A PROFESSIONAL SUMMIT

Clarifying and Promoting the Regulation of Clearly Differentiated Provider Roles

This report on the summit convened by the American Speech-Language-Hearing Association July 22–23, 2011, in Tyson's Corner, VA, for the discussion of provider roles in speech-language pathology, offers neither a transcript nor minutes but an agenda-related overview of a productive series of discussions that led to several important recommendations. This information should be regarded as advisory to the ASHA Board of Directors and should not be promulgated prior to Board action.

In light of their priority on improving services to children, participants acknowledged that the current shortage of speech-language pathologists (SLPs) can result in overworked SLPs, underserved clients, and the temptation to expand services through shortcuts. How should the profession meet the growing need for speech-language pathology services while sustaining or improving quality? Attempts to address this question focused on clarifying the continuum of service providers and on articulating expectations appropriate to different provider levels. But one participant astutely proposed this as the first rule of the summit: "First, do no harm."

Participants in the summit proposed more fully defined categories of service providers, considered expectations regarding degree program educational goals, and called for a clearer delineation of the qualifications and competencies expected of speech-language pathology assistants (SLPAs). Summit participants also considered how best to bring theory to practice. In summary, among the many strong ideas that were offered, six in particular appeared to enjoy broad support and have been identified by the planning committee as the principal recommendations of the summit. They are as follows:

- To address the misunderstanding and misalignments that can result from the lack of a shared nomenclature, ASHA should develop (or revise) and publish a lexicon for the field of speech-language pathology. Where necessary, the lexicon may acknowledge the range of terms now in use, but the intent should be to promote a shared vocabulary.

- Having completed a thorough study of speech-language pathology practice in all 50 states, ASHA should develop and publish a framework that articulates the range of acceptable practice across the different service provider levels within the profession. (A rudimentary framework appears in the appendix.) This framework should emphasize states' best practices.

- Because implementation of the framework would be enhanced by development of comprehensive assessments or evaluative approaches for the measurement of competencies, ASHA should take under consideration the creation of such a process consistent with ASHA's commitment to inclusion. A national examination represents one of the options that should be carefully considered; however, alternative assessment tools that are culturally appropriate should also be considered (e.g., portfolio- and competency-based assessments).

- Having identified principles of best practice in states such as Texas, California, Arkansas, Tennessee, North Carolina, Oklahoma, Utah and Louisiana, ASHA should develop a model for state adoption that offers an optimum structure for the delivery of speech-language pathology services. Because such a model would reflect agreement on competencies, it could address and resolve critical issues concerning reciprocity. Practices should not be restrictive in nature and should facilitate as many appropriate SLP and SLPA candidates as possible.

- ASHA should develop and articulate principles, protocols, and pathways of effective supervision for both supervisors and those who benefit from supervision. Since many states have different descriptions of supervision, a proposed language would be helpful.

- Facilitate the formation of a collaborative task force—ASHA in partnership with the Council of Academic Programs in Communication Sciences and Disorders—charged with studying the continuum of academic preparation and determining how this continuum may best support SLPA and SLP preparation for all professional settings throughout the educational continuum.

The Summit opened on Friday morning with a welcome to participants by ASHA President-Elect Shelly Chabon. She offered the stirring example of the "Portland Loo" as an inspired response to a widely shared challenge. ASHA Past President Tommie L. Robinson Jr. then provided important historical contexts for the discussions that were to follow. Since 1967, ASHA has closely followed many of the issues that prompted the summit. Considered together, the various reports, task force efforts, position statements, and guidelines suggest that issues related to the provider continuum remain important and that the opportunity to address them afresh deserves the best efforts of the profession. Innovative thought can lead to inspired action. Barbara Ehren, offering an authentic cache of Disney's magic pixie dust, observed that just as disciplines such as physical therapy and occupational therapy have benefited from clearly defined roles for assisting practitioners, so might speech-language pathology find considerable advantage in greater clarity. She urged summit participants to apply themselves to the timely challenge before them.

Prior to the first small-group discussion, Judy Rudebusch (school district administrator) and Monica Marruffo (SLPA) provided their complementary perspectives. They engaged in a dialogue concerning values that define effective working relationships between these two tiers of service providers. The example at hand was that of the Irving School District in Texas, where, as is the case with other Texas districts, a compelling shortage of SLPs has dramatized the importance of using SLPAs (especially bilingual ones) as effectively as possible. Especially helpful was the overview of a "typical day" for an SLPA involving direct work with children under the supervision of an SLP. They suggested that partnerships between SLPs and SLPAs work best when supervisors are committed to teaching and when they avoid any condescension or patronization. In many respects, the Texas model offers an instructive example, but there must still be fought "a constant battle to maintain the master's as the entry level for an SLP." And workload issues must be carefully considered. An acceptable staffing formula, for instance, might call for the addition of one SLP for every four SLPAs hired.

SMALL-GROUP DISCUSSION I: DELINEATING ROLES OF PROVIDERS

While the first small-group discussion led to a number of important observations and potential recommendations, it is possible to summarize (as follows) the group reports as expressing a broad consensus: The SLP/SLPA provider continuum *should* be more clearly delineated. Pertinent issues include expectations for each tier of provider, the scope of responsibility appropriate to each, the extent of the autonomy/supervision requirement characteristic of each, and the ways in which different academic credentials align with different provider levels.

Within this broad consensus, however, there emerged a number of striking observations and distinct areas of focus, as follows:

- While there are some states with policies that appear to be working well, discrepancies from one state to another create confusion, limit mobility, complicate efforts to create reciprocity agreements, and, perhaps, discourage potential practitioners from pursuing the discipline especially in the more highly regulated states.

- There is in particular a wide variety in bachelor's programs that may qualify an individual for credentialing as an SLPA. Course requirements, the extent of clinical experience (if any), and the status accorded the resulting credential—a worthy goal or stepping stone?—differ widely.

- Consider offering a national assessment to serve as a platform for entry to the profession as an SLPA—as in occupational/physical therapy—or other measures that can be utilized for competency.

- Define more clearly expectations regarding a *supervising* SLP. Consider specifying required course work and make it available through continuing education. Consider also a consistent service standard for qualification as a supervisor.

- ASHA should play a more influential role in bringing about greater consistency in standards for and expectations of SLPAs. The question is how. Options may include identifying existing state models that appear to work reasonably well, development and articulation of consistent nomenclature, and principally working through the state associations or licensure boards.

- One approach to achieving consensus regarding the qualifications and competencies expected of SLPAs might be found through a fresh job analysis supporting improved acceptance of ASHA standards (or guidelines) at the state level. An alternate approach might consider awarding an "ASHA Seal of Approval" for states or districts that incorporate ASHA's delineation of service provider roles within their standards.

- Beyond standards for academic preparation, ASHA should clarify the qualifications and competencies of SLPAs, as follows, for example: professional demeanor, appropriate experience, awareness of and respect for limitations on scope of practice, and a commitment to continuing education.

- Create standards for a bachelor's program designed to educate SLPAs and make provision for clinical experience, either within or as a supplement ("add on") to the Bachelor of Science degree.

Among the Many Post-Its Worth Recording

Create CE program to retool SLPs as supervisors	Revise process for reinstating CCCs to provide for larger pool of supervisors	Avoid heavy regulation
Do not restrict consideration to schools—include health care settings. And do not limit range to children, but consider the range of communication disorders through the lifespan. PROMOTE	Create protocol for monolingual SLPs who must supervise bilingual or multilingual SLPAs	Positively present bachelor's degree as a legitimate path to the SLPA
Encourage distance learning for SLPA preparation—assuming appropriate quality controls	Consider apprentice programs to provide bachelor's recipients with appropriate clinical experience	Offer a professional issues course at undergraduate level so that students may differentiate more clearly between roles and opportunities
Create detailed statement of educational outcomes appropriate for each degree		

LUNCHEON ROUNDTABLE SIDEBAR DISCUSSIONS

Many important related issues were discussed informally at lunch with the expectation that the outcomes of such discussions would inform the ensuing small-group discussions. Subjects considered included reimbursement (policies, restrictions, disincentives, protocols, regulations, etc.), the challenge of educating potential SLPAs, the challenge of educating potential SLPA employers, the challenge of educating the public, the scope of supervision: what SLPs need to know to provide effective supervision, considerations regarding clinical experience (AA→SLP-A, baccalaureate, master's), and capacity issues and opportunities (clinical placements, etc.).

SMALL-GROUP DISCUSSION II: DEFINING SKILLS AND COMPETENCIES APPROPRIATE FOR ACQUISITION BY SLPA'S AND BACCALAUREATE RECIPIENTS

Again, there appears to have developed a consensus on certain broad points. First, a framework might be developed to capture shared understandings and the current diversity of practice with regard to different provider roles. (One possible design appears as an appendix.) Second, it would be helpful to chart in some detail the full diversity of practice state to state—to the extent that this has not already been done. Practice with regard to the bachelor's degree ranges from North Carolina, where there is no role provided for bachelor's degree recipients; to Arizona, which offers a designation as "speech language technician" to recipients of the bachelor's degree in speech and hearing; to Nevada, one of the states that does not license SLPAs. Third, it is important to designate the levels of providers in ways that are not demeaning; *associate* and *assistant* may work better than *Tier I*, *Tier II*, and so on. Fourth, rather than begin at "ground zero" in defining the provider continuum, ASHA might begin instead with good practices current in some states. Finally, there should be a sense of urgency arising from the recognition that in some states individuals with inappropriate credentials and experience are being pressed into the delivery of what amounts to speech-language pathology services.

Within this broad consensus, however, there emerged two qualifications. First, whatever framework is developed should allow for considerable flexibility at the state level. Second, one approach to the "quilting" of practices and protocols among states might be the creation of an ASHA standard for reciprocity agreements.

Among the Post-Its Worth Recording

Create CE program to retool SLPs as supervisors	Offer a professional issues course at undergraduate level so that students may differentiate more clearly between roles and opportunities	Avoid heavy regulation
Do not restrict consideration to schools—include health care settings. And do not limit range to children but consider the range of communication disorders through the lifespan.	Create protocol for monolingual SLPs who must supervise bilingual or multilingual SLPAs	Positively present bachelor's degree as a legitimate path to the SLPA
Training in supervision will benefit the SLP in many ways—but expectations must not be overly demanding	Encourage universities to develop effective courses in supervision, including online courses	Delineate more clearly between *speech aides* and *SLPAs*

SMALL GROUP DISCUSSION III

The third discussion, convened on Friday afternoon with reporting on Saturday morning, focused on practical steps that would have to be taken in order to bring about the kinds of gains envisioned in the first and second discussions. A clear consensus emerged that national uniformity might be an unrealistic goal within the near term. Indeed, one small group concluded that there should be no effort to "lock in states with regard to educational levels required for appointment as an SLPA." However, there appears to be agreement that greater consistency and a shared understanding of an acceptable range of options within a national framework established by ASHA is well worth seeking. That range should encompass standards, roles, and responsibilities for the SLPA and should therefore address questions such as the following:

- What elements should be required in an associate program offered as a qualification for appointment as an SLPA? What elements, if any, should be required in a baccalaureate program offered as a qualification for appointment as an SLPA?

- What degree of supervision is appropriate for an SLPA? Should the frequency and intensity of supervision vary according to the credentials of the SLPA? According to her or his experience as an SLPA?

An ASHA framework (see appendix) would offer states an "overlay" by which they would be able to determine the extent of their variance from a broadly defined norm. As such, it might well influence over time a "move to the center" without appearing to pass judgment on well-considered variations within states. In fact, a conclusion advanced in the second discussion and prominent within the fourth was echoed in the third: one effective and politic approach to such a framework would be the identification of best practices within exemplary states. This perspective is embodied in one of the general recommendations.

It was during this small group discussion that issues of nomenclature arose as a principal concern. There emerged the sense expressed in one of the six general recommendations that one important approach to achieving greater consistency might be taken through clarification by ASHA of a recommended vocabulary for speech-language pathology and its delivery.

It was also during this discussion that the advantages (and disadvantages) of a national qualifying examination were considered in some depth. If there were such an exam, some groups reported, a focus on degrees and their varying content would no longer be required. However, there were cautionary responses as well, including issues related to test bias against multicultural or multilingual individuals. The development of a national competency examination would be costly, some suggested. Others expressed a concern that relying heavily on such an examination would encourage teaching to the test. Perhaps issues of cost and political viability might be referred to ASHA, others proposed.

An issue that appeared to remain unresolved was that of defining an optimum bachelor's program leading to appointment as an SLPA. Some responses express the view that the degree should be a "science" degree providing technical competences appropriate to the profession. Others believe that the bachelor of arts should be regarded as a liberal arts degree offering preparation for work in the schools and that those technical competencies should be assured by some other means—such as a postgraduate certificate program. Still others hold to a middle ground: a liberal arts degree should include experience in the sciences, and there is no reason why these sciences should not offer preparation for appointment as an SLPA.

Other observations arising from this extraordinarily fertile discussion session were the following:

Consideration of career pathways in speech-language pathology should include a doctorate	Framework developed to guide states may also guide Dept. of Education	SLPA competencies should be regularly reassessed
Avoid inflexible standards with regard to the supervision of SLPAs, as situations differ	Bachelor's degree should become the preferred degree for qualification as an SLPA	

PANEL CONCERNING PRACTICE WITHIN STATES

Given some of the recommendations intimated in the third small group discussion, this discussion of examples of practice within particular states could hardly have been more strategic. An emerging premise of the session, as of the summit as a whole, was that best practices in states could provide elements of a positive and influential model, the "overlay framework" envisioned as a means toward greater coherence among the states. Introduced by Jeanne Wilcox, the panelists included Cathy Bacon (AZ), Regina Goings (NV), Nancy Kuhles (NV), Perry Flynn (NC), Vicki McCready (NC), Diane Poage (AK), and Laura Young-Campbell (AK).

SMALL GROUP DISCUSSION IV

The fourth (and final) small group discussion was intended to consider how different stakeholder groups represented at the summit might engage their colleagues in their states "to implement the recommendations from the summit." As a point of departure for this discussion, participants briefly reviewed the provisional recommendations that appeared most prominent up to this point. The results of their ensuing discussion were reflected in the written reports of the small group facilitators and most directly in the recommendations summarized by the facilitators at the scheduled post-summit colloquium. However, among the specific suggestions recorded in these discussions were the following:

- Once the report is complete, summit participants should prepare summaries to present at their respective state association conferences. Other possible audiences include insurers, third party payers, special education and rehabilitation directors, parent advocacy groups, National Association of State Directors of Special Education, the National School Board Association, Chief Academic Officer organizations (e.g. Association of Public and Land Grant Universities, American Association of State Colleges and Universities, Council of Independent Colleges), and the Department of Education. Summit participants should then report to ASHA on their impressions of the ensuing conversations.
- Alternately, ASHA might create a PowerPoint summarizing the results of the summit for the use of participants in reporting and discussing their experience.
- As soon as possible, ASHA should prioritize the recommendations of the summit according to a clear timeline.
- Develop sample models of cost effective staff usage for districts (i.e. increased Medicaid billing opportunities).

With respect to these bullets, it is important to remember that the role of the summit is advisory and that its recommendations must be considered and approved (or not) by the ASHA Board of Directors before they are promulgated.

Other observations arising from this discussion session were the following:

ASHA should move promptly to implement the recommendations of the summit	ASHA "standards" or "guidelines"? *Standards!*	Enable SLPAs to become specialists—under supervision
Designate SLPAs who hold less than a bachelor's degree with a different title	Encourage graduate programs to credit experience as SLPA for admission to master's	ASHA maintains many useful documents on its website, but they could be considerably more visible and accessible
There should be a booth at the ASHA Convention and schools conference to promote the SLPA	Create a separate publication (or a dedicated section in *The ASHA Leader*) directed to SLPAs	

FINAL PLENARY

The summit closed with two graceful presentations. One, by Julie Noel and Tom Hallahan, considered the cumulative increase through the course of the summit of persuasive ideas and wise judgments. Once again, they said, ASHA members had demonstrated their capacity for rigorous deliberation within a context of genuine collegiality. They expressed their thanks to ASHA for its sponsorship of the summit, to all participants, to ASHA staff Lemmietta McNeilly and Janet Deppe, and to the consulting facilitator Paul L. Gaston. Barbara Ehren concluded the summit in the spirit of her opening by offering both a booster shot of Disney's magic pixie dust and sage advice. If the summit discussions are to bear fruit, participants must assume their proper share of responsibility for observing action by the ASHA Board of Directors and assume responsibility for articulating and promoting the Board's decisions. They must be both resolute and flexible, she suggested, maintaining the long view while focusing on what may be accomplished within the near term. Her good advice informed the subsequent discussions of the Summit Planning Committee and informs this report.

AFTERWORD

Three issues emerged in small group discussions that, while not rising to the level of principal summit recommendations, were seen by the Planning Committee as an appropriate afterword to the report proper.

First, because the SLP shortage was both a conspicuous prompt for the summit and beyond the summit's proper purview, ASHA should consider convening a summit focused exclusively on issues of capacity at the graduate (SLP) level.

Second, because several of the summit discussion groups expressed the view that professional development should be recognized as an obligation for those engaged at all levels of practice, the Planning Committee recommends that ASHA revive the issue of extending membership to SLPAs. SLPAs should be *encouraged* to join ASHA (either as full or as associate members) perhaps through an introductory free membership.

Third—a related observation—ASHA should more clearly endorse the SLPA, perhaps through a positive brochure (e.g., "What an SLPA Can Do for You"), through the periodic publication of SLPA "success stories," through professional development offerings directed at teams of SLPs and SLPAs, and through sessions at the Annual Convention dedicated to SLPAs. The SLPA should be regarded neither as an expedient nor as a regrettable necessity, but as a valuable resource for and within the profession.

APPENDIX: A Rudimentary Framework Model

	Credentials	Clinical Exp	Supervision	Scope of Practice
Paraprofessional	• HS diploma • Associate: not specific to SLP	None required?	Acts only under direct, continuous supervision	Executes explicit directions given by SLP (i.e., follows a treatment plan, helps with paperwork, prepares materials, etc.)
SLPA	• Associate: SLP • Bachelor's in speech and hearing • Bachelor's w/ req. coursework • Bachelor's followed by certificate • Competency exam (TBD)	Stipulated number of clinical hours	Acts under regular or periodic—but not continuous—guidance of supervisor	Exercises initiative in pursuit of SLP-directed and supervised assignments (i.e., follows a treatment plan, reports, and provides feedback to the SLP)
SLP	• Master's in speech-language pathology • CCC-SLP	400 clock hours?	May serve as supervisor	Independent practice may include supervision of paraprofessionals and SLPAs
Doctoral	• PhD or clinical doctorate	To be determined	To be determined	To be determined