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ASSOCIATION

# 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. Runnels, 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."

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## 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.<sup>1</sup>

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<sup>1</sup> 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 Pathologist<sup>2</sup>**

- 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

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<sup>2</sup> 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.

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## 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.

## 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).

### Appendix C: Verification of Technical Proficiency of a Speech-Language Pathology Assistant

Speech-Language Pathology Assistant Name: \_\_\_\_\_

Supervisor(s) Name: \_\_\_\_\_

Program / Facility Name: \_\_\_\_\_

SKILLS	ACHIEVEMENT OF SKILL	
	Yes	No
<b>Clerical/Administrative Skills</b>		
Assists with clerical duties and departmental operations (i.e., preparing materials, scheduling activities, keeping records)		
Participates in in-service training		
Performs checks, maintenance, and calibration of equipment		
Supports supervising SLP in research projects and public relations programs		
Collects data for quality improvement		
Prepares and maintains patient/client charts, records, graphs for displaying data		
<b>Interpersonal Skills</b>		
Uses appropriate forms of address with patient/client, family, caregivers, and professionals (i.e., Dr., Mr., or Mrs.)		
Greets patient/client and family and identifies self as a speech-language pathology assistant		
Restates information/concerns to supervising SLP as expressed by patient/client, family, and caregivers as appropriate		
Directs patient/client, family and caregivers to supervisor for clinical information		
Is courteous and respectful in various communication situations		
Uses language appropriate to a patient/client, family, or caregiver's education level, communication style, developmental age, communication disorder, and emotional state		
Demonstrates awareness of patient/client needs and cultural values		

<b>Conduct in Work Setting</b>		
Recognizes own limitations within the ASHA-approved SLPA job responsibilities		
Upholds ethical behavior and maintains confidentiality as described in the ASHA-approved job responsibilities of an SLPA		
Maintains client records in accordance with confidentiality regulations/laws as prescribed by supervising SLP		
Discusses confidential patient/client information only at the direction of supervising SLP		
Identifies self as an assistant in all written and oral communication with client, family, caregivers, and staff		
Demonstrates ability to explain to supervising SLP the scope of information that should be discussed with the patient/client, family, caregivers, and professionals		
Arrives punctually and prepared for work-related activities		
Completes documentation and other tasks in a timely manner		
Maintains personal appearance and language expected for the specific work setting		
Evaluates own performance		
Uses screening instruments and implements treatment protocols only after appropriate training, and only as prescribed by supervising SLP		
Seeks clarification from supervising SLP as needed to follow the prescribed treatment or screening protocols		
Actively participates in interaction with supervisor demonstrating use of supervisor's feedback		
Maintains accurate records representing assigned work time with patients/clients		
Implements appropriate infection control procedures and universal precautions consistent with the employer's standards and guidelines		
Implements injury prevention strategies consistent with employer's standards and guidelines		
Uses appropriate procedures for physical management of clients according to employer's standards and guidelines and state regulations		

Technical Skills as Prescribed by Supervising SLP		
Accurately administers screening instruments, calculates and reports the results of screening procedures to supervising SLP		
Provides instructions that are clear, concise, and appropriate to the client's developmental age, level of understanding, language use, and communication style.		
Follows treatment protocol as developed and prescribed by supervising SLP		
Provides appropriate feedback to patients / clients as to accuracy of their responses		
Identifies and describes relevant patient / client responses to supervising SLP		
Identifies and describes relevant patient / client, family, and caregiver behaviors to supervising SLP		
Uses appropriate stimuli, cues / prompts with the patient / client to elicit target behaviors as defined in the treatment protocol		
Maintains on-task or redirects off-task behavior of patients / clients in individual or group treatment consistent with the patient's / client's developmental age, communication style, and disorder		
Provides culturally appropriate behavioral reinforcement consistent with the patient's / client's developmental age and communication disorder		
Accurately reviews and summarizes patient / client performance		
Uses age-appropriate and culturally appropriate treatment materials appropriate to the patient's / client's developmental age and communication disorder		
Starts and ends the treatment session on time		
Obtains co-signature of supervising SLP on documentation		
Accurately records target behaviors as prescribed by supervising SLP		
Accurately calculates chronological age of the patient / client		
Correctly calculates and determines percentages, frequencies, averages, and standard scores		
Uses professional terminology correctly in communication with supervising SLP		
Maintains legible records, log notes, and written communication		
Appropriately paces treatment session to ensure maximum patient / client response		
Implements designated treatment objectives / goals in specific appropriate sequence		