

ASHA Certification

Where we've been

SLP Education Summit
*The Subject is Change:
Creating a Vision for the Future Education of
Speech-Language Pathologists*

*February 1 – 4, 2007
New Orleans, LA*

*John Bernthal
University of Nebraska-Lincoln*

“No one can walk
backwards into the
future.”



- **640,000,000** results for **Licensure/License**
- **30,800,000** results for **Accreditation**
- **142,000,000** results for **Certification**

Purpose of self- Certification

- Match Knowledge, Skills, Attributes (KSAs) to job requirements
- Validation that a person has the KSAs to do the job
- Permit entry for qualified workers
- Protection against unqualified workers

Outcomes of Certification Systems

- Help in securing and retaining jobs
 - Worker mobility/portability
 - Increased worker self-esteem
 - Matching personnel to employer needs
- Streamline education/job prep systems
- Help employer decision making
- Consumer protection
- Improve credibility of occupation
- Provides a fair and transparent way to determine who is qualified to perform a job

Forces Influencing Certification

- Education: new worker knowledge and skills
- Employment
- Economics: job specialization
- Security
- Liability
- Legislative and legal requirements
 - Consistent with legislative requirements
 - Visibility and respect from government agencies

Self - Certification Must Promote:

- Competency
- Accountability
- Mobility
- Public safety and public confidence
- Better regulated industries
- Efficiency and cost effectiveness
- Ethics

The Benefits to Consumers

- ensures a basic level of competency among certified individuals;
- serves as a mechanism to help consumer distinguish between qualified and unqualified individuals;
- provides a mechanism to address consumer complaints

Challenges

- Develop quality systems that balance the needs of BOTH industry and individuals
- Match evolving business needs with competencies demonstrated by credentials
- Promote legal compliance
- Promote, Do Not impede access to jobs
- Provide controls against improper use, fraud and corruption

Responsibility towards Seekers and Holders of Self-Certifications

- Access to employment and training opportunities can be positively or negatively affected by the use of certifications
- Therefore ...
- Certification systems **MUST** reflect the knowledge, skills and abilities relevant in today's economy

Responsibility to Business and Industry

- The value of a self-certification system is directly correlated with its utility to public and private sector employers

Therefore...

- Business and industry must be active partners in the development and implementation of the system and related certifications

Components of Certification Programs

- Defining the occupation
- Defining the knowledge, skills and attributes necessary to do the occupation
- Defining how people will demonstrate that they have the knowledge, skills and attributes (competencies)
- Ensuring that there is a transparent, fair process to make decisions about individual candidates
- Surveillance of candidates: ethics code and conformance to a code

ASHA Membership/ Certification:

A Historical Perspective

Membership Requirements (1926)

- Clinical work in speech correction OR administrative duties associated with supervision
- MD, Ph.D., D.D.S, or a Master's degree with work in speech correction or some closely allied field
- Publication of original research
- Professional reputation; no blatant commercialization or guaranteeing “cures”
- Member of National Association of Teachers of Speech; requirement deleted in 1935

Membership Requirements (1930)

Two Classes of Members

1. Fellows- same as original membership requirements without mandatory publication requirement; but another outstanding achievement
2. Associates- Bachelor's degree with "high grade, independent, practical experience in an accredited working situation"

Membership Requirements (1935)

- Education in physiology of speech and its disorders
- Review and approval of each associate applicant by 10 fellows
- Review reduced to two fellows in 1936 (53 new individuals approved)

Membership Requirements (1938)

- Period of employment reduced from three years to one year
- BA in speech correction with clinical practice required

Major Study of Membership Requirements (1938)

- Steer and Palmer were appointed to a Committee on Education (and membership).
- The committee worked long and hard over a period of years.
- The committee reviewed educational requirements at 1450 institutions.

Side Light

In 1939 at the business meeting, although associates were reviewed for Fellow Status, none were elected. Two candidates were “delayed until they complete and publish outstanding research.” These two candidates, who were elected, the next year were Margaret E. Hall and Raymond Carhart, both future presidents of ASHA.

Membership Requirements (1942)

- ❑ Associate Members
 - ❑ BA with 18 semester hours in speech correction;
 - ❑ 12 hours in allied fields;
 - ❑ 200 clock hours of supervised clinical training;
 - ❑ one year clinical employment
- ❑ A few years later Associate Members were renamed Clinical Members

Membership Requirements (1942)

- Professional Members
 - All requirements for Associates;
 - Master's degree;
 - 24 semester hours in speech correction;
 - additional three years of clinical employment

Membership Requirements (1942)

- Fellows

- All requirements for Professional Members;
- “significant and worthy contributions in the field” as demonstrated by publications

Membership Requirements (1942)

- Approval by two Fellows for Professional and Fellow status and by one Fellow for Associate/Clinical status

Membership Requirements (1942)

- Associate/Clinical membership status was intended as an interim stop for those preparing for professional status.
- Associate/Clinical Members could be speech correctionists with supervision (apprentices)
- Fellows and Professional Members were considered to be professionally competent.
- Fellow status did not indicate more education, rather professional distinction.
- These membership categories were not revised in a major way for a decade.

Governance Structure (1948)

Governance Tasks for the Association were separated into four new Committees

- 1. Committee on Academic and Professional Preparation**
- 2. Committee on Credentials**
- 3. Committee on Ethical Practice**
- 4. Committee on Liaison**

Membership Requirements (Late 1940s)

- It was clear to the Executive Council that specialization in speech versus hearing disorders had to be recognized by the Association.
- They also recognized that there were research scientists in speech or hearing that needed to be in the association but could not meet correct membership qualifications.

Membership/Certification Requirements (1952)

- Appointment in 1950 of a Committee on Reorganization: Fairbanks, Carhart, Silverman, Johnson
 - Membership was separated from certification of clinical competence.
 - Any person with a Bachelor's degree could be a member.
 - Associate members were continued with no voting rights (mainly subscribers to Association Publications).
 - This was the beginning of the certification program (CCC) as we know it.
 - Clinical certification became a credential for members rather than a membership requirement.

Membership/Certification Requirements (1952)

Two levels of certification for speech and for hearing:

- Basic Speech or Basic Hearing
 - 30 semester hours;
 - 275 hours of clinical practicum;
 - one year of “sponsored professional experience”
- Advanced Speech or Advanced Hearing
 - 60 semester hours;
 - 400 hours of clinical practicum;
 - 4 years of sponsored professional experience
 - Written and oral exam for Advanced Hearing

Side Light

- The Committee on Credentials withheld approval of new certification applications until the educational requirements for the 4 types of certification could be worked out.
- The result was a backlog of several hundred applications which took three years to process.
- 15 months after the plan was instituted, 600 new applications were filed.
- When reorganization had begun, the entire membership was 787; now it was over 1300.

Quote from Gene McDonald, Chair of First Clinical Certification Committee

Working from his office at Penn State, he read letters from irate applicants:

“You’re a communist. Do you know we’re at war with people like you?”

Some people thought “Gene” was a woman. One, intending to write *“Dear Madam”*, and may (or may not) have gotten confused and wrote *“Dear Madman”*.

Summary of first 25 years

- By the end of the first 25 years, there was recognition by the association that certification was an important requirement for employment.
- At this time there was a major controversy regarding separating the requirements for SLP and AUD certification (resolved in 1954)

Jack Matthews President, 1963

“I dragged my feet on the idea of completely separate certification for audiology and speech pathology ...I had to give in finally. I felt that, once again, if this was going to be a profession, it should be a single profession.”

Summary of First 25 Years

- In 1952, twice as many applications as in the entire first 10 years of the Association were received.
- Resolving issues of two professions, together with those of certification and membership, removed a bottleneck in the Association's progress

Membership/Certification Requirements (1952-1965)

- Basic and Advanced levels of certification for SLP and AUD remained until 1965.
- In 1965, a single level of certification for Hearing and for Speech (Certification of Clinical Competence) was established.
- Members with Advanced Certification were granted CCC in either Speech or Hearing.
- New applicants for CCC required Master's degree.

How were the 1952
certification standards
established?

Duane Spriestersbach

President, 1965

on moving to the master's degree

“I don't know whether you could do something that dramatic now...The field was smaller. There were some very strong leaders who tended to have more of an oracle impact than I think they would today ...”

“A lot of training programs were threatened and were not all that convinced that this was necessary or appropriate”

“...if we had had a real democratic vote, I doubt it would have passed, but we did it anyway.”

“Does history record any case in
which the majority was right?”

-Robert A. Heinlein

Charles Van Riper
Letter to the Editor, *Asha*, 1961
on moving to the masters degree

“This is not the time for such action...Such a policy will wreck our profession if implemented now...It is not only ill-considered, but very dangerous. I urge with real sense of desperation that you scrutinize this hasty step with the greatest of care. Now is not the time for such a dangerous change.”

Bryng Bryngelson
President, 1943-44
on moving to the master's degree

“...I wish to utter a word of protest. Work toward the end of having all currently practicing speech clinicians meet our present requirements for membership. By approving the proposed changes, we are literally thumbing our nose at them and saying, ‘You are no good, and you will never make it’. Shame on us.”

Single Level Certification Grandperson Period (1965-1970)

- Option for non-certified pre-1965 members and holders of Basic Certification in speech or hearing:
 - 4 years of acceptable Sponsored Professional Experience prior to 1/1/70or
 - passing score on the 1969 special exam

Certification Standards (1965-1973)

- 60 semester hours
- 275 hours of clinical practicum
- supervised clinical fellowship
 - 6/30/1970 CFY supervisors were required to be certified
 - passing score on National Examination in Speech Pathology and/or Audiology (NESPA)

1965 Coursework

- 60 semester hours
 - 18 semester hours in Foundation areas
 - 24 semester hours in major area; no specific language or aural rehabilitation course required;
 - 6 semester hours in minor area,
 - maximum of 6 semester hours of practicum

1965 Practicum

- 275 hours of practicum
 - 200 in major area
 - 25 in minor area
 - 30 hours in assessment
 - 25 hours in articulation, voice, language, fluency
 - “significant amount in audiological evaluation and rehabilitation”
 - 1/1/1970 all supervisors had to hold the CCC

1973 Changes

- 30 hours at graduate level
- More specific requirements
- Recognized linguistic and psycholinguistic content
- 300 clinical practicum hours

1993 Standards and Structure (Required until 2005)

- Graduate degree required
- 75 semester hours
- 375 clinical practicum hours; 250 at graduate level in major area
- CF 36 weeks full-time or part-time equivalent
 - to include periodic formal evaluation from supervisor

1993 SLP Coursework

- 75 semester hours
 - 27 hours in basic science
 - 6 in biological or physical science and math,
 - 6 in behavioral/social science,
 - courses in basic human communication
 - 36 hours professional course work
 - 30 at graduate level
 - 21 in major professional area
 - Speech/Language: 6 hours in speech, 6 hours in language,
 - Audiology: 3 hours assessment, 3 hours auditory rehabilitation

1993 SLP Practicum

- 375 clock hours of clinical practice
 - 250 at graduate level in major area
 - 20 hours each
 - Evaluation of speech disorders with children; language disorders with children, speech disorders with adults, language disorders with adults
 - Treatment with all of the above groups
 - 35 hours in audiology: 15 assessment, 15 rehabilitation (reduced to 20 in 1998)
 - 25 hours of observation prior to initiation of practicum
 - 50 hours in 3 different clinical settings
 - Supervision at 50% for evaluation, 25% for treatment

2005 SLP Standards

- Graduate degree required
- 75 semester hours, 36 at post baccalaureate level
 - No specific course requirements
- 400 clinical practicum hours; 325 at graduate level, 375 direct clinical contact hours
 - Minimum 25% supervision
- Clinical Fellowship: 36 weeks full-time or part-time equivalent
- Pass PRAXIS Exam

2005 SLP Standards

- Assessment of knowledge and skills for 9 disorder areas (KASA)
- Continued professional development

HISTORY OF SLP CERTIFICATION BY ASHA

	1925 to 1952	1952	Grandfathering Period (1965 to 1970)	1965	1973	1993	2005
Degree	No certification program. Three levels of membership: Associate = students Clinical = BA degree Professional = graduate degree	Certification program started; two levels: Basic = 30 sh; 275 clock hours; 1 yr sponsored professional experience. Advanced = 60 sh; 400 clock hours; 4 yrs sponsored professional experience. Clinical mbrs received basic certification; professional mbrs received advanced certification	Option for non-certified individuals who had been members since 1965 and those holders of basic certification to achieve the new single level certification. Required reporting of 4 years of sponsored professional experience prior to 1/1/70 or achievement of a passing score on the Special 1969 Exam (non-certified mbrs had to report 1 year of sponsored professional experience to become eligible for the Special Exam)	Single level certification began. Mbrs with Advanced certification were automatically granted this level of certification. Master's degree or equivalent	Master's degree or equivalent	Graduate degree	Graduate degree
Semester hours (sh)		Basic: 30 sh total, with 6 sh in the basic areas, 12 sh in the major area, 6 sh in the minor area, 9 sh in "related" area. Advanced: 60 sh total, with 9-12 sh in the basic areas, 21-24 sh in the major area; 6-9 sh in the minor area; 15-18 sh in "related" area.	No additional specification for course work beyond that identified previously.	60 Total: 18 sh in "fundamental" area; 24 sh in major area; 6 sh in minor area. No requirement for language course work; only 6 sh credit allowed for practicum	60 Total: 12 sh in normal development (anatomic and physiologic bases; physical bases; and, linguistic and psycholinguistic variables); 30 sh in professional area courses, including 24 sh in major area and 6 sh in minor area. 30 sh at graduate level with 21 sh within the 24 in the major area. A category for "related" courses that could be counted toward the 60 total.	75 Total: 27 sh in Basic Sciences (6 sh biological/physical sciences and math and 6 sh in behavioral/social sciences) including 15 sh in basic human communication (anatomic/physiologic bases; physical & psychophysical bases; linguistic and psycholinguistic aspects. 36 sh in professional area courses, including 30 in the major area (6 sh in speech disorders & 6 sh in language disorders) and 6 in the minor area (3 in hearing disorders/evaluation and 3 in habilitative/rehabilitative procedures). 30 sh at the graduate level including 21 in the major area.	75 Total: No specific sh breakdown but must include a course in biological sciences, a course in physical sciences, a course in mathematics, and a course in social/behavioral sciences. 36 sh must be at the graduate level. Knowledge and skills assessed by the graduate program.

Practicum		Basic: 200 clock hours Advanced: 400 clock hours (200 plus the additional equivalent of 3 sh. in advanced practicum)	No additional requirement.	275 clock hours of supervised, direct clinical experience	300 clock hours supervised experience	375 clock hours, including 25 hours of clinical observation, supervised by individuals holding ASHA certification. Supervision level at 25% of treatment and 50% of diagnosis required. Breakdown of hours by age group, speech vs language and treatment vs evaluation specified. 250 clock hours required at the graduate level in the major area. A minimum of 20 hours in the minor area.	400 clock hours supervised by individuals holding ASHA certification. Supervision level at 25% minimum for all services. No breakdown by age, disorder, or type of service. 25 clock hours of clinical observation required but no specification when these must occur. 325 clock hours must be at graduate level.
Clinical Fellowship		Sponsored Professional Experience	4 years of Sponsored Professional Experience	9 months of full-time professional employment	Equivalent of 9 months full-time experience supervised by individual holding ASHA CCC	36 weeks of full-time, or the equivalent part-time, experience under the supervision of individual holding ASHA CCC	36 weeks of full-time, or equivalent part-time, experience under supervision of individual holding ASHA CCC
Exam		None required for speech	Option of taking Special 1969 Examination	NESPA	NESPA	NESPA/PRAXIS	PRAXIS

History may be divided into three movements:

- What moves rapidly
- What moves slowly
- What appears not to move at all

Fernand Brand (1902-1985)

Separation of Membership and Certification

- ASHA Membership and certification separated
 - “Bogus” Decision
 - Dale S. (Bogus) Lieberman sued the association with her then attorney husband to be able to be certified without membership in ASHA.
 - There were 3 myths regarding this event.....

(Russ Malone)

Myth 1:

This suit cause the separation of certification from membership.

Fact:

This suit pushed this notion along, although it had been in discussion for some time.

Quote from Daniel Boone, president, 1976

“We implemented policies which we had had in the wings to do for three years.”

Myth 2:

She won.

Fact:

There was an out-of-court settlement after she lost in district and circuit appeals courts.

Myth 3:

She received somewhere between \$100,000 and \$1,000,000 in settlement.

Fact:

Quote from a 1999 interview with Ms. (Bogus) Lieberman

(Gales of laughter) "I wish!" It was miniscule... If it wasn't, I'll find my former husband and strangle him."

State Licensure

Quote from Ken Johnson, ASHA Executive Director:

“If you set up state licensure, you end up by having 50 different sets of standards. That would make it more difficult to change the standards.”

State Licensure FLASHA, 1965

Three incidents in Florida precipitated the decision to initiate the first state licensure.

1. Junior JCs adopted as their state service project a correspondence course which allegedly cured individuals who stuttered.
2. A hearing aid salesman advertised speech therapy to customers who would buy hearing aids.
3. An SLP in central Florida, in a newspaper article, conveyed the impression that medical practitioners were offering speech services when that was not the case. A physician said, "...These people are practicing medicine and they are not even licensed, and we think we ought to license them."

Academic Accreditation

- In 1965 there were 4 ASHA accredited programs; in 2007 there are 249
- In 1984, our academic accreditation was first recognition by Council for Higher Education Accreditation and in 1987 by U.S. Dept. of Education

Observations

- Certification, not Academic Accreditation, has driven the standards program in SLP.
- ASHA's voluntary certification program has established professional standards and been a model for state licensure.
- Many allied health professions have moved to the doctoral level: Audiology, Physical Therapy, Occupational Therapy, Pharmacy, Optometry, Psychology.

Observations

- After ASHA's move to the master's degree for the CCC, it was two decades before this requirement was nearly universal.
- The Doctor of Audiology has achieved state licensure acceptance within a decade.
- Proposals for doctoral level entry in SLP have been made for at least two decades; a few such professional doctoral programs in SLP are available.

Observations

- Universal doctoral level entry for SLPs will require change in certification standards to the doctoral level for rapid acceptance.
- A risky solution would be to have two levels of certification again.
- An alternative would be an add-on or Board Certification.

Observation

- Because of our certification program, educational programs tend to be very similar and lack innovation.
- Our certification structure has not changed dramatically in 40 years.

Issues to Consider

- Membership in ASHA
- Government/States/Regulatory
- Globalization
- Technology/Distance Education
- Accountability to the public
- 3rd party payers
- Fads/competencies/outcomes

Material Taken From

- Malone, Russ. The First 75 Years American Speech-Language-Hearing Association An Oral History. 1999.
- Paden, Elaine P. The History of the American Speech and Hearing Association. 1925-1958.