

EFFECTIVENESS AND USE OF  
SPEECH-LANGUAGE PATHOLOGY ASSISTANTS (SLPAS):  
A SURVEY AND ANALYSIS OF THE OPINIONS OF  
SPEECH-LANGUAGE PATHOLOGISTS (SLPS)

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This project is dedicated to  
Matt Lubbers for his  
continued support throughout  
its completion.

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## ABSTRACT

### EFFECTIVENESS AND USE OF SPEECH-LANGUAGE PATHOLOGY ASSISTANTS (SLPAS): A SURVEY AND ANALYSIS OF THE OPINIONS OF SPEECH-LANGUAGE PATHOLOGISTS (SLPS)

by Ashley Wade

The purpose of the study was to gain insight into Speech-Language Pathologists' (SLP) views of the use and effectiveness of Speech-Language Pathology Assistants (SLP-As). SLPAs are not currently used consistently across the US. This survey was designed to assess the opinions of SLPs toward SLPAs regarding their effectiveness and the likelihood that they would recommend the use of an SLPA to a colleague. More specifically, the survey examined demographics of the respondents, training of SLPAs, SLP planning with the SLPA, administration of therapy, and personal opinions. Results were tabulated through an online survey database and recorded by the primary investigator. The identities of individuals who chose to participate remain confidential.

The study was conducted by means of a survey for Speech-Language Pathologists. The instructions and web link were posted on a Special Interest Groups (SIG) on the American Speech-Language and Hearing Association (ASHA) website. It was also posted on social media websites. Participants were asked to complete the questions presented, which varied from 15 to 35 depending on supervisory experience. The survey took approximately 10-15 minutes to complete. A total of 86 surveys were included in the data set.

Overall conclusions drawn from the study indicate that the surveyed SLPs accepted SLPA use. SLPAs were rated as mostly effective and competent, but needed some direction with therapy planning and documentation. SLPs reported that a bachelor's degree would be an

appropriate level of education for future SLPAs. Caseload distribution was primarily decided based on SLPA experience and SLPAs spent most of their time on direct contact with clients. Prescribed job duties for SLPAs were reported to be followed closely by the surveyed SLPs. Likelihood to recommend SLPA use to a colleague or to take on an SLPA in the future was high. This information can be used in future research regarding SLPAs and also to help direct legislature standards for education and supervision of future SLPAs.

## TABLE OF CONTENTS

LIST OF TABLES .....	viii
LIST OF FIGURES .....	ix
CHAPTER	
I. INTRODUCTION .....	1
Problem Statement .....	3
II. METHODS .....	4
III. RESULTS .....	5
Demographics .....	5
Education, Supervision and Meeting Time .....	6
Job Duties .....	7
Efficiency .....	8
SLPs Without Supervisory Experience .....	9
Additional Comments .....	10
IV. DISCUSSION .....	12
Demographics .....	12
Education .....	12
Supervision and Meeting Time .....	13
Job Duties .....	14
Efficiency .....	15
SLPs Without Supervisory Experience .....	15
Additional Comments .....	16
V. CONCLUSIONS AND RECOMMENDATIONS .....	18
Limitations .....	18
Summary and Conclusions .....	18
Future Research .....	20
APPENDICES .....	21
REFERENCES .....	27

## LIST OF TABLES

TABLE	PAGE
1. Advantages and Disadvantages of SLPAs.....	8
2. Comments From Those with Supervisory Experience.....	10
3. Comments From Those Without Supervisory Experience .....	11

## LIST OF FIGURES

FIGURE	PAGE
1. Regional Breakdown .....	5
2. Independence in Therapy Planning .....	7
3. Independence in Documentation .....	7
4. Feelings Toward SLPA Use.....	10

## CHAPTER I

### INTRODUCTION

Physical therapy, occupational therapy and speech therapy services are provided to people of all ages with various disorders, diseases and deficits. Some organizations may employ therapy support staff to help administer therapy tasks under the supervision of the certified or licensed therapist. By using support staff, more people can receive the treatment they need. Such therapy support personnel may be termed: Certified Occupational Therapist Assistant (COTA), Physical Therapy Assistant (PTA), or a Speech-Language Pathology Assistant (SLPA). According to the United States Bureau of Labor Statistics (BLS), 121,400 PTAs were employed in the year 2012 (BLS, 2014b). In addition, 38,600 COTAs were employed in 2012 (BLS, 2014a). The BLS does not provide any data on SLPAs, possibly because the position tends to be less recognized than other therapy assistants or there may be fewer employed throughout the United States.

Rules and regulations for the required education and list of job duties for SLPAs vary from state to state. Some areas offer training programs for SLPAs, while other areas of the country are unaware of the practice or do not support its use. Many of the states with established educational programs for SLPAs consist of a two-year associate's degree program or a four-year bachelor's degree program. The job description of SLPAs is limited compared to that of a certified Speech-Language Pathologist (see Appendix A). According to Cartney et al. (2005), SLPAs are prohibited from conducting or interpreting the results of evaluations, making diagnoses, participating in conferences, creating or modifying treatment plans, signing formal documents, charging patients for services, making referrals, or demonstrating

strategies/providing precautions for feeding/swallowing. Their main purpose is to follow treatment plans and document patient progress.

Obtaining specific information regarding quantity of employment of SLPAs has proven difficult. According to a survey from 1999 titled “Current Policies and New Directions for Speech Language Pathology Assistants” (Paul-Brown & Goldberg, 2001), only 26.6% of the SLP population has had personal experience working with SLPAs. Of the responding SLPs who used assistants, 11.1% described their experiences with SLPAs as “usually helpful, but there are limitations to their effective use.” Other articles regarding SLPAs focus on the training and supervision aspects rather than the quantity or quality of use.

The professions of both Occupational Therapy and Physical Therapy appear to have almost countrywide use of therapy support personnel. According to the American Occupational Therapy Association (2011), Colorado and Hawaii are the only two states that do not regulate COTAs, while New York requires COTAs to be certified. As for Physical Therapy Assistants (PTAs), all 50 states allow them to practice under the supervision of a licensed Physical Therapist. Colorado and Hawaii are the only two states that do not require licensure of PTAs (American Physical Therapy Association, 2011).

Occupational Therapist Assistant programs can range from an associate’s degree to a bachelor’s degree now that Occupational Therapy programs have moved to a master’s level education (Natell, 2004). COTAs can practice under the supervision of an Occupational Therapist (OT). As stated by Natell et. al (2004), when “educated at the technical level, [COTAs] can continue to thrive and be effective contributors to the profession” (p. 200). Ciavarella (2012) states that Physical Therapist Assistants work under the supervision of a qualified Physical

Therapist and may carry out therapy, but are not qualified to evaluate, diagnose, or create treatment plans. Most training programs for PTAs consist of an associate's degree (BLS, 2014b).

According to the American Speech-Language Hearing Association (ASHA), in 2011 twelve states required SLPAs to gain licensure before seeking employment while 21 states required SLPAs to register with their state as support personnel before beginning work, and four states certified SLPAs. There are 13 states that do not regulate support personnel, five of which are in the Midwest region (see Appendix B, Section A, Question 8 for region divisions). The majority of southern states accept the practice of SLPAs and require registration over licensure.

### Problem Statement

The lack of implementation of national registration or certification of SLPAs suggests that the field of Speech-Language Pathology is less accepting of the use of therapy support personnel. Research regarding the use and effectiveness of SLP support personnel is limited and there are not any widely accepted or standardized training programs, rules or regulations for assistants. Ostergren and Aguilar (2012) state that “research regarding support personnel, such as SLPAs, will not only benefit SLPAs themselves, but also the SLPs who supervise them as well as the governing agencies that create requirements for SLPA training, use and supervision.” The purpose of the present study is to describe the results of a survey of SLPs regarding the concept and use of SLPAs as support personnel. Specifically, the survey gathered information about the respondents' demographics, supervisory training, supervision of support personnel, and their individual beliefs of the effectiveness of training programs. The SLPs were also surveyed regarding their likelihood to recommend the use of SLPAs and some of the benefits or disadvantages of using support personnel.

## CHAPTER II

### METHODS

A total of 89 people participated in the anonymous online survey. Respondents were from various states and Canada. Survey participants could access the survey via social media post or via posting in the ASHA Special Interest Group 11 – Administration and Supervision. Both SLPs with and without supervisory experience of SLPAs responded.

The invitation letter to participate in the survey was the content of the main post on both the ASHA SIG 11 and the social media posting. The web link for the survey was included in the invitation letter. Once the survey was accessed, participants were presented with the study consent form followed by a range of questions from 15 to 35, depending on their personal experience with SLPAs. The survey (Appendix B) was created specifically for the purpose of this study and included various question types including binary and multiple choice, Likert-scale and open-ended.

The questions were designed to assess the opinions of SLPs toward SLPAs regarding effectiveness and the likelihood that they would recommend the use of an SLPA to a colleague. More specifically, the survey examined demographics of the respondents, training of SLPAs, SLP planning with the SLPA, administration of therapy, and personal opinions of the SLP. Results were tabulated through an online survey database and recorded by the primary investigator. Before distribution, the materials for the survey were approved by the Central Michigan University Institutional Review Board.

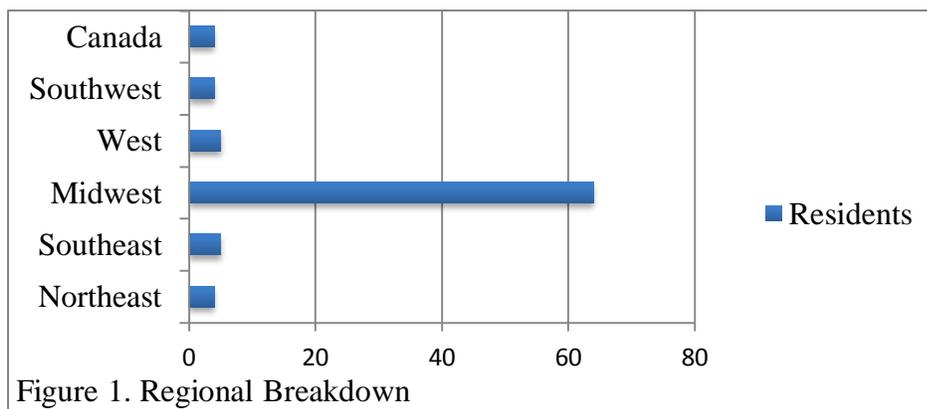
## CHAPTER III

### RESULTS

A total of 91 individuals responded to the survey. Two of the participants ended the survey immediately after beginning so their surveys were not included. Another three did not complete the entire survey so data from their questionnaires was discarded. Of the 86 complete surveys, 17 had experience supervising speech-language therapy support personnel.

#### Demographics

The vast majority (95.3%) of respondents were female and had a master's degree (94.2%). Two of the respondents had a bachelor's degree, two had a clinical doctorate in Speech-Language Pathology, while only one respondent had a Ph.D. Most respondents (60.5%) had between zero and 10 years of experience. Approximately 29% of the respondents had between 11 and 25 years of experience. Over half (51.2%) of the respondents were employed in a school system followed by employment at a university, hospital, private practice, nursing home and outpatient rehab, respectively.



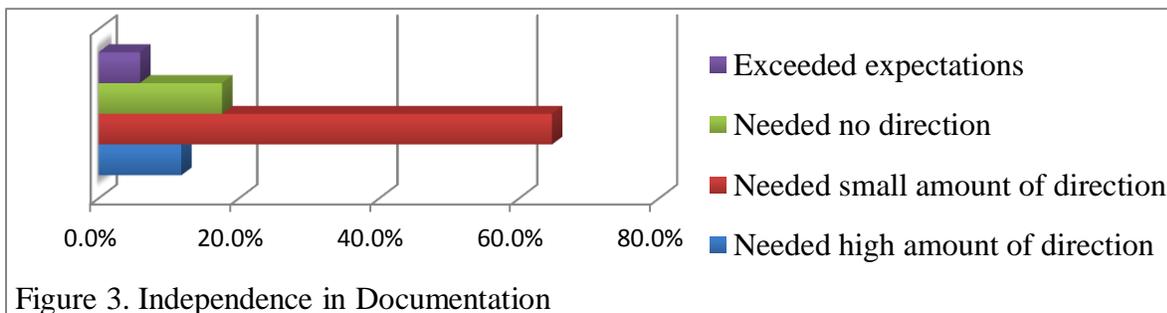
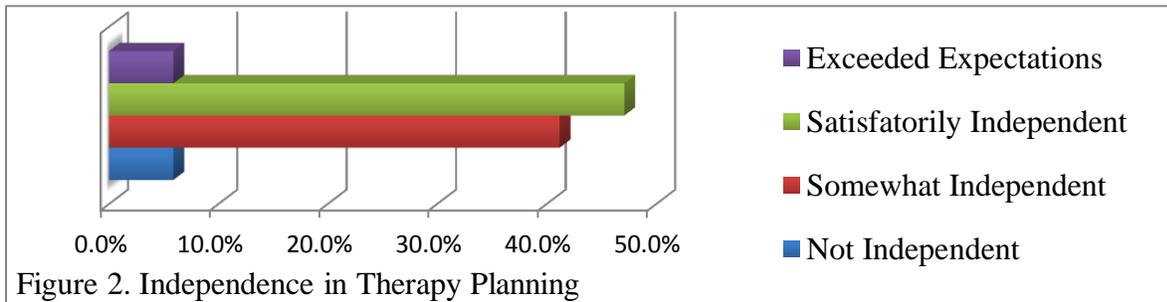
Regions of the United States were not evenly represented as the majority of the respondents resided in the Midwest Region. Refer to Appendix B, Section A for a breakdown of the regional divisions. Within the Midwest Region, Michigan was the state with the most participants; approximately 69% of all survey respondents were residents of Michigan.

Both respondents with supervisory and without supervisory experience were asked how competent they felt in their supervisory skills. Three quarters of the respondents felt that they were moderately to extensively competent when it came to supervision of speech-language therapy support staff. Approximately 84% of respondents reported that there were not any SLPAs employed at their current facility. Titles for the support staff varied, including; SLPA, speech-language assistant, communication assistant, language support assistant and speech-language aide. SLPs with experience supervising graduate students also replied to the survey. Those SLPs who had supervisory experience were directed to specific questions regarding SLPA education, supervision, job duties and efficiency. The following sections display the results that were captured from the 17 SLPs who had the opportunity to supervise an SLPA or someone under a different title performing similar duties.

#### Education, Supervision and Meeting Time

11 of the 17 SLPs reported that their SLPAs had bachelor's degrees. Three had an associate's degree and 2 had high school diplomas with on the job training. Roughly half of the SLPs reported that their SLPA planned to continue their education to become a SLP. Approximately 65% of the SLPs with supervisory experience felt that the level of experience their SLPA had was sufficient. To further their own supervisory skills, the highest ranked training methods were in-services, on the job training, conferences and college courses, respectively. Near half (47%) of

SLPs supervised their SLPA more than 25% of the time. The other half of respondents were varied in the amount of time spent supervising from less than 5% to between 21% and 25%. In addition to spending time supervising the SLPAs, the SLPs arranged meetings with their assistant weekly (47%), daily (23.5%) or as needed (17.6%). In response to perceptions of independence, results indicated that SLPs felt their SLPAs were satisfactorily independent (47%) or somewhat independent (41%) for therapy planning. Data mostly showed that the SLPAs needed a small amount of direction for documentation (65%) or no direction (18%).



### Job Duties

15 of the 17 SLPs said that their assistants never helped with formal assessments. The number one factor in determining which clients were added to the SLPA's caseload was the experience of the individual SLPA, followed by diagnosis of the client and scheduling availability. Typical caseload values for the SLPAs varied between 1 and 50 clients. The range

of 21-30 clients gained the most response at 35% followed by 11-20 with 23.5%. The area where SLPAs were said to spend the majority of their time was direct contact with clients, followed by documenting progress toward client objectives, clerical duties and performing checks and maintenance of equipment. The areas where they spent the least amount of time were administering assessments and diagnostic report writing. The disorders of articulation, phonology and language were rated as the areas that SLPAs were most competent in regards to administering therapy. Dysphagia, aphasia and voice were the areas of least proficiency.

### Efficiency

SLPAs were rated by all 17 surveyed SLPs as most proficient in following SLP-created treatment plans. The next highest ranked areas of proficiency were clerical duties, documenting performance, and informal documentation, respectively. Sixteen of the 17 SLPs rated their assistants as moderately to extensively competent.

Table 1. Advantages and Disadvantages of SLPAs

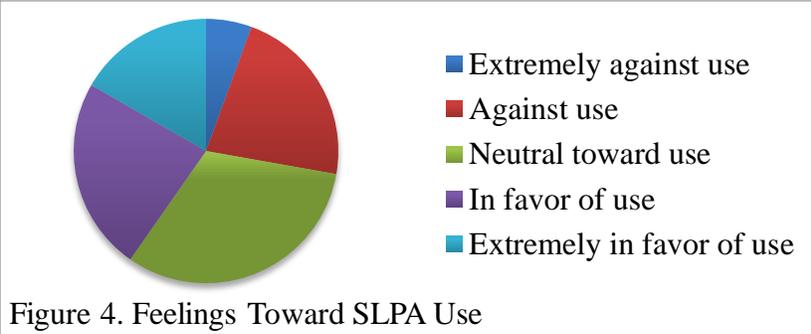
<b>Advantages</b>	<b>Disadvantages</b>
Lighter caseload for SLPs	Less experience with data collection
More clients receive services	Many need a lot of training
SLPA helps with clerical duties	They cannot perform evaluations
Collaboration can yield greater results	Some staff may not want to work with them
More time for SLPs to perform assessments	SLP becomes less familiar with their clients
More people becoming interested in the field	More meetings and documentation for SLP
More efficient working as a team	Therapy may be less skilled
Cost effective for employers	SLPAs are unable to participate in IEPs
SLPs gain supervisory experience	SLPAs cannot confer with parents
More speech/language presence in the classroom	Variable education means variable supervision

When asked about likeliness to recommend a colleague to take on an SLPA, six said that they were likely and six said that they were extremely likely. Overall feelings toward having an SLPA were mostly satisfied to extremely satisfied with only one SLP being dissatisfied and two feeling neutral. The SLPs with supervisory experience were given the opportunity to list up to three advantages and disadvantages of working with SLPAs. Results were compiled and summarized in Table 1.

### SLPs Without Supervisory Experience

Those SLPs who did not have supervisory experience bypassed the questions relative to supervisory experience. The 72 respondents without experience supervising were redirected to questions that asked for their input supposing they may supervise an SLPA in the future.

When asked what level of education they felt would be adequate for future SLPAs, 75% of the SLPs without supervisory experience said that a bachelor's degree would be sufficient. The next highest ranking was an associate's degree with 15.3% of SLPs responding. The training necessary to be a qualified supervisor of SLPAs gained varied responses from SLPs with in-services being the highest, followed by on the job training, conferences and/or college courses. Five respondents said they felt that they did not need additional training to be a qualified supervisor. The majority (66.7%) of SLPs without supervisory experience feel that meeting weekly with an SLPA would be adequate for therapy planning. These SLPs feel neutral (31.9%) or likely (31.9%) toward taking on an SLPA if the opportunity arises. Ten SLPs said they were extremely likely to take on an SLPA, seven said they were unlikely and nine said they were extremely unlikely. Figure 4 shows a breakdown of how these SLPs feel about SLPAs being implemented in the field of speech-language pathology.



Additional Comments

At the end of the survey, all respondents were given the opportunity to share their opinions of the use of SLPAs. Some of these comments have been included in Tables 1 and 2.

Table 2. Comments From Those with Supervisory Experience

<p>“I had the privilege of working with a dynamic SLP-A. She had strong skills and read her students well. She adapted materials and lessons to each student and his/her needs. She was motivated to and took initiative in serving her students. I realize that some SLPs have not had the positive experience that I have had when working with SLP-As.”</p>	<p>“It's important that SLPs or employers do not use them [SLPAs] to replace SLPs. It is always recommended to consider the client and the diagnosis and determine whether an SLP is needed, an SLA, an EA or teacher, a parent, or another practice partner. SLAs should only be used in cases where they are determined to be the best support for that client.”</p>
<p>“I find that SLAs with diplomas are generally more successful than those that are not. They understand the 'why', know how and when to scaffold, and are better at "layering" tasks (i.e. targeting articulation but indirectly supporting language). Also, I find that SLAs that have an interest in becoming SLPs are usually very effective.”</p>	

Table 3. Comments From Those Without Supervisory Experience

<p>“It would save companies money because they could pay them less than SLP's with MA-CCC. On the other hand I have worked PTAs and COTAs, and I feel that some of them don't have the education necessary to do their job effectively.”</p>	<p>“It is important to remember that instituting use of SLPAs will ultimately be reducing the necessity for fully certified SLPs. This is not to say that certain employment settings may not benefit from their use. However, if/once the use of SLPAs becomes mainstreamed, how are we to ensure they are not used as cost-cutting methods for certain employers, with what would be best for the patients forgotten?”</p>
<p>“I am not really in favor of SLPAs. That being said, with high caseload numbers and the amount of required paperwork, they may become necessary.”</p>	<p>“The process of therapy is dynamic. You are changing what you are doing constantly, as the individual progresses. Thus, it is continually diagnostic. Dumbing down our profession with the notion that you can merely "carry out a treatment plan" for a period of time, is perhaps why some kids get stuck in therapy for years! This is true, regardless of the degree of the implementor. However, the training provided by the end of your bachelor's program does not prepare you for this role.”</p>
<p>“I don't have a lot of knowledge of the role of an SLPA but I from what I understand, I would rather supervise an intern to then become a fellow SLP instead of training someone the superficial levels of therapy to an SLPA.”</p>	

## CHAPTER IV

### DISCUSSION

The survey described above was developed to investigate and collect information relative to support personnel in the field of speech-language pathology.

#### Demographics

The data of the study was based on a sample of 86 Speech-Language Pathologists. The majority of the respondents were employed at schools, which is consistent with ASHA's membership survey showing that approximately half of SLPs are employed at schools compared to other facilities (ASHA, 2012). Most of the SLPs responding to the survey held a master's degree, which is the standard for practice. Most of the respondents were living in the Midwest. More specifically, Michigan contained 69% of the participants. This is not surprising as the social media posting used to contact some of the respondents is the property of a Michigan resident. Mostly women replied to the survey, which is consistent with data from ASHA (2012), showing that women make up the majority of the field of speech-language pathology. Clinicians with zero to five years of post-degree experience comprised 44% of the respondents. The social media site used to post the survey link may have affected this.

#### Education

The result that 65% of the SLPs reported that their SLPAs have bachelor's degrees, brings up an interesting statistic. According to ASHA, 19 states require support staff to have bachelor's degrees while 18 states require an associate's degree (ASHA, 2011). It would be expected that the distribution between bachelor's and associate's degrees would be greater. However, this could be impacted by the state of residency of respondents. The data concerning likelihood of the

assistant to further their education and become an SLP was about 50%; this may explain why the majority of SLPs reported that their assistants had bachelor's degrees. These SLPAs may be working as assistants between their undergraduate and graduate programs; as Ostergen's research showed that 63% of her surveyed SLPAs planned on returning to school to become an SLP (Ostergen, 2012).

### Supervision and Meeting Time

More than half (76.7%) of the SLPs surveyed reported that they felt sufficient as a supervisor and some had taken measures to improve their supervisory skills. ASHA states the following in their position statement on supervision; "The highly complex nature of supervision makes it critically important that supervisors obtain education in the supervisory process. Engaging in ongoing self-analysis and self-evaluation to facilitate the continuous development of supervisory skills and behaviors is fundamental to this process," but there are no explicit requirements an SLP must complete before becoming a supervisor of a student or support staff (ASHA, 2008).

Near half (47%) of SLPs reported supervising their SLPA more than 25% of the time. The other half of respondents were varied in the amount of time spent supervising from less than 5% to between 21% and 25%. ASHA does not state the amount of time an SLPA should be supervised; typically individual states have their licensing boards regulate amounts of supervision. Research performed in the United Kingdom found that SLPs required one to one and a half days per week of planning with their SLPA (Cartney et al., 2005). The present study indicated that the SLPs arranged meetings with their assistant weekly (47%), daily (23.5%) or as needed (17.6%). Some SLPs felt their SLPAs were satisfactorily independent (47%) for therapy

planning, while others felt that they were somewhat independent (41%). This may indicate that SLPA training programs are not preparing SLPAs well enough to follow prescribed treatment plans. Documentation abilities seemed to be lacking as well, with 76.5% needing some level of direction.

### Job Duties

Although ASHA does not monitor all areas of SLPA use, training and supervision, they do outline the specific job duties that an SLPA is permitted to carryout. As one of their job duties, SLPAs are allowed to assist the SLP in formally assessing patients; however the vast majority of SLPs reported that their assistants never helped with assessment. This may be due to the fact that most formal assessments have a specific protocol that must be followed and by having an SLPA assist, it may compromise the validity of results and interfere with the results being compared to the assessment's norms. When distributing caseloads, client divisions are based on the SLPAs individual experience and then scheduling availability. Caseloads of the SLPAs were reported between 11 and 30 clients, most likely affected by the facility of employment. Most of the SLPAs time is spent in direct contact with clients. The areas where they spent the least amount of time were administering assessments and diagnostic report writing; meaning the SLP would be responsible for assessing and writing reports for all clients. SLPAs were rated as most competent in providing therapy in the areas of articulation, phonology and language. This may be attributed to the facility type and the clientele on a specific caseload, or may reflect the areas that SLPs are comfortable having their SLPAs treat. Dysphagia, aphasia and voice were SLPAs' areas of least proficiency. The focus of particular educational programs may also affect the areas in which SLPAs are more proficient. As for areas of therapy in which

the SLPA required more assistance, it was difficult to compare the two studies, since the study from the United Kingdom focused on schools and childhood language and the present study focused on all disorder areas. However, Cartney et al. did capture SLPs explaining that SLPAs did a poor job of judging the difficulty level of therapy tasks (2005), which was also noted in the ‘disadvantages’ survey question of the present study.

### Efficiency

SLPAs were rated by all 17 surveyed SLPs as most proficient in following SLP-created treatment plans, which is a good indicator that SLPAs are being used appropriately and job duty specifications are being followed. Furthermore, the SLPAs are performing their duties well, as they were rated as moderately to extensively competent by 94% of SLPs. Twelve of the 17 SLPs with supervisory experience were likely to recommend SLPA use to a colleague and four felt neutral. Only one individual said that they were unlikely to recommend SLPA use. This statistic suggests that most of the surveyed SLPs had good experiences with their assistants and are open to the idea of SLPAs being part of the field of speech-language pathology. Furthermore, 14 of the SLPs with supervision experience reported their overall feelings toward having an SLPA as satisfied to extremely satisfied.

### SLPs without supervisory experience

The 72 respondents without experience supervising shared their opinions toward the use of SLPAs and also how they might react if the opportunity to supervise an SLPA arose in the future.

SLPs without supervisory experience (75%) felt that a bachelor's degree would be an adequate level of education for SLPAs. This speaks to the amount of knowledge and experience SLPs would like their assistants to have; it is also an interesting statistic because less than half of the states with SLPA use require a bachelor's degree. When asked what training they felt was necessary to be a qualified supervisor of SLPAs, only five of the 72 respondents said "none." The other 67 people felt that an in-service, on the job training, conference or college course would give them the knowledge they need to supervise appropriately. The vast majority of the SLPs felt some supervisory training was necessary, but ASHA does not require SLPs who supervise SLPAs or students training in the field of speech-language pathology. Incorporating information on supervising SLPAs into college courses may better prepare SLP graduate students for the possibility of supervising in the future. This would help develop more versatile clinicians throughout the US.

The majority (66.7%) of SLPs without supervisory experience agreed with supervising SLPs who felt that meeting weekly with an SLPA would be adequate for therapy planning. SLPs without experience supervising SLPAs were varied in feelings toward taking on an SLPA if the opportunity were to arise. Nine SLPs felt extremely unlikely, seven felt unlikely, 23 felt neutral, 23 felt likely and 10 felt extremely likely. The broad spread of answers with a high number falling at "neutral" may indicate the level of education SLPs have regarding SLPAs. Many of them may not completely understand the concept of SLPAs since the majority of respondents reside in a state that does not have legislature for SLPAs. More education for SLPs during their graduate career may allow for support staff to be better regulated in states that support their use, and it may help with the forming of legislature in states that do not currently support SLPA use.

## Additional Comments

At the end of the survey, SLPs were given the opportunity to share advantages, disadvantages and any additional comments they had regarding SLPA use in a narrative format. Cartney et al. (2005) also posed this question in their survey; the present study collected some advantages and disadvantages that were also collected by Cartney et al. (2005). The comparable advantages were that more clients were able to receive services, SLPAs would relieve workload/time constraint for SLPs, SLPAs are cost effective, and increased collaboration. Comparable disadvantages included SLPAs need for training from SLP, inability to deal with complex cases or less skilled therapy delivery, and less opportunity to build rapport with clients. Additional advantages were that an SLPA could assist with preparation work and clerical duties for the SLP. Additional disadvantages were varying levels of education and some personnel or clients may not want to work with an SLPA. SLPs also voiced about SLPA misuse, improper or inadequate supervision, and reduced need for SLPs as SLPA prevalence grows. The opportunity for SLPs to discuss their opinions in narrative format collected a variety of responses that were both positive and negative toward SLPA use. Incorporating the broad spectrum of opinions into future discussions and considerations regarding SLPAs would be beneficial.

## CHAPTER V

### CONCLUSIONS AND RECOMMENDATIONS

#### Limitations

There are several limitations to the present study. The results of this study are limited and must be interpreted with caution due to the small number of respondents. While the number of people who viewed the survey posting is unknown, only 86 completed the survey. The majority of respondents being from Michigan limits the generalization of opinions to all SLPs across the nation. Future research should be conducted on a larger scale within and between states to form a broader view of SLPA use and effectiveness in the United States.

Questions such as efficiency of the SLPA or independence of the SLPA are subjective in nature and may not reflect actual levels of efficiency or independence. Furthermore, questions regarding amount of supervision and/or SLPA duties may not accurately reflect actual duties as participants may not have chosen to reveal duties that are outside of SLPA job duties.

Many factors were uncontrolled in this survey, such as age, gender, geographical location, and other factors that could influence the results. Amount of years of experience supervising SLPAs was not captured in this survey. This factor may affect feelings on SLPA training, overall efficiency, use and a respondent's own need for supervisory training. In addition, individual dynamics between particular SLPs and SLPAs may affect personal opinions of their overall performance.

## Summary and Conclusions

Overall, the data indicates that SLPAs are accepted and viewed as an asset by the surveyed SLPs. SLPs with supervisory experience are likely to recommend SLPA use to colleagues and SLPs without supervisory experience are likely to take on an SLPA if the opportunity arises. All of the surveyed SLPs felt that a bachelor's degree would be the most adequate level of education for SLPAs.

Although the sample size of SLPs who had supervising experience was small, those who supervised felt their SLPAs needed more help with documentation than for therapy planning. The SLPA's experience was the main factor in distributing caseloads, and most of their time was spent on direct contact with clients and documenting progress. These data indicate that SLPs are using the assistants appropriately and that they are functioning as an asset in the therapy process. Also, SLPAs seem to be performing duties that are within their specific scope of practice, even without regulation by ASHA. As the acceptance and use of SLPAs grow, it would be wise for ASHA to take on a larger role in regulation to prevent misuse, monitor education and establish supervision standards.

Overall advantages to SLPAs being used are that more clients can receive services; the SLP can dedicate more time to paperwork while the SLPA sees clients; and the SLPA can assist with preparation work and clerical duties for the SLP. The most prevalent disadvantage listed was that SLPAs have varying levels of education, which leads to varying amounts of supervision and training necessary. Another common disadvantage listed was that some personnel or clients might not want to work with an SLPA. Some valid concerns raised in the comments section are concerns about SLPA misuse, improper or inadequate supervision, and that employment settings

may use SLPAs as a cheaper option to provide therapy, which may lead to less employment opportunities for SLPs.

Use of an SLPAs should be approached cautiously with both the supervisor and supervisee being appropriately trained in the workings of their professional relationship. The results of the survey showed a broad variety of opinions, but the majority of respondents felt that a properly trained SLPA would be an effective asset to them in their practice.

#### Future Research

As stated above, the data from this study is limited and there is an inadequate amount of additional information available regarding SLPAs. More extensive research concerning Speech-Language Pathologist's views on the use of assistants, including SLPs who have had experience working with SLPAs as well as those who have not, will expectantly increase the awareness of SLPAs and their contributions and/or retrogressions to the profession. More detailed information related to the profile of individuals who are more comfortable with and willing to utilize SLPAs may be obtained by controlling certain factors, such as age, gender, geographical location, place of employment, experience and funding. This will allow researchers to provide information to those individuals and areas that are less informed about SLPAs. In addition, more detailed analysis of the specific levels of education or training of SLPAs may provide important information about the qualifications of an SLPA that are most preferred and beneficial in the field.

## APPENDICES

### APPENDIX A

#### JOB DUTIES OF SPEECH-LANGUAGE PATHOLOGIST ASSISTANTS

The following job/duties description for SLPAs was quoted from ASHA's "Guidelines for the Training, Use, and Supervision of Speech-Language Pathology Assistants" (2004): 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:

1. assist the speech-language pathologist with speech-language and hearing screenings (without clinical interpretation of results)
2. assist with informal documentation as directed by the speech-language pathologist
3. follow documented treatment plans or protocols developed by the supervising speech-language pathologist
4. 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
5. assist the speech-language pathologist during assessment of patients/clients
6. assist with clerical duties such as preparing materials and scheduling activities as directed by the speech-language pathologist
7. perform checks and maintenance of equipment
8. support the supervising speech-language pathologist in research projects, in-service training, and public relations programs
9. assist with departmental operations (scheduling, record keeping, safety/maintenance of supplies and equipment) collect data for monitoring quality improvement
10. collect data from monitoring quality improvement
11. exhibit compliance with regulations, reimbursement requirements, and speech-language pathology assistant's job responsibilities (Ostergren, 2012, pp. 2)

APPENDIX B

SURVEY QUESTIONS

**A.) Demographics:**

What is your gender?

- A.) Male                      B.) Female

What is your highest level of education?

- A.) Bachelor's Degree      B.) Master's Degree      C.) Ph. D

How many years of experience have you had in the field?

- A.) 0-5 years                      F.) 26-30 years  
B.) 6-10 years                      G.) 31-35 years  
C.) 11-15 years                      H.) 36-40 years  
D.) 16-20 years                      I.) 41 years or more  
E.) 21-25 years

At what type of facility are you currently employed?

- A.) School                              E.) Private practice  
B.) Hospital                              F.) College/university  
C.) Outpatient rehab                      G.) Other  
D.) Nursing home

What region of the United States are you currently residing in?

- A.) Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)  
B.) West (AK, CA, CO, ID, MT, NV, OR, UT, WA, WY)  
C.) Southwest (AZ, HI, OK, NM, TX)  
D.) Southeast (AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, VA, WV)  
E.) Northeast (CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT)  
F.) I am a resident of Canada.

Which state within the Midwest do you reside in?

- A.) IA                              E.) MI                              I.) NE  
B.) IL                              F.) MN                              J.) OH  
C.) IN                              G.) MO                              K.) SD  
D.) KS                              H.) ND                              L.) WI  
M.) Prefer not to disclose.

How competent do you feel you are in supervising an SLPA (whether you currently supervise or if you were given the opportunity in the future)?

- A.) Not at all                              C.) Moderately  
B.) Minimally                              D.) Extensively

How many SLPAs are employed at the facility you currently work at?

- A.) None
- B.) 1-3
- C.) 4-6
- D.) 7-10
- E.) 11 or more

Do you have experience in supervising an SLPA or someone by a different title performing similar duties?

- A.) Yes
- B.) No

If yes, list title \_\_\_\_\_.

**\*\*IF PARTICPANT RESPONDED “NO” THEY WERE REDIRECTED TO SUBSECTION “E”.**

**B.) Education:**

What level of education does your SLPA have?

- A.) High school diploma + on the job training
- B.) Associate’s
- C.) Bachelor’s
- D.) Master’s

Do you feel this level of education is sufficient in preparing SLPAs for practice?

- A.) Yes
- B.) No

--If no, what degree do you feel would be sufficient/best?

Which of the following have you had to further your supervisory training:

- A.) In-service
- B.) On the job training
- C.) Conference
- D.) College course
- E.) None of the above
- F.) Other

**C.) Supervision, Meeting time and Job Duties**

How often do/did you supervise your SLPA each work week?

- A.) Never
- B.) Less than 5%
- C.) 5% - 10%
- D.) 11% - 15%
- E.) 16% - 20%
- F.) 21% - 25%
- G.) more than 25%

How often do you meet with your assistant for therapy planning?

- A.) As Needed
- B.) Daily
- C.) Weekly
- D.) Biweekly
- E.) Monthly
- F.) Other

Rate the level of independence on the SLPA regarding planning?

- A.) Not independent at all
- B.) Somewhat independent
- C.) Very independent
- D.) Exceeded Expectations for independence

Rate your satisfaction with the SLPAs documentation abilities.

- A.) Not satisfied at all, needed high amount of direction
- B.) Somewhat satisfied, needed small amount of direction
- C.) Satisfied, needed no direction
- D.) Very satisfied, went above and beyond required documentation

How often does the SLPA assist with assessment?

- A.) Never
- B.) Sometimes
- C.) Most of the time
- D.) All the time

Rate the level of independence in preparing for therapy

- A.) Not independent at all
- B.) Somewhat independent
- C.) Very independent
- D.) Therapy Administration

How do you choose which client's your SLPA sees?

- A.) Diagnosis of client
- B.) Scheduling availability
- C.) SLPA experience
- D.) Patient request/consent

What is a typical caseload number for the SLPA?

- A.) 0-10 clients
- B.) 11-20 clients
- C.) 21-30 clients
- D.) 31-40 clients
- E.) 41-50 clients
- F.) 51-60 clients
- G.) 61-70 clients
- H.) More than 71 clients

Rank in order what your SLPA spends most of their time on:

- A.) Direct contact with clients
- B.) Performing speech, language and/or hearing screenings
- C.) Performing checks and maintenance of equipment
- D.) Administering speech and language diagnostic assessments
- E.) Creating therapy goals and objectives
- F.) Documenting progress toward meeting client's established objectives
- G.) Diagnostic report writing
- H.) Clerical duties (making copies, preparing materials, etc.)
- I.) Educating client and/or his/her family regarding the client's status or necessary services

In which of the following areas is your SLPA most proficient? (may select more than one)

- A.) assisting in research
- B.) clerical duties
- C.) assisting during diagnostic activities
- D.) documenting performance
- E.) following SLP-created treatment plans
- F.) informal documentation
- G.) screenings
- H.) Other (please specify)

**D.) SLP's Personal Opinions**

Overall, rate the level of competence of the SLPA.

- A.) Not at all
- B.) Minimally
- C.) Moderately
- D.) Extensively

Does/did your SLPA have plans to continue their education to become an SLP?

- A.) Yes
- B.) No

Please list up to three advantages of working through an SLPA?

Please list up to three disadvantages of working through an SLPA?

With which disorders does your SLPA appear to be the most competent with in regards to administering therapy? (may circle more than one)

- A.) Articulation
- B.) Phonology
- B.) Language
- C.) Dysphagia
- D.) Motor Speech disorder (apraxia and dysarthria)
- E.) Voice
- F.) Aphasia
- G.) Fluency

On a scale of 1 to 5, how likely are you to recommend a colleague to take on an SLPA? (1 being very unlikely and 5 being very likely)

- 1      2      3      4      5      6      7      8      9      10

Rate your overall feelings on having an SLPA. (1 is extremely dissatisfied and 5 being extremely satisfied)

- 1      2      3      4      5

Please make any additional comments below.

**E.) IF NO SUPERVISORY EXPERIENCE:**

What level of education do you feel would be adequate for future SLPAs?

- A.) High school diploma + on the job training
- B.) Associate's
- C.) Bachelor's
- D.) Master's

What training, if any, do you feel you would need to be a qualified SLPA supervisor?

- A.) In-service
- B.) On the job training
- C.) Conference
- D.) College course
- E.) None

How often do you feel would be adequate to meet with assistants for planning therapy?

- A.) As Needed
- B.) Daily
- C.) Weekly
- D.) Biweekly
- E.) Monthly
- F.) Other

On a scale of 1 to 5, how likely are you to take on supervision of an SLPA if the opportunity arises? (1 being very unlikely and 5 being very likely)

1            2            3            4            5

Rate your overall feelings on SLPAs being used in the field of Speech-Language Pathology. (1 being extremely dissatisfied and 5 being extremely satisfied)

1            2            3            4            5

Additional comments regarding the use of SLPAs:

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