Neurogenic Speech-Language Intervention

School of Speech, Language, and Hearing Sciences

SLHS 626B

Spring 2015

COURSE INFORMATION

Class Days: Tuesdays and Thursdays
Class Times: 1:00-4:00PM
Class Location: Clinic Office
Staffing Times: Tuesdays and Thursdays 12:30-1:00PM

Office Hours Times (and by appointment): Mondays 2-3PM
Office Hours Location: SLHS 114 or virtually by arrangement

Instructors: Deanna Hughes, PhD, CCC-SLP

Course Overview

This practicum provides practice in the analysis of baseline data, development of intervention lesson plans including goals/data collection, and the execution of intervention treatment. Cultural and linguistics variables in relation to total communication skills will be discussed for every client. The primary focus for those servicing children will be on ecological intervention using questionnaires, home and school observations, language sampling, mediated learning procedures, and age-appropriate behavior management techniques. Students will be exposed to different methods and procedures. Students may be given the opportunity to discuss and implement experimental theoretical research procedures of their own interest with Clinical Faculty (CF) approval. Students will participate in weekly clinical sessions plus staffing as assigned.

Course Expectations

Clinicians are expected to plan, present, and discuss collaborative intervention techniques with Clinical Faculty. Clinicians will discuss research articles related to clinical issues, and discuss specific intervention techniques as appropriate. Clinicians will receive oral/written feedback documenting their accomplishments as well as suggestions for future performance. It is expected that clinicians will meet regularly with their Clinical Faculty to obtain additional assistance as needed.

Clinicians are expected to identify their own growth in clinical skills and show initiative for own learning. Specific instructions will be explained further in weekly staff meetings. No group staffing March 19, 2015 as individual MID-TERM conferences will be held.

Clinicians are expected to become more independent throughout the semester while given Clinical Faculty support and guidance. During the final meeting, clinicians are to bring their client files to sign off the clinic file checklist.

Group Staff meetings will be on Tuesdays and Thursdays from 12:30-1:00, and will focus on pediatric speech language treatment. Individual meetings will be scheduled periodically throughout the semester. Additional consultations will scheduled as needed.

Resources

Additional resources and forms are available on Blackboard in the Clinic Homeroom. Please take time to review the information posted by all supervisors as it may be applicable to your current and/or future clinical training experience.

Intervention Experiences

Each student will participate in two experiences; however, not all experiences will be of the same design. Experiences may include individual treatment, co-treatment, small group treatment, response-to-intervention, parent training, and/or an approved special clinical project. Each student is responsible for tracking their own hours and type to be signed off at the end of the semester. Students will write SOAP notes for every session. Clinical report summaries will be written per experience. SDSU students must sign release waivers to visit sites off-campus (school/home) and follow visiting school policies.
**Outcomes and Standards**

*The course meets the following outcomes and standards:*

Students will demonstrate application of the knowledge and nature of human communication including developmental, linguistic, and cultural bases as well as research theories across typical developing and disordered pediatric populations.

(SOAP Graduate Outcome: 1A, 1C)

Students will demonstrate competency in ethical clinical speech and language intervention under direct supervision while including the considerations of linguistic and cultural backgrounds of various pediatric populations.

(SOAP Graduate Outcome: 2A, 2B, 2D, 4B, 5A, 5B, 5C, 5E, 5F, 8A, 8B)

Students will exhibit professional oral and written skills by speaking with parents and school professionals, writing concise clinical summary reports, and describing preventative measures.

(SOAP Graduate Outcome: 3A, 3B, 3C)

Students will demonstrate respect for individuals from diverse backgrounds, and establish effective relationships with families and school professionals.

(SOAP Graduate Outcome: 6A, 7A, 7B, 7C, 7D)

Students will develop a portfolio comprised of on-going evaluations of their own clinical performance and experiences, as well as participation in theoretical discussions with the Clinical Faculty and in group staff meetings.

(SOAP Graduate Outcome: 2B, 2C, 2E, 6B)

**Speech-Language Pathology Knowledge and Skills (KASA – ASHA/CAA) Standards:**

**III-A: Knowledge of Basic Principles**

Social/Behavior Sciences

**III-B: Basic Communication and Swallowing Processes**

Biological, neurological, acoustic, psychological, developmental, and linguistic and cultural basis

**III-C: Speech, Language, Hearing, Communication, and Swallowing Disorders and Differences**

Articulation (etiologies, characteristics, and anatomical physiological, acoustic, psychological, developmental, linguistic, & cultural correlates); Fluency (etiologies, characteristics, & anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates); Voice and resonance, including respiration and phonation (etiologies, characteristics, & anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates); Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities (etiologies, characteristics, & anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates); Hearing, including the impact on speech & language (etiologies, characteristics, & anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates); Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning) (including etiologies, characteristics, and anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates); Social aspects of communication (behavioral and social skills affecting communication) (etiologies, characteristics, & anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates); Communication modalities (e.g., oral, manual, and augmentative and alternative communication techniques & assistive technology) (etiologies, characteristics, & anatomical physiological, acoustic, psychological, developmental, linguistic, & cultural correlates)

**III-D: Principles and Methods of Prevention, Assessment and Intervention**

Principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders across the life span, including consideration of anatomical physiological, psychological, developmental, linguistic, and cultural correlates of the disorders. Interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders

**III-E: Standards of Ethical Conduct**

**Clinical Skills and Processes**

**IV-B: Oral and written or other forms of communication**
IV-G: Prevention, evaluation, and intervention of communication disorders and swallowing disorders; Interaction and personal qualities, including counseling, collaboration, ethical practice, and professional behavior; Effective interaction with patients, families, professionals, and other individuals, as appropriate.

IV-F: Delivery of services to culturally and linguistically diverse populations.

III-F: Application of the principles of evidence-based practice.

V-A: Self-evaluation of effectiveness of practice.

California Commission on Teaching Credentialing (CTC) Standards:

General Program Standards

1: Program Design, Rationale and Coordination

2: Professional, Legal and Ethical Practices

3: Educating Diverse Learners

4: Effective Communication and Collaborative Partnerships

5: Assessment of Students

6: Using Educational and Assistive Technology

7: Transition and Transitional Planning

Speech-Language Pathology Standards

2: Child Development and Speech, Language, and Hearing Acquisition

3: Speech, Language, Hearing, and Swallowing Disorders

4: Assessment of Speech and Language Disorders

5: Management of Speech and Language Disorders

7: Consultation and Collaboration

Remediation, Course Assessment and Grading

Students in the M.A. program in speech-language pathology as well as doctoral students working toward clinical certification will be reviewed every Fall and Spring semester by the faculty of the Speech and Language Sciences Division. Each student’s academic and clinical progress will be addressed; remediation recommendations, if any, will be determined by the faculty of the Division.

Grading Guide:
Grades will be based on PERFORMANCE (not effort) and reported in each student’s clinic file. Two mandatory conferences will be held (mid-term, final) to discuss clinical competencies and additional conferences will be scheduled as needed. A grading rubric will be used for written reports which will be integrated in the final grade determination at the end of the semester based on cumulative clinical performance. Students in clinic will be given oral/written feedback on a regular basis. Students are expected to meet with the Clinical Faculty if they are experiencing difficulties or have questions. Refer to Appendix B in the clinician’s handbook for the counseling/remediation policy regarding deficient clinical performance.

Clinic I & II Fall/Spring

<table>
<thead>
<tr>
<th>Grade</th>
<th>Grade Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>5.2-6.0</td>
</tr>
<tr>
<td>A-</td>
<td>4.8-5.19</td>
</tr>
<tr>
<td>B+</td>
<td>4.4-4.79</td>
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</tbody>
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Hughes, Syllabus for 626A Treatment Practicum, Spring 2015
Students will be required to submit hours accrued each week to their supervisors via Calipso (www.calipsoclient.com/sdsu) by 4:00 each Friday. PLEASE ONLY CLOCK YOUR HOURS ONCE WEEKLY.

This requirement is part of the professionalism competency for your clinical evaluations. Failure to submit hours by the deadline will impact your grade in clinic. Supervisors will make every attempt to review and approve the hours by 4:00pm the following Monday.

Clinical requirements may differ among Clinical Faculty. Be sure to ask questions if you are unclear of assignments, discussion, and or directions. All students are expected to integrate coursework, prior knowledge, and research theories into their clinical experiences. Assignments dates and topics may be changed at the discretion of the Clinical Faculty.

Students with Disabilities

If you are a student with a disability and believe you will need accommodations for this class, it is your responsibility to contact Student Disability Services at (619) 594-6473. To avoid any delay in the receipt of your accommodations, you should contact Student Disability Services as soon as possible. Please note that accommodations are not retroactive, and that accommodations based upon disability cannot be provided until you have presented your instructor with an accommodation letter from Student Disability Services. Your cooperation is appreciated.

Academic Honesty

The University adheres to a strict policy regarding cheating and plagiarism. These activities will not be tolerated in this class. Become familiar with the policy (http://www.sa.sdsu.edu/srr/conduct1.html). Any cheating or plagiarism will result in failing this class and a disciplinary review by Student Affairs.

Examples of Plagiarism include but are not limited to:

- Using sources verbatim or paraphrasing without giving proper attribution (this can include phrases, sentences, paragraphs and/or pages of work)
- Copying and pasting work from an online or offline source directly and calling it your own
- Using information you find from an online or offline source without giving the author credit
- Replacing words or phrases from another source and inserting your own words or phrases
- Submitting a piece of work you did for one class to another class

If you have questions on what is plagiarism, please consult the policy (http://www.sa.sdsu.edu/srr/conduct1.html) and this helpful guide from the Library: (http://infodome.sdsu.edu/infolit/exploratorium/Standard_5/plagiarism.pdf)

CALIPSO Performance Rating Scale

<table>
<thead>
<tr>
<th>Score</th>
<th>EVALUATION SKILLS &amp; TREATMENT SKILLS PREPAREDNESS, INTERACTION &amp; PERSONAL QUALITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No evidence presented by student for skill/competency; absent preparation/follow-through</td>
</tr>
<tr>
<td>2</td>
<td>Reviewed required materials, minimal preparation, required guidance for administration/scoring/observations/ and/or to complete administrative duties</td>
</tr>
<tr>
<td>3</td>
<td>Reviewed required materials, practiced procedures, assistance required for administration/scoring, completed administrative duties with reminders, required assistance with interpretation</td>
</tr>
<tr>
<td>4</td>
<td>Reviewed required materials, practiced procedures, asked questions to clarify administration/scoring/etc., completed administrative duties, used resources to formulate interpretation</td>
</tr>
<tr>
<td>5</td>
<td>Preparation evidenced, presents own ideas/rationale for materials, practiced procedures/scoring, used resources to formulate interpretation, completed administrative duties, requires reminders/additional practice/independence</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Score</th>
<th>WRITTEN DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unable to complete task without maximum specific directions. Report was not submitted as specified re: formatting and timeframe for submission. Incorrect grammar and/or content, typos in report</td>
</tr>
</tbody>
</table>
| 2     | Correct grammar/less than 3 typos.  
HX/SOAPS: Includes information reported, however needed >50% clarification, elaboration and additional information; weak proof-reading  
GOALS/BASELINE/EVIDENCE: Goal and baseline mismatch, goals unclear/incomplete, or evidence lacking/inappropriate to goal.  
PROGRESS/SUMMARY: Not accurate (Missing some test results, results are not reported clearly) Requires maximum supervisor input. >60% editing |
| 3     | Correct grammar/no typos  
HX/SOAPS: Includes all of the elements as specified in the report guidelines, however clarification/elaboration was required for >20% of section  
GOALS/BASELINE/EVIDENCE: Includes all elements, accurate but may not be thorough/appropriate & evidence supports goals  
PROGRESS/SUMMARY: Basic recommendations, significant supervisor input. >40% editing |
| 4     | Correct grammar/no typos  
HX/SOAPS: Includes all of the elements as specified in the report guidelines, however clarification/elaboration was required for >15% of section  
GOALS/BASELINE/EVIDENCE: All three sections are organized, reported accurately/completely. Easy to follow  
PROGRESS/SUMMARY: Starting to integrate results to formulate complex recommendations. Some preceptor directions still required.<30% editing |
| 5     | Correct grammar/no typos  
HX/SOAPS: Includes all of the elements as specified in the report guidelines, however clarification/elaboration was required for >5% of the section  
GOALS/BASELINE/EVIDENCE: All three sections are organized, well-written. All results reported accurately.  
PROGRESS/SUMMARY: Appropriate. Integrating/interpreting results correctly to form recommendations with minimal supervisor input. No typos.<20% editing |
| 6     | Correct grammar/no typos  
HX/SOAPS: Includes all of the elements as specified in the report guidelines, however clarification/elaboration was required for >5% of the section  
GOALS/BASELINE/EVIDENCE: All three sections are organized, well-written. All results reported accurately.  
PROGRESS/SUMMARY: Appropriate. Integrating/interpreting results correctly to form recommendations with minimal supervisor input. No typos.<10% editing |

**Scheduled Timeline:**

This syllabus and schedule are subject to change in the event of extenuating circumstances. If you are absent from staffings, it is your responsibility to check on announcements.

**Important Deadlines**

1. Finalized goals must be submitted no later than 2 pm on the Friday following your fourth meeting with client
2. Therapy plans are due by 8AM on the first day of clinic in the week
3. First drafts of case summaries and treatment plan are due by 10 p.m. on Tues March 3, 2015 and must include:  
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a. Statement of Presenting Concern
b. Background Information
c. Status at Onset of Treatment
d. Long Term Goals
e. Short Term Goals
f. Baselines

4. Revised drafts incorporating supervisor’s edits must be resubmitted within two days of receipt.
5. SOAP notes should be completed by the end of the treatment week
6. Data must be graphed either manually on graph paper or on MS Excel (or similar program) and updated weekly.
7. Case summaries, including all the edited and revised documents PLUS METHODS and MATERIALS must be submitted no later than 1 p.m. on Tuesday April 21, 2015 and must include:
a. Specific methods and materials used to target each goal
b. Rough draft of progress, summary and recommendations

**Weekly Schedule**

**CLINICAL PREPARATION**

**January 27 & 29**  
Group Introduction Meeting and Individual Conferences

**February 3** (11:00-2:00) Group Preparation
- Review assignments
- Email any questions regarding your cases to dhughes@mail.sdsu.edu
- View videos of past sessions with your clients, if available

**February 5** (12:30-3:30) Group and 1:1 Staffings as needed
- Group Case reviews/exchange
- Initial Data Collection /Probes /Assessment continued
- Review Baseline Data (Gillam & Gillam: 2006)

**CLINIC / REPORT WRITING**

**Week 1**

February 10  
Introduction / Initial Data Collections / Probes / Assessment
Due: Client Forms (signed)/ Schedule observation, if appropriate

February 12  
Karyn Searcy Covering Supervision-Email Deanna with any questions or concerns

**Week 2**

February 17  
No treatment: Google Hangout with Deanna 12:30-1:30 Staffing

February 19  
Client Treatment-Supervisor TBD

**Week 3**

February 24  
Regular Treatment Sessions

February 26  
Group Staffing: Reflective process
Review first sessions and baseline information

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Week 4
March 3  Treatment on goals
March 5  Clinic closed for CSHA

Week 5
March 10  Treatment on goals
March 12  Treatment on goals

MID-SEMESTER CLINICIAN CONFERENCES

Week 6
March 17  Individual clinician Mid-Term Conferences–No Group Staffing
March 19  Individual clinician Mid-Term Conferences – No Group Staffing

Week 7
March 24  Treatment on goals
March 26  Treatment on goals

March 30-April 6 Spring Break

Week 8
April 7  Treatment on goals
April 9  Treatment on goals

Week 9
April 14  Treatment on goals
April 16  Treatment on goals

Week 10
April 21  Treatment on goals

Due- Progress Report: Post-Treatment, Summary, Recommendations
April 23  Post-TX assessment

Week 11
April 28  Treatment on Goals
April 30  Parent Conferences-Final Case Summary (hardcopy given to parent if approved, otherwise, bring an envelope for parents to fill out for report to be mailed)

May 5  Approved Final Case Summary (hardcopy to be sent to families)
• Individual Meetings with Clinical Educator – Performance / Grade
• Sign Hours Sheets (Golden, bilingual, competencies, etc.)
• Complete Administrative Duties (files, reports, documentation, cards, etc.)

FINAL CONFERENCES / REPORTS FOR END OF THE SEMESTER

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