Preface

Survival Guide for the Beginning Speech–Language Clinician, now in its second edition, is intended as a supplemental text to guide you when taking your first clinical steps toward a career as a speech–language pathologist. This book is useful to both undergraduate and graduate students undertaking their *very first* clinical experience. The goals of this book are (a) to provide a realistic, practical, and comprehensive overview of clinical problems that are often encountered by beginning clinicians; (b) to present solutions to those problems; and (c) to help prepare you for what you will experience along the way. This book does not focus on the numerous principles and theories that underlie various aspects of the clinical process because these are thoroughly covered in the classroom.

A secondary purpose of this book is to assist the newest segment of the profession—speech–language pathology assistants—as they journey through their training programs. Although speech–language pathology assistants differ from speech–language clinicians in terms of educational requirements and the scope of responsibilities, they still have to complete a fieldwork experience under the supervision of a speech–language pathologist certified by the American Speech-Language-Hearing Association. Having pointed this out, what follows is a discussion of what you will find in this book.

The introduction includes the rationale for writing this book. My former students' comments regarding feelings, attitudes, and perceptions toward the clinical practicum procedure are included to help you realize that your apprehensions are not unique. Three groups of students performing at different levels of the clinical process are identified, and the major clinical problem encountered by each group is addressed to show you how you will progress and what will be expected of you.

The importance of writing behavioral objectives is stressed in Chapter 1. The three components of a behavioral objective are discussed and examples pertinent to each component are presented. Relevant examples of various communication problems encountered in the profession of speech–language pathology are given. Opportunities are provided for you to identify the performance, condition, and criterion portions of objectives. The importance of understanding and writing behavioral objectives is discussed.

Chapter 2 is based on more than 30 years of my personal experience in reading, correcting, revising, rewriting, and approving behavioral objectives that were written by many hundreds of former beginning clinicians. Frequent

problems in designing behavioral objectives are provided and discussed in an attempt to prevent you from doing the same.

The purpose of Chapter 3 is to make you aware of the necessity of writing well-written evaluations. First, a poorly written evaluation is presented and analyzed. Then general guidelines are provided for writing both professional-style evaluations and progress reports. Both organization and content are emphasized.

Chapter 4 contains samples of evaluations, reevaluations, and progress reports that are well written. You can experience the flow and style of professional writing by actively reading and rereading these samples. Additional guidelines for writing professional reports are provided.

Writing progress notes in a professional manner is the focus of Chapter 5. The information and examples provided are designed to stimulate your thinking and analytical skills and to help you write acceptable progress notes. Examples of both acceptable and problematic progress note entries are presented and discussed. Suggestions for improvement are provided when necessary. You will discover that progress notes are not ends in themselves, but should be scrutinized and used to help determine the flow and direction of the therapeutic program.

Chapter 6 addresses several attributes of clinical accountability that are important to beginning clinicians. The first involves the paperwork process. An efficient system for handling the voluminous amount of paperwork expected of you is described and a rationale is presented. Record keeping during therapy sessions is also a focus. Examples, problems, suggestions, and samples of record-keeping systems are presented and discussed. An emphasis is also placed on keeping track of clinical hours. The types of activities that should be recorded in clinical hours are discussed and presented in a check-sheet format.

From reading Chapter 7, beginning clinicians gain insight into the purpose of a therapy conference as well as areas that should be addressed. Examples of therapy conference reports are provided so beginning clinicians can get ideas pertaining to the information that should be included in these reports. This chapter resulted directly from beginning clinicians' input on a questionnaire asking what additional topics they would like addressed in the second edition of *Survival Guide for the Beginning Speech–Language Clinician.*

Preparing for the public schools is addressed in Chapter 8. A brief background of the laws that have an impact on the performance of school-based speech–language clinicians is provided. Paperwork unique to the public school systems and resulting from these laws is addressed. Examples are provided to help you appreciate the complex, but necessary, process of keeping accurate records.

Chapter 9 takes you beyond basic therapy. Group therapy is discussed, and the concept is contrasted with conducting therapy in a group setting. Non-goal-related and goal-related interaction within a group is discussed and examples are given. Play therapy is addressed, and things to include in a play therapy session are stated and demonstrated. Background information is pro-

vided on curriculum-based therapy, and examples depicting this type of therapy are included.

The purpose of Chapter 10 is to offer suggestions to make your therapeutic sessions run more smoothly and to enable you to perform more efficiently and effectively during the clinical process. The content of this chapter is based on frequently occurring problematic areas noted during observations of former beginning clinicians. By identifying problems, showing how they can interfere with the effectiveness of the therapeutic process, and providing solutions, I hope to help you avoid these common pitfalls. Helpful hints to enhance performance are presented and discussed. Some areas that are discussed are seating arrangement, reinforcement for therapy and testing, verbal models, smothering the client, fostering dependency, choice constancy, reading sequence, elicitation techniques, avoidance of being physically overpowering, receptive tasks, elimination of habits that may be misinterpreted, avoidance of game emphasis, carry-over, sign language, session opening and closing, pause time, and mirror usage.

The final chapter encourages you to consciously and continuously evaluate all aspects of your professional performance. Some simple techniques are presented to help you begin to evaluate your own clinical performance. Basic clinical behaviors that need to be addressed when evaluating your sessions are presented and discussed. Additionally, abstract and complex clinical behaviors are presented as you need to incorporate them into your self-evaluations. These are also the behaviors that will be evaluated by most of your supervisors.

It is important to underscore a few points. The names and addresses of clients have been changed to preserve their identity. The actual years in which various clinical events occurred are not given to prevent this book from immediately becoming obsolete. Although the word *beginning* does not always precede *clinician*, the intent is that nearly all references to the clinician in this book refer to the beginning clinician. When this is not true, the meaning should be obvious from the context. Initially an attempt was made to refer to a clinician as "he or she," or "him or her," as appropriate. Although socially correct, this usage is most often dropped in this book in favor of referring to clinicians as female and clients as male (except in some reports) because it made the text less awkward and because this better reflects the statistical reality of the profession. I hope this does not offend readers.

In this book, the recipients of speech–language services are referred to variably as clients, patients, students, or children. There is no precise way to differentiate among these terms. For purposes of this book, if a preschool child is receiving services, *child* is the referent used. If a school-aged person receives services, *student* is used. The term *client* is used to refer to a person receiving services in a private practice or agency setting. The term *patient* usually refers to someone receiving services in a hospital or other medical-related facility.

Perhaps other terms should be addressed now. Frequently students have asked me what the difference is between a speech–language pathologist and a speech–language clinician. Unfortunately, I have neither a good nor an accurate

answer. I can simply comment on past practice. The terminology appears to be based on both educational level and employment setting. If one has a master's degree and a Certificate of Clinical Competence, the term *speech–language pathologist* seems to be used. However, if one is employed in the schools, regardless of educational level, the term *speech–language clinician* seems to be the frequently used term.

Another convention adopted in this book is to enclose sample documents within a border. Although this technique is not intended to fully "simulate" the document, it will serve to alert you to whether you are reading from a document or have returned to the text. (*Note:* Quick Checks and reviews are also boxed, but they will be obvious to you as you use them. Please *do use them* as they can alert you to topics you may need to review more thoroughly.)

The profession of speech–language pathology continues to benefit from the continuing evolution of information-based technology. Augmentative devices and computer software are readily available to assist with all aspects of the clinical process (administration, diagnosis, treatment, report writing, etc.). Although I ignore the great impact of this technology in this book, I believe that you will be better able to select and use available technology if you first experience the clinical process without the aid of computers and software. Experiencing the clinical process in this manner will enable you to better understand it, evaluate your needs, and ultimately be more knowledgeable of the technology you may require. You will better understand and appreciate the value of computers and software if first required to perform without the aid of this technology. For these reasons, the use of computer technology is not further addressed in this book. In a sense, being a good clinician rests on your shoulders and not in a keyboard or mouse.

My understanding of how you can be successful in speech–language pathology continues to grow. My intent is that this book will stimulate everyone (supervisors, former beginning clinicians, etc.) who uses it to explore additional ways to help future beginning clinicians have an easier, more enjoyable initial experience—an experience that not only ends, but also begins, with their delighting in their new clinical roles.

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