Specialty Recognition: Where Have We Been? Where Are We Going?

An Invited Seminar by Special Interest Group 12
Augmentative and Alternative Communication

American Speech-Language-Hearing Association
Annual Convention
San Diego, CA
November 18, 2011
8:00 – 10:00 a.m.
Panel Members

- Gail Van Tatenhove - Moderator and current member of SIG 12 Coordinating Committee
- Patrick Bartholomew - SIG 12 Member and the Chair of the Council of Clinical Recognition (CCSR)
- Ellen Kravitz – SIG Member and former member of SIG 12 Coordinating Committee
- Shelley Victor - Chair of SIG 11 (Administration and Supervision)
- Patricia Hargrove – Member of SIG 1 and holds Specialty Board Recognition in Child Language
- Carrie Kane – SIG 12 Member and on the Professional Standards Board of RESNA
Topics – Perspectives & Discussion

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the process of Specialty Recognition in ASHA?</td>
</tr>
<tr>
<td>What has SIG 12 done in the past in regards to Specialty Recognition?</td>
</tr>
<tr>
<td>What are the experiences of others in establishing Specialty Recognition?</td>
</tr>
<tr>
<td>How might SIG 12 and RESNA collaborate in regards to Specialty Recognition?</td>
</tr>
<tr>
<td>What do SIG 12 members think about Specialty Recognition in AAC?</td>
</tr>
<tr>
<td>What are the “Next Steps” for Specialty Recognition in AAC?</td>
</tr>
</tbody>
</table>
The Process of Specialty Recognition in ASHA

Patrick Bartholomew
What is Specialty Recognition?

- Specialty recognition is the means by which audiologists or speech-language pathologists with advanced knowledge, skills and experience beyond the Certificate of Clinical Competence (CCC-A or CCC-SLP) can be recognized by consumers, colleagues, referral and payer sources, and the general public (ASHA).
Who Operates the SR Program?

• ASHA's Council for Clinical Specialty Recognition (CCSR) reviews and votes on petitions to establish Specialty Boards in specific areas of clinical practice.

• Once approved, a Specialty Board is responsible for operating the specialty recognition program in that area, including review of individual applications and conferring of specialist status on qualified applicants.

• The CCSR monitors the Specialty Board's adherence to their approved program through ongoing communications and an annual report.
Key Components of an SR Program

• Completely voluntary—the program is predicated on the expectation that the majority of ASHA members will continue to practice as generalists.

• Non-exclusionary—holding specialty recognition in an area is not required in order to practice in that area.

• Member-driven—the establishment of Specialty Boards in areas of specialized clinical practice depends on the initiative of groups of ASHA members to submit petitions to the CCSR.

• A Specialty Board may, but also may not, parallel a specific SIG.
What Value Does SR Hold for Me?

- Personal satisfaction of being recognized for one's advanced knowledge, skills, and experience
- As a tool for marketing to potential patients/clients
- A mechanism for qualifying for career ladders that are intended to recognize advanced clinical skills
How does a SR Board become established?

• Establishing a Specialty Board is a two-stage process.
  – Stage I: a Petitioning Group ...
    • defines the proposed specialty area, including the consumer population
    • documents that the Petitioning Group is composed of practitioners who provide services in that area
  – Stage II: the Petitioning Group ...
    • details the plan by which they will verify that individuals meet the specified requirements for advanced knowledge, skills, and experience to be recognized as specialists in the specialty area
Public Comment

- Each Stage involves a period of public comment during the application process.
- This is announced in ASHA communication vehicles for the purpose of seeking input in support of or in opposition to the proposed specialty area/requirements.
- The CCSR may also seek additional input via independent verification.
What Does it Involve for a Member to Obtain and Maintain SR?

**OBTAI**N
- Process
- Costs
- Logistics

**MAINTAIN**
- Process
- Costs
- Logistics
What is the relationship between a SIG and a SR Board?

• Applying to establish an SR Board
• Board membership and monitoring of members
• Communication with ASHA and SIG members
What SR Programs/Boards are in place and operating as of 11/1/2011?

- Child Language
  - (http://www.childlanguagespecialist.org/index.html)

- Fluency Disorders
  - (http://www.stutteringspecialists.org/)

- Swallowing and Swallowing Disorders
  - (http://www.swallowingdisorders.org/)
What happened with other groups?

• Groups currently “in process”

• See Next Slide for Historical Timeline
  – http://www.asha.org/certification/specialty/timeline.htm
<table>
<thead>
<tr>
<th>Proposed Specialty Area</th>
<th>Petitioning Group</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditory-Verbal Communication</td>
<td>Certification Council of Auditory-Verbal International</td>
<td>Stage I Approved (5/97)</td>
</tr>
<tr>
<td>Child Language</td>
<td>Special Interest Division #1: Language Learning &amp; Education</td>
<td>Stage II Approved (10/99)</td>
</tr>
<tr>
<td>Fluency Disorders</td>
<td>Special Interest Division #4: Fluency &amp; Fluency Disorders</td>
<td>Stage II Approved (2/97)</td>
</tr>
<tr>
<td>Neurologic Communication Disorders</td>
<td>The Academy of Neurologic Communication Disorders &amp; Sciences</td>
<td>Stage I Approved (10/97)</td>
</tr>
<tr>
<td>Occupational Audiology</td>
<td>National Hearing Conservation Association; Special Interest Division #8: Hearing Conservation &amp; Occupational Audiology; Military Audiology Association; Air Force Audiology Association</td>
<td>Stage I Approved (10/96)</td>
</tr>
<tr>
<td>Swallowing &amp; Swallowing Disorders</td>
<td>Special Interest Division #13: Dysphagia</td>
<td>Stage II Approved (12/01)</td>
</tr>
<tr>
<td>Neurophysiological Intraoperative Monitoring</td>
<td>The Audiology Neuromonitoring Specialists</td>
<td>Stage II Approved (2/11)</td>
</tr>
</tbody>
</table>
The History of Specialty Recognition and SIG 12

Ellen Kravitz
History of Specialty Recognition and SIG12

• Between 1993 and 2001, 3 committees, with overlapping members, explored specialty recognition for AAC:

• Information gathered was disseminated in Division newsletters, ASHA Convention presentations, and the Division e-mail list. Affiliates provided input via surveys and requests for feedback.
Conclusions

• After reviewing all of the issues surrounding specialty recognition for AAC, each of the 3 committees as well as a majority of affiliates concluded that SIG 12 should first focus on improving AAC education and then, in the future, take another look at specialty recognition.
Why Did the Committees Wish to Focus on Education before Specialty Recognition?

1. The biggest problem for consumers was the severe shortage of SLPs able to provide AAC services.
   • Consumers were experiencing long waiting lists for assessments, as well as difficulties finding practitioners able to carry out recommendations made by specialists.
   • Specialty Recognition for experts was unlikely to solve this problem.
Why Did the Committees Wish to Focus on Education before Specialty Recognition?

2. ASHA offers specialty recognition, not specialty certification.

- Certification verifies the *minimum skills necessary to practice* in a given area (e.g., our CCC). The process of obtaining certification may offer entry into a field of study.

- Specialty recognition recognizes those who *already have expertise*. It may not offer entry into a field of study and does not automatically increase the numbers of clinicians with knowledge of that field.

- In addition, establishing specialty recognition and assessing expertise is time consuming and complex. Unlike SIGs with a long history of required coursework, SIG 12 volunteers would be pursuing specialty recognition while simultaneously attempting to improve AAC education.
Why Did the Committees Wish to Focus on Education before Specialty Recognition?

3. Ten years ago, identification of AAC specialists was not a pressing problem. Most consumers and family members found the small number of available AAC specialists via informal networks (i.e., “word of mouth”) within a few weeks.

- Specialty Recognition does not prohibit any SLPs from practicing AAC or calling themselves specialists. It also cannot be offered to prominent experts in our field who are not SLPs.

- ASHA’s *Code of Ethics* and *Augmentative and Alternative Communication: Knowledge and Skills for Service Delivery* could be utilized to insure that less knowledgeable clinicians had to receive outside consultation or assistance.

Have Things Changed in the Last Decade?

- My personal impression is that things have changed:
  - The updated “Scope of Practice in Speech-Language Pathology” makes AAC the responsibility of all SLPs. All recent graduates must have some exposure to AAC in their master’s program.
  - Dramatic technological change has made it easier for clinicians to access information from experts (via webcasts, online courses, blogs, etc.)
  - Anecdotally (judging from the SIG 12 e-mail list) it appears that significantly more clinicians are involved in AAC.
Experiences of Others

Shelly Victor – SIG 11 (Administration and Supervision)
Trish Hargrove – Child Language
Experiences of SIG 11

• Some members have indicated an interest
• Met with CCSR June 2011 at our steering committee meeting
• Concerns about start up costs and costs to members
• Concerns that a new board would need to be developed which was incorporated and financially independent
Benefits

• Recognition by peers that the member held an expertise in supervision
• Eventual recognition by employers and other professionals
Experiences

Trish - Child Language
Establishing a Board – Child Language

**Pros**
- Boards have considerable flexibility in awarding SR
- SR provides visibility for profession
- Consumers and those outside the profession can readily identify individuals with advanced knowledge/skills

**Cons**
- No investigations as to whether SR results in salary differential
- SR has a long, time consuming application process
- Child language is a broad content area; this made it difficult to devise a relevant application process
Maintaining a Board – Child Language

**Pros**
- Boards can modify application process and procedures
- Boards can arrange for CE opportunities at the advanced level
- Rewarding experience
- Meetings, CE opportunities provide chance to get to know other specialists

**Cons**
- Boards are self-supporting with some limits on fundraising activities
- Boards report to an external bod.
- Boards need to consider liability insurance
- Boards have had to institute an annual fee to meet expenses
Member Perspectives

• In the application process, one needs to focus on the outcome and not be distracted by the individual challenges.

• Working on the establishment of SR can be an extremely rewarding experience. It really does make a difference.
Hints

• Find a strong leader to spearhead the application process.
• Appoint a truly committed core group to guide you through the application process.
• The criteria for awarding SR should clearly reflect advanced skills and knowledge.
• Once you have a Board, try to find a Treasurer with strong financial skills.
SIG 12 and RESNA

Carrie Kane
The RESNA ATP Certification Program

- What is it?
- What is the value?
- How to become certified
- ATP current numbers
The RESNA ATP Certification Program

• Current status of the program
  – Professional Standards Board
  – SIG/PSG
    • Communication Technologies and Computer Access
    • SLPs/ Audiologists
  – Complaints review committee
  – Annual conference-Baltimore 2012
Specialty Recognition within RESNA

• What is RESNA doing and planning for the future?
  – SMS: First area of specialty recognition
  – AAC?

• How could RESNA collaborate with ASHA and SIG 12 members?
  – Identify RESNA stakeholders
Perspectives of SIG 12 Members

Gail Van Tatenhove
Survey

• Sent to SIG 12 members electronically via the SIG 12 Listserv
  – then via the new ASHA Community, which automatically subscribed all 2489 members of SIG 12
    • response rate jumped from 274 to 546 in 7 days

• Responses as of November 1, 2011
  – 513 SIG 12 members (21% of membership)
  – 33 non-SIG 12 members
Are you aware of any of the requirements for APPLYING for Specialty Recognition with one of the current three (3) Specialty Boards?
Are you aware of any of the requirements for MAINTAINING Specialty Recognition with one of the current three (3) Specialty Boards?

Yes

No
Have you applied for or do you hold Specialty Recognition with one or more of the current three (3) Specialty Boards? Check all that apply.

- Child Language
- Fluency Disorders
- Swallowing and Swallowing Disorders
- I have not applied for and do not hold Specialty Recognition
Are you certified as an Assistive Technology Professional (ATP) through the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)?

Yes

No

I used to be, but I let it lapse.
If there were Specialty Recognition in the area of AAC with ASHA, would you apply for such Specialty Recognition?

- Definitely would: (Bar chart showing the highest percentage)
- Possibly would
- Unsure
- Probably would not
- Definitely would not

The diagram shows the responses with the 'Definitely would' option having the highest percentage.
How important is it to you to have Specialty Recognition (through ASHA) in AAC?

- Very important: High importance
- Somewhat important: Extremely high importance
- Neutral: Moderate importance
- Somewhat unimportant: Low importance
- Not important at all: Very low importance
What would be the advantages of Specialty Recognition?

- Have my expertise recognized by my employer
- Be able to charge more
- Protects consumers from receiving AAC services from unqualified individuals

Have my expertise recognized by consumers: 350
Have my expertise recognized by my peers: 300
Other reasons: 250
Should SIG 12 develop a petitioning group to begin the process of establishing a Specialty Board within ASHA in the area of AAC?
Results: Comments

• 173 took the time to write comments

• PDF file of all comments available
Comment Themes

- SLPs need coursework in AAC at the pre-service level
  - SIG 12 should focus on pre-service training on AAC instead of SR
- My “CCC” is my qualification
- Focus on language, not technology
- Another “hoop” or expense
- Potential excuse for funding agencies to NOT fund AAC if a non-SR person did the evaluation
- Will exacerbate the “it’s not my job” attitude toward AAC

- Better than RESNA because it will focus on AAC, not broad field of AT
- Nice to be recognized for my expertise
- AAC is too complicated for “generalists” in the field
- Needed to prevent unqualified people from practicing
- A way to require people to stay current in the field
- Only if experienced people can be “grandfathered in”
Discussion:
Next Steps for SIG 12 regarding Specialty Recognition

All panel members and seminar attendees

Moderator = Gail Van Tatenhove
ISAAC 2012

15th Biennial Conference
International Society for Augmentative and Alternative Communication

Pittsburgh, July 28 to August 4, 2012

For more information, go to - http://www.isaac2012.org/
Thank You

The SIG 12 Coordinating Committee