INTRODUCTION TO Clinical Methods IN Communication Disorders

FOURTH EDITION

RHEA PAUL
ELIZABETH SCHOEN SIMMONS

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Introduction to Clinical Methods in Communication Disorders

Fourth Edition

edited by

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and

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Introduction to Clinical Practice in Communication Disorders

Rhea Paul

Learning Objectives

After reading this chapter, students will be able to

- Discuss the role of evidence-based practice in clinical work
- Describe the use of interprofessional practice
- List the elements that go into making clinical decisions
- Discuss how their personal values and experiences led them to a career in communication disorders

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Jamie was an audiologist who was asked to screen a student named Mari entering the third grade of Bridgerton school district as a new immigrant from Guatemala. The teacher reported that Mari didn't speak in school and thought her hearing should be checked. Jamie gave her a routine screening, and Mari failed at all frequencies. A full audiological assessment showed that Mari was profoundly deaf in both ears. When questioned, Mari's mother, who spoke no English, managed to convey to Jamie (who had limited Spanish proficiency) that Mari had never spoken, never been to school before, and communicated mostly through gestures. Her mother reported that Mari was able to perform activities of daily living, such as dressing, eating, toileting, and helping around the home as would be expected of a child her age. Jamie realized that she had met a unique student, one with essentially normal cognition but no language as a result of her inability to hear spoken language and her lack of education or exposure to any other form of language. Jamie had never encountered a client like this, despite being a practicing audiologist with over 10 years' experience. But Jamie had learned about evidence-based practice as a graduate student and knew the

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procedures for investigating what was known about clients with rare or unusual problems. With help from the American Speech-Language-Hearing Association (ASHA) Practice Portal, journal articles provided by the local university library, and consultation with some of the faculty there, Jamie researched what was known about children similar to Mari and what techniques had been tried to provide access to a linguistic system for them. She assembled an evidence base for providing first language instruction to children with profound hearing loss after the age of 5. She analyzed the evidence and discussed her findings with colleagues. She consulted with Mari's teacher, speech-language pathologist (SLP), and parents to discover an acceptable intervention program for Mari. Although Jamie favored providing a cochlear implant, Mari's family had no health insurance and in any case did not want to subject her to surgery. They felt she was okay as she was and did not feel she needed to be "fixed" with surgery. Jamie ultimately came to accept the parents' position, at least for the present, and worked with the teacher and SLP to provide intensive sign language instruction through the state's Deaf Education Collaborative, because research supported this suggestion. It was difficult for Jamie to give up the idea of fighting for an implant for Mari, but the results of the evidence search indicated that deaf children can thrive with sign language when the context is supportive. Plus, Jamie had worked closely with the Deaf Education team often in the past and was impressed with their skills in helping children and their families learn signs. Jamie realized that it was important to rely both on evidence *and* on the values of parents when making a clinical decision.

CLINICAL ART AND SCIENCE

This kind of dilemma will be discussed in more detail in Chapter 3. What's important to take away from this case is the knowledge that there may be more than one correct answer to a clinical problem. A second important point is that Jamie's experience with **interprofessional practice** enabled a broader set of perspectives and approaches to be brought to the clinical issue and enhanced the team's ability to serve the client's needs more effectively and sensitively.

To offer a less dramatic example of the decisions often faced in clinical practice:

I was once supervising a first-term student clinician named Jane. Jane was working on articulation with Mike, a pixie-faced 3-year-old with almost completely unintelligible speech. Mike had a lot to say, but Jane could understand almost none of it. He was trying to tell her something about the toy dinosaur he had brought from home and, try as she might, she just was not getting it. After attempting three or four times to get the same message across, poor little Mike burst into tears of frustration. Jane was, naturally, taken aback. Sitting behind the mirror, I saw Jane trying to talk the little boy into feeling better. Finally, unable to contain my own distress at seeing Mike so miserable, I went into the room and held him, rocking him until he finished crying. Mike was soon able to resume his work. In our conference following this incident, Jane remarked, "I was so glad when you came in and held him. I didn't think I was allowed to do that; it didn't seem like the kind of thing a clinician is supposed to do."

That is what this book is about—the kinds of things that clinicians are supposed to do. These anecdotes highlight something essential about clinical practice: even though clinicians need high levels of technical training and a deep understanding of

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evidence-based practice, it is always important to remember that our clients are first and foremost people—people with complicated, sometimes conflicting feelings and needs; people who sometimes do not use their clinical time efficiently; people whose motivation to learn better communication skills is sometimes overwhelmed by other emotions, by the broader circumstances of their lives, or by the values with which they grew up. This means that a good clinician must be part scientist and also part humanist.

But, you may be thinking, how can I learn to be a scientist, a humanist, and an expert on normal and disordered communication before I see my first client *next semester?* Fortunately for all of us, there is one more thing that every clinician needs to be, and that is a human being. Neither your supervisor, your client, nor anyone else will expect you to be a fully developed clinician your first term. With your first client, and probably with some of your later ones, too, you will make mistakes. Like any other human being, you will have to make amends for these mistakes, try to learn from them, and do better the next time. Competent clinicians at all stages of their careers recognize and learn from their own mistakes. Still, the purpose of this book is to help you begin to make the transition from a student of communication disorders to a speech, language, and/or hearing clinician.

Being a clinician entails some qualities that probably cannot be taught by your professors. These are the qualities we identify with the humanist, and to some extent they arise out of your own beliefs, needs, desires, and personality. It is these qualities that probably brought you to consider a career in communication disorders. These qualities may include:

1. A desire to help others
2. Strengths in social interactions
3. Enjoyment of close contact with people
4. Strong communication skills
5. The ability to take pleasure in just talking
6. An interest in the various processes by which communication takes place
7. A level of comfort with people with disabilities

These qualities are not present in everyone, but as a starting point for becoming a clinician, they are essential. As you must know by now, although these qualities contribute to making you a good clinician, more is needed. You need an in-depth knowledge of the normal processes and development of communication and the characteristics, causes, and correlates of the various kinds of communication disorders. You need to understand how to evaluate evidence of the effectiveness of the approaches you use. You also need knowledge of the information introduced in this book. Here you will learn about the kinds of behaviors and activities in which a clinician engages and about the contexts in which these behaviors and activities take place. The goal is that when you are through, you will have a better sense of what it is a clinician does; where he or she does it; and what general principles of science, ethics, public policy, cultural sensitivity, and respect for clients and families guide our behaviors and activities.

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SCOPE OF PRACTICE

What do SLPs and audiologists do? Where do they do it? With and for whom? Why do they take this approach and not that one? These are the questions that define our scope of practice. SLPs and audiologists work with clients from birth through old age. Audiologists screen newborns for hearing loss; SLPs work with premature infants to develop feeding, swallowing, and early parent–child communication skills. Audiologists and SLPs work with infants and toddlers with a variety of developmental disabilities, including hearing impairment, intellectual disability, autism, congenital anomalies such as cleft palate, congenital disorders such as cerebral palsy or fetal alcohol spectrum disorders, and feeding and swallowing problems. We work with children with cochlear implants. Clinicians who work with very young children are often engaged in **secondary prevention;** that is, assessment and intervention aimed at limiting the impact of disorders on communication and development. SLPs and audiologists also work with preschool children who have these kinds of problems in speech, hearing, feeding, and/or language that surface in early childhood. These include articulation disorders, fluency disorders, hearing impairments, and language disorders. We also, unfortunately, see children in this age range whose communication has been affected by abuse or neglect or whose development has been influenced by parental substance abuse.

SLPs and audiologists often work with school-age populations. In this age range, we see children such as those already described, as well as children who injure their voices through inappropriate use, have trouble producing fluent speech, or endanger their hearing through noise exposure. A large part of an SLP's practice in schools deals with students who have language-based learning disorders that affect their ability to master the academic curriculum. These students require support to enhance their language so they can use it more effectively to succeed in school. School-based SLPs and audiologists provide communication intervention within the context of academic instruction. SLPs also sometimes provide management for students with emotional or social disorders that affect communication, such as autism spectrum disorder, selective mutism, or children diagnosed with mental illness.

Many SLPs and audiologists work with adult clients as well. Adults with various developmental disabilities continue to require the services of communication specialists. Some young and middle-aged adults experience communication disabilities as a result of illnesses or traumatic brain injury. Older adults are especially vulnerable to acquiring communication disorders. Many audiologists work with older adults experiencing age-related hearing loss, or **presbycusis.** SLPs serve older clients who lose speech and language skills due to neurological diseases, such as strokes, Parkinson's disease, and amyotrophic lateral sclerosis (Lou Gehrig disease).

Best practice for clients all along the spectrum of development includes close collaboration with their families and with other professionals involved in their care. When a client receives services from several professionals, it serves the client best if these professionals are aware of each other's goals and methods and can coordinate services for the client. Many professionals collaborate to help deliver services in a more integrated manner, so the client receives consistent feedback and reinforcement and has more opportunities for generalization. Clinical practice in communication disorders often involves interprofessional collaboration with teachers and special educators; physical and occupational therapists; psychologists and social

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workers; recreational and vocational counselors; nurses and physicians; as well as with the staff of schools, residential centers, group homes, rehabilitation facilities, hospitals, and skilled nursing facilities.

SCOPE OF TEXT

This book introduces the processes, settings, and issues involved in clinical practice in communication disorders. Chapter 2 discusses the codes of ethics disseminated by ASHA and the American Academy of Audiology (AAA). These codes are central to the practice of our professions because they lay out our obligations to our clients, our payers, and our colleagues and provide guidelines to help us in making sometimes difficult ethical decisions. Chapter 3 addresses the issue of evidence-based practice and the steps a clinician can take to find support for specific assessment protocols and intervention strategies. Chapter 4 talks about basic principles of assessment. We discuss the properties that make standardized tests fair and accurate and talk about the times when it is appropriate to use tests or when other methods of assessment come to the fore. Chapter 5 addresses the issue of the assessment of samples of communicative behavior. These include samples of speech and language, nonverbal communication, and the use of augmentative and alternative modes such as sign language and picture boards. One of the most important functions of an SLP is the sampling of communicative behaviors in order to determine appropriate goals and methods for intervention.

Chapter 6 moves the discussion from assessment to the domain of intervention. Here we talk about the range of intervention procedures used to help people with communication disorders improve their functioning. This chapter analyzes a continuum of approaches and shows how they apply across a variety of communication disorders. Chapter 7 addresses the need for communication skills such as those used in interacting with clients, families, and other professionals. We learn about the various kinds of documentation that are professionally required and the importance of acquiring skills not only in conducting assessment and intervention but also in collaborating with families and colleagues to ensure our clients' progress. We are reminded, too, of our role not as professional therapists but as counselors: Caring individuals who listen to concerns of clients and families, even when they extend beyond speech, hearing, and language issues. Chapter 8 provides information on the laws, rules, and regulations that govern SLP and audiology practice through a discussion of clients' rights, professional responsibilities, and the emerging public policies that affect practice. Chapter 9 examines the varied settings in which communication disorders professionals practice. We present the kinds of practice options each setting provides, the kinds of documentation each requires, and the various roles of communication professionals in each one. This may give you a first sense of the setting in which you might like to start your own practice.

Chapter 10 addresses the issues of communicating effectively with clients when they come from cultural and language backgrounds different from their clinician's. These issues have become increasingly important as the demographic trends in our society reflect greater numbers of people with cultural and linguistic differences, who, like everyone else, are vulnerable to disorders of communication. But, as you can imagine, facilitating communication is complicated when the client and clinician speak

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different languages or have different cultural rules for communicating. Chapter 11 reviews the many ways assistive technology affects our practice. Because many of these new technologies are information systems, it is not surprising that they will have a great impact on how to deliver services. Chapter 12 discusses the important role that clients and families play in the clinical process. We consider ways of including the perspectives of families at every stage of the clinical decision-making process to maximize the impact of treatments beyond the clinical setting, and into the real, integrated lives of the clients we serve. Finally, Chapter 13 addresses the important role that observation plays in clinical practice. We look at some strategies for clinicians to use in sharpening their observations skills, and how we use observation to enrich our clinical practice.

Our hope is that after completing your studies with this book, you will have a greater sense of what a communication disorders professional does and does not do and a greater confidence that you will be able to make the right choices with your first client and with every client thereafter. Although mastering both the science and the art of clinical practice will take much longer than the time you spend in school, your clinical education will provide you with the tools you need to continue learning and improving your service to clients. We hope you will consider this book a useful part of that education. Yet another part, however, will be the support you receive from your colleagues after you graduate and from the national organization that represents our professions in the United States.

THE AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION AND THE CLINICIAN

ASHA is a professional association for SLPs, audiologists, and speech, language, and hearing scientists in the United States and internationally. It has over 211,000 members and affiliates. Its mission is to promote the interests of and provide the highest quality services for professionals in audiology, speech-language pathology, and speech and hearing science, and to advocate for people with communication disabilities.

ASHA disseminates standards of ethical conduct, publishes original research in its journals, and provides continuing education programs to its members. It advocates for our clients by monitoring and participating in the development and implementation of education and health care reform proposals and programs at the federal and state levels. It provides services to its members and the community, such as the following:

Political advocacy: ASHA tracks issues of concern to our clients and colleagues in legislatures, courts, and regulatory agencies at state and federal levels.

Networking: ASHA provides opportunities for its members to shape the profession and effect changes that benefit clients and colleagues.

Continuing education: ASHA sponsors state and national conferences, distance learning opportunities, newsletters, journals, and audio and video conferences that enable members to keep up to date on clinical and professional issues.

Multicultural initiatives: ASHA provides support to members who need to deal with multicultural issues in their practice, from lists of tests and resources to educating citizens from minority groups about the importance of communicative health.

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Research: ASHA supports basic and applied research in communication disorders, and it keeps an extensive database to help members write grants, business plans, and reports. ASHA also publishes several journals, including: the *Journal of Speech, Language and Hearing Research; Language, Speech, and Hearing Services in Schools; American Journal of Audiology;* and *American Journal of Speech-Language Pathology.*

Technical assistance: Members can receive information about funding agencies, developing proposals, and other professional issues by contacting ASHA at actioncenter@asha.org or by telephone (1-800-498-2071) or fax (301-571-0457).

Referral service: ASHA maintains a referral list of clinical programs and private practitioners who have asked to be listed. It is grouped by state and available to individuals who request referrals.

Employment service: Members seeking new positions may use ASHA's job placement services.

Specialty recognition: ASHA supports the credentialing of personnel with expertise in a particular disorder (e.g., child language or fluency disorders).

Special Interest Groups (SIGs): ASHA maintains 16 SIGs that focus on particular aspects of practice, such as language learning and education, aural rehabilitation and its instrumentation, and augmentative and alternative communication, to name a few.

ASHA provides the standards for earning the clinical credential in our field, the Certificate of Clinical Competence, which can be earned in either speech-language pathology or audiology, or both. The standards for ASHA certification in speech-language pathology (as of 2020) and audiology (as of 2020) are outlined in Appendices 1A and 1B, but you should be aware that these standards change from time to time. In addition, many states require SLPs and audiologists to be licensed with the state board of health, certified with the state department of education, or both. In many cases, licensing and teacher certification requirements overlap with ASHA certification, but it is important to check on the licensing and certification requirements for the state in which you plan to practice and for the practice settings (e.g., schools, hospitals, home health agencies, early intervention programs) in which you intend to participate. The ASHA web site provides further information (http://asha.org).

CONCLUSION: MOVING FORWARD AND LOOKING BACK

We have begun to talk here about what it means to be a clinician. What this means for you personally will unfold as you consolidate your knowledge and test it in your practicum experiences. It is our hope that you will acquire some of that knowledge from your interactions with this book's authors and their chapters. But as you acquire this new knowledge, do not let yourself forget the things you have always known. When you begin to feel overwhelmed by all the new things you must learn, by all the facts you must amass, by the equipment you must master, by the papers and reports and lesson plans, remember to look back. Look back to the reasons you entered into this process and remember what motivated you to go through such a long and rigorous training

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program in the first place. You do not need to leave your humane instincts behind. If you find yourself faced with a situation like the one Jane or Jamie encountered, trust your intuition. As you move forward in your clinical education, your newly gained knowledge will inform your actions, but it will never replace the humane motive of bringing the birthright of communication to every individual. This is the impulse that first set you on your present path, and it should continue to guide your steps throughout your career.

Study Questions

1. Why was evidence-based practice an important element of Mari's case?
2. What is interprofessional practice? Have you ever observed it?
3. What are the qualities, in addition to a strong science background, that contribute to effective clinical practice?
4. Compare and contrast the standards for clinical certification in speech-language pathology and audiology.

REFERENCE

American Speech-Language-Hearing Association. (2016). *Scope of practice in speech-language pathology.* Retrieved from https://www.asha.org/uploadedfiles/sp2016-00343.pdf

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Fully updated and revised based on the 2020 ASHA standards and recent AAA standards, the new edition of this bestseller is *the* core textbook for all students in clinical methods courses—and a reliable reference for practicing SLPs and audiologists. Leading authority Rhea Paul and newly minted research scholar Elizabeth Schoen Simmons bring together more than 20 academics and clinicians for a state-of-the-art guide to contemporary evidence-based practice.

Covering a broad range of disorders and developmental levels, this text sets emerging professionals on the path toward mastering all the fundamentals of practice, from conducting effective assessment and intervention to ensuring that practices are family-centered and culturally inclusive. Tomorrow's clinicians will use this foundational textbook to guide their professional decision-making and provide the best possible services for people with communication disorders.

"If you're looking for a comprehensive book on the science and art of clinical practice in communication disorders, look no further. The information is current and relevant and will be a go-to book on my bookshelf!"

—A. Lynn Williams, Ph.D., CCC-SLP,
Associate Dean and Professor,
East Tennessee State University,
2020 ASHA President-Elect

WITH NEW FACULTY MATERIALS: a test bank with questions for each chapter and suggested projects that professors can assign students to practice the principles outlined in each chapter.

WHAT'S NEW:

- New chapter on using principles of observation to gather accurate, valid data in clinical settings and more deeply understand clinical processes and procedures
- Expanded information on intervention principles, with an emphasis on evidence-based practice
- More on counseling in communication disorders, clinical documentation, relationships with supervisors, and single-case experimental design
- Updated information on technology in clinical practice
- New emphasis on automated analysis of communication samples
- Chapters on clinical competence and family-centered practice by renowned experts
- New student-friendly text features, such as learning objectives and study questions
- Case studies and clinical examples throughout
- Reflects most recent ASHA and AAA standards

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