A Model for Group Supervision in a Summer Intensive Phonology Program

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BACKGROUND

More attention has been given to increasing the effectiveness of supervision of students in Speech-Language Pathology and Audiology. Purdue University Speech Clinic developed an Intensive Summer Phonology Group Therapy program to serve the needs of the community and offer a unique experience to graduate students. In this six-week summer program, several groups of children with articulation or phonological disorders are seen for 90-minute therapy sessions 2 or 3 times per week. Several graduate students share this clinical experience, creating a unique opportunity to offer group supervision. Over the past 5 years, information has been gathered to continue improving this learning experience for graduate students.

SPECIFIC ASPECTS OF THE PROGRAM

• 10-12 children in 5 groups with articulation or phonological disorders (most recently)
  • Age range 4 to 10 years
  • Four-year-old children participated in two sessions per week; children five years and older attended sessions three times per week
  • Students were seen at Purdue University's M.D. Stee Speech, Language, and Hearing Clinic by their school speech and language pathologists or by their parents
  • Three Clinical Faculty members supervise five graduate student clinicians
  • Each supervisor was assigned to 1 or more students
  • Modified cycles approach was used, however, there were individual differences based on needs of clients

GROUP SUPERVISION MODEL

In developing the group supervision model, strong emphasis was placed on the dynamic process of exchanging information effectively between supervisor and supervisee. Anderson (1988) refers to the supervisory process in SLP and Audiology as a “continuum model” with more than one way to supervise and with several key strategies and styles that may be appropriate at different times and in different situations. Inherent is the idea that clinical educators need to strive to create an environment of openness and allow for free communication among students.

Configuration of Group Supervision Model

• 3-4 hour group training session one week prior to start of program
• One hour meeting between student and individual supervisor prior to the start of the program
• Weekly one hour group supervisory meetings
• Weekly 30-60 minute individual meetings
• Supervisory meetings shifted from more directive to reciprocal as the summer progressed
• Students prepare a question for group supervisory meetings
• Questions could be generic or specific to individual client
• Group discussion follows with input from student clinicians and supervisors
• Meetings end with each student discussing one aspect of therapy that was successful/effective
• Individual members focus on development of clinician’s therapeutic skills based on observations of strengths and areas to improve
• Specific lesson planning issues discussed at individual meetings

EVIDENCE-BASED PRACTICE

• Students are required to read an article related to their client (assessment, treatment, program, measurement)
• Students discuss the article (including strengths and limitations of the study as it relates to their client) in group supervision meeting with specific information regarding impact on their therapeutic decision-making
• More detailed instruction for the entire group with specific articles and measures

Benefits to Group Supervisory Time

• The obvious need to teach, evaluate and provide feedback on clinical skills related to phonology therapy, the goal of supervision was to allow students to share, collaborate, and engage in problem solving. Insights gained over the past 5 years of the summer intensive program have revealed many benefits to group supervisory meetings for graduate students.
  • Opportunity to share, collaborate, and problem solve with peers and supervisors
  • Exposure to information about different ages and types of speech sound disorders
  • Practice with oral reporting
  • Leadership opportunity for stronger students

Limitations to Group Supervisory Time

• Information discussed did not appear immediately relevant to all students
• Students tend to feel overwhelmed
• Some students need to have more individualized time with supervisor to plan sessions and discuss strategies
Based on this input, individual meetings were scheduled with one supervisor to increase opportunity for specific planning of sessions and working on strengths and challenges of individual clients.

Demographic Table

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Clients</th>
<th>Age Range</th>
<th>Number of Clients</th>
<th>Gradual / Client Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>12</td>
<td>4-9 years</td>
<td>12</td>
<td>0.25</td>
</tr>
<tr>
<td>2009</td>
<td>11</td>
<td>4-9 years</td>
<td>12</td>
<td>0.25</td>
</tr>
<tr>
<td>2010</td>
<td>11</td>
<td>4-9 years</td>
<td>11</td>
<td>0.25</td>
</tr>
</tbody>
</table>

Table 1: Demographic Table

Sample Paper Work – Planning Sheet: Staffing Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Target Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30-09:00</td>
<td>Supervisory Board Meeting</td>
</tr>
<tr>
<td>09:00-10:00</td>
<td>Group Discussion</td>
</tr>
<tr>
<td>10:00-11:00</td>
<td>Individual Meeting</td>
</tr>
</tbody>
</table>

Table 2: Sample Paper Work - Planning Sheet: Staffing Schedule

Feedback from Graduate Student Clinicians

Key Learning Experiences:

• Behavior Management/Teaching groups of kids
• Working on multiple goals (within and between clients)
• Learning strategies to target speech sounds in naturalistic contexts
• Therapy (including techniques, flexibility, creativity) addressing speech sound disorders
• Incorporating phonological awareness

Input About Group Meetings

• Variable responses – was effective for some students and others preferred individual supervision meetings
• Benefits listed included hearing the ideas of other clinicians and getting different views and opinions

Sample Response from Parents Included:

• Positive responses from parents included:
  • Small group size/child ratio
  • Amount of attention given to each child
  • Length of classes
  • Child able to be with other children who had the same problem
• Concerns expressed from parents included:
  • Package a problem
  • Sometimes child’s attention was reduced while waiting for her turn
  • Worked on sounds that were not a concern for my child

Input from KASA

The Knowledge and Skills Acquisition (KASA) form outlines the knowledge and skills student clinicians are expected to acquire in order to obtain the Certificate of Clinical Competence. The Intensive Summer Phonology Group Therapy program implemented at the Purdue University Speech Clinic allows student clinicians to acquire these elements in an efficient manner compared to the experience of individual sessions paired with individual supervision.

Through collaborative group supervision meetings, clinical supervisors are able to reinforce knowledge gained in academic courses and give the graduate clinicians the opportunity to discuss their understanding of the principles in the disorder areas of articulation and phonology.

The following is a list of the KASA areas specifically addressed using the model:

- Standard III-A: Demonstrates knowledge of the nature of speech, language, hearing and communication disorders...including their etiologies, characteristics, anatomical/physiological, acoustic, psychological, development, and linguistic and cultural correlates.
- Standard III-B: Possesses knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, development, and linguistic and cultural correlates.
- Standard IV-A: Supervised clinician experience sufficient in breadth and depth in (1) Evaluation, assessment and prevention, collecting/use of historical information and integrating information from various sources, selecting and administering appropriate evaluation procedures, adapting evaluation procedures, interpreting, integrating and synthesizing all information to make appropriate diagnosis, completing administrative functions, referring clients for appropriate services.

The goal is to develop appropriate intervention plans with measurable and achievable goals that meet clients’ needs, implementing plans, selecting and developing materials and instrumentation, measuring and evaluating progress, completing administrative reporting functions.

The value of collaborative work with peer clinicians under the guidance of a supervisor serves the purposes of facilitating the growth and development of graduate clinicians on their way to professional practice (Williams, 1995).