Clinical Practicum Fall 2019

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# Objectives

1. To gain experience evaluating and treating individuals who have communication disorders.
2. To develop and improve skills in the areas of:

* Therapy planning and implementation
* Writing goals, objectives, and other documentation
* Professional report writing
* Managing and interpreting data
* Self-evaluation of clinical skills

1. To provide an opportunity to use professional interaction skills with the clinical supervisor, parents/families, and other student clinicians.
2. The knowledge, skills, and disposition criteria for this course are consistent with the following Department of Public Instruction PI 34 standards for certification:

* The clinician understands the central concepts, tools of inquiry, and structures of the discipline(s) he or she teaches, and can create learning experiences that make these aspects of subject matter meaningful for students.
* The clinician understands how children with broad ranges of ability learn, and provides instruction that supports their intellectual, social, and personal development.
* The clinician organizes and plans systematic instruction based upon knowledge of subject matter, pupils, the community, and curriculum goals.
* The clinician understands and uses formal and informal assessment strategies to evaluate and ensure the continuous intellectual, social, and physical development of the learner.
* The clinician is a reflective practitioner who continually evaluates the effects of his or her choices and actions on pupils, parents, professionalism in the learning community, and who actively seeks out opportunities to grow professionally.

# Before Therapy Begins

1. Sign up for a meeting time with me; 45-60 minutes so we can begin planning for the initial sessions – stop by or email to set this up. If you have a co-clinician, coordinate the meeting time with him/her. It is best if we can all meet together.
2. **Prior to our first meeting** read the client’s file carefully and determine the important information that will be helpful for you to start clinic. Complete pages 14 & 15 of this document. Do not report everything in the file…. Summarize the critical information.
3. Please come to our first meeting with the following:

* Information from the file; complete pages 14/15 of this document. You can do this separately or together (if you have a partner).
* Some ideas for your first session
* A list of potential therapy times that you have available for therapy sessions so we can contact the parents ASAP. **Please do not call the parents prior to our first meeting.**
* Your capstone binder if you are currently an undergraduate student.

1. As therapy arrangements become finalized, you will need to sign up for a therapy room. You can fill out the sign-up sheet on the door of the room you choose. Let’s discuss rooms before you sign up as some clients need a larger or smaller room.
2. Read the procedures for the Infection Control Policies for Clinical Practicum.

## Before Your First Day of Therapy

I would like all the students I supervise to use a three-ring binder/notebook that can be separated into the following sections. This should be personalized to your case/needs, but typical sections include the following:

* Lesson plans
* Session evaluation forms/reflection questions
* Data for each session
* Therapy materials you use often (e.g., note cards, etc.)
* Family correspondence Log if necessary.

During the semester, you will keep all of the information listed above in your notebook and **always bring it to our meetings**. I will ask questions about previous data, etc., during our meetings so always have clinically relevant information available for our meetings.

## General Information Regarding Practicum

**Attendance**

Since clinical practicum is an essential part of your clinical training, it is assumed that you will attend all of your weekly therapy sessions with your clients and any weekly meetings with your supervisor. If for any reason you need to cancel a therapy session or a meeting with me, please let me know ASAP. You have all of my phone numbers and email, so there is no reason you should not be able to get in touch with me. You are also responsible for contacting your client and the front desk. You may need to make up therapy sessions that you cancel.

Note: If you are sick (i.e. fever, diarrhea, and vomiting, productive cough), please err on the side of caution. We do not want to make our clients sick. If your co-clinician needs to cancel, you will run the session on your own.

**Dress Code**

The clinic has a well-stated dress code policy that you are expected to follow. I recommend that you bend, sit, stand, etc. in front of a large mirror at home to make sure that all parts remain covered. If you have a partner, “police” each other. You will be moving a lot in therapy sessions with young children, sitting on the floor, and bending over, so plan your clothes accordingly. **Do not put me or any other supervisor in the position of having to comment on your attire.** Dress code violations will result in reducing your grade for clinical practicum. Be aware that as you tug on your clothing to make sure you are adhering to dress code policies; you are taking your attention away from the client.

#### Lesson Plans

You will begin the semester by writing a daily plan **at least 24 hours** before your therapy session. Those are best communicated via your “s-drive”; just **send me an email** when it is ready to view. For Monday sessions, lesson plans must be turned in by the previous Friday morning.

A note about therapy plans… **ALWAYS over-plan!** Think in terms of no longer than 10-15 minutes per activity for a preschooler and be prepared for one activity to “bomb,” so have a Plan B and C just in case.

As you become more comfortable with your client, daily lesson plans may not be necessary.

**SOAP Notes**

SOAP notes must be completed after every session. **Use the template on the D2L website** for practicum. Also consult your ComD 360 notes and handouts for how to write a SOAP note.

#### Self-Evaluations

I will provide written feedback for every session I watch. On a fairly consistent basis, I will give you a question or two to reflect on. Those questions will be your “self-evaluation”. Answer those questions within 24 hours after your session. If I didn’t leave you a question, you do not have to complete a self-valuation. **Again, send me an email when it is ready to view.** You will also complete a more formal video self-evaluation prior to midterm.

#### Weekly Meetings

We will meet as a group each week. I think that the sharing of information is a powerful way of learning and is excellent practice for “real world” clinical problem solving and sharing. At our weekly meetings, you may be asked to show and narrate a video, teach a new treatment technique, or look up current evidence-based practices. You can always schedule an individual meeting with me any time during the semester if you need to do so. **It is imperative you give your full attention, that is, do not pull out your planner, or page through your own notes while someone else is sharing. Demonstrate active listening skills.**

#### Observation

I will be observing your therapy sessions as much as I can during the semester. After my observation, you will receive a session evaluation form that I will put in your mailbox (but often not until you have completed your own reflection). The comments and suggestions I make on the forms are meant to help you and I try to provide a lot of written and verbal feedback. Please look them over and if you have any questions, bring them to our weekly meeting or schedule a time to meet with me privately.

If there is a part of therapy you want to make sure I watch, please let me know ahead of time.

**Punctuality**

You **must be in the waiting room at least 5 minutes** before your session is to start. Double check that all of your clocks coincide; I’ll be looking at the waiting room clock. Please be prompt for all meetings. Adhere to deadlines for all paperwork.

**Caregiver Contact**

At all times keep the caregivers informed of what you plan on working on that day; at the end of the session give the parents information about the session. Typically, this involves any new communication skills that were achieved, a general idea of progress, etc. Don’t assume that just because the parent watched the session that they have a good grasp of what happened. If the caregiver is not able to observe, you will need to come up with a method of communication (e.g., notes sent home, phone calls, etc.). Think about dividing this up with your partner, i.e., you each take a day to do this.

**Written Assignments**

This course fulfills the university writing emphasis requirement for majors within Communicative Disorders (please see the attached Standard Scoring Rubric). Students will complete written assignments including lesson plans, self-evaluations, and therapy reports. Other written assignments will be completed as necessary (i.e. IEP, dismissal reports).

This course also fulfills the American Speech-Language and Hearing Association’s (ASHA) standards regarding knowledge outcomes of a program of study as follows:

Standard III-A: The applicant must possess skill in oral and written

communication sufficient for entry into professional practice.

*Implementation: The applicant must demonstrate skill in performing a variety of*

*written and oral communication tasks. For written communication, the applicant must be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.*

**The Writing Emphasis Portion of this course will include a Plan of Care, SOAP notes, and Final Therapy Summary report.**

**Final Therapy Reports (FTR)**

We will begin the “final” report fairly early in the semester. See clinic grading

form for the parameters you must address. A professional writing style free of

grammar, spelling, and typing errors is mandatory. It is also imperative that

subsequent drafts address questions, comments and concerns that I voiced on the

previous drafts.

#### Writing Emphasis and Final Grades

See your copy of the final student practicum evaluation form for a detailed breakdown.

#### Client Cancellations

If the client or client’s parents cancel a therapy session, cancellation notices will be posted by the mailbox that is across from my office. If you cancel therapy, it will be your responsibility to let me, the clinical secretary, and the client/client’s parents know of the cancellation. If your client lets you know that they will be canceling a future therapy session, the clinical secretary and me know about the cancellation. **Keep the therapy observation board up-to-date and fill out a yellow cancelation form**.

If one member of the team needs to cancel, it is expected that the other clinician will just take over the entire session.

**Child Safety in the Clinic**

* Don’t ever leave a child unattended (e.g., if you have forgotten something, take the client with you to go get it.)
* An adult must be with children that are washing their hands.
* **Do not let children stand on chairs, lean back in chairs, sit on a counter, etc.**
* Do not plan art projects that require glue guns, staplers, etc.
* Do not use items such as balloons, pointed scissors, etc.
* Monitor activity level in the lobby and hallways; encourage walking, not running.
* **Do not reinforce your client with candy or other high-sugar snacks**; typically, eating and talking do not go well together. We can discuss appropriate reinforcements for your client. **Talk to me before you plan a cooking activity**.
* Monitor how the child uses the automatic doors
* Monitor your child’s behavior in terms of getting “too wild” or “too loud”

**Be a good speech model:**

* When is it appropriate to use the words “good” vs. “well” e.g., “You did that so \_\_\_\_\_\_.”
* **Eliminate “yup” and “nope” from your vocabulary while in clinic**.
* Do not use slang such as “You kicked my butt” “Oh my God” etc.
* Articulate clearly, e.g., “what do you have” instead of “Whacha got”
* Don’t call your child names, even in fun, e.g., “cheater”
* Don’t label your child as “smart” as an overall descriptor. Instead comment on what the child did that was “correct” “a good try” “hard worker” etc.
* Do not ask your client “do you want to…” when they really don’t have a choice.
* “sit on your bottom” NOT “sit on your butt”

**Tentative Schedule:**

**(subject to change depending on the needs of your client)**

**Week of September 9**: Getting started, e.g., schedules, room assignments, etc.

**After about 3 – 4 sessions with your client**: Establishment of objectives

**About September 30 – October 4th :**

Complete an initial draft of first part of your final therapy report to include:

* + create space at the top for all necessary identifying information,
  + background information (this section usually includes when the child was referred, by whom & why, a brief description of those initial concerns, when child started to receive therapy, Brief statement on their progress since they originally started therapy,
  + Status at the beginning of therapy for this semester (this section usually contains information from your initial testing/observations; and
  + Your goals and objectives written in standard format and reflecting your baseline information).

**Video self-evaluation should be completed during the week of September 23rd or 30th.**

**Midterm evaluation: about the week of October 21stth.**

**Week of November 25th: Final therapy reports should be completed (may just have some final data to fill in). Final conferences with client/families will be during the last week of clinic.**

**Lesson Plan that may be useful for the first one or two sessions before you establish objectives. (**Use this format for as many different areas you need to cover). For example, in the first session you may want to evaluate 1) play skills, 2) determine intelligibility and 3) obtain an MLU (thus 3 questions). The number of questions you have will vary.

1. What do you want to learn about your client? Why?
2. How will you get that information? (Activities, materials, techniques, etc.)
3. What do you want to learn about your client? Why?
4. How will you get that information?
5. What do you want to learn about your client?
6. How will you get that information?

Sample of a lesson plan format used early in the semester once you have a good idea of your objectives.

**Clinician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ Room #: \_\_\_\_\_\_\_\_\_\_\_\_**

**Client’s Initials \_\_\_\_\_\_\_\_\_\_\_**

**1. State your functional/measurable short-term objective (STO#1):**

* **Activity(ies)** provide a brief description of each activity you have for your first objective.
* **Activity justification (why did you choose this/those activity(ies)?) (justify each activity if you have more than one for an objective):**
* **Stimuli to elicit responses:** give me some idea of what you will use to elicit responses; these could be articulation cards, toys, books, etc.
* **Detailed information about your therapy techniques and strategies (include cueing**
* **hierarchy and/or compensatory strategies): these will probably be consistent across all activities for a particular objective.**
* **Type(s) of reinforcement you will use:**
* **Method of data keeping:**

**2. Functional/measurable short-term objective (STO#2):**

(continue with each STO as outlined above)

**On the next page is an example for a fictitious client.**

**Clinician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ Room #: \_\_\_\_\_\_\_\_\_\_\_\_**

**Client’s Initials \_\_\_\_\_\_\_\_\_\_\_**

**Functional STO**: BT will produce /f/ in the word-initial position during structured game play with 80% accuracy and minimal cues. (previous data: 72%-moderate cuing)

**Activity #1**: “Go Fish” game with /f/ cards

**Activity justification (why did you choose this activity?):** I can select specific words to give BT both success and challenge and he enjoys playing games; the use of the word “fish” comes up often and is used naturally in this game.

**Stimuli to elicit responses (include how the stimuli will be chosen, any modifications or controls you will use)**: All of the stimuli will be one-syllable words that begin with /f/ and contain no consonant clusters. Given his phonetic inventory, I will not have to avoid other fricatives, so I can choose words such as “fish” “fizz” etc.

**Detailed information about your therapy techniques and strategies**: I will introduce this activity by reminding BT about “stop” and “go” sounds. We will practice the “leaky tire” sound in isolation, with cues to “bite your lip” as needed. Once the activity begins, I will begin to provide binary choice feedback to increase BT’s self-monitoring and carryover. For example, if BT says “pan” I will say, “Do you want the *pan* or the ***ffff****an*?” with emphasis on the target phoneme. If she still can’t correct I will remind him that it has a “leaky tire” sound and imitate the correct articulatory posture. I will also have the client seated so that he can easily look in the mirror if a visual cue is needed.

**Type(s) of reinforcement/correction you will use (both to reward appropriate behavior and responses as well as to deal with unacceptable behavior**): BT will receive verbal praise for correct responses, attention to task, etc. I will also reinforce by saying “that was a great f sound”, etc. BT loves games so the activity will also be rewarding.

**Method of data keeping**: I will keep a tally of correct and incorrect responses and indicate when cues were needed.

**Homework with this objective**: I will give mom a copy of articulation cards that BT can use at home to play a concentration game with. I will instruct mom how to cue and provide feedback.

**Functional STO**: BT will use *she* and *her* during connected speech with 80% accuracy and cues as needed. (previous data: 52%-max. cues)

**Activity #2**: Structured play with a doll house.

**Activity justification (why did you choose this activity?):** BT can use 3rd person feminine pronouns consistently during structured activities, but she uses *her/she* during spontaneous speech. Playing with the doll house is an activity that BT enjoys, and it provides many opportunities for connected speech. However, I have some control over the activity because I can set up scenarios involving the mom and/or the baby to practice using pronouns correctly.

**Detailed information about your therapy techniques and strategies**: I have **pre-planned** some play scenarios to elicit *she* and *her*, but primarily *she* as this is the word that BT has the most difficulty with. Together, we will engage the toys in a familiar play routine and I will provide models such as, “**She** looks hungry! What do you think **she** wants to eat?” “She loves pizza” “She just likes cheese” etc. BT will be encouraged to use complete sentences to respond, such as “She wants pizza.” If she just answers with one word (i.e., “pizza”), then the phrase will be recast (“She wants pizza.”) and she will be asked again, “Who wants pizza?” I will also put some vocal emphasis on my productions of “she”.

I am also going to initiate a new cue, printing the word “she” on an index card. BT is starting to recognize some printed words. I will first familiarize her with the card and as I use the word “she” I will point to the word at the same time. When BT makes an error, I can point to the word card to encourage correction.

**Type(s) of reinforcement you will use**: The primary reinforcement is being successful in the context of the activity. Verbal praise will be given infrequently for correct pronoun during the activity (e.g., “I like how you used the word “she”).

**Method of data keeping**: Throughout the play activity, I will keep a running tally of correct/incorrect uses of *she* and *her*, separately.

**Homework**: No formal homework will be given as BT is not quite competent enough with this task. However, her mother will be shown how to recast incorrect utterance naturally throughout the day. (i.e., BT: “Her’s crying.” Mom: “Yes, **she** is crying.”)

# This lesson plan form is typically used once you have your objectives firmly established and have determined appropriate activities and strategies.

# Lesson Plan Example 2:

# Clinician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client\_\_\_\_ Date/Time\_\_\_\_\_\_\_ Room\_\_\_\_\_\_

**Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dx:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Long-Term Goal: AB will increase intelligibility to 80% with familiar listeners in known contexts**

|  |  |  |  |
| --- | --- | --- | --- |
| **STG:** | **ACTIVITY/**  **MATERIALS** | **Specific teaching Strategies & modifications** | **PREVIOUS DATA** |
| AB will produce final /k/ in CVC words with 80% accuracy and cues | Memory game with /k/ stimulus cards; CVC, no other velars in the word besides initial /k/. | Verbal models of words with final /k/  Mirror and instruction on tongue placement  Tongue depressor if necessary to suppress /t/ productions and facilitate placement  If task is still too difficult, I will produce the words (sometimes with errors) and have AB tell me if I was correct or not | 55% (8/14/07) |
| AB will produce /s/ blends in Initial Position of words with 80% accuracy and minimal cues. | Storybook reading  A Bad Case of Stripes; blends for production include /st/ /sp/ /sn/ and /sl/, 3 member blends will be modeled but production is not expected | Binary choice of errors w/ correct production last and visual cue (Did she eat with a **poon** or a **spoon**?—hand signal to indicate /s/)  Elicit production of the CCVC word by having her combine an elongated /s/ with the rest of the word; may need to pause in between, attempt to get the pause shorter  If production difficulties continue I will have her indicate if my productions are correct or not | 1st time this was addressed |

**Long-Term Goal**: This is your ultimate goal; e.g., improve intelligibility, etc.

**Objectives**: This must be stated in behavioral terms; be specific in terms of what you want the client to do.

**Activity**: This will primarily reflect the context (game, structured pretend play, perceptual play); make sure you have more than enough activities for the time allowed. Again, just a brief phrase will suffice, e.g., “playing “Memory” with two stacks of /g/ stimulus cards.”

**Materials**: Just a brief list of the materials, toys, etc. you will use to help elicit responses.

**Techniques**: This is what **you** will do to assist the client’s success, think of your cuing techniques, clinical strategies, etc. Another way to view this is what is making your activity “clinical” and not just a game of memory. Follow through with specific information if the child does not respond as expected; what you have planned for dealing with errors, etc. This is your opportunity to show me what you know about how to provide clinical techniques to remediate specific errors. Make sure you don’t just list techniques, but also implement them during intervention.

**Previous Data**: record the data from the last time you worked on this particular objective; if it is the first time you are working on the objective, note that.

**Family Correspondence Log**

**(keep this in your personal Tx binder)**

|  |  |  |
| --- | --- | --- |
| **Date** | **Type of**  **Contact** | **Detailed Description (e.g., what was talked about,**  **type of homework, any parental concerns, etc)** |
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The more contact you have with families and teachers, the fewer “surprises” you will have at the end. In addition, clients who practice outside of therapy tend to make better progress, thus you should have frequent contact, a variety of homework assignments, etc.

These are some of the areas I will be observing as you conduct your clinical sessions; I will put comments in the right-hand column.

|  |  |
| --- | --- |
| **Therapy Plan**   * **Objectives are appropriate** * **Objectives are measureable** * **Activities are appropriate** * **Problems are anticipated** * **Supervisor suggestions incorporated** |  |
| **Therapy Implementation**   * **Rules/activities explained** * **Modification of tasks as needed** * **Use of appropriate cues/models** * **Consistent behavior management** * **Effective use of time** * **Maximum responses elicited** * **Client self-evaluation encouraged** * **Feedback and reinforcement** * **Adapts to client’s needs** * **Accurate data collection** * **Home program and education** |  |
| **Professional Skills**   * **Attire/grooming** * **Use of client-friendly language** * **Communicates well with family** * **Active participation in session** * **Appropriate response to supervisor feedback** * **Prepared for supervisory conference** * **Makes referrals as needed** * **Adheres to infection control procedures** * **Punctuality** |  |

**COMPLETE BEFORE OUR FIRST MEETING**

You can find all of the pertinent information in your client’s chart. Look through IEPs, past therapy reports, notes, etc. This may be written on typed. We will mainly be using it to guide our discussion.

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client’s initials: \_\_\_ Client’s Age \_\_\_\_\_ Client’s Diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Tell me about this client:**

**2. Now focus on more current information. Tell me about the client as a total communicator, not a list of goals. How does the client communicate (strengths/weaknesses)? What does the client need to learn in order to communicate more effectively?**

**3. Significant variables related to this case currently (be succinct here):**

1. **Any testing (formal and informal) you may want to conduct & why:**
2. **Any additional information you may need from the teachers/caregivers & why:**
3. **How to fairly divide the work between you and your partner (if applicable):**
4. **How are you prepared to handle this case, e.g., previous experience, courses, etc.**
5. **What areas do you need help with in getting started? Again, be specific here.**
6. In your opinion, what are your clinical strengths/concerns (no judgement here, I want you to be honest)?
7. How much supervision and input do you feel that you need? (1=no supervision; 10=maximum supervision)

|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

1 2 3 4 5 6 7 8 9 10

1. **My clinical supervisor can help me during this clinical experience by…**
2. **I can help myself during this clinical experience by…**

Therapy preparation checklist\*

|  |  |
| --- | --- |
| Have I arranged the room in such a way to decrease distractions and increase attention?  Will the therapy I have planned affect the client’s ability to interact and communicate?  Have I planned age-appropriate activities? Are they fun and interesting?  Will my activities elicit many targets?  Have I over-planned?  Do I have all of the materials I need?  Do the toys have all their parts?  Does anything need to be set up before Tx? (e.g, the computer for observation)  Do I have a “cheat sheet” for things I plan to elicit or address during play or reading activities?  Am I prepared to increase/decrease difficulty as needed?  Do I need/ have a behavior management plan?  Are my data sheets ready and organized?  Do I know what I am going to tell the caregiver about my planned objectives?  In the lobby at least 5 minutes early.  Ending therapy:  Did I give information to the client?  Did I give information to the caregiver? Homework? |  |

**Did I ask my supervisor for help in areas where I am struggling, unsure or don’t know what to do?**