Schill, Rosemary Scott, Monica Marruffo, and Lemmietta McNeilly (ex officio). Gail J. Richard, vice president for speech-language pathology practice, served as the monitoring vice president. The composition of the ad hoc committee included ASHA-certified speech-language pathologists with specific knowledge and experience working with support personnel in clinical practice in schools, health care, and/or private practice, as well as two members who have served on the ASHA Board of Ethics (Diane L. Eger and Mary Jo Schill).

The document is intended to provide guidance for SLPAs and their supervisors regarding ethical considerations related to the SLPA practice parameters. The document addresses how SLPAs should be utilized and what specific responsibilities are within and outside their roles of clinical practice. Given that standards, licensure, and practice issues vary from state to state, this document delineates ASHA's policy for the use of SLPAs.

Dedication

In loving memory of Lisa Cabiale O'Connor (1937–2012), whose dedication, commitment, and perseverance contributed to ensuring integrity and quality in addressing the topic of SLPAs within the ASHA structure.

Executive Summary

This scope of practice presents a model for the training, use, and supervision of support personnel in speech-language pathology. Support personnel in speech-language pathology, or speech-language pathology assistants (SLPAs), perform tasks as prescribed, directed, and supervised by ASHA-certified speech-language pathologists (SLPs). Support personnel can be used to increase the availability, frequency, and efficiency of services.

Some tasks, procedures, or activities used to treat individuals with communication and related disorders can be performed successfully by individuals other than SLPs if the persons conducting the activity are properly trained and supervised by ASHA-certified and/or licensed SLPs. The decision to shift responsibility for implementation of the more repetitive, mechanical, or routine clinical activities to SLPAs should be made only by qualified professionals and only when the quality of care and level of professionalism will not be compromised. The utilization of evidence and ethical and professional judgment should be at the heart of the selection, management, training, supervision, and use of support personnel.

This scope of practice specifies the qualifications and responsibilities for an SLPA and indicates the tasks that are the exclusive responsibilities of the SLP. Additionally, the document provides guidance regarding ethical considerations when support personnel provide clinical services and outlines the supervisory responsibilities of the supervising SLP.

Introduction

The SLPA scope of practice provides information regarding the training, use, and supervision of assistants in speech-language pathology that was established by the American-Speech-Language-Hearing Association to be applicable in a variety of work settings. Training for SLPAs should be based on the type of tasks specified in their scope of responsibility. Specific education and on-the-job training may be necessary to prepare assistants for unique roles in professional settings (e.g., hospitals and schools).

ASHA has established an associate affiliation program for support personnel in speech-language pathology and audiology. Individuals who are working in this capacity under the direct supervision of ASHA-certified SLPs or audiologists are eligible for this category of affiliation with ASHA.

ASHA has addressed the topic of support personnel in speech-language pathology since the 1960s. In 1967, the Executive Board of ASHA established the Committee on Supportive Personnel and in 1969 the document *Guidelines on the Role, Training and Supervision of the Communicative Aide* was approved by the Legislative Council (LC). In the 1990s, several entities—including committees, a task force, and a consensus panel—were established and the LC passed a position statement, technical report, guidelines, and curriculum content for support personnel. In 2002, ASHA developed an approval process for SLPA programs, and in 2003 a registration process for SLPAs was established. Both were discontinued by vote of the LC because of fiscal concerns. In 2004, a position statement on the training, use, and supervision of support personnel in speech-language pathology was passed by the LC. Since then, the number of SLPAs has increased primarily in schools and private practice settings. Specific guidance from ASHA continues to be requested by ASHA members in many states.

This document does not supersede federal legislation and regulation requirements or any existing state licensure laws, nor does it affect the interpretation or implementation of such laws. The document may serve, however, as a guide for the development of new laws or, at the appropriate time, for revising existing licensure laws.

Statement of Purpose

The purpose of this document is to define what is within and outside the scope of responsibilities for SLPAs who work under the supervision of properly credentialed SLPs. The following aspects are addressed:

- a. parameters for education and professional development for SLPAs;
- b. SLPAs' responsibilities within and outside the scope of practice;
- c. examples of practice settings;
- d. information for others (e.g., special educators, parents, consumers, health professionals, payers, regulators, members of the general public) regarding services SLPAs perform;
- e. information regarding the ethical and liability considerations for the supervising SLP and the SLPA;
- f. supervisory requirements for the SLP and the SLPA.

**Qualification for a
Speech-Language
Pathology Assistant****Minimum Recommended Qualifications for a Speech-Language Pathology Assistant**

An SLPA must complete an approved course of academic study, field work under the supervision of an ASHA-certified and/or licensed SLP, and on-the-job training specific to SLPA responsibilities and workplace behaviors.

The academic course of study must include or be equivalent to

- a. an associate's degree in an SLPA program

or

- a bachelor's degree in a speech-language pathology or communication disorders program

and

- b. successful completion of a minimum of one hundred (100) hours of supervised field work experience or its clinical experience equivalent

and

- c. demonstration of competency in the skills required of an SLPA.

Expectations of a Speech-Language Pathology Assistant

- a. Seek employment only in settings in which direct and indirect supervision are provided on a regular and systematic basis by an ASHA-certified and/or licensed SLP.
- b. Adhere to the responsibilities for SLPAs specified in this document and refrain from performing tasks or activities that are the sole responsibility of the SLP.
- c. Perform only those tasks prescribed by the supervising SLP.
- d. Adhere to all applicable state licensure laws and rules regulating the practice of speech-language pathology, such as those requiring licensure or registration of support personnel.
- e. Conduct oneself ethically within the scope of practice and responsibilities for an SLPA.
- f. Actively participate with the SLP in the supervisory process.
- g. Consider securing liability insurance.
- h. Actively pursue continuing education and professional development activities.

Responsibilities Within the Scope for Speech-Language Pathology Assistants

The supervising SLP retains full legal and ethical responsibility for the students, patients, and clients he or she serves but may delegate specific tasks to the SLPA. The SLPA may execute specific components of a speech and language program as specified in treatment plans developed by the SLP. Goals and objectives listed on the treatment plan and implemented by the SLPA are only those within their scope of responsibilities and are tasks the SLP has determined the SLPA has the training and skill to perform. The SLP must provide at least the minimum specified level of supervision to ensure quality of care to all persons served. The amount of supervision may vary and must depend on the complexity of the case and the experience of the assistant. Under no circumstances should use of the ASHA Code of Ethics or the quality of services provided be diluted or circumvented by the use of an SLPA. Again, the use of an SLPA is optional, and an SLPA should be used only when appropriate.

Provided that the training, supervision, and planning are appropriate, tasks in the following areas of focus may be delegated to an SLPA.

Service Delivery

- a. Self-identify as SLPAs to families, students, patients, clients, staff, and others. This may be done verbally, in writing, and/or with titles on name badges.
- b. Exhibit compliance with The Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) regulations, reimbursement requirements, and SLPAs' responsibilities.
- c. Assist the SLP with speech, language, and hearing screenings **without** clinical interpretation.
- d. Assist the SLP during assessment of students, patients, and clients exclusive of administration and/or interpretation
- e. Assist the SLP with bilingual translation during screening and assessment activities exclusive of interpretation; refer to *Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists to Provide Culturally and Linguistically Appropriate Services* (ASHA 2004).
- f. Follow documented treatment plans or protocols developed by the supervising SLP.
- g. Provide guidance and treatment via telepractice to students, patients, and clients who are selected by the supervising SLP as appropriate for this service delivery model.
- h. Document student, patient, and client performance (e.g., tallying data for the SLP to use; preparing charts, records, and graphs) and report this information to the supervising SLP.
- i. Program and provide instruction in the use of augmentative and alternative communication devices.
- j. Demonstrate or share information with patients, families, and staff regarding feeding strategies developed and directed by the SLP.

- k. Serve as interpreter for patients/clients/students and families who do not speak English.
- l. Provide services under SLP supervision in another language for individuals who do not speak English and English-language learners.

Administrative Support

- a. Assist with clerical duties, such as preparing materials and scheduling activities, as directed by the SLP.
- b. Perform checks and maintenance of equipment.
- c. Assist with departmental operations (scheduling, recordkeeping, safety/maintenance of supplies and equipment).

Prevention and Advocacy

- a. Present primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups; promote early identification and early intervention activities.
- b. Advocate for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers.
- c. Provide information to emergency response agencies for individuals who have communication and/or swallowing disorders.
- d. Advocate at the local, state, and national levels for improved public policies affecting access to services and research funding.
- e. Support the supervising SLP in research projects, in-service training, public relations programs, and marketing programs.
- f. Participate actively in professional organizations.

Responsibilities Outside the Scope for Speech- Language Pathology Assistants

There is potential for misuse of an SLPA, particularly when responsibilities are delegated by administrative or nonclinical staff without the approval of the supervising SLP. It is highly recommended that the *ASHA Scope of Practice for Speech-Language Pathology Assistants* (ASHA, 2007) and the *ASHA Code of Ethics* (ASHA, 2010a) be reviewed with all personnel involved when employing an SLPA. It should be emphasized that an individual's communication or related disorder and/or other factors may preclude the use of services from anyone other than an ASHA-certified and/or licensed SLP. The SLPA should not perform any task without the approval of the supervising SLP. The student, patient, or client should be informed that he or she is receiving services from an SLPA under the supervision of an SLP.

The SLPA should NOT engage in the following:

- a. represent himself or herself as an SLP;
- b. perform standardized or nonstandardized diagnostic tests, formal or informal evaluations, or swallowing screenings/checklists;
- c. perform procedures that require a high level of clinical acumen and technical skill (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging and oral pharyngeal swallow therapy with bolus material);
- d. tabulate or interpret results and observations of feeding and swallowing evaluations performed by SLPs;
- e. participate in formal parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising SLP or other designated SLP;
- f. provide interpretative information to the student/patient/client, family, or others regarding the patient/client status or service;
- g. write, develop, or modify a student's, patient's, or client's treatment plan in any way;
- h. assist with students, patients, or clients without following the individualized treatment plan prepared by the certified SLP and/or without access to supervision;
- i. sign any formal documents (e.g., treatment plans, reimbursement forms, or reports; the SLPA **should** sign or initial informal treatment notes for review and co-sign with the supervising SLP as requested);
- j. select students, patients, or clients for service;
- k. discharge a student, patient, or client from services;
- l. make referrals for additional service;
- m. disclose clinical or confidential information either orally or in writing to anyone other than the supervising SLP (the SLPA must comply with current HIPPA and FERPA guidelines) unless mandated by law;
- n. develop or determine the swallowing strategies or precautions for patients, family, or staff;
- o. treat medically fragile students/patients/clients independently;
- p. design or select augmentative and alternative communication systems or devices.

Practice Settings

Under the specified guidance and supervision of an ASHA-certified SLP, SLPAs may provide services in a wide variety of settings, which may include, but are not limited to, the following:

- a. public, private, and charter elementary and secondary schools;
- b. early intervention settings, preschools, and day care settings;
- c. hospitals (in- and outpatient);
- d. residential health care settings (e.g., long-term care and skilled nursing facilities);
- e. nonresidential health care settings (e.g., home health agencies, adult day care settings, clinics);
- f. private practice settings;
- g. university/college clinics;
- h. research facilities;
- i. corporate and industrial settings;
- j. student/patient/client's residences.

Ethical Considerations

ASHA strives to ensure that its members and certificate holders preserve the highest standards of integrity and ethical practice. The *ASHA Code of Ethics* (2010a) sets forth the fundamental principles and rules considered essential to this purpose. The code applies to every individual who is (a) a member of ASHA, whether certified or not, (b) a nonmember holding the ASHA Certificate of Clinical Competence, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification.

Although some SLPAs may choose to affiliate with ASHA as associates, the Code of Ethics does not directly apply to associates. However, any individual who is working in a support role (technician, aide, assistant) under the supervision of an SLP or speech scientist must be knowledgeable about the provisions of the code. It is imperative that the supervising professional and the assistant behave in a manner that is consistent with the principles and rules outlined in the ASHA Code of Ethics. Since the ethical responsibility for patient care or for subjects in research studies cannot be delegated, the SLP or speech scientist takes overall responsibility for the actions of the assistants when they are performing assigned duties. If the assistant engages in activities that violate the Code of Ethics, the supervising professional may be found in violation of the code if adequate oversight has not been provided.

The following principles and rules of the ASHA Code of Ethics specifically address issues that are pertinent when an SLP supervises support personnel in the provision of services or when conducting research.

Principle of Ethics I: Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities and they shall treat animals involved in research in a humane manner.

Guidance:

The supervising SLP remains responsible for the care and well-being of the client or research subject. If the supervisor fails to intervene when the assistant's behavior puts the client or subject at risk or when services or procedures are implemented inappropriately, the supervisor could be in violation of the Code of Ethics.

Principle of Ethics I, Rule A: Individuals shall provide all services competently.

Guidance:

The supervising SLP must ensure that all services, including those provided directly by the assistant, meet practice standards and are administered competently. If the supervisor fails to intervene or correct the actions of the assistant as needed, this could be a violation of the Code of Ethics.

Principle of Ethics I, Rule D: Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.

Guidance:

The supervising SLP must ensure that clients and subjects are informed of the title and qualifications of the assistant. This is not a passive responsibility; that is, the supervisor must make this information easily available and understandable to the clients or subjects and not rely on the individual to inquire about or ask directly for this information. Any misrepresentation of the assistant's qualifications or role could result in a violation of the Code of Ethics by the supervisor.

Principle of Ethics I, Rule E: Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

Guidance:

The supervising SLP is responsible for monitoring and limiting the role of the assistant as described in these guidelines and in accordance with applicable licensure laws.

Principle of Ethics I, Rule F: Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.

Guidance:

The supervising SLP is responsible for providing appropriate and adequate direct and indirect supervision to ensure that the services provided are appropriate and meet practice standards. The SLP should document supervisory activities and adjust the amount and type of supervision to ensure that the Code of Ethics is not violated.

Principle of Ethics II, Rule B: Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.

Guidance:

The supervising SLP is responsible for ensuring that he or she has the skills and competencies needed in order to provide appropriate supervision. This may include seeking continuing education in the area of supervision practice.

Principle of Ethics II, Rule D: Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.

Guidance:

The supervising SLP must ensure that the assistant only performs those activities and duties that are defined as appropriate for the level of training and experience and in accordance with applicable licensure laws. If the assistant exceeds the practice role that has been defined for him or her, and the supervisor fails to correct this, the supervisor could be found in violation of the Code of Ethics.

Principle of Ethics IV, Rule B: Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

Guidance:

Because the assistant provides services as “an extension” of those provided by the professional, the SLP is responsible for informing the assistant about the Code of Ethics and monitoring the performance of the assistant. Failure to do so could result in the SLP's being found in violation of the Code.

Liability Issues

Individuals who engage in the delivery of services to persons with communication disorders are potentially vulnerable to accusations of engaging in unprofessional practices. Therefore, liability insurance is recommended as a protection for malpractice. SLPAs should consider the need for liability coverage. Some employers provide it for all employees. Other employers defer to the employee to independently acquire liability insurance. Some universities provide coverage for students involved in practicum/fieldwork. Checking for liability insurance coverage is the responsibility of the SLPA and needs to be done prior to providing services.

Speech-Language Pathologist's Supervisory Role

Qualifications for a Supervising Speech-Language Pathologist

Minimum qualifications for an SLP who will supervise an SLPA include

- a. current ASHA certification and/or state licensure,
- b. completion of at least 2 years of practice following ASHA certification,
- c. completion of an academic course or at least 10 hours of continuing education credits in the area of supervision, completed prior to or concurrent with the first SLPA supervision experience.

Additional Expectations of the Supervising Speech-Language Pathologist

- a. Conduct ongoing competency evaluations of the SLPAs.
- b. Provide and encourage ongoing education and training opportunities for the SLPA consistent with competency and skills and needs of the students, patients, or clients served.
- c. Develop, review, and modify treatment plans for students, patients, and clients that SLPAs implement under the supervision of the SLP.
- d. Make all case management decisions.
- e. Adhere to the supervisory responsibilities for SLPs.
- f. Retain the legal and ethical responsibility for all students, patients, and clients served.
- g. Adhere to the principles and rules of the ASHA Code of Ethics.
- h. Adhere to applicable licensure laws and rules regulating the practice of speech-language pathology.

Guidelines for SLP Supervision of Speech-Language Pathology Assistants

It is the SLP's responsibility to 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. More intense supervision, for example, would be required in such instances as the orientation of a new SLPA; initiation of a new program, equipment, or task; or a change in student, patient, or client status (e.g., medical complications). Functional assessment of the SLPA's skills with assigned tasks should be an ongoing, regular, and integral element of supervision. SLPs and SLPAs should treat each other with respect and interact in a professional manner.

As the supervisory responsibility of the SLP increases, overall responsibilities will change because the SLP is responsible for the students, patients, and clients as well as for supervision of the SLPA. Therefore, adequate time for direct and indirect supervision of the SLPA(s) and caseload management must be allotted as a critical part of the SLP's workload. The purpose of the assistant level position is not to significantly increase the caseload size for SLPs. Assistants should be used to deliver services to individuals on the SLP's caseload. Under no circumstances should an assistant have his or her own caseload.

Diagnosis and treatment for the students, patients, and clients served remains the legal and ethical responsibility of the supervisor. Therefore, the level of supervision required is considered the minimum level necessary for the supervisor to retain direct contact with the students, patients, and clients. The supervising SLP is responsible for designing and implementing a supervisory plan that protects consumer care, maintains the highest quality of practice, and documents the supervisory activities.

The supervising SLP must

- a. hold a Certificate of Clinical Competence in Speech-Language Pathology from ASHA and/or a state licensure (where applicable),
- b. have an active interest in use of and desire to use support personnel,
- c. have practiced speech-language pathology for at least 2 years following ASHA certification,
- d. have completed or be currently enrolled in at least one course or workshop in supervision for at least 1.0 CEUs (10 clock hours).

The relationship between the supervising SLP and the SLPA is paramount to the welfare of the client. Because the clinical supervision process is a close, interpersonal experience, the supervising SLP should participate in the selection of the SLPA when possible.

SLP to SLPA Ratio

Although more than one SLP may provide supervision of an SLPA, an SLP should not supervise or be listed as a supervisor for more than two full-time equivalent (FTE) SLPAs in any setting or combination thereof. The supervising SLP should assist in determining the appropriate number of assistants who can be managed within his or her workload. When multiple supervisors are used, it is critical that the supervisors coordinate and communicate with each other so that minimum supervisory requirements are met and that the quality of services is maintained.

Minimum Requirements for the Frequency and Amount of Supervision

First 90 workdays: A total of at least 30% supervision, including at least 20% direct and 10% indirect supervision, is required weekly. Direct supervision of student, patient, and client care should be no less than 20% of the actual student, patient, and client contact time weekly for each SLPA. This ensures that the supervisor will have direct contact time with the SLPA as well as with the student, patient, or client. During each week, data on every student, patient, and client seen by the SLPA should be reviewed by the supervisor. In addition, the direct supervision should be scheduled so that all students, patients, and clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all students, patients, and clients receive some direct contact with the SLP at least once every 2 weeks.

After first 90 workdays: The amount of supervision can be adjusted if the supervising SLP determines the SLPA has met appropriate competencies and skill levels with a variety of communication and related disorders.

Minimum ongoing supervision must always include documentation of direct supervision provided by the SLP to each student, patient, or client **at least every 60 calendar days**.

A minimum of 1 hour of direct supervision weekly and as much indirect supervision as needed to facilitate the delivery of quality services must be maintained.

Documentation of all supervisory activities, both direct and indirect, must be accurately recorded.

Further, 100% direct supervision of SLPAs for medically fragile students, patients, or clients is required.

The supervising SLP is responsible for designing and implementing a supervisory plan that ensures the highest standard of quality care can be maintained for students, patients, and clients. The amount and type of supervision required should be consistent with the skills and experience of the SLPA; the needs of the students, patients, and clients; the service setting; the tasks assigned; and the laws and regulations that govern SLPAs. Treatment of the student, patient, or client remains the responsibility of the supervisor.

Direct supervision means on-site, in-view observation and guidance while a clinical activity is performed by the assistant. This can include the supervising SLP viewing and communicating with the SLPA via telecommunication technology as the SLPA provides clinical services, because this allows the SLP to provide ongoing immediate feedback. Direct supervision does not include reviewing a taped session at a later time.

Supervision feedback should provide information about the quality of the SLPA's performance of assigned tasks and should verify that clinical activity is limited to tasks specified in the SLPA's ASHA-approved responsibilities. Information obtained during direct supervision may include, but is not limited to, data relative to (a) agreement (reliability) between the assistant and the supervisor on correct/incorrect recording of target behavior, (b) accuracy in implementation of assigned treatment procedures, (c) accuracy in recording data, and (d) ability to interact effectively with the patient, client, or student during presentation and application of assigned therapeutic procedures or activities.

Indirect supervision does not require the SLP to be physically present or available via telecommunication in real time while the SLPA is providing services. Indirect supervisory activities may include demonstration tapes, record review, review and evaluation of audio- or videotaped sessions, and/or supervisory conferences that may be conducted by telephone and/or live, secure webcam via the Internet. The SLP will review each treatment plan as needed for timely implementation of modifications.

An SLPA may not perform tasks when a supervising SLP cannot be reached by personal contact, phone, pager, or other immediate or electronic means. If for any reason (i.e., maternity leave, illness, change of jobs) the supervisor is no longer available to provide the level of supervision stipulated, the SLPA may not perform assigned tasks until an ASHA-certified and/or state-licensed SLP with experience and training in supervision has been designated as the new supervising SLP.

Conclusion

Any supervising SLP who will not be able to supervise an SLPA for more than 1 week will need to (a) inform the SLPA of the planned absence and (b) make other arrangements for the SLPA's supervision of services while the SLP is unavailable or (c) inform the clients/student/patients that services will be rescheduled.

It is the intent of this document to provide guidance for the use of speech-language pathology assistants in appropriate settings, thereby increasing access to timely and efficient speech-language services. It is the responsibility of the supervising speech-language pathologists to stay abreast of current guidelines and to ensure the quality of services rendered.

Definitions

Accountability: Accountability refers to being legally responsible and answerable for actions and inactions of self or others during the performance of a task by the SLPA.

Direct Supervision: Direct supervision means on-site, in-view observation and guidance by an SLP while an assigned activity is performed by support personnel. Direct supervision performed by the supervising SLP may include, but is not limited to, the following: observation of a portion of the screening or treatment procedures performed by the SLPA, coaching the SLPA, and modeling for the SLPA. The supervising SLP must be physically present during all services provided to a medically fragile client by the SLPA (e.g., general and telesupervision). The SLP can view and communicate with the patient and SLPA live viareal time telecommunication technology to supervise the SLPA, giving the SLP the opportunity to provide immediate feedback. This does not include reviewing a taped session later.

Indirect Supervision: Indirect supervision means the supervising SLP is not at the same facility or in close proximity to the SLPA, but is available to provide supervision by electronic means. Indirect supervision activities performed by the supervising SLP may include, but are not limited to, demonstration, record review, review and evaluation of audio or videotaped sessions, and interactive television and supervisory conferences that may be conducted by telephone, e-mail, or live webcam.

Interpretation: Summarizing, integrating, and using data for the purpose of clinical decision making, which may only be done by SLPs. SLPAs may summarize objective data from a session to the family or team members.

Medically Fragile: A term used to describe an individual who is acutely ill and in an unstable condition. If such an individual is treated by an SLPA, 100% direct supervision by an SLP is required.

Screening: A pass-fail procedure to identify, without interpretation, clients who may require further assessment following specified screening protocols developed by and/or approved by the supervising SLP.

Speech-Language Pathology Aides/Technician: Aides or technicians are individuals who have completed on-the-job training, workshops, and so forth and work under the direct supervision of ASHA-certified SLPs.

Speech-Language Pathology Assistant: Individuals who, following academic coursework, clinical practicum, and credentialing can perform tasks prescribed, directed, and supervised by ASHA-certified SLPs.

Supervising Speech-Language Pathologist: An SLP who is certified by ASHA and has been practicing for at least 2 years following ASHA certification, has completed not less than ten(10) hours of continuing professional development in supervision training prior to supervision of an SLPA, and who is licensed and/or credentialed by the state (where applicable).

Supervision: The provision of direction and evaluation of the tasks assigned to an SLPA. Methods for providing supervision include direct supervision, indirect supervision, and telesupervision.

Support Personnel: Support personnel in speech-language pathology perform tasks as prescribed, directed, and supervised by ASHA-certified SLPs. There are different levels of support personnel based on training and scope of responsibilities. Support personnel include SLPAs and speech-language pathology aides/technicians. ASHA is operationally defining these terms for ASHA resources. Some states use different terms and definitions for support personnel.

Telepractice: This refers to the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation.

Telesupervision: The SLP can view and communicate with the patient and SLPA in real time via Skype, webcam, and similar devices and services to supervise the SLPA, providing the opportunity for the SLP to give immediate feedback. This does not include reviewing a taped session later.

References

American Speech-Language-Hearing Association. (2004). *Knowledge and skills needed by speech-language pathologists and audiologists to provide culturally and linguistically appropriate services* [Knowledge and Skills]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2007). *Scope of practice in speech-language pathology* [Scope of Practice]. Available from www.asha.org/policy.

American Speech-Language-Hearing Association. (2010a). *Code of ethics* [Ethics]. Available from www.asha.org/policy.