Support personnel in the field of speech-language pathology perform duties as prescribed by a qualified speech-language pathologist (SLP) (American Speech-Language-Hearing Association [ASHA], 2004b). According to a 2009 ASHA membership survey, 37% of SLPs reported that support personnel were employed at their facility. In this same survey, respondents who employed one or more support personnel were asked to describe the duties support personnel currently perform and what duties they would like support personnel to perform in the future. The majority of SLPs who responded to this question indicated that support personnel were currently assisting with clerical duties. In terms of duties they would like support personnel to perform in the future, SLPs who responded indicated duties such as assisting with clerical duties, documenting client performance, assisting with informal documentation (as directed by the SLP), collecting data for monitoring purposes, and following treatment plans or protocols developed by the SLP.

Speech-language pathology assistants (SLPAs) are one type of support personnel (ASHA, 2004a). ASHA defines SLPAs as “support personnel who, following academic and/or on-the-job training, perform tasks prescribed, directed, and supervised by ASHA-certified speech-language pathologists” (ASHA, n.d.b., para. 2). SLPAs are distinct from aides, another group of support personnel, in both the amount of training they receive and the types of duties that lie within their scope of practice (ASHA, 2004a, p. 4).
Requirements to become an SLPA vary from state to state, including variability in the academic and clinical training required for state recognition as an SLPA (ASHA, 2011). For example, in California, the California Speech-Language Pathology and Audiology Board (CASLPAB) establishes the laws and regulations regarding the training requirements for individuals to become registered SLPAs. The CASLPAB currently allows for a variety of training paths in becoming an SLPA, including SLPA registration with a prescribed number of clinical hours and either bachelor’s-level or associate’s-level training (CASLPAB, n.d.a.). The CASLPAB also defines the duties that fall within and outside of the scope of SLPA practice in California and establishes continuing education requirements for both SLPAs and their supervising SLPs.

ASHA has also published guidelines for the training, use, and supervision of SLPAs that encourage the appropriate use of SLPAs to allow for increased “availability, frequency, and efficiency of services” (ASHA, 2004a, p. 1). However, each state remains responsible for establishing and monitoring the requirements for SLPA registration, certification, or licensure. As such, state regulations may differ from ASHA’s recommendations (McNeilly, 2009). Appendix A contains a summary of some of the ways current CASLPAB regulations differ from ASHA recommendations for SLPA use and training. As a result of these differences, in California (and potentially in other states), supervising SLPs and SLPAs are faced with the challenge of providing optimum services despite differing recommendations and requirements at the state and national levels (Goldberg, Williams, & Paul-Brown, 2002; McNeilly, 2009; Ostergren, 2011; Paul-Brown & Goldberg, 2001).

This heterogeneity of state and national recommendations/regulations inspired ASHA to create a new associates program (Robinson, 2010). This program extends ASHA affiliation to support personnel who are working under the supervision of an ASHA-certified SLP (CCC-SLP) or audiologist (CCC-A; ASHA, n.d.a.). ASHA began implementing this program in September 2011 (ASHA, n.d.a.). In order to become an ASHA associate, qualified individuals must agree with and adhere to ASHA policies pertaining to support personnel (ASHA, n.d.a.). With the submission of an annual fee, ASHA associates would have the benefit of accessing ASHA-supported mentoring programs, scholarly journals, and continued education opportunities, along with other ASHA-related benefits.

Unfortunately, there remains a significant paucity of research to support ASHA’s efforts in the training, use, and supervision of support personnel. Research regarding support personnel, such as SLPA, will not only benefit SLPA 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 this study is to describe the results of a survey that was conducted on SLPAs in the state of California, including information pertaining to SLPAs’ (a) demographics, (b) training, (c) employment, (d) perceived levels of proficiency, (e) supervision, (f) professional development, and (g) perceptions about ASHA affiliation for SLPA.

**METHOD**

**Participants**

Participants consisted of individuals who were 18 years of age or older who were registered as SLPAs in the state of California. A mailing list containing the names and addresses of 1,198 SLPAs registered by the CASLPAB was purchased from the Department of Consumer Affairs on November 3, 2010. This information was public record. Systematic random sampling was used to select 272 SLPAs to participate in the study.

**Materials**

A survey packet including a 40-item questionnaire (Appendix B), invitation letter, and study consent form was mailed to all potential participants. Before distribution, the questionnaire and methods were approved by the California State University, Long Beach Institutional Review Board.

The questionnaire was created specifically for the purpose of this study but was grounded in current training and practice guidelines for SLPAs as established by ASHA (2004a) and the CASLPAB (n.d.). The questionnaire contained both quantitative and qualitative questions. Quantitative questions required participants to respond to binary-choice (e.g., yes/no), multiple-choice, or Likert-scale questions. Qualitative questions required participants to respond to open-ended narrative questions.

**Procedure**

Questionnaires were mailed to participants and were returned to the researchers in a pre-addressed envelope. Questionnaire completion time was an estimated 10–20 min. For the purposes of this study, we analyzed Questions 1–12 and 14–40.

**Data Analysis**

Frequency counts were obtained and overall percentages were calculated for all binary- and forced-choice responses, including Likert-scale responses. For open-ended narrative questions, responses were subjected to a content and theme analysis in which subordinate categories were selected (Boyatzis, 1998). Responses were then coded by the researchers with a phrase code that attempted to describe the main theme of the response.

When responses contained more than one theme, the response was divided and coded based on multiple themes. Phrase codes were further consolidated and each response was re-analyzed to establish agreement between researchers and to ensure that the codes adequately captured the main element(s) of each response. Frequency counts and percentages using each phrase code were then obtained for categories representing a majority of responses.
RESULTS

Seventy-four (74) surveys were returned, which is equivalent to a response rate of 27% (74/272). Of these surveys, 61 were returned completed. Responses from these completed questionnaires are provided in subsequent paragraphs.¹

Demographic Information

Participant age ranged from 22 to 65, with an average age of 36.75 years (SD = 11.23) (Q39). All participants were female (56/56, 100.0%) (Q40). The majority of participants (24/57, 42.1%) indicated that they were bilingual (Q10).

Nature, Effectiveness, and Satisfaction With SLPA Training

Q1 asked participants to indicate the level of training they had received. The largest percentage of respondents (26/60, 43.3%) indicated that they had received bachelor’s-level training with 70 hr of clinical practicum (Figure 1).

Q2 asked participants to rate the perceived effectiveness of their SLPA training program using a 5-point Likert scale (e.g., very effective to very ineffective). The majority of respondents (32/61, 52.5%) indicated that their program was effective in preparing them for professional practice as an SLPA (Figure 2). Interestingly, no respondents indicated that they found their training program to be very ineffective.

Q3 asked participants what changes they would suggest in their SLPA training program to better prepare students for professional practice as an SLPA. Forty-eight (48) participants generated 71 distinct responses. The majority of these responses (43/71, 61.0%) were coded into one of four categories: specific disorders, therapy planning/techniques, hands-on/direct contact, and settings (Figure 3). The largest percentage of respondents (28/71, 39.4%) indicated that additional training in either specific disorders (14/71, 19.7%) or therapy planning and techniques (14/71, 19.7%) would have better prepared them for professional practice.

For example, responses within the category of specific disorders included the following statements: “More training on autism,” “I would probably add a class to teach students more about stuttering, voice and dysphagia,” and “I would have liked for my program to focus more on therapy techniques for specific diagnosis or the most common ones.” Responses within the therapy planning/techniques category included the following statements: “More hands-on training of strategies and techniques of therapy,” “More experience planning and conducting therapy in a variety of diagnoses,” and “Practice preparing effective lesson plans from speech-language perspectives.”

The next largest percentage of respondents (10/71, 14.0%) indicated that increased hands-on experience or exposure to clients would have better prepared them for professional practice. For example, responses within this category included the following statements: “More client (direct contact) interaction. My hours were completed with lots of observation, discussion with supervisor, research, and paperwork,” “More clinical, hands-on experience,” and “More hands-on training in varied situations or cases.”

Finally, 7.0% (5/71) of respondents indicated that a variety of settings in clinical practicum training would have better prepared them for professional practice. Responses

¹Not all participants responded to all questions. As such, n per question is noted throughout.

Note. AA = associate’s level, BA = bachelor’s level.
within this category included the following statements:

“More than one practicum placement in a different setting. I had only one placement in a school for 160 hours,”

“More varied clinical time,” and “I also wish I had had the opportunity to work in a clinic/hospital setting as well as a school.”

Q4 asked participants to rate their level of satisfaction with their SLPA training program using a 5-point Likert scale (e.g., very unsatisfied to very satisfied). The majority of respondents (33/61, 54.4%) indicated that they were satisfied with their training program (Figure 4). No respondents indicated that they were very unsatisfied with their training program.

**Employment Status, Duties, and Levels of Proficiency**

A large majority of respondents (57/62, 91.9%) indicated that they had worked as an SLPA at some time (Q5). Of these respondents, the majority (44/52, 84.6%) further indicated that they were currently working as an SLPA (Q7). Four respondents indicated that they had never worked as an SLPA. These respondents generated five reasons for not obtaining SLPA employment (Q6). Two of the five responses (40.0%) referenced attendance in a graduate program as the reason for not seeking SLPA employment, such as “immediately went to graduate school for speech pathology following the completion of my SLPA license. Full-time, year-round grad student,” and “I don’t have time now (full-time graduate student in a communicative sciences and disorders MS program).” An additional two responses (40.0%) indicated that they were not hired, despite seeking SLPA employment, such as “I wasn’t hired by the only district where I applied. There weren’t as many SLPA jobs when I began to apply after earning my license,” and “I’ve applied for several positions but was never hired.” The remaining response (1/5, 20.0%) referenced a change in career path (e.g., “Got a job in special education”).

When asked to indicate settings in which they worked as an SLPA (Q8), the most prevalent setting was school (43/76, 56.6%) (Figure 5).

The majority of participants (18/29, 62.1%) who reported that they were bilingual further indicated that they had served as an interpreter as part of their SLPA duties (Q11).

**Figure 4.** Participants’ level of satisfaction with their SLPA training program.

In a follow-up question (Q12), the largest majority of these individuals (17/24, 70.8%) indicated that they had not received additional interpreter training.

Using a 5-point Likert scale (e.g., never to >50% of the time), participants indicated the amount of their total SLPA duties that was spent performing various tasks. The duties mentioned included a variety of tasks defined by the CASLPAB as within and outside of the scope of SLPA duties (CASLPAB, n.d.). For the purpose of this study, analysis was limited to duties that were performed >50% of the time and those that were never performed.

Duties related to direct contact was the most common response (53/56, 94.6%) that was performed >50% of the time (Figure 6). The next most common responses performed >50% of the time were documenting progress (42/56, 75.0%) and clerical duties (22/55, 40.0%). Conversely, diagnostic assessment was the most common response (47/56, 83.9%) that was never performed. The next most common responses never performed were diagnostic report writing (45/56, 80.4%) and equipment maintenance (38/56, 67.9%).

It should be noted that the tasks of diagnostic assessment and diagnostic report writing are both outside of the scope of practice for an SLPA, as per the CASLPAB (n.d.) and ASHA (2004b). Although the majority of respondents indicated that they never perform these tasks, there were at least some participants who indicated that they were performing each of the tasks at some level other than never. Because of this, we performed an ad hoc analysis of all of the duties listed on the questionnaire that were outside of the scope of practice of an SLPA. There were four tasks listed in the questionnaire that were outside of the scope of practice for an SLPA: (a) diagnostic assessment, (b) diagnostic report writing, (c) goal creation, and (d) client/family education. The most frequently performed task falling outside of the scope of practice of an SLPA was client/family education (33/56, 58.9%), followed by goal creation (24/56, 42.8%), diagnostic report writing (11/56, 19.6%), and finally, diagnostic assessment (9/56, 16%) (Figure 7).

Participants were further asked to rate themselves on a 6-point Likert scale according to their level of perceived proficiency (i.e., very deficient to very proficient) at seven tasks defined by the CASLPAB as being within the scope of an SLPA (Q26–32). During analysis, proficiency levels were grouped to include those in which the participants

**Figure 5.** Participants’ employment settings.
indicated they were proficient (i.e., very proficient or proficient) and those in which participants indicated they were deficient (i.e., very deficient or deficient).

The majority of participants rated themselves proficient across all of the duties listed. Very few participants rated themselves as deficient across any given duty (Figure 8). The most common duties rated as deficient were screenings (11/57, 19.2%), assisting in research, etc. (7/57, 12.2%), and assisting during diagnostic activities (6/57, 10.5%).

**Amount of Supervision and Employment Satisfaction**

Q14 asked participants to indicate the amount of supervision they receive(d) per week. Supervision was defined as “on-site, in-view observation and guidance during clinical activity, as well as demonstration, record review, review and evaluation of audio- or video-taped sessions, interactive television, and/or supervisory conferences conducted via telephone,” as per ASHA (2004a) and the CASLPAB (n.d.).

The majority of respondents (15/54, 27.8%) indicated that they receive 5–10% supervision per week, defined as 2–4 hr per 40-hr week (Figure 9). The next most frequent responses were <5% supervision per week, (equivalent to <2 hr per 40-hr week; 11/54, 20.4%) and 11–15% supervision per week (equivalent to 4.5–6 hr per a 40-hr week; 10/54, 18.5%).

Using a 5-point Likert rating scale (e.g., very unsatisfied to very satisfied), the majority of respondents (39/51, 76.47%) indicated that they were either very satisfied (21/51, 41.2%) or satisfied (18/51, 35.3%) with their current work placement (Q24; Figure 10). A much smaller percentage (3/51, 5.9%) indicated that they were either dissatisfied (2/51, 3.9%) or very dissatisfied (1/51, 2.0%) with their current work placement.

Q25 asked participants what changes would increase/ would have increased their satisfaction in working as an SLPA. Forty (40) participants generated 58 distinct responses. The majority of these responses (39/58, 67.25%) were coded into one of five categories: supervision/training, caseload, pay, lack of SLP involvement, and nothing/satisfied (Figure 11).

The largest percentage of respondents (16/58, 27.6%) indicated that better supervision and/or training would increase their satisfaction working as an SLPA. For example, responses in this category included the following statements: “Additional training or observation time with supervisor,” “More guidance/feedback from supervisor,” and “More supervision, but I know the SLP never had extra time. More training. More consulting with me, including following up after clients on how I could help them more.”

The next largest percentage (7/58, 12.1%) suggested that changes in caseload would increase their satisfaction in working as an SLPA. Responses within this category included the following statements: “Cap on caseload,” “I would like a manageable caseload to perform overall quality service (less than 200 clients),” and “I am only somewhat unsatisfied because there is currently a lack of referrals which means minimal work available.”

Approximately 10% of respondents (6/58) indicated that greater monetary compensation would increase their satisfaction working as an SLPA.
satisfaction in working as an SLPA. Responses in this category included the following statements: “An increase in pay in the public school setting,” “Better pay is needed,” and “As an SLPA with a BA in speech pathology we should be compensated monetarily more than an SLPA with only a AA.”

Lastly, 8.6% of respondents (5/58) indicated that greater involvement of the SLP would increase their satisfaction working as an SLPA. Responses in this category included the following statements: “After the evaluation, [the supervising SLP] spends little to no time with the child. I often don’t see her all week,” “My SLP was taking advantage of me,” and “I treat the kids, the SLPs treat paper. It’s a sham. I do not have enough specific training to make a difference.”

Continuing Professional Development

Q33 asked participants to identify the way(s) in which they obtain continuing professional development (i.e., state or regional conferences, workshops, formal in-service presentations, independent study programs, or other). Instructions
indicated that respondents were to circle all appropriate responses; thus, one participant could produce multiple responses. A total of fifty-six (56) participants responded to this question and produced a total of 124 responses. The most frequent manner of obtaining continuing professional development was at workshops (42/56, 75.0%) and state/regional conferences (41/56, 73.3%; Figure 12).

The majority of respondents (42/57, 73.7%) indicated that they were not currently enrolled in a master’s program to become an SLP (Q34). A portion of these participants (38/42) responded to a follow-up question about their future education goals (Q35). Approximately 63% (24/38) indicated that they planned to continue training to become an SLP in the future.

**ASHA Affiliation**

The majority of respondents (32/55, 58.2%) indicated that they would be interested in applying for ASHA affiliation should it become available for SLPA's in the future (Q36). Approximately 29% of respondents (16/55) indicated that they were not sure/need more information before deciding whether they would apply for ASHA affiliation.

For those respondents who indicated that they were not interested in ASHA affiliation (7/55), a follow-up question explored the reasons why participants lacked interest (Q37). Five participants responded to this question. All five (100%) indicated that ASHA affiliation as an SLPA would not be pursued due to recent or impending completion of a master’s degree. For example, “Because I am near completion of a grad program; therefore, SLPA certification will not be necessary,” “Graduating in May with MA in communication disorders,” and “Just got my master’s.”

For those respondents who indicated that they were interested in ASHA affiliation, a follow-up question asked them to explain what they saw as the possible benefits of association (Q38). Twenty-seven participants completed this narrative question and generated 30 distinct responses. The majority of respondents (18/30, 60%) indicated that ASHA affiliation would increase recognition of SLPA’s in the field. For example, “The SLPA profession would have representation and our education and training would have more credibility.” A smaller percentage of respondents indicated that ASHA affiliation would either provide access to related benefits (e.g., continuing education units, articles, etc.; 4/30, 13.3%) or create more job opportunities for SLPA’s (4/30, 13.3%). For example, “I would expect some of the benefits afforded SLP members (i.e., access to research, resources, continuing education opportunities, etc.),” and “I would hope opening more doors to possible employment opportunities and advancement in the field.”

**DISCUSSION**

The SLPA questionnaire described herein was developed out of the need for research relative to support personnel in the field of speech-language pathology.

**Demographic Information**

Demographic information was obtained in order to gain a sense of the individuals who constitute the population of SLPA’s in the state of California. All of the individuals who completed this questionnaire identified themselves as female, though the pool of randomly selected participants included male SLPA’s. This finding is not surprising in light of the overwhelming majority of females in the field of speech-language pathology (ASHA, 2009). Participant age ranged from 22 to 65; the average age of participants was 36.75. Relative to language status, >½ of respondents indicated that they were bilingual.
Nature, Effectiveness, and Satisfaction With SLPA Training

The majority of respondents indicated that they had applied for registration in California given bachelor’s-level SLPA training plus an additional 70 hr of clinical practicum. This is consistent with 2010 data from the CASLPAB, which indicated that the number of registered bachelor’s-level SLPAs in California exceeded that of associate’s-level SLPAs by more than two-fold (CASLPAB, personal communication, June 16, 2010).

When asked to rate their level of satisfaction with their SLPA training program, the majority of respondents indicated that they were very satisfied or satisfied with their training. In regard to the effectiveness of their SLPA training program, the majority indicated that their training program was either very effective or effective in preparing them for professional practice as an SLPA. When asked what changes could have improved their SLPA training, the majority cited more training on specific disorders and training in therapy planning and treatment techniques.

Both the CASLPAB and ASHA provide general requirements and recommendations relative to the content of SLPA training coursework. The CASLPAB (n.d.) states that SLPA training program curricula should provide students with the necessary knowledge and skills to function in accordance with the standards established in the Business and Professional Code. ASHA (2004a) states that coursework in SLPA training programs should be “specific to SLPA job responsibilities and workplace behaviors” (p. 14). Hence, based on recommendations from participants, it may be of value for SLPA training programs to evaluate curriculum and training in specific disorders and therapy planning/implementation techniques.

Employment Status, Duties, and Levels of Proficiency

A large percentage of respondents indicated that they had been employed as an SLPA at some time. The most common employment setting reported was the school setting, which may reflect the national demand for the provision of speech-language services in the public school setting (Edgar & Rosa-Lugo, 2007). The next most common setting was private clinics. Very few respondents indicated that they worked in a hospital setting.

Most of the respondents indicated that they were currently employed as SLPAs. For those who indicated that they had never been employed as SLPAs, the most frequently reported reason related to enrollment in a master’s program. A much smaller percentage indicated that they were unable to find employment as an SLPA.

When bilingual participants were asked about the provision of interpreter services, >½ of these participants indicated that they had served as an interpreter as part of their SLPA duties. However, importantly, in a follow-up question, only a minority of these individuals indicated that they had received additional training as an interpreter. If the SLPAs who responded to this question were deemed competent by their supervising SLPs to serve as an interpreter for a non-English-speaking client or family member, then this practice is consistent with CASLPAB standards (n.d.). However, interestingly, as is evident in Appendix A, the provision of interpreter services by an SLPA is an issue on which California regulations and ASHA recommendations differ: ASHA (2004a) states that the role of an SLPA is distinct from that of an interpreter and thereby recommends that SLPAs receive additional training before serving as an interpreter.

When asked about the duties they perform as part of their work as an SLPA, the majority of respondents indicated that they most frequently perform the following duties: (a) direct contact with clients (i.e., the delivery of clinical treatment to clients), (b) documenting client progress toward meeting the client’s established goals, and (c) clerical duties. According to both ASHA (2004a) and the CASLPAB (n.d.), all of these duties are considered to be within the scope of practice of SLPAs. As mentioned previously, in a recent ASHA membership survey, all three of these duties were identified by ASHA members who employed support personnel as duties they would like to see them perform in the future (ASHA, 2009).

In terms of duties least frequently performed, the majority of respondents indicated that they never perform the following duties: (a) administering speech and language diagnostic assessments to clients; (b) diagnostic report writing; and (c) performing checks and maintenance of equipment, such as augmentative/alternative communication devices. According to both ASHA and the CASLPAB, two of these duties (i.e., administering diagnostic assessments and writing diagnostic reports) are considered to be outside of the scope of practice of SLPAs.

Ad hoc analysis of the duties identified as being outside of the scope of practice of an SLPA revealed that a small number of participants did, at some level, perform such duties. The most frequently reported duty outside of the scope of SLPA practice was providing client and family education (33 participants), followed by goal creation (24 participants), diagnostic report writing (11 participants), and administering diagnostic assessment (9 participants). However, these results should be interpreted with extreme caution. It is possible that some participants misunderstood the wording in the statements provided on the questionnaire. No follow-up with these individuals was performed to ensure that the information presented on the questionnaire was interpreted accurately.

In addition, it should be noted that this questionnaire was self-report in nature. It is difficult to obtain a true representation of duties performed by SLPAs, even given accurate interpretation of study questions, as there is always the potential for respondents to withhold information pertaining to the performance of duties that are outside of their scope of practice. More research is critically needed with larger sample sizes, using varied methods, in order to draw conclusions with greater validity. Future research that targets objective performance measures is needed in this area. In addition, research that addresses the reasons why SLPAs may or may not comply with practice standards would be highly valuable.

In terms of self-reported proficiency across a variety of tasks that fall within the scope of SLPA practice, the
majority of respondents indicated that they felt proficient or very proficient across all of the tasks listed. Very few respondents rated themselves as deficient across any given task. It is important to note, however, that these are perceived competencies and not those measured by a supervising SLP or some objective measure. Future research is needed that addresses objective proficiency levels, including the relationships among proficiency and factors such as setting, frequency of performance, supervision, and, importantly, nature of training.

Amount of Supervision and Employment Satisfaction

In regard to supervision, both ASHA (2004a) and the CASLPAB (n.d.) define distinct levels of supervision. ASHA defines direct supervision as “on-site, in-view observation and guidance while a clinical activity is performed” and indirect supervision as “demonstration, record review, review and evaluation of audio- or videotaped sessions, interactive television, and/or supervisory conferences that may be conducted by telephone” (2004a, p. 10). The CASLPAB also refers to direct and indirect supervision; however, it identifies an added category of immediate supervision. Immediate supervision refers to occasions in which the supervising SLP is “physically present during services provided to the client by the SLPA” (n.d., sect. 2538.5). Thus, ASHA and the CASLPAB have roughly equivalent definitions of SLPA supervision. The only distinction is nominal, in that what ASHA refers to as direct supervision includes the activities described by the CASLPAB as immediate and direct supervision.

ASHA specifies that in the initial 90 days of SLPA employment, SLPAs should receive at least 30% supervision weekly, 20% of which should be direct supervision and 10% of which should be indirect supervision (2004a). Following the initial 90-day period, ASHA recommends that SLPAs receive at least 20% supervision weekly, at least 10% of which should be direct supervision. In California, the CASLPAB (n.d.) does not specify the amount and percentage of supervision that SLPAs should receive. Instead, regulations state that “the amount and type of supervision required should be consistent with the skills and experience of the SLPA, the needs of the clients, the service setting, the tasks assigned, and the laws and regulations that govern SLPAs” (CASLPAB, n.d., section 1399.170.15).

In the current study, when asked about the amount of supervision received on a weekly basis, the term supervision was defined to include direct/immediate supervision and indirect supervision. The majority of respondents indicated that they receive <10% supervision weekly. This amount of supervision is less than the minimum recommended by ASHA (2004a), as described earlier for both beginning SLPAs (<90 days of experience) and more experienced SLPAs (>90 days of experience). However, it should be noted that the results of this study cannot be interpreted in terms of adequacy of supervision. This study did not separate direct and indirect supervision in questions targeting the amount of supervision, nor did it ask participants to indicate their length of employment as an SLPA. Both ASHA recommendations (ASHA, 2004a) and CASLPAB guidelines (n.d.) specify that the level of supervision needed is ultimately determined by the supervising SLP, given the skills of the SLPA and the needs of the clients and setting. Hence, future research that addresses level of supervision in relation to these factors is needed.

When asked about their level of satisfaction relative to their job as an SLPA, a large number of respondents indicated that they were either satisfied or very satisfied. In describing changes that would increase their level of satisfaction, the majority referenced the desire for improvements in supervision and/or on-the-job training, guidance, and/or feedback from the supervising SLP. The next most common category involved statements related to the amount of clients seen by SLPAs. The majority of responses indicated concern regarding SLPAs seeing too many clients.

Although constituting only a minority of responses (<10%), suggestions of lack of SLP involvement warrant further discussion. Specifically, responses, although infrequent, indicated that the supervising SLP was not providing direct contact to all clients or was doing so infrequently. Some examples of responses in this category included the following statements: “After the evaluation, [the supervising SLP] spends little to no time with the child. I often don’t see her all week” and “I treat the kids, the SLP’s treat paper. It’s a sham. I do not have enough specific training to make a difference.” One participant indicated, “My SLP was taking advantage of me.”

In this respect, the results of this study must be interpreted with extreme caution, given both the small sample size of the study and the even smaller number of respondents (five) who produced comments of this nature. ASHA states that “supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive some direct contact with the SLP at least once every two weeks” (2004a, p. 9). The CASLPAB does not specify the amount of direct contact that supervising SLPs should provide to clients; however, the professional code does state that “treatment of the client remains the responsibility of the supervisor” (n.d., section 1399.170.15). ASHA further states that “the purpose of the assistant level position is not to increase the caseload size for SLPs. Assistants should be used to manage the existing caseloads of SLPs” (2004a, p. 10). Future research exploring the prevalence and nature of caseload allocation between the SLPA and the SLP may be important to address whether this is a widespread issue. Research that targets minimum client contact levels between the SLPA and the SLP and the rationale/factors affecting distribution may shed additional light on this issue.

Continuing Professional Development

ASHA recommends that the need for SLPA-level continuing professional education be determined by the supervising SLP’s assessment of his or her SLPA’s ongoing training needs (2004a). ASHA has created a “Verification of Technical Proficiency” form that assists the supervising SLP in this process of evaluation (2004b). In the state of California, SLPAs are required to obtain 12 hr of continuing professional development every 2 years (CASLPAB, n.d.). The
CASLPAB states that these hours may be acquired through state/regional conferences, workshops, formal in-service presentations, and/or independent study programs.

In the current study, when asked about continuing professional development, the majority of respondents indicated that they obtain their continuing professional development hours at workshops. Other common responses included state/regional conferences and formal in-service presentations.

In terms of continued academic training, the majority of respondents indicated that they were not presently enrolled in a graduate program; however, of those individuals, a majority indicated that they planned to continue training to become an SLP in the future. In light of the national shortage of qualified SLPs, especially in the school setting (Edgar & Rosa-Lugo, 2007), it may be important to examine whether SLPAs are an underutilized pool of potential candidates for additional training to become SLPs. Paul-Brown and Goldberg (2001) suggested this, stating that employment as an SLPA may provide a career-ladder opportunity. However, these authors also warn that SLPA employment may lead to disappointment and frustration for individuals who desire a professional career as an SLP but become resigned to an assistant-level position. Additional research is needed in this area. Future research that addresses both the nature and relevance of SLPA training as a stepping stone (with additional education) to work as an SLP and barriers that SLPAs face in furthering their education in the field of speech-language pathology is needed.

ASHA Affiliation

ASHA’s associates program was recently created to improve client care by reconciling national inconsistencies regarding the licensure, supervision, and use of support personnel (Robinson, 2010). This program may have important implications based on the results of the current study. For example, in the current study, the majority of SLPAs surveyed indicated that they would have greater employment satisfaction if they received better on-the-job supervision and/or training from their supervising SLPs. ASHA’s associates program may have the potential to increase these levels by providing (a) a mechanism for state alignment relative to managing existing caseloads and (b) minimum levels of supervision recommended for support personnel. Further, ASHA affiliation for support personnel may continue to clarify the distinct roles of SLPAs, thereby reducing their misuse. In addition, SLPAs surveyed indicated that they completed the majority of their continuing professional development through conferences and workshops. Hence, ASHA affiliation may be a venue for strengthening opportunities for SLPA-level skill development and education at ASHA conventions.

In the present study, the majority of respondents indicated that they would be interested in applying for ASHA affiliation as an SLPA. When asked what they saw as the benefits of ASHA affiliation, the most commonly cited responses referred to an increase in recognition for SLPAs and benefits within and beyond the field of speech-language pathology. Only a small portion of respondents indicated that they would not be interested in ASHA affiliation, all of whom indicated in a follow-up question that their lack of interest was due to the recent or impending completion of a master’s degree.

Limitations

There are several limitations to the current study. The results of this study are specific to only a small sample of SLPAs in the state of California. As such, these results cannot be generalized to all SLPAs across the nation. Future research should be conducted on a larger scale within and between states before national trends pertaining to the training, use, and supervision of SLPAs emerge.

In addition, the study questionnaire, though developed based on ASHA guidelines (2004b) and CASLPAB requirements (n.d.), was not piloted with SLPAs before implementation. As such, the results may have been confounded by question wording or misinterpretation.

Additionally, the results analyzed in this study were collected via self-report and thus may not accurately reflect objective facts. This is of particular concern in regard to questions eliciting self-reported levels of proficiency for which participants may have been unwilling to rate themselves as deficient or very deficient. Similarly, participant reports of performance of duties outside of the scope of SLPA practice may not be an accurate reflection of actual performance, given the potential for respondents to withhold that they are performing duties not allowed by state regulations.

Further, demographic information was not captured relative to length of employment or experience as an SLP. It is likely that factors such as this impact effectiveness, satisfaction, supervision, and duties performed.

Finally, the suggestions generated in this study were from the perspective of the SLPAs surveyed and as such do not take into account the perspectives of supervisors and employers in terms of SLPA training, use, and supervision. Research is needed to address the perspectives of supervisors and employers in this respect.

Conclusion

The present study sheds light on a small sample of SLPAs in California in terms of demographics, training, use, and supervision. There remains, however, a significant paucity of research in the field of speech-language pathology relative to support personnel. As discussed, more research is needed across a wide variety of topics in this area. SLPAs, their supervisors, SLPA training programs, and governing agencies that create guidelines for SLPA training, use, and supervision, all stand to benefit from research targeting support personnel across all levels in the field of speech-language pathology.

REFERENCES

Retrieved from http://www.asha.org/Members/Associate-Affiliation.


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### APPENDIX A. COMPARISON OF ASHA RECOMMENDATIONS AND CASLPAB REGULATIONS REGARDING SLPAs

<table>
<thead>
<tr>
<th>Area of SLPA training/Use</th>
<th>ASHA Recommendations</th>
<th>CASLPAB Regulations</th>
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</table>
| **Coursework to become an SLPA** | 60 semester credit hours consisting of 20–40 credit hours in general technical content areas (ASHA, 2004a) | a) SLPA associates of arts or sciences degree program approved by the CASLPAB  
b) Equivalent SLPA degree program (out-of-state training) as approved by the Board (must include 70 hr of fieldwork)  
c) Bachelor’s degree program in speech-language pathology or communicative sciences program or an SLPA program and 70 hr of clinical experience as obtained in a Board-approved communicative sciences program or Board-approved SLPA program  
d) Possession of a bachelor’s degree as referenced above and 9 months of full-time work experience performing duties consistent with that authorized for an SLPA (CASLPAB, n.d.) |
| **Clinical practicum** | A minimum of 100 clock hours of fieldwork experience (ASHA, 2004a) | Bachelor’s degree in speech-language pathology or communicative sciences and 70 hr of clinical experience as obtained in a Board-approved communicative sciences program or a Board-approved SLPA program, or bachelor’s degree in speech-language pathology or communicative sciences and 9 months of full-time work experience performing duties consistent with that authorized for an SLPA (while holding the required authorization to practice) (CASLPAB, n.d.) |
| **Supervisor qualifications** | ASHA CCC in SLP, has state licensure (where applicable) AND has practiced as an SLP for at least 2 years, following ASHA certification (ASHA, 2004a) | Valid and clear license issued by the CASLPAB or, if employed by a public school, valid and current professional clear, or life clinical or rehabilitative services credential in language, speech, and hearing issued by the LDCA Commission on Teacher Credentialing (CASLPAB, n.d.) |
| **Supervision (overview)** | “Based on the skills and experience of the SLPA, the needs of patients/clients served, the service setting, the tasks assigned, and other factors” (ASHA, 2004a, p. 9)  
Amount and type of supervision should be documented | “Amount and type of supervisory supervision required should be consistent with the skills and experience of the SLPA, the needs of the clients, the service setting, the tasks assigned, and the laws and regulations governing SLPAs” (CASLPAB, n.d., section 1399.170.15). SLP must design and implement a supervisory plan |
| **Levels of supervision** | SLPA cannot perform tasks unless the SLP can be reached immediately  
Direct supervision (ASHA, 2004a) | Immediate supervision  
Direct supervision (CASLPAB, n.d.) |
| **Percentage of supervision** | During initial 90 days: At least 30% direct and indirect supervision weekly for the first 90 work days. Direct supervision should be no less than 20%.  
Indirect supervision should be no less than 10% (ASHA, 2004a, pp. 9–10). After initial 90 days: Amount of supervision may be adjusted. The minimum is 20% supervision weekly, with no less than 10% being direct supervision (ASHA, 2004a). | Percentages of supervision not specified in the CASLPAB Professional Code for SLPAs |
| **Records review** | “During each week, data on every patient/client seen by the speech-language pathology assistant should be reviewed by the supervisor” (ASHA, 2004a, p. 9) | “The supervisor shall review client/patient records, monitor and evaluate assessment and treatment decisions” (CASLPAB, n.d., section 1399.170.15) |
**SLP client contact**

“Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive some direct contact with the SLP at least once every 2 weeks” (ASHA, 2004a, p. 9)

Amount of direct contact with clients given SLP vs. SLPA not specified in CASLPAB Professional Code for SLPAs

**Purpose of SLPA**

“The purpose of the assistant level position is not to increase the caseload size for SLPs. Assistants should be used to manage the existing caseloads of SLPs.” (ASHA, 2004a, p. 10)

Specific “purpose” of SLPAs not specified in CASLPAB Professional Code for SLPAs

**Scope**

“Additional training is needed for assistants to be used as interpreters/ translators. There are distinct roles for SLPAs and for interpreters/translators. Therefore, the guidelines for assistants do not address the use of interpreters/ translators” (ASHA, 2004a, p. 14)

If deemed competent by the supervising SLP, SLPAs may serve as interpreters/translators (CASLPAB, n.d., section 2538.1)

**Identification**

Specific identification procedures not specified in ASHA recommendations (ASHA, 2004a)

“A SLPA shall disclose while working, his or her name and registration status, as granted by the state, on a name tag in at least 18-point type” (CASLPAB, n.d., section 1399.170.1)

**Number of support personnel**

For each SLP, there may be up to three SLPAs (ASHA, 2004a)

For each SLP there may be up to three support personnel, of which only two may be SLPAs (the other must be an aide) (CASLPAB, n.d., section 1399.170.16.)
APPENDIX B. SLPA QUESTIONNAIRE

Q1. What level of SLPA training did you receive? (Please circle the appropriate response)
   a. Associate’s level
   b. Bachelor’s level (or equivalent coursework with 70 hours of clinical practicum)
   c. Bachelor’s degree with 9 months of full-time SLPA fieldwork experience
   d. Equivalent (out-of-state training approved by CA State Board)

Q2. How effective do you think your SLPA training was in preparing you for professional practice?
   (Please circle the appropriate response)
   1  2  3  4  5
   Very Ineffective  Ineffective  Neither Ineffective nor Effective  Effective  Very Effective

Q3. Regarding your SLPA training program, what changes would you suggest to better prepare students for professional practice as an SLPA?

Q4. Overall, how satisfied were you with your training program? (Please circle the appropriate response)
   1  2  3  4  5
   Very Unsatisfied  Unsatisfied  Neither Unsatisfied nor Satisfied  Satisfied  Very Satisfied

Q5. Have you ever worked as an SLPA?
   Yes  No

Q6. If you answered no, please explain why you have never worked as an SLPA in the space below.

Q7. If you answered yes, are you currently working as an SLPA?
   Yes  No

Q8. In what setting(s) have you worked? (Please circle all appropriate responses)
   a. school
   b. hospital
   c. private clinic
   d. other (please describe) _____________________

Q9. How many years have you worked as an SLPA? _____

Q10. Are you bilingual?
    Yes  No

Q11. If yes, do you currently, or have you ever, served as an interpreter as part of your duties as an SLPA?
    Yes  No

Q12. If yes, have you received additional training in interpreting?
    Yes  No

Q13. What credentials does/did your supervising SLP(s) have? If you have had more than one supervisor, please add information regarding their credentials.
   a. Supervisor #1 (Circle all that apply)
      i. Ph.D.
      ii. M.S. / M.A.
      iii. California Credential to practice as an SLP in a California school
      iv. California Credential waiver to practice as an SLP in a CA school without M.A/M.S. v. ASHA Certificate of Clinical Competence (CCC)
      vi. California State License
      vii. Unknown
      viii. Other ________________________________

continued on next page
Q14. How often does/did your supervising SLP supervise your work each week? *Supervision may be defined as on-site, in-view observation and guidance during clinical activity, as well as demonstration, record review, review and evaluation of audio- or video-taped sessions, interactive television, and/or supervisory conferences conducted via telephone.*
   a. never
   b. less than 5% (for a 40-hr work week, this means less than 2 hr of supervision per week)
   c. 5%–10% (for a 40-hr work week, this means 2–4 hr of supervision per week)
   d. 11%–15% (for a 40-hr work week, this means 4.5–6 hr of supervision per week)
   e. 16%–20% (for a 40-hr work week, this means 6.5–8 hr of supervision per week)
   f. 21%–25% (for a 40-hr work week, this means 8.5–10 hr of supervision per week)
   g. more than 25% (for a 40-hr work week, this means more than 10 hr of supervision per week)

Specific to your current position, please indicate the percentage of your SLPA duties that involve each of the following:

<table>
<thead>
<tr>
<th>never</th>
<th>&lt;10%</th>
<th>10–30%</th>
<th>31–50%</th>
<th>&gt;50%</th>
</tr>
</thead>
</table>

Q15. Direct contact with clients (Direct contact is defined as the delivery of clinical treatment to clients.)
   1 2 3 4 5

Q16. Performing speech, language, and/or hearing screenings
   1 2 3 4 5

Q17. Performing checks and maintenance of equipment, such as augmentative/alternative communication devices
   1 2 3 4 5

Q18. Administering speech and language diagnostic assessments to clients
   1 2 3 4 5

Q19. Creating therapy goals and objectives for clients
   1 2 3 4 5

Q20. Documenting patient progress toward meeting client’s established objectives
   1 2 3 4 5

Q21. Diagnostic report writing
   1 2 3 4 5

Q22. Clerical duties, such as preparing materials, making copies, etc.
   1 2 3 4 5

Q23. Educating the client and/or his/her family regarding the client’s status or services rendered
   1 2 3 4 5

Q24. If you are currently employed as an SLPA, how satisfied are you with your current placement? (Please circle the appropriate response)
   Very Unsatisfied Unsatisfied Neither Unsatisfied nor Satisfied Satisfied Very Satisfied
   1 2 3 4 5

Q25. What changes would increase/would have increased your satisfaction in working as an SLPA?

How would you rate yourself in terms of proficiency on the following tasks?

<table>
<thead>
<tr>
<th>Very Proficient</th>
<th>Proficient</th>
<th>Neither Deficient</th>
<th>Deficient</th>
<th>Very Deficient</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q26. Assisting with speech-language &amp;/or hearing screenings</td>
<td>1 2 3 4 5 6</td>
<td></td>
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<tr>
<td>Q27. Assisting with informal documentation as directed by your supervising SLP</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
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<tr>
<td>Q28. Following documented treatment plans developed by your supervising SLP</td>
<td>1 2 3 4 5 6</td>
<td></td>
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<tr>
<td>Q29. Documenting patient/client performance and reporting that information to your supervising SLP</td>
<td>1 2 3 4 5 6</td>
<td></td>
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<tr>
<td>Q30. Assisting your supervising SLP during assessment of patients/clients</td>
<td>1 2 3 4 5 6</td>
<td></td>
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<tr>
<td>Q31. Assisting with clerical duties (e.g., material preparation, scheduling, etc.)</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Q32. Assisting your supervising SLP in research projects, in-service training, and/or public relations programs</td>
<td>1 2 3 4 5 6</td>
<td></td>
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<td></td>
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</tbody>
</table>
Q33. How do you obtain continuing professional development? (Please circle all appropriate responses)
   a. State or regional conferences
   b. Workshops
   c. Formal in-service presentations
   d. Independent study programs
   e. Other ________________________________

Q34. Are you currently enrolled in a master’s program to become an SLP?
   Yes  No

Q35. If you answered no (i.e., you are not currently enrolled in a master’s program),
     do you plan to continue your training to become an SLP in the future?
     Yes  No

Q36. If the American Speech-Language-Hearing Association (ASHA) begins to offer SLPA certification, will you apply?*
     (Please circle the appropriate response)
     Yes  Not sure/need more information  No

Q37. If you answered no, why not?

Q38. If you answered yes, what do you see as the benefits of ASHA certification as an SLPA?

Q39. What is your age? _____

Q40. What is your gender?
     Male  Female

* The wording “certification” is used within Q36 as this survey was conducted before implementation of ASHA’s Associate program in September 2011; however, the terms “associate” or “affiliation” are used throughout the text of this document to be consistent with ASHA’s terminology regarding this newly implemented program.