ABSTRACT: Purpose: The purpose of this study was to investigate (a) duties that are commonly performed by speech-language pathology assistants (SLPAs), (b) typical supervision provided, (c) supervisors’ opinions about SLPA training and (d) the impact and perceived advantages/disadvantages of SLPAs in the field of speech-language pathology.

Method: A national survey of 64 speech-language pathologists (SLPs) who supervise SLPAs was conducted.

Results: Participants supervised 1 to 4 SLPAs, mainly in a school setting. SLPAs were mostly engaged in tasks in the areas of service delivery and administrative support and rarely in duties related to prevention and advocacy. The majority of participants indicated that SLPAs had a positive impact on the field, but participants’ ratings of SLPA training ranged from good to poor. The greatest perceived advantage of SLPAs was related to assistance with caseload-related tasks, with the greatest perceived disadvantage related to the potential for misuse of SLPAs. Participants recommended several areas of suggested supervisor training, critical elements in SLPA training, and needed American Speech-Language-Hearing Association resources.

Conclusion: Although exploratory in nature, the results of this study are discussed as they pertain to research and policy development relative to assistants in the field of speech-language pathology.

Key Words: administration, supervision, speech-language pathology, support personnel
In some states, these regulations are established by the state board of education; in other states, licensing agencies establish the regulations. At present, regulations from state to state vary substantially. Further, not all states have regulations governing SLPAs.

In 2013, ASHA released a new scope of practice document titled “Speech-Language Pathology Assistant Scope of Practice” (ASHA, 2013c). Important elements from previous ASHA documents on support personnel were combined to create a recommended scope of practice for SLPA. The resulting document continues to highlight an SLPA’s role as a person who supports assists (but does not replace) the supervising SL. Further emphasis was placed on the fact that the legal and ethical responsibility of service provision falls solely on the supervising SL, thereby underscoring the need for appropriate supervision and use of SLPA.

This new scope of practice document includes a discussion of ASHA’s Code of Ethics (ASHA, 2010r) as it applies to the supervision of SLPA. The importance of careful and documented supervision was reiterated, as we additional guidelines relative to the nature of supervision for all SLPA (despite their level of experience). Additionally, ASHA recommended that supervising SLPA hold ASHA certification and/or state licensure and have at least 2 years of professional experience post-ASHA certification (ASHA, 2013c, Qualifications of a Supervising SL). Further, ASHA recommended that before or during their initial SLPA supervision experience, supervisors should complete academic coursework or at least 10 hr of continuing education in the area of supervision.

This new document also continued to detail activities that are inside and outside the scope of duties of an SLPA. A new addition to this discussion related to the provision of services for culturally and linguistically diverse clients and families. This discussion, ASHA stated that with adequate training and supervision, SLPA may:

- Assist the SL with bilingual translation during screening and assessment (without engaging in test administration and/or interpretation).
- Provide language interpretation for non English-speaking clients and families.
- Engage in service provision in another language for non English-speaking clients and/or English-language learners.

ASHA also added several advocacy and prevention activities within the scope of duties of an SLPA. Such duties include, but are not limited to, offering prevention information to populations at risk for communication disorders, promoting early identification and early intervention, and providing emergency response agencies with information for individuals who have communication and/or swallowing disorders (ASHA, 2013c, Prevention and Advocacy).

In 2011, ASHA also created an optional associates program for support personnel in audiology and speech-language pathology (ASHA, n.d.b; Robinson, 2010). This program extends ASHA association to support personnel who are working under the supervision of an ASHA-certified SLPA (CCC-SLP) or audiologist (CCC-A; ASHA, n.d.b). In order to become an ASHA associate, qualified individuals must agree with and adhere to ASHA policies pertaining to support personnel (ASHA, n.d.b). This is not, however, a form of certification for support personnel. Adherence to ASHA standards is voluntary. If an individual agrees to adhere to these standards, with an annual fee and a statement from an SLPA indicating that he or she is competent to perform the duties of an SLPA, an ASHA associate has access to ASHA-supported mentoring programs, scholarly journals, continued education opportunities, and other ASHA-related benefits. ASHA associates do not, however, become full voting members of ASHA. According to ASHA membership data, in 2013, “the number of Associates was 258, up from 162 at year-end 2011 and 251 at year-end 2012” (ASHA, 2013b, p. 2).

There remains a significant paucity of research to guide interested professionals in best practices relative to the training, scope, and supervision of SLPA. In particular, very limited information exists from the perspective of individuals who supervise SLPA. More information is needed on this topic. SLPA supervisors are key stakeholders in understanding SLPA training, scope, and supervision on a national level. Not only will those who supervise SLPA and SLPA themselves benefit from this information, but governing agencies and programs that educate SLPA also stand to benefit from more information from the perspective of individuals who are engaged in the supervision of SLPA.

**Method**

The purpose of this study was to investigate duties that are commonly performed by SLPA, the typical supervision that is provided to SLPA, supervisors’ opinions about SLPA training, the advantages/disadvantages of SLPA, and the overall impact of SLPA on the field of speech-language pathology. We hoped to gather information that could be used to shape the supervision and education of SLPA and could inform future policy decisions on the topic of assistants in the field of speech-language pathology in the United States. This study was approved by the institutional
review board of California State University, Long Beach.

**Questionnaire**

We created a study questionnaire (see the Appendix) specifically for this study but grounded it in ASHA’s current SLPA scope of practice (2013c).

**Procedure**

We sent study questionnaires via mail to 450 ASHA members who had been randomly selected from an ASHA mailing list of SLPs who indicated that they had supervised “support personnel.” Nine surveys were undeliverable; 102 surveys were returned via mail (23% response rate). This yielded a very low rate of SLPs who said they had supervised SLPA. Only 16 of the 102 respondents indicated that they had supervised an SLPA. Because these individuals were selected from ASHA members who indicated that they had supervised support personnel, presumably those who returned the survey indicating that they had not supervised SLPA had supervised some other type of support personnel. At present, ASHA does not have a more direct route for accessing members who supervise SLPA.

To obtain a better response, we posted an electronic copy of the survey on ASHA’s open-access online community and on ASHA’s Special Interest Group (SIG) 11’s (Administration and Supervision) online community. We also requested that the survey be posted on each of the other 18 ASHA SIG online communities; we received notification that the survey was posted on the following SIG online communities: SIG 1 (Language Learning and Education), SIG 5 (Issues in Higher Education), and SIG 10 (Speech Science and Orofacial Disorders).

Due to the nature of this posting, it is unclear how many total individuals received the electronic survey. Hence, response rates cannot be calculated for the study overall or specifically for the electronic survey. Further, given the nature of posting through ASHA SIG online communities, there is an inherent sampling bias as not all members of ASHA are SIG members. SIG participation is voluntary, and an annual fee is required to maintain the membership. Despite these limitations, this sampling method allowed for the widest coverage possible given the current limitations in sampling this particular population.

**Participants**

The participants were individuals who held an ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) and who had supervised an SLPA. Sixty-four individuals met both of these requirements. Sixteen individuals returned the mailed survey, and 48 participated in the electronic survey. To prevent duplications in mailing and electronic surveys, consent forms were reviewed. No participants completed both surveys.

Table 1 contains participant demographics.

**Data Analysis**

The quantitative questions required the participants to respond to binary-choice (e.g., yes/no), multiple-choice, or Likert-scale questions. Likert-scale questions required the participants to rate their agreement/disagreement with a specific statement using a 5-point scale (e.g., never/always and strongly negative/strongly positive). Open-ended narrative questions were subjected to a content and theme analysis in which subordinate categories were selected and examples within each category were presented (Boyatzis, 1998). We coded responses with a phrase code that attempted to describe the main theme of a response. In instances in which responses contained more than one theme, we divided and coded the responses based on multiple themes. We further consolidated the phrase codes and re-analyzed each response in order to establish agreement between ourselves and to ensure that the codes adequately captured the main element(s) of each response. Next, for categories containing a large number of responses, we obtained frequency counts and percentages for

<table>
<thead>
<tr>
<th>Table 1. Participant demographics.</th>
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</thead>
<tbody>
<tr>
<td><strong>Variable</strong></td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>Years of experience</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Master’s degree</td>
</tr>
<tr>
<td>Doctoral degree</td>
</tr>
<tr>
<td>No response</td>
</tr>
<tr>
<td>Bilingual</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No response</td>
</tr>
<tr>
<td>Work setting</td>
</tr>
<tr>
<td>School</td>
</tr>
<tr>
<td>Private practice</td>
</tr>
<tr>
<td>Medical</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>No response</td>
</tr>
</tbody>
</table>
RESULTS

SLPA Duties

Participants rated the frequency with which they used an SLPA for various duties, ranging from never to always, given the duties within ASHA’s SLPA scope of practice (ASHA, 2013c). Tables 2–4 display the percentage of distribution for responses in the areas of service delivery, administrative support, and prevention and advocacy.

<table>
<thead>
<tr>
<th>SLPA Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>On average, the participants had supervised five SLPAs over the course of their career, ranging from 1 to 100 ($SD = 12.89$). Thirty-six participants (56.25%) reported that they were currently supervising an SLPA. These participants were supervising an average of six SLPAs, ranging from 1 to 20 ($SD = 7.91$). One outlying response in which a participant reported that she was currently supervising 20 SLPAs skewed this number. Without this outlying number, the average number of SLPAs currently supervised was 2.50, ranging from one to four ($SD = 1.29$). The majority of participants who were currently supervising an SLPA reported that they were not supervising other support personnel (e.g., aides) (84.80%). The majority of participants currently supervising an SLPA did so in a school setting (74.00%), with the remainder reporting that supervision was undertaken in a private practice (22.00%) or medical setting (5.00%). The largest number of participants (50.00%) said that following initial training (given a 40-hr work week), they spent “between 3–5 hours per week in supervising an SLPA” (Figure 1). Participants were asked to describe how they determined the level of supervision provided. Sixty participants responded to this question, generating 91 responses. Table 5 contains sample responses and a brief description of the themes from the four categories in which 5% or more of participants indicated a similar response. These four categories comprised 88% of all responses.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training/Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLPAs. Participants who indicated that they had supervised a “new” SLPA (i.e., one in his or her very first employment position) were asked to rate how prepared this SLPA was in performing the duties in his or her job. Thirty-three participants (51%) said that they had supervised a new SLPA. Figure 2 contains a summary of the participants’ overall ratings for new SLPA performance. Fifteen participants (27%) indicated that they had used an SLPA as an interpreter. The majority of these participants (60%) said that additional training was required for an SLPA to work as an interpreter. Seven (7) participants provided suggestions for training an</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 2. Service delivery: Frequency of use (Q12).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Never</strong></td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>Assist with screenings without interpretation</td>
</tr>
<tr>
<td>Assist during assessment of clients</td>
</tr>
<tr>
<td>Assist with bilingual translation</td>
</tr>
<tr>
<td>Follow documented treatment plans or protocols</td>
</tr>
<tr>
<td>Provide guidance and treatment via telepractice</td>
</tr>
<tr>
<td>Document client performance (e.g., tallying data)</td>
</tr>
<tr>
<td>Program and provide instruction in the use of augmentative and alternative communication devices</td>
</tr>
<tr>
<td>Demonstrate or share information with patients, families, and staff regarding feeding strategies developed by the speech-language pathologist</td>
</tr>
<tr>
<td>Serve as interpreter for patients/clients/students and families who do not speak English</td>
</tr>
<tr>
<td>Provide services in another language for individuals who do not speak English and English-language learners</td>
</tr>
</tbody>
</table>

*Note.* The largest number of responses to each question is indicated in bold type.
Participants were also asked to indicate “the most critical elements to include in training programs/ courses” for SLPA. Fifty-five participants responded to this question, generating 130 responses. Table 6 contains sample responses and a brief description of responses from the 10 categories in which 5% or more of participants indicated a similar response. These 10 categories comprised 79% of all responses.

### Supervisors

The majority of participants (63%) indicated that they had learned about supervising SLPA through self-study (Figure 3). In terms of continuing education for supervisors, we asked participants to indicate what content knowledge and/or resources were needed to effectively supervise SLPA. Fifty-six participants responded to this question, generating 111 responses. Table 7 contains sample responses and a brief description of responses from the 10 categories in which 5% or more of participants indicated a similar response. These 10 categories comprised 68% of all responses.

### Impact and Perceived Advantages and Disadvantages

Most of the participants (46.00%) rated the overall impact of SLPA on the field of speech-language pathology as a positive impact (Figure 4). When asked to describe what they saw as the greatest advantages and disadvantages of using an SLPA, 55 participants responded to this question. Table 8 contains sample responses and a brief description of applicable themes reported by the participants for both advantages and disadvantages. In the area of advantages, there were four major categories in which 5% or more of the participants indicated a similar response. These four

---

**Table 3. Administrative support: Frequency of use (Q13).**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Frequently</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist with clerical duties (e.g., preparing clinical materials, etc.)</td>
<td>7%</td>
<td>4%</td>
<td>20%</td>
<td>40%</td>
<td>30%</td>
</tr>
<tr>
<td>Perform checks and maintenance of equipment</td>
<td>35%</td>
<td>15%</td>
<td>25%</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>Assist with departmental operations (e.g., scheduling, record keeping, etc.)</td>
<td>13%</td>
<td>7%</td>
<td>23%</td>
<td>39%</td>
<td>17%</td>
</tr>
</tbody>
</table>

**Note.** The largest number of responses to each question is indicated in bold type.

**Table 4. Prevention and advocacy: Frequency of use (Q14).**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Frequently</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present primary prevention information to at-risk individuals and groups; promote early identification and early intervention activities</td>
<td>60%</td>
<td>19%</td>
<td>11%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Promote early identification and early intervention activities</td>
<td>48%</td>
<td>15%</td>
<td>23%</td>
<td>10%</td>
<td>4%</td>
</tr>
<tr>
<td>Assist with advocacy for individuals and families through community awareness, health literacy, education, and training programs</td>
<td>55%</td>
<td>24%</td>
<td>16%</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>Provide information to emergency response agencies for individuals who have communication and/or swallowing disorders</td>
<td>92%</td>
<td>4%</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Assist in advocacy at the local, state, and national levels for improved public policies affecting access to services and research funding</td>
<td>73%</td>
<td>17%</td>
<td>6%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Assist in research projects, in-service training, public relations programs, and marketing programs</td>
<td>63%</td>
<td>11%</td>
<td>9%</td>
<td>17%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Note.** The largest number of responses to each question is indicated in bold type.
categories comprised 76% of all responses. In the area of disadvantages, seven categories comprised 76% of all responses.

ASHA Affiliation and Resources

The majority of participants (55%) reported that they had not heard about ASHA’s new associates program for SLPAs. When asked what resources they would like to see ASHA develop to assist them in their role as an SLPA supervisor, 45 participants responded, generating 50 responses. Table 9 contains sample responses and a brief description of responses from the five categories in which 5% or more of participants indicated a similar response. These five categories comprised 70% of all responses.

DISCUSSION

Participants for this study were ASHA-certified SLPs who had supervised an SLPA. These participants provided valuable insight into the type of duties performed by SLPAs, their supervision of SLPAs, and the impact that SLPAs have on the field of speech-language pathology, including advantages and disadvantages in the use of SLPAs. Participants also recommended areas of training/education for SLPAs and their supervisors as well as ASHA resources needed in this area.

SLPA Duties

Overall, supervisors in this study reported that they had SLPAs engaged in tasks in the areas of service delivery and administrative support, and predominantly for the following tasks: following documented treatment plans or protocols, documenting client performance, assisting with clerical duties, and assisting with departmental operations. Rarely did the supervisors in this study use SLPAs for duties in the area of prevention and advocacy.

SLPA Supervision

The level of supervision that participants provided was most often based on the skill level, experience, and training of the SLPA. This was the predominant response, but supervisors also said that they determined supervision levels based on the complexity and needs of the individuals served, applicable laws and regulations, and the specific tasks performed by the SLPA. These methods are all consistent with ASHA (2013c) recommendations, which state that “the amount and type of supervision required should be consistent with the skills and experience of the SLPA; the needs of the students, patients, and clients; the service setting; the tasks assigned; and the laws and regulations that govern SLPAs” (Minimum Requirements for the Frequency and Amount of Supervision, para. 7).
### Table 5. Determination of speech-language pathology assistants’ (SLPAs’) supervision level: Primary categories and sample responses (Q 8).

<table>
<thead>
<tr>
<th>Category</th>
<th>Response type</th>
<th>Example response (verbatim)</th>
</tr>
</thead>
</table>
| SLPA skill, experience, and training 51.6%                               | Contained vocabulary and phrasing specific to the SLPA, such as SLPA skills, experience, and training. | • How comfortable the SLPA is with the patient/goals  
• This is highly dependent on the experience and knowledge of the SLPA  
• Skills level of SLPA  
• Observation of SLPA’s clinical skills, paperwork  
• Supervision needs are based on the skill level and organizational skills of the SLPA, as well as their ability to relate to students and follow my directives  
• It depends on how long the SLPA has been practicing and how competent they are  
• Based on the assistant’s level of experience  
• Depends on the level of SLPA training (AA vs. BA level), years of experience in the job |
| Population (needs and complexity) 20.8%                                  | Contained vocabulary and phrasing specific to the client population, such as client disorder, needs, and severity. | • Needs of the client  
• Clientele, disorders  
• Based on the needs of the patients that the SLPA will be seeing  
• Severity of disorders of the clients within each assistant’s caseload.  
• Depends on student needs |
| Laws and regulations 10.9%                                                | Contained vocabulary and phrasing about laws and regulations relative to supervision. | • Licensure rules state 10% direct 20% indirect after an initial period of 20% direct 20% indirect  
• ASHA’s and New Hampshire Board of Speech Pathology and Audiology’s recommendation of 25% supervision of direct service.  
• State laws  
• I follow my state’s licensing requirements for supervision.  
• Difficulty of task  
• The amount of supervision required should be consistent with…the tasks assigned  
• SLPA duties |
| Task(s) assigned 5.4%                                                    | Contained vocabulary and phrasing specific to the tasks assigned to the SLPA. |                                                                                             |

### SLPA Training/Education

In the area of SLPA training, the largest number of participants who supervised SLPAs in their first employment position rated their overall training as good, including mostly good ratings for preparation in service delivery and administrative support. Interestingly, this was followed closely by the number of participants who rated preparation of new SLPAs in these areas as poor. Given the significant variability in training from state to state and a lack of national certification standards for SLPA training, it is difficult to interpret these findings further, other than to highlight this variability in supervisor perceptions of SLPA training. Additional studies that target this topic specific to the actual training received by new SLPAs, as compared to supervisor perceptions of performance, will offer much needed insight on this topic.

In terms of critical elements needed in SLPA training, the greatest number of responses pertained to the importance of educating SLPAs about treatment/intervention techniques and strategies, such as following treatment plans, understanding goals, planning activities, and implementing scaffolding and cue hierarchies. This was followed by education on specific populations/disorders. In particular, participants reported articulation and phonologic disorders as an area of educational need for SLPAs. Additional suggestions included training in documentation (e.g., data collection and note writing), understanding the processes of typical development, the differences between disordered and typical development, and
**Figure 2.** Responses to Q18a: “On average for the “new” SLPA(s) you have supervised, how would you rate his/her/their: overall preparation for work as an SLPA.”

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
<th>Response type</th>
<th>Example response (verbatim)</th>
</tr>
</thead>
</table>
| Treatment/Intervention    | 17%   | Referenced treatment strategies, such as following plans, understanding goals,  | • Therapy techniques and why those techniques are used  
| techniques and strategies |       | planning activities, and implementing scaffolding and cue hierarchies.        | • Knowledge related to providing goal-driven therapy  
|                           |       |                                                                                | • Treatment protocols  
|                           |       |                                                                                | • How to follow a treatment plan  
|                           |       |                                                                                | • Reading goals to implement treatment  
|                           |       |                                                                                | • Scaffolding skills when implementing treatment  
|                           |       |                                                                                | • Planning activities  
|                           |       |                                                                                | • Various treatment strategies  
|                           |       |                                                                                | • Articulation and phonology  
|                           |       |                                                                                | • Content in articulation and language  
|                           |       |                                                                                | • Articulation techniques would also be helpful  
|                           |       |                                                                                | • Behavioral management for students with autism  
|                           |       |                                                                                | • Autism would be helpful  
| Specific population/      | 10%   | Referenced specific population/disorder knowledge.                            | • Articulation therapy  
| Disorder knowledge        |       |                                                                                | • Articulation/phonological Tx and stuttering in schools  
|                           |       |                                                                                | • Phonetics and phonology  
| Documentation: Data       | 9%    | Pertaining to documentation procedures, such as data collection and note      | • Take data  
| collection and note       |       | writing.                                                                      | • Data collection skills  
| writing                   |       |                                                                                | • Training in taking stats for accuracy rates  
|                           |       |                                                                                | • Keeping accurate documentation of performance  
|                           |       |                                                                                | • Increased opportunities to learn how to document sessions and progress  
|                           |       |                                                                                | • Progress note writing via S.O.A.P. format  
|                           |       |                                                                                | • I’d say training in detailed and accurate session documentation  
|                           |       |                                                                                | • How to write about performance  

**Table 6 (p. 1 of 2).** Critical elements of SLPA training: Primary categories and sample responses (Q19).
Table 6 (p. 2 of 2). Critical elements of SLPA training: Primary categories and sample responses (Q19).

<table>
<thead>
<tr>
<th>Category %</th>
<th>Response type</th>
<th>Example response (verbatim)</th>
</tr>
</thead>
</table>
| Development and normal versus disordered 9% | Referenced need for SLPA education in typical development and understanding the differences between typical and disordered development. | • Understanding basic child development  
• Education classes in early childhood development, etc.  
• Normal speech/language development  
• SLPA should be well versed in knowing the difference between normal and disordered [sic]  
• Normal language development vs. disordered language |
| Interpersonal skills 7% | Suggested SLPAs needed education in developing effective interpersonal skills, such as good communication skills, conflict resolution, ability to receive feedback, and so forth. | • Communication skills  
• Most importantly, interpersonal communication (e.g., working with others (team), receiving feedback, etc.)  
• Communication w/SLP to problem solve any issues  
• People skills, willingness to take direction and ask questions, develop an attitude of team work  
• Working with multiple supervisors  
• Communication w/SLP to problem solve any issues |
| Scope of practice 6% | Suggested need for SLPA education on SLPA roles and responsibilities (e.g., scope of practice). | • Their boundaries as an SLPA, what they can and cannot do  
• Understanding of what they can/cannot do legally as an SLPA and expectations regarding their supervision requirements  
• Limitations of practice  
• Knowledge of scope of practice |
| Variety of disorders 6% | Relating to SLPA training in a variety of communication disorders | • Understanding of various diagnoses and their characteristics  
• Flexibility with different populations  
• He/she must also have the ability to work clinically with a variety of clients/students  
• Understanding of communication disorders  
• How to speak up when utilized incorrectly or when they observe unethical behavior by the SLP |
| Ethics and ethical conduct 5% | Relating to SLPA education in ethics and ethical conduct. | • Ethical issues  
• Ethical practice |
| Clinical experience 5% | Referenced SLPAs needing actual clinical experience or “hands-on” experience. | • At least 3 month practicum with 2 SLPs  
• Clinical experience; hands-on therapy training.  
• More clinical experience  
• Training programs need to include more hands-on practical experience  
• Fieldwork opportunities |
| Behavior management 5% | Made reference to behavior management and behavior issues. | • They should also have knowledge and strategies that help them to deal with behavior difficulties in the pediatric population  
• Knowledge of behavior management  
• Behavior management techniques  
• Behavior management strategies to use when dealing with children |

Of these responses, the largest number of respondents mentioned articulation and phonology as a specific disorder to be targeted ($n = 9, 64$%). Other less frequently occurring areas included child language ($n = 3$) and autism ($n = 2$). Participants also reported interpersonal skills training/education as an area of educational need for SLPAs, as was SLPA scope of practice, ethical considerations, and actual clinical experience. These are all areas for further consideration relative to additional research, but also in assessing SLPA readiness by individual supervisors and/or SLPA training programs and governing bodies.
Internationally, the use of alternative service delivery models, such as the use of assistants, has been noted as a potential avenue for increasing access to services for culturally and linguistically diverse individuals (Lowell, 2013; McAllister, Wylie, Davidson, & Marshall, 2013). A small number of participants in the current study indicated that they had used an SLPA as an interpreter. Those who did indicated that additional training was required for an SLPA to work as an interpreter. Suggestions for training in this area included training in briefing, interaction, and debriefing; understanding the role of an interpreter versus translator; instruction in the meaning and use of terminology; and specific practice as an interpreter.

**Impact and Perceived Advantages and Disadvantages**

Relative to the impact that SLPA’s have on the field of speech-language pathology, the majority of participants indicated that SLPA’s had a positive impact on the field of speech-language pathology; however, participants in this study were those who reported that they had supervised an SLPA. As such, this sample may not reflect the overall perceptions of all SLPs on the topic of assistants.

Participants indicated that the greatest advantage of SLPA’s was their assistance in case management, including the provision of therapy services and allowing the SLP to perform nontherapy caseload management duties such as time for planning, attending meetings, collaboration with colleagues, goal development, and so forth. McCartney et al. (2005) reported similar findings relative to the use of assistants in the United Kingdom.

Participants in the current study also reported an advantage of SLPA’s in terms of having a team member to collaborate with, share ideas with, and assist in problem solving. McCartney et al. (2005) found similar results. Previous studies in the field of speech-language pathology have also noted relationships with coworkers as having a positive impact on SLP’s overall job satisfaction (Blood, Thomas, Ridlenour, Qualls, & Hammer, 2002; Kalkhoffa & Collins, 2012). This aspect of the SLP/SLPA partnership has yet to be studied in detail but warrants further investigation.

Based on 2011 recommendations by the World Health Organization (World Health Organization and the World Bank, 2011), international researchers have suggested that the use of “mid-tier” communication workers who have been trained in rehabilitation to work alongside SLPs may be one avenue in addressing personnel shortages in the field of speech-language pathology (McAllister et al., 2013). A small number of participants in the current study also indicated that they had used an SLPA as an interpreter. Those who did indicated that additional training was required for an SLPA to work as an interpreter. Suggestions for training in this area included training in briefing, interaction, and debriefing; understanding the role of an interpreter versus translator; instruction in the meaning and use of terminology; and specific practice as an interpreter.

In terms of disadvantages in the use of SLPA’s, the largest number of participants in the current study reported potential misuse of SLPA’s as the greatest
Table 7. Recommended continuing education unit content: Primary categories and sample responses (Q11).

<table>
<thead>
<tr>
<th>Category %</th>
<th>Response type</th>
<th>Example response (verbatim)</th>
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</table>
| SLPA scope of practice 14% | Contained terms describing the SLPA's scope of duties. | • Knowledge of the role of SLPA is crucial; it is very important not to delegate responsibilities to SLPAs that are outside of the scope of their knowledge  
• Familiarity with the SLPA role and job description as per ASHA position papers  
• Know the rules/laws implemented by your state for the SLP-A's scope and your responsibilities  
• Knowledge of what SLPAs can and can’t do according to ASHA guidelines |
| Working relationship with the SLPA 8% | Contained language describing the relationship between the supervisor and the SLPA (e.g., personality, communication, conflict resolution). | • Resolve conflict  
• I’m not quite sure, other than effective communication  
• How to adjust your supervision style in order to meet any unique needs or personality types  
• Information on establishing appropriate relationships |
| Evaluating the SLPA 7% | Contained terms describing the evaluation and/or assessment of the SLPA in some way. | • You have to know the SLPA's skills  
• Conducting performance readiness  
• Assessing an SLPA's performance  
• Assess their [SLPA] training and readiness (e.g., was course training adequate?) |
| Supervision (in general) 7% | Contained the word “supervision” or some variant thereof that could not be more specifically categorized. | • Supervision training  
• Skills needed to supervise effectively  
• Tools to assist with supervision |
| State-level information 6% | Recommendations about state requirements.¹ | • Requirements of the SLPAUD board  
• Knowledge of the state’s licensure requirements  
• Rules implemented by your state  
• State’s requirements |
| ASHA information 6% | Recommendations about information from ASHA.² | • Info from ASHA  
• Familiarity with ASHA position papers  
• ASHA guidelines  
• ASHA research and books |
| Ethics 5% | Contained wording such as ethics, ethical, and so forth. | • Ethical considerations  
• Ethics re: supervision  
• Ethical responsibility of supervisors |
| Legal considerations 5% | Contained wording about laws and legal issues. | • Legal issues  
• Legal requirements  
• Laws and consequences for not following the requirements |
| Information for others 5% | Requests for information that could be shared with other people, such as administrators, school officials, and so forth. | • Simple format for employer to understand  
• Standards and communicate standards with school districts and/or agencies using SLPAs  
• How to present the difference between SLP and SLPA to district administration  
• How to deal with issues when the employer that contracts with schools doesn’t believe you need to follow them [rules]  
• Educational materials to assure administration is aware of what is required |
| Availability 5% | Contained wording about the need for more and more readily available formal training, workshops, resources, CEUs, and so forth on the topic of SLPAs. | • More online courses  
• Need for a formal clinical supervision training  
• There need [sic] to be more classes available. Very difficult to find the CEUs required by the state for myself and my employee SLPs who also supervise. This is a huge problem  
• Formal CEU opportunities should be more readily available |

¹These are in addition to those requesting scope of practice information (as above under SLPA Scope of Practice).
perceived disadvantage. Fewer than one fourth of participants in this study noted this as a perceived disadvantage. This included concerns about SLPA's performing duties outside their scope and consumers not understanding the role and scope of an SLPA. McCartney et al. (2005) found similar results in terms of concerns for misuse, as did O'Brien et al. (2013). Studies outside the discipline of speech-language pathology have also noted similar concerns from professionals in other disciplines (Lizarondo, Kumar, Hyde, & Skidmore, 2010).

Situations in which an SLPA is providing services outside his or her scope, or in which consumers are not accurately informed about the role of an SLPA, are in direct violation of ASHA's Code of Ethics, Principle I, which states that “individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally” (ASHA, 2010r, Principle I, para. 1). It should be noted that this study did not ask the participants to report misuse but rather to indicate perceived disadvantages in the use of SLPAs in the field of speech-language pathology.

Participants in the current study also reported a lack of sufficient training for SLPAs and poor performance efficacy and effectiveness of SLPAs as a disadvantage for their use in the field of speech-language pathology. McCartney et al. (2005) and O’Brien et al. (2013) noted similar concerns. At present, very few studies have directly addressed effectiveness in the service provision of assistants. Of the few identified (Allen, 2013; Boyle, McCartney, O’Hare & Forbes, 2009; McCartney, Boyle, Ellis, Bannatyne & Turnbull, 2011), each has noted effective or equally effective intervention using highly trained SLPAs who were working under the supervision of an SLP in the provision of specific intervention approaches for children with communication disorders. However, the majority of these studies (Boyle, et al., 2009; Dickson et al., 2009; McCartney et al., 2011) were conducted in the United Kingdom, where different training and education models are present.

Participants in the current study also expressed a concern for the supervision of SLPAs as a disadvantage in their use, including a perceived lack of supervisor training and limited time to supervise SLPAs. O’Brien et al. (2013) reported similar concerns. When asked about continuing education for SLPA supervisors, participants offered several suggestions that may be of value in developing curriculum for workshops and/or academic content for supervisors in this area.

Participants in the current study also reported perceived disadvantages in decreased contact with clients by the SLP when using an SLPA, as well as concerns about a lack of regulation and variability from state to state in SLPA use, supervision, and training. In terms of concerns about decreased client contact with the supervisor, this was also a factor noted in McCartney et al. (2005). ASHA recommends that “supervision days and time of day (morning/afternoon) may be alternated to ensure that all students, patients, and clients receive some direct contact with the SLP at least once every 2 weeks” (ASHA, 2013c, Minimum Requirements for the Frequency and Amount of Supervision, para. 1). This is specifically
Table 8 (p. 1 of 2). Greatest advantages and disadvantages of using an SLPA: Primary categories and sample responses (Q21).

<table>
<thead>
<tr>
<th>Category</th>
<th>Response type</th>
<th>Example response (verbatim)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADVANTAGES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caseload management</td>
<td>A. Therapy Provision (64.4%, 29) Contained vocabulary and phrasing about increase in therapy provision such as quality and frequency.</td>
<td>• More students can be seen for therapy • Ability to serve more children in smaller, more effective groups • Less cancellation of treatment sessions • Allows the SLP to focus on [therapy] of more significant delays which would not be appropriate for an SLPA</td>
</tr>
<tr>
<td></td>
<td>B. Nontherapy Caseload Duties (35.5%, 16) Contained vocabulary and phrasing about a general increase in caseload management and/or other nontherapy caseload duties.</td>
<td>• Frees up the SLP’s time to focus on program development, goals/objectives, etc. • Family and parent communication and collaboration with other stakeholders on treatment planning • They allow the SLP to have time to develop program-caseload duties.</td>
</tr>
<tr>
<td>Collaboration between SLP and SLPA</td>
<td>Contained vocabulary and phrasing specific to the collaboration between SLP and SLPA</td>
<td>• Allows an SLP and SLPA to work as a team, which keeps everyone continually learning. • When they are good, they are great collaborators and another source of creative problem-solving • Another person’s opinion on areas of strengths/weaknesses</td>
</tr>
<tr>
<td>Clerical duties</td>
<td>Contained vocabulary and phrasing specific to clerical duties</td>
<td>• Sharing of ideas for therapy • Assists with clerical duties • Office support • Alleviating clerical duties</td>
</tr>
<tr>
<td>SLP shortage</td>
<td>Contained vocabulary and phrasing specific to the SLPA’s role relative to a shortage of SLPs.</td>
<td>• They assist with the shortage of SLPs in school districts in our rural area • There are simply too few certified SLPs available to meet the staffing demands • Underserved areas where locating an SLP might be difficult and/or in public schools</td>
</tr>
<tr>
<td><strong>DISADVANTAGES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Misuse of SLPAs</td>
<td>Contained vocabulary and phrasing specific to the misuse, misrepresentation, and/or overstepping of SLPAs.</td>
<td>• There is potential of misrepresenting the SLPA’s role to the client [sic] • SLPAs who try and overstep their professional boundaries. • I have seen many SLPAs being used for things beyond their scope • Admin doesn’t understand how to use SLPAs correctly, further confounding an already poor understanding of what SLPs do followed by high risk for client confusion [sic] • I’ve heard where school districts use them as primary therapy providers; not my school district, but ones in the area • School districts see the SLPA as an “inexpensive SLP” and do not realize the SLP has all the responsibility for assessments and conference • They haven’t had the coursework for some disorders • School districts are hiring untrained individuals • SLPAs don’t have enough training in crucial topics such as accurate documentation of sessions</td>
</tr>
<tr>
<td>Level of training of SLPAs</td>
<td>Contained vocabulary and phrasing specific to disadvantages related to the SLPA’s level of training, experience, and/or knowledge.</td>
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</tbody>
</table>
Table 8 (p. 2 of 2). Greatest advantages and disadvantages of using an SLPA: Primary categories and sample responses (Q21).

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<thead>
<tr>
<th>Category</th>
<th>%</th>
<th>Response type</th>
<th>Example response (verbatim)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance/Effectiveness</td>
<td>11.4%</td>
<td>Contained vocabulary and phrasing specific to SLPA performance and/or effectiveness, such as quality of treatment, data collection, and/or ability to follow prescribed plans.</td>
<td>and knowledge in when, why, and how to challenge a student to develop higher skills • Often the SLPA is not properly certified or experienced and requires a great deal of training • Poor training • Cannot often rely on data • Less quality of treatment sessions • The SLPA is not able to make decisions regarding movement to the next level effectively • Having a SLPA who is not able to maintain prescribed therapy plans • SLPA is not able to draw upon years of education and experience to troubleshoot issues during therapy sessions in order to fine tune an approach.</td>
</tr>
<tr>
<td>Supervision concerns</td>
<td>10.1%</td>
<td>Contained vocabulary and phrasing specific to SLPA supervision.</td>
<td>Not able to properly supervise the assistant • Inadequate time is given for supervision responsibilities • The need for 100% on-site supervision in our state makes it difficult to assure consistency of service (i.e., If SLP is out sick, SLPA cannot see clients) • Many existing SLPs who do not have supervisory training and employers not being able to support cost of that training</td>
</tr>
<tr>
<td>Decreasing contact with SLP</td>
<td>7.6%</td>
<td>Contained vocabulary and phrasing specific to client issues such as client relationships and client progress.</td>
<td>Difficulty with establishing an effective client–clinician relationship (by inserting a 3rd party) • Loss of direct contact with students • Seeing the daily growth of each student in therapy • It can be hard to know the cause when clients aren’t progressing; I can feel “out of touch” with clients’ needs and progress</td>
</tr>
<tr>
<td>Changes in caseload</td>
<td>7.6%</td>
<td>Contained vocabulary and phrasing specific to increases in caseload.</td>
<td>The SLPs are given a double caseload to manage • Caseloads get too big without contract language • A disadvantage is that the SLP is then assigned greater numbers of students (more administrative paperwork, less contact time) • High caseloads</td>
</tr>
<tr>
<td>Lack of/Variability in regulation</td>
<td>5.1%</td>
<td>Contained vocabulary and phrasing specific to variability in the regulation of SLPA use.</td>
<td>Each state seems to have different laws concerning SLPA duties and supervision • Many states have no requirements for certification • Lack of licensing</td>
</tr>
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</table>

recommended in the initial periods of training, but may be a factor to consider even after initial training, in order for a supervisor to increase his or her direct contact with clients. The current study did not ask participants how many hours of contact they had with clients while using an SLPA or the minimum levels they felt were needed to counter this disadvantage. Both of these factors warrant further analysis and research.

Last, a small number of participants reported increased caseload size as a disadvantage in the use of SLPAs. ASHA’s Scope of Practice document for SLPAs states that “the purpose of the assistant level position is not to significantly increase the caseload size for SLPs. Assistants should be used to deliver services to individuals on the SLP’s caseload” (ASHA, 2013c, Guideline for SLP Supervision of SLPAs, para. 2). This study did not measure the actual caseload size of the participants while supervising an SLPA. Additional studies comparing the caseload sizes of SLPs with and without SLPAs would be of value in this respect.
Most participants in the current study indicated that they had not heard about ASHA’s new associates program. Of note, participants indicated a need for ASHA resources directed at SLPAs themselves. SLPAs who are ASHA associates can access some of the resources mentioned by participants for SLPAs, such as discussion groups and ASHA Leader articles on SLPAs.

Participants also recommended that ASHA involvement should include advocacy, regulations, and policy development pertaining to SLPAs. The importance of regulations and guidelines in the use of SLPAs was emphasized, with suggestions for clearer delineation of roles between SLPs and SLPAs, and for lobbying for state regulations to ensure proper certification and supervision. Participants also recommended more standards and guidelines to prevent overuse of SLPAs and to ensure that the SLPs have the proper amount of time to supervise assistants.

Table 9. Recommended ASHA resources: Primary categories and sample responses (Q23).

<table>
<thead>
<tr>
<th>Category</th>
<th>Response type</th>
<th>Example response (verbatim)</th>
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</thead>
<tbody>
<tr>
<td>Resources for SLPAs 18%</td>
<td>Request for materials, resources, and training specifically for SLPAs.</td>
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<tr>
<td></td>
<td></td>
<td>Specific CEU courses for SLPAs</td>
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<td></td>
<td></td>
<td>Coursework an SLPA could do on their own</td>
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<td></td>
<td>Articles in the ASHA Leader written for the SLPA - informative content on all topics in communication disorders so they can be more “educated” on what to be analyzing, thinking about, and looking for during a treatment session</td>
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<td>Developmental charts, videos showing therapy approaches, more simplified handouts for the SLP to support therapy process</td>
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<td></td>
<td>Maybe a discussion group especially for SLPAs</td>
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<td></td>
<td>Better training programs for SLPAs</td>
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<tr>
<td>Advocacy/Regulation/Policy development 18%</td>
<td>Request for advocacy, regulation and/or policy development surrounding SLPAs.</td>
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<td></td>
<td>Help legislature obtain funding with third-party payers for their services</td>
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<td></td>
<td></td>
<td>Advocate to education, medical and payor [sic] groups for delineation of roles of SLP and SLP</td>
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<td></td>
<td></td>
<td>I would like to see lobbying for state regulations for certification</td>
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<td></td>
<td></td>
<td>Not allow SLP assistants to work anywhere without licensed SLP on site!</td>
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<td></td>
<td></td>
<td>Position statements</td>
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<td></td>
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<td>Documentation to distinguish the difference between an instructional assistant assigned as a communication assistant and an SLP</td>
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<tr>
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<td>I would like to see stricter guidelines or maybe regulation of what an SLP can and cannot do so that they are not taken advantage of and neither is the client</td>
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<tr>
<td>Format and frequency 16%</td>
<td>Request for more courses and more online resources/courses.</td>
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<td>Continue to offer a variety of continuing education to maintain licensure</td>
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<td>Post information online for SLPs to read at any time</td>
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<td>More supervision courses available; I have been to the same two classes twice each</td>
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<td>Webinars; online resources/packets</td>
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<td></td>
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<td>Training modules</td>
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<tr>
<td>Supervision and clinical tools 10%</td>
<td>Request for tools to be used clinically or during supervision of SLPAs.</td>
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<td>Templates for documentation of SLPs</td>
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<td>Checklist for briefing new SLPAs</td>
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<td>Tools for supervision</td>
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<td></td>
<td>Support materials for clinical documentation of supervision</td>
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<td></td>
<td></td>
<td>Technology that could help with data collection and scheduling</td>
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<td></td>
<td>Information to use for administrators and parents</td>
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<tr>
<td></td>
<td></td>
<td>Information for school district administration regarding the appropriate use of SLPAs - advantages to hiring a SLP</td>
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<tr>
<td></td>
<td></td>
<td>Handouts to share with admin on role of SLPAs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Create resources for administrators that clearly outline the implications in expecting the SLPs to be able to spend the proper amount of time supervising if they continue to add increased students to be managed by the SLP. Supervision is not merely providing the minimum amount of time required to observe the assistant, it is also the liability of knowing what that assistant is doing and saying when the SLP is not present</td>
</tr>
<tr>
<td>Resources for administrator and non-SLPs 8%</td>
<td>Request for information to give to consumers and other professionals (e.g., administrators).</td>
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<tr>
<td></td>
<td></td>
<td>Information for school district administration regarding the appropriate use of SLPAs - advantages to hiring a SLP</td>
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<tr>
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<td>Handouts to share with admin on role of SLPAs</td>
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<tr>
<td></td>
<td></td>
<td>Create resources for administrators that clearly outline the implications in expecting the SLPs to be able to spend the proper amount of time supervising if they continue to add increased students to be managed by the SLP. Supervision is not merely providing the minimum amount of time required to observe the assistant, it is also the liability of knowing what that assistant is doing and saying when the SLP is not present</td>
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</table>
of assistants was a consistent theme in international studies on the topic as well (Lizarondo et al., 2010; McCartney et al., 2005; O’Brien et al., 2013). Participants in the current study also indicated that more resources and more online resources were needed. Other suggestions included tools to aid in the clinical supervision process and resources for consumers and other professionals on the topic of SLPAs.

Limitations

There are several limitations to the current study. The results of this study are specific to only a small sample of SLPA supervisors. The selection methods were not randomly pooled from all individuals who supervise SLPAs. As such, these results cannot be generalized to all SLPA supervisors. Future research should be conducted on a larger scale using random selection methods so that true national trends may emerge. As was mentioned, sampling was further compounded by differences in interpretation of the term “support personnel,” which led to ASHA databases that yielded a variety of supervisor types. The study questionnaire, although based on ASHA scope of practice documents (2013c), was not piloted with SLPA supervisors before implementation. As such, question wording or misinterpretation may confound study results. Additionally, the results analyzed in this study were collected via self-report and thus may not accurately reflect objective facts. Further, this study did not collect specific information pertaining to the level of training of SLPAs supervised by participants. Given national variability in SLPA training, it is not possible to generalize the comments about SLPA performance or training to specific programs or training models. Despite these limitations, the findings of this study serve as an important pilot in uncovering areas of future investigation.

Conclusion

We identified several important themes in this study, including an overall positive perception regarding the impact of SLPAs on the field of speech-language pathology, with the greatest perceived advantage being that of assistance with caseload-related tasks, but the greatest perceived disadvantage being that of potential misuse of SLPAs. This research also identified several suggested areas of educational needs and training for both SLPAs and their supervisors. This is information that educators as well as state and national governing bodies may find of value in shaping future policies in this area. More research is needed across a wide variety of topics in this area.

SLPAs, their supervisors, SLPA training programs, and governing agencies all stand to benefit from research targeting support personnel in the field of speech-language pathology. Studies that go beyond survey methodology to data collection on actual service provision with use of SLPAs are critical. This is a topic that is also being debated on an international level. As such, reflection outward to successful international models may be an additional area of exploration.

REFERENCES


Ostergren & Aguilar: SLPA Supervisor Survey 241


Contact author: Jennifer Ostergren, CSULB, 1250 Bellflower Boulevard, Long Beach, CA 90807. E-mail: oster gren@msn.com
APPENDIX. SURVEY QUESTIONS

1. How many SLPA(s) in total have you supervised over your career as an SLP? ____

2. Are you currently supervising an SLPA(s)?
   Yes   No

3. If you answered NO (above), skip to #7. If YES (above), please answer the following:

4. In what settings are you currently supervising an SLPA?
   a. Medical Setting
   b. School Setting
   c. Private Practice
   d. Other (please describe) _____________________

5. How many SLPA(s) are you currently supervising? ______

6. Are you also currently supervising other support personnel (e.g., aides)?
   Yes   No   How many ______

SLPA Supervision

7. On average, following initial orientation/training, how much supervision per week would you say is typically required to supervise an SLPA? (For a 40-hour work week)
   a. Less than 2 hours per week
   b. Between 3–5 hours per week
   c. Between 6–10 hours per week
   d. Between 11–20 hours per week
   e. Greater than 20 hours per week

8. How do you typically determine the level of supervision needed? Please describe.

9. How do you document the supervision you provide? Please describe.

10. How did you learn about supervising SLPA(s)? (Circle all that apply)
    a. Continuing education units (CEUs)
    b. Workshops through my employer
    c. During my formal training as an SLP
    d. Self-study
    c. Other__________________________

11. In the area of continuing education units (CEUs), what content knowledge and/or resources do you feel are needed to effectively supervise SLPA(s)?

SLPA Duties

12. On average, when supervising an SLPA(s), how frequently do/did you utilize her/him/them to:
    (Place a checkmark as applicable)

   Never Rarely Occasionally Frequently Always

   Service Delivery
   Assist with screenings without interpretation
   Assist during assessment of students, patients, and clients
   Assist with bilingual translation
   Follow documented treatment plans or protocols
   Provide guidance and treatment via telepractice

continued on next page
Document student, patient, and client performance (e.g., tallying data for the SLP to use; preparing charts, records, and graphs)
Program and provide instruction in the use of augmentative and alternative communication (AAC) devices
Demonstrate or share information with patients, families, and staff regarding feeding strategies developed and directed by the SLP
Serve as interpreter for patients/clients/students and families who do not speak English
Provide services in another language for individuals who do not speak English and English-language learners

13. On average, when supervising an SLPA(s), how frequently do/did you utilize her/him/them to: (Place a checkmark as applicable)

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

14. On average, when supervising an SLPA(s), how frequently do/did you utilize her/him/them to: (Place a checkmark as applicable)

Prevention and Advocacy
Present primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups; promote early identification and early intervention activities
Promote early identification and early intervention activities
Assist with advocacy for individuals and families through community awareness, health literacy, education, and training programs
Provide information to emergency response agencies for individuals who have communication and/or swallowing disorders
Assist in advocacy at the local, state, and national levels for improved public policies affecting access to services and research funding
Assist in research projects, in-service training, public relations programs, and marketing programs
15. Have you used an SLPA as an interpreter?
   Yes  No

16. If NO (above), skip to question #17. If YES (above), please answer the following:
   a. Do you find additional training is required for an SLPA to work as an interpreter?
      Yes  No
   b. If YES, what type of additional training is helpful for an SLPA to serve as an
      interpreter? (Please describe).

---

SLPA Training

17. Have you supervised a “new” SLPA (someone who was in his/her first employed position as
   an SLPA)?  Yes  No

18. If NO (above), skip to #19. If YES (above), on average for the “new” SLPA(s) you have
   supervised, how would you rate his/her/their:
   Poor  Fair  Good  Very  Good  Excellent
   a. Overall preparation for work as an SLPA
   b. Training in the area of service delivery
   c. Training in the area of administrative support
   d. Training in the area of prevention and advocacy

19. What, in your opinion, are the most critical element(s) to include in training programs/courses
   for individuals who want to become an SLPA? Please describe.

20. In terms of overall impact on the field of speech-language pathology, how would you rate the
    role of an SLPA?

<table>
<thead>
<tr>
<th></th>
<th>Strongly positive</th>
<th>Neither impact nor positive</th>
<th>Strongly positive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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21. What do you see as the greatest advantage of utilizing an SLPA? Please describe.

22. What do you see as the greatest disadvantage of utilizing an SLPA? Please describe.

23. Have you heard about ASHA’s new affiliation program for SLPAs?  Yes  No

24. What additional resources would you like to see ASHA develop to assist you in your role as
    an SLPA supervisor?

25. What is your age? _______

26. What is your gender? (Circle one)  Male  Female

27. What is your highest level of education?
   (Circle one)  Master’s level  Doctorate level

28. Years of experience as an SLP: _______

29. In what settings have you worked? (Circle all that apply)
   a. Medical Setting
   b. School Setting
   c. Private Practice
   d. Other (please describe) _____________________

30. Are you bilingual? Yes  No