

**Report of the SLPA Task Force  
of the  
Vermont Speech-Language Hearing Association (VSHA)  
October, 2008**

**Introduction**

In the 2006 Strategic Plan of the Vermont Speech-Language Hearing Association (VSHA) two significant personnel issues were recognized: the shortage of Speech-Language Pathologists and the heavy reliance on aides, assistants, and paraeducators to provide speech and language services in Vermont public schools. Two work groups were formed to explore these issues.

The first group was The Vermont Coalition to Address Personnel Shortages in Speech-Language Pathology. In June 2008 the final report of this committee was released. This coalition was successful in beginning a state-wide discussion on the issues related to SLP shortages in VT educational settings and initiating efforts to reduce this shortage. Additional work will need to be completed to fully implement the coalition's prioritized strategies for solving the shortage. Recommendations were issued that addressed three areas: Training programs, Workload, and Recruitment and Retention. See the Appendix for a summary of the recommendations and see [www.vsha.us](http://www.vsha.us) for the full report.

The second group was The SLPA (speech-language pathologist assistant) Task Force. This group was formed to explore the use and supervision of SLPAs in Vermont. This was undertaken as the focus area of advocacy for the profession and addressed the following issue:

An organized concerted effort by the Association to advocate for the professions and for the individuals they serve will result in policies and procedures that improve access to and funding/reimbursement for quality programs and services in speech-language pathology and audiology.

The specific charge of this committee was to discuss issues related to the use, scope of work, and supervision of speech-language pathology assistants (SLPA) in Vermont schools and the need for VSHA to develop a policy statement regarding use re SLPAs.

The specific tasks assigned to the task force were to:

1. Review the American Speech-Language hearing Association's (ASHA) policies, guidelines, and positions about SLPAs, including current standards and practices nationwide about SLPAs
2. Review the use and regulation of assistants in other related professional areas
3. Summarize current practice in Vermont regarding the use and supervision of SLP Assistants
4. Evaluate the effectiveness and appropriateness of current practice
5. Make recommendations about the possible need for policy guiding the use and supervision of SLPAs

## **Activities**

The SLPA task force was formed with eight individuals representing speech-language pathologists from the public schools, private practice and the University, as well as an SLP that is currently a special education director and the final member is a representative of the Department of Education (DOE). They met as a group three times between May 2007 and February 2008. They reviewed the ASHA document Appropriate Use and Supervision of Speech-Language Pathology Assistants, prepared for the Legislative Council (March 2007). One of the committee members was also on the ASHA committee and kept us abreast of the positions and activities of ASHA.

The task force also developed four surveys to collect information on the different perspectives of using and supervising SLPAs from important constituent groups: SLPs, parents of children receiving speech and language services, special education directors who are responsible for the provision of services in schools, and a small sample of SLPAs.

A subgroup met with Karen Edwards, Director of Special Education at the DOE, and Alicia Hanrahan, Special Education Consultant from Department of Education on October 5, 2007. They reported the following:

They were helpful in explaining the role of the department in regards to the use and supervision of SLPAs. Essentially, the department, at this time, regards SLPAs as paraeducators and is not likely to initiate a change in that status. The Department is addressing the shortage of Speech-Language Pathologists as a priority through the State Improvement Grant, which is funding a new UVM distance learning 5 year masters' degree program to begin in the summer of 2008. The goal is to prepare 10 new Vermont speech-language pathologists to be employed in the public school system. They also met with the Vermont Director of Special Education (Karin Edwards) to discuss the issues and get her input for our final report which goes to VSHA and DOE.

## **Findings**

### **ASHA Policy, Guidelines, and Current Activities**

In 2006, an Ad Hoc Committee of the ASHA Legislative Council recommended a variety of short and long term goals to the Executive Board that ASHA regarding the training of SLP-Assistants and future regulation:

Short Term Goals include:

1. Facilitate the development of training modules to help speech-language pathologists understand the basic principles of supervision, including content specific to the use of support personnel.

2. Ensure that information regarding the appropriate use of assistants is distributed to both the State Education and Advocacy Leaders (SEALS) and the State Advocates for Reimbursement (STARS).
3. Publish articles in the ASHA Leader regarding the use of paraprofessionals to expand/enhance our services with a focus on the importance of appropriate supervision.

Long Term Goals include:

1. Revisit the use of assistants in service delivery with consideration for:
  - a) a registration process
  - b) non-voting membership in the association
  - c) approval of technical training programs
2. Increase information about the appropriate use of Assistants to the ASHA membership.
3. Work with state licensure boards to help develop and encourage distribution of information to ASHA members in that state, as well as principals, superintendents, Special Education (SPED) directors, and hospital administrators regarding what assistants can and cannot do.

There were also recommendations to individual ASHA members:

1. Take responsibility to inform yourself regarding ASHA policy documents and licensure/regulations in your state pertaining to the use of support personnel.
2. Take responsibility to advocate for the appropriate use of assistants in your workplace, e.g. administrators and others in leadership roles in your organization.
3. Join a national group (i.e. Special Interest Division 11 – Administration and Supervision) and/or a regional group of clinical educators.
4. Enroll in workshops on supervision at the state, regional and national levels.

As a result of this report, the ASHA Executive Committee voted to establish a leadership group to study and provide direction in resolving potentially divisive issues related to the training, registration, use and supervision of speech-language pathology assistants. An article appeared in the May 2006 ASHA Leader with the above recommendations and action plans. In January 2007, the Legislative Council of the ASHA passed a resolution to establish this leadership group.

Rationale: The use of support personnel in speech-language pathology has been a topic of debate for over 30 years. However, now that at least 35 states officially recognize and/or regulate assistants in some way, there has been an expressed need for greater uniformity of requirements and for ASHA to assume a leadership role in monitoring and regulating the use of assistants in the profession. The use of assistants, however, has been a divisive issue that has given rise to conflicting opinions (ASHA, 1992). There are compelling arguments for both sides of this issue; however, as pointed out in an article by Paul-Brown and Goldberg (2001), the

increasing numbers of persons needing speech-language services, in conjunction with cost controls, have created an urgency to act on a variety of challenging issues surrounding the use of speech-language pathology assistants. Six years have passed since that article was published and little has been done to resolve the controversial issues surrounding assistants. In fact, during that time, as a result of actions taken by Legislative Council (LC2-2003), ASHA ceased its financial support for the registration program for SLPAs and the approval process for technical training programs. In 2004, due to the concerns of a number of Legislative Councilors about the actions taken by Council in 2003, two resolutions were submitted at the November 2004 Legislative Council meeting. These resolutions asked that Executive Board reconsider reinstating the registration of assistants and the approval of training programs by examining options to operate the programs more cost effectively. There was a tie vote on the first resolution which then failed for lack of a majority, and the second resolution was withdrawn since it is not considered appropriate to register assistants without a process to recognize training programs.

During the membership forum of the November 2004 meeting, ASHA members from several states spoke to the benefits of using assistants in service delivery and the importance of ASHA taking a leadership role in establishing a national credential for assistants and recognizing SLPA training programs. All of the speakers spoke in favor of the resolutions before Council at that time, and most of the comments sent by email also voiced their support. The primary concern of Council appeared to be the cost of operating these programs in relationship to the projected revenue and this resulted in a failed majority vote. However, there is now a critical shortage of SLPs in several regions of the country, and an ever increasing population of individuals who need to be served. Financial constraints for such services have also emerged as a critical issue. The question then becomes: can assistants help resolve these service delivery challenges? We think they can. Current ASHA policy documents regarding the use of assistants (ASHA, 2004) maintain that assistants can be used to enhance and extend the services offered by SLPs, and the committee, as well as many ASHA members who have shared their opinions, believe that costs can be reduced and the quality of service maintained by using a prudent mix of qualified professionals and well-supervised support personnel.

In March, 2006, at the spring meeting of LC, the top ten issues identified by ASHA members and the assemblies were presented to Council. The use of assistants appeared among the top 10. When LC was asked to rank the 10 issues, the use of assistants was fourth. Since only the top three issues could be sent on to EB for consideration, several councilors voiced concern about the need to develop policies that would assure the appropriate use of assistants. A resolution was then submitted to the SLP/SLS Assembly (SLP/SLS 5-2006) to create an Ad Hoc Committee charged with identifying actions that can be taken by ASHA and individual members to help advocate for the appropriate use of speech-language pathology assistants. The resolution was unanimously passed. The committee reported back to the Assembly at the November, 2006 meeting, and the November 2006 minutes of the SLP/SLS Assembly should reflect the committee's recommendations. At this same meeting (November 2006) a motion was made and passed authorizing the Ad Hoc committee to continue its work by proposing action items that might facilitate the implementation of the recommendations made in the report. One of the actions the committee recommends is the submission of this resolution.

Input from members have made it clear they want ASHA to take a leadership role in establishing a national plan for resolving the controversial issues related to the training, registration, use, and supervision of speech-language pathology assistants.

A first step in this process is to recommend that EB establish a committee to study and provide direction in addressing these potentially divisive issues. The recommendations of this leadership group will, hopefully, be the first step in uniting the field of speech-language pathology on the key issues surrounding the use of assistants while finding ways to determine the most feasible plan for effective, efficient and collaborative co-existence given the present personnel shortages that exist in numerous locales across the country.

## **Current Practices in Vermont**

In order to capture a perspective of Vermont's use and supervision of SLPAs, four constituent groups of speech and language services were surveyed: speech-language pathologists, parents, special education administrators, and speech-language pathology assistants.

### Summary of Survey Results

#### **SLP Questionnaire Responses**

Forty SLPs attending the spring conference of the VSHA responded to the SLP questionnaire in May 2007. Of these, all had their CCCs, with the length of certification ranging from 3-40 years. Their responses are as follows:

<b>Age Groups SLP's Worked With</b>	<b># of Responses</b>
Birth to 4 years	20
K - 6th grade	24
7 - 12 grade	21
<b>Setting in which Services were Provided</b>	
Privately	20
Medical Setting	12
<b>Supervised trained SLPA</b>	
Yes	16
No	24
<b>Supervised Para Educator not Trained as SLPA</b>	
Yes	31
No	8
<b>Number of Supervised Assistants and/or Para's</b>	
None	16
1 to 6	24
<b>Had Supervisor Training</b>	
Yes	29
No	9

**N=40**

There were numerous comments about the use of SLPAs added to these surveys. They are listed in the Appendix. In summary, from a favorable perspective, two comments represented the majority:

- SLPAs increase service time for students and frees up SLP for more demanding issues.
- SLPAs help reduce my load in terms of materials development, copying, filing, ordering materials, and direct-treatment coverage.

Comments representing the negative aspects of using SLPAs include these:

- SLPAs do not have the training and insight to make clinical judgments to be primary-service providers
- Little time to train and supervise – ends up being more work.
- TIME for adequate supervision; inability to make “on-line” decisions/changes during treatment; limited scope of functions (e.g., no testing, legal requirements, etc.)

### **Parents’ Survey Responses**

Sixty-nine parents responded to the SurveyMonkey questionnaire posted on the Vermont Parent Information Center website between October 5 and December 21, 2007. Their responses are as follows:

1. “Does your child receive speech and language services as part of a school plan [IEP, 504, or other]?” (All 69 responded to this question.)

Yes - 88.4% (61)

No - 11.6% (8)

2. “If the answer to question 1 is yes, name the setting.” (All 69 responded to this question.)

School - 75.4% (52)

Home - 14.5% (10)

Child care setting - 7.2% (5)

Other Office/Clinic - 2.9% (2)

Hospital - 1.4% (1)

Other - 7.2% (5)

3. “Who provides your child’s speech-language services?” (All 69 responded to this question.)

SLP - 87% (60)

SLPA - 13% (9)

Individual Assistant - 10.1% (7)

Other - 14.5% (10)

Spec-Ed Para-Educator assigned to provide speech-language services - 10.1% (7)

Not Sure - 2.9% (2)

4. “Do you know the training and qualifications of the providers of speech-language services to your child?” (All 69 responded to this question.)

No - 52.2% (36)

Yes - 47.8% (33)

5. “Please indicate your level of satisfaction with your child’s speech-language services” (All 69 responded to this question.)

Extremely to Highly Pleased - 43.4% (30)  
Somewhat Pleased - 31.9% (22)  
Somewhat to Very Displeased - 15.9% (11)  
Extremely Displeased - 8.7% (6)

6. "Do you believe that SLPAs should be regulated in VT?" (All 69 responded to this question.)  
Yes - 76.8% (53)                      No - 7.2% (5)  
No Opinion at this Time - 15.9% (11)

### **Special Education Administrator Survey Responses**

Twenty-six special-ed administrators responded to the SurveyMonkey questionnaire between November 27 and December 31, 2007.

1. "How many SLPs are in your district?" (One respondent skipped this question.)  
1 to 5 - 68% (17)                      5 to 10 - 24% (6)  
More than 10 - 4% (1)                      None - 4% (1)
2. "How many assistants are assigned to work with your SLPs?" (Five respondents skipped this question.)  
1 - 42.9% (9)                      2 - 23.8% (5)  
3 - 14.3% (3)                      4 - 19% (4)
3. "Do you have sufficient personnel to [a] identify the need for speech and language services and [b] provide identified speech and language services?" (All 26 responded to this question.)  
No - 57.7% (15)                      Yes - 38.5% (10)  
Don't Know - 3.8% (1)
4. "How are your SLPAs paid?" (Five respondents skipped this question.)  
"On a paraprofessional pay schedule" - 76.2% (16)  
"Negotiated individually" - 19% (4)  
"On a teacher pay schedule" - 9.5% (2)  
"Contracted privately" - 4.8% (1)
5. "Is training available for your SLPAs that is specific to speech-language issues?" (Four respondents skipped this question.)  
Yes - 81.8% (18)                      No - 18.2% (4)
6. "Do you believe that SLPAs should be regulated in VT?" (One respondent skipped this question.)  
Yes - 64% (16)                      No - 24% (6)                      No Opinion - 16% (4)

### SLPA Survey responses

Participants at an SLPA in-service training offered in Central Vermont were surveyed. Of the 16 responses, 12 identified themselves as SLP Assistants. Eight of those worked exclusively with Elementary aged students, an additional two also worked with preschool ages and another two also worked with middle and high school aged students. The two remaining SLPAs worked exclusively with middle and high school students.

Five respondents had been an SLPA for two years and the remaining seven had worked as an SLPA from 3-7 years.

When asked about training: 7 responded that they had only received on the job training  
4 had completed programs specifically training SLP Assistants  
1 had a Bachelors degree in Communication Disorders  
9 responding SLPAs had college degrees: 2 were associates and 7 were Bachelor's degrees.

All respondents reported being supervised by SLPs with a Vermont License. SLPAs were supervised by SLPs that supervised from 1 – 4 assistants.

# of SLPAs supervised by the SLP	1	2	3	4
Frequency of response	6	4	1	1

Four SLPAs reported having more than one supervisor.

Three SLPAs reported that their SLP had training in supervision; two stated their SLP did not have training, and the remaining seven were unsure.

Four SLPAs reported they have not been expected to perform duties for which they were unqualified (or outside of their scope of responsibilities), four stated they had been expected to perform duties for which they were unqualified and three were unsure.

When asked if they believed that SLPAs should regulated (i.e., statewide qualifications, responsibilities, and supervision requirements), four said no, seven said yes, and one was unsure.

Other comments made by SLPA respondents included a request for more training, the need for a pay increase and a title distinguishing them from paraeducators.



## **Related Disciplines in Vermont**

Occupational therapists and physical therapists in Vermont are regulated (i.e., licensed) and their assistants are also regulated for both disciplines. In addition, the PT licensing statutes includes a PT aide, someone without a formal training program, as seen in the following language.

"Physical therapist assistant" means a person who has met the conditions of this chapter and is licensed to perform physical therapy procedures and related tasks that have been selected and delegated by the supervising physical therapist.

"Physical therapy aide" means a person, trained under the direction of a physical therapist, who performs designated and supervised routine physical therapy tasks.

This seems to be similar to the current state of speech paraprofessionals in Vermont.

Supervision standards are spelled out for each discipline and are included in the Appendix. The framework used in Occupational Therapy has much to offer the current state of speech-language pathology in Vermont. It includes a definition, describes three categories of frequency of supervision, and describes ways to look at differences based on the experience and competence of the assistant. Additional language from this discipline is included in the Appendix.

*Supervision* means the responsible periodic review and inspection of all aspects of Occupational therapy services by the appropriate licensed occupational therapist.

*Close supervision* means daily, direct, face-to-face contact at the site of work and applies only to occupational therapists with initial skill development proficiencies or occupational therapy assistants, as appropriate for the delivery of occupational therapy services.

*Routine supervision* means direct face-to-face contact at least every two weeks at the site of the work, with interim supervision occurring by other methods, such as telephonic, electronic, or written communication and applies only to occupational therapy assistants.

*General supervision* means at least monthly direct face-to-face contact, with interim supervision available as needed by other methods, and applies only to occupational therapists with increased skill development and mastery of basic role functions or occupational therapy assistants, as appropriate, for the delivery of occupational therapy services.

Supervision of occupational therapy services provided by a licensed occupational therapy assistant shall be implemented as follows:

(1) Entry level occupational therapy assistants are persons working on initial skill development (less than 1 year of work experience) or who are entering new practice environments or developing new skills (one or more years of experience) and shall require close supervision.

(2) Intermediate level occupational therapy assistants are persons working on increased skill development, mastery of basic role functions (minimum one - three years of experience or dependent on practice environment or previous experience) and shall require routine supervision.

(3) Advanced level occupational therapy assistants are persons refining specialized skills (more than 3 years work experience or the ability to understand complex issues affecting role functions) and shall require general supervision.

(4) Licensed occupational therapy assistants, regardless of their years of experience, may require closer supervision by the licensed occupational therapist for interventions that are more complex or evaluative in nature and for areas in which service competencies have not been established.

### **Summary and Conclusions:**

Views among SLPs about the use of SLP Assistants are quite varied, representing both positive and negative opinions.

- Perception by some that utilization of SLPAs will reduce the reliance on SLPs (i.e., concerned about replacement of SLPs by SLPAs)
- Perception by others that SLPAs provide valuable services for students and SLPs; more practice and reinforcement for kids, clerical, administrative support for SLPs.

There is a perception by SLPs that SLP supervision is training, in and of itself, which may explain why some SLPs have had unfavorable experiences.

Table summarizing constituents' beliefs regarding regulation.

	Special Ed Administrators	PARENTS	SLPAs
Should SLPAs be regulated?"	N=26	N=69	N=12
Yes	64%	77%	58%
No	24%	7%	33%
No opinion	16%	16%	8%

Experiences of parents indicate great concern about the lack of quality of speech and language services in Vermont.

### **Recommendations:**

- Define scope of responsibilities for SLPAs, specifying exclusionary roles. (or adopt another organization's)
- Recommend training standards for SLPAs,
  - Must be more than on the job training.
  - Ensure the training is readily accessible, not just one site, be flexible.

- Develop guidelines on the training of supervising SLPs and develop factors to consider regarding the number of assistants supervised, the time allocated to supervision and the types of supervision indicated. (or adopt another organization's)
- Learn from related disciplines (occupational and physical therapies) about the training requirements, regulation, use and supervision of assistants. The PT discipline includes assistants and aides. PT aides are equivalent to our lowest standard of speech and language paraeducators, i.e., high school diploma and on the job training. PT assistants require equivalent qualifications as the Assistants that ASHA planned to register, i.e., Associates degree with a technical program in PT.,
- Because the current state in Vermont is so varied for the use, supervision, qualifications, and pay for speech and language paraeducators, Vermont should consider exploring two tiers of support personnel to complement its professional qualifications:

<b>Titles</b>	<b>Education</b>	<b>Settings</b>
Aide	Associates	Schools, clinics and hospitals
Assistant	Associates with Specialized Training or Bachelors in CS&D	Schools, clinics and hospitals
SLP Provisional license	Masters	Schools, clinics and hospitals
SLP Professional license	Masters plus clinical fellow equivalent	Schools, clinics and hospitals

- Consider adopting a transition period for the support personnel with a “grandfather” provision for aides and assistants, establishing minimum standards for each and five years to complete new standards. This would facilitate a smooth transition from the current state of public school speech and language paraeducators, to a cadre of personnel with known qualifications, training, responsibilities, and supervision.

### **Members of the Task Force**

Gayle Belin	VSHA President, UVM
Art Farnum	Green Mountain Speech and Hearing
Carol Geery	VT Council of Special Education Administrators, SLP
Alicia Hanrahan	Department of Education
Susan Kimmerly	VSHA School Affairs, Nine East Network, New School of Montpelier
Catherine Lavigne	Bellows Free Academy, Fairfax, VT
Darlene Remy	Springfield Schools
Maria Short	UVM