

Clinical Practicum Spring 2018

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*The purpose of life is not to be happy - but to matter, to be productive, to be useful, to have it
make some difference that you have lived at all.*

Leo Rosten

Welcome to Fall Practicum! I anticipate that we will have a smooth and productive semester in which we will see our clients improve their ability to communicate. Equally as important, I want you to learn more about yourself as a clinician and develop your own skills. Each student brings different abilities, personalities, ideas, and even insecurities to the clinic setting. It is my hope that we can develop and strengthen your attributes and improve your confidence and skill on those areas that you are concerned about.

Do all the good you can, and make as little fuss about it as possible.

Charles Dickens

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
3. To provide an opportunity to use professional interaction skills with the clinical supervisor, parents/families, and other student clinicians.

4. 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.

My heart is singing for joy this morning. A miracle has happened! The light of understanding has shone upon my little pupil's mind, and behold, all things are changed.
Anne Sullivan

Before Therapy Begins

1. **Stop by and see me for you clinic assignment.** At this time you will receive the “yellow sheet” and we can discuss possible therapy times. Try to schedule before our first meeting.
2. **Prior to our first meeting** read the client’s file carefully and fill out the form (pp. 10-11) that is at the end of this syllabus.
3. Please come to our first meeting with the following:
 - Completed summary form (see number 2 above)—one per clinician
 - Some ideas for your first session
 - Your schedule—if some clinic times with other placements aren’t set, please indicate tentative times
4. 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. Once you sign up for a room, turn in the white card to Ms. Skebba.
5. Read the procedures for the Infection Control Policies for Clinical Practicum.

We will discuss how we will handle therapy plans, data, and other paperwork issues during our first group meeting.

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.)
- **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.
- Monitor activity level around the bean bags.
- Avoid 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.
- Monitor how the child uses the automatic doors and don’t let them run out into the parking lot.

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, 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 really sick (i.e. fever, diarrhea, vomiting, productive cough), please err on the side of caution. We don't want to make our clients sick.

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. You will be moving a lot in therapy sessions with young children, sitting on the floor, and bending over, so plan your clothes accordingly. Also, keep in mind that the camera is high on the wall and looking down at you. **Do not put me or any other supervisor in the awkward 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.

Therapy Plans

We will discuss therapy plan format at our first meeting..

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.

Weekly Meetings

We will meet in a weekly clinic group each week. I think that the sharing of information among ourselves is a powerful way of learning and is excellence 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 to share with the group. You can always schedule an individual meeting with me any time during the semester if you need to do so.

Written Assignments

This course acts as the capstone course for undergraduates and is a chance for graduate students to improve their clinical writing skills. Students will complete a variety of written assignments including SOAP notes, self-evaluations, and therapy 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.

Self-Evaluation of Writing

During the semester, you will have opportunities to evaluate your own writing skills. You will revise your therapy summary report according to my feedback. You will also have opportunities to discuss my comments as they relate to your revisions. **When you make corrections, do not remove my previous comments. I will delete them after reviewing your revisions.**

Final Therapy Summary Reports

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.

Client Cancellations

If the client or client's parents cancel a therapy session, cancellation notices will be posted by the faculty mailboxes. **If you cancel therapy, it will be your responsibility to let me, Ms. Skebba, and the client/client's parents know of the cancellation. If your client lets you know that he/she will be canceling a future therapy session, let Ms. Skebba and me know about the cancellation.**

Tentative Schedule:

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

Week of January 22

Getting started, e.g., meet together, schedules, room assignments, etc.

Week of January 29

Baseline/pre-test; establishment of objectives for your client; begin POC and therapy syllabus

February 12

POC and therapy syllabus are due

Week of March 5

Video self-evaluation is due at the end of the week

Week of March 12

Midterm evaluation--I'd like for your video self-evaluations to be completed prior to the midterm conference

Week of April 9

First draft of the beginning of your Final Therapy Report is due. See D2L for form. It should 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,
- Status at the beginning of therapy (this section usually contains information from your initial testing/observations; and
- your goals (from the IEP), and objectives written in standard format and reflecting your baseline information).

Week of April 30

Final conferences; final therapy report due in completed form after the conference

Therapy Tips

Things to think about before/during/after therapy

1. Have I arranged the room in such a way to decrease distractions and increase attention? Have I made adaptations for any special needs or concerns? (e.g., wheelchairs, child who is a climber, etc.)
2. Am I thinking about the client as a communicator or a list of goals? How will the therapy I have planned affect the client's ability to interact and communicate?
3. Have I planned age-appropriate activities? Are they fun and interesting? Will they elicit a lot of targets?
4. Have I over-planned? Do I have Plans B and C in case one of my activities doesn't work as I have anticipated?
5. Do I have all of the materials I need? (books, toys, artic cards, games, pen/pencil, crayons, scissors, paper, tests, test forms, etc.)
6. Do I have a "cheat sheet" for things I plan to elicit or address during play or reading activities? (e.g., cooking task to address /k,g/ in IP—"cut, cook, carrot, cold, Coke, candy, good, go, gooey, gum")
7. Do I have an understanding of cueing strategies and how to use them?

Verbal cues:

- *Model with direct imitation-: "Say "fan."
- *Model with delayed imitation: "This is a fan. What do you want?" ("fan")
- *Cloze technique: "Oh, you want the f ____." (while pointing or holding fan)
- *Binary choice: "Do you want the *fork* or the *fan*?" (always use desired response as the last option—child more likely to repeat correctly what he just heard)
- *Request for clarification: "You want the *pan* (fan)?"

Visual cues:

- *Visual Phonics, signs
- *Gestures to indicate a phonological property like stop/go or front/back sound
- *Pointing to your mouth as you produce the sound or just demonstrate the position of the articulators.
- *Pointing

Phonemic placement cues:

- *Describing what the articulators are doing in age-appropriate terms ("When you make the /f/ sound remember to bite your bottom lip and let the air leak out.")
 - *Using a descriptive name to describe phonemes such as "leaky tire sound" (/f/), "be quiet sound" (/ʃ/), "buzzing bee sound" (/z/), etc.
8. Do I have a behavior management plan? Will I remove privileges, use time-out? What will I do if the child refuses to participate...or cries...or throws toys...or self-stims...or tantrums?
 9. Do I introduce each therapy activity and its purpose or do I just jump from one thing to another?
 10. Do I have a way to keep data that is consistent and logical?
 11. Do I look professional? Can I sit down, bend, reach, and stand up without tugging at my clothes to keep tops and bottoms covered? Am I chewing gum?
 12. Did I have fun? Doesn't it feel great to make a difference in someone's life?

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 DX _____

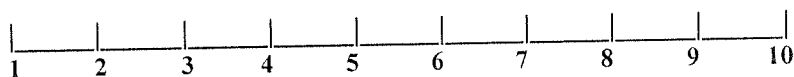
Summarize the case & discuss in broad terms the intervention plan. Think about the client as a total communicator, not a list of goals. How does the client communicate (strengths/weaknesses)? What does the client need to learn in order to communicate more effectively?

What else would you like to know about your client? How can you find out that information?

What areas do you need help with in getting started? Again, be specific here.

In your opinion, what are your clinical strengths? (If you haven't had clinic yet, what do you *think* they are?)

How much supervision and input do you feel that you need? (1=no supervision; 10=maximum supervision)



Justify your response:

How would you define our roles as student clinician and clinical supervisor?

Name _____

Video Self-Evaluation
Terrell/Clinic

Please complete this individually and turn in a hard copy to me by Friday, March 9. Be thoughtful and reflective.

1. Carefully observe your interaction with your client (and co-clinician, if applicable). Reflect on your body language, facial expression, and other nonverbal communication.. How did you come across to your client and family members? Is there anything you would change?
2. Consider the intervention techniques you used. List a few techniques that you noted in your session and give a specific example for each. Were you satisfied with the variety and type of intervention techniques? Support your answer.
3. Consider your cueing hierarchy. Give at least one example in which you used several cues to get the desired response. What types of cues tended to be most beneficial?
4. What intervention techniques and/or activities tended to get the best response from your client? Speculate why. (Of course, this can vary widely from day to day).
5. Think about prompts and interaction style with your client. Specifically, were your questions yes/no (closed) or open-ended? Did you ask too many questions? Did you talk too much or too fast? Did you say "Can you?" when you should have said "Let's..."? Did you pause enough to give your client time to respond or initiate? Did you teach and instruct your client or just test, test, test? Also consider the type of feedback/reinforcement and the frequency
6. What clinical skill(s) would you most like to improve upon for the rest of the semester?
7. Brag on yourself! What did you see that made you feel confident and proud?

You will develop your own personal “therapy syllabus.” A table format will be the easiest/best way to portray and convey this information. You will likely want to put your table in a horizontal format to give yourself more room. This table will be a working, living document in which you might make changes throughout the semester. Initial rough draft should be completed by the end of your second therapy week.

In your table I would like you to include the following information:

STO	Rationale for STO	Possible activities	Therapy techniques	Rationale for tx techniques	Cueing hierarchy

Clinical Practicum Spring 2018

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Meeting time: TBA

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
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 - 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** – stop by to see me directly to set this up, or call to set up a time. 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 copy of your schedule (**use form 44** outside my door)
 - 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 an undergraduate student.
4. 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.
5. Read the procedures for the Infection Control Policies for Clinical Practicum.

Before Your First Day of Therapy

I would like all of 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 really 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.

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 may meet in a weekly clinic group each week or individually. I think that the sharing of information among ourselves 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.

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.**

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.
-

Tentative Schedule:

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

Week of January 22: Getting started, e.g., schedules, room assignments, etc.

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

About February 26 :

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 February 19th.

Midterm evaluation: about the week of March 12th.

Week of April 23rd: 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 play skills, determine intelligibility and 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 #1:** provide a brief description
- **Activity # 2:** (if you are doing multiple activities for the same objective, you can just list those activities here)
- **Activity justification (why did you choose this activity?) (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: SC 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 SC both success and challenge and he enjoys playing games; the use of the word "fish" comes up often and is used naturally.

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 SC 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 SC's self-monitoring and carryover. For example, if SC says "pan" I will say, "Do you want the *pan* or the *ffffan*?" with emphasis on the target phoneme. If she still can't correct I will remind her 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): SC will receive verbal praise for correct responses, attention to task, etc. SC will also get to select one of two pretend play activities as a reward for her good behavior.

Method of data keeping: I will keep a tally of correct and incorrect responses and indicate if cues were used.

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

Functional STO: SC 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?): SC 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 SC enjoys and it provides plenty of 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 SC 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. SC 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".

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 SC 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., SC: "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	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 <u>A Bad Case of Stripes</u> ; 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	1 st 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)

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.

<p style="text-align: center;"><u>Therapy Plan</u></p> <ul style="list-style-type: none"> • Objectives are appropriate • Objectives are measureable • Activities are appropriate • Problems are anticipated • Supervisor suggestions incorporated 	
<p style="text-align: center;"><u>Therapy Implementation</u></p> <ul style="list-style-type: none"> • 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 	
<p style="text-align: center;"><u>Professional Skills</u></p> <ul style="list-style-type: none"> • 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 (be succinct here):

4. Any testing (formal and informal) you may want to conduct & why:

5. Any additional information you may need from the teachers/caregivers & why:

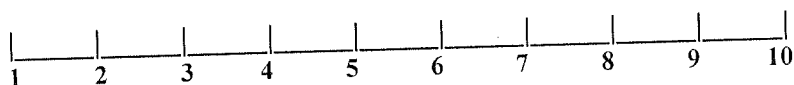
6. How to fairly divide the work between you and your partner (if applicable):

7. How are you prepared to handle this case, e.g., previous experience, courses, etc.

8. What areas do you need help with in getting started? Again, be specific here.

9. In your opinion, what are your clinical strengths/concerns?

10. How much supervision and input do you feel that you need? (1=no supervision;
10=maximum supervision)



11. My clinical supervisor can help me during this clinical experience by...

12. I can help myself during this clinical experience by...

Therapy preparation checklist*

<p>Have I arranged the room in such a way to decrease distractions and increase attention?</p> <p>Will the therapy I have planned affect the client's ability to interact and communicate?</p> <p>Have I planned age-appropriate activities? Are they fun and interesting?</p> <p>Will my activities elicit many targets?</p> <p>Have I over-planned?</p> <p>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)</p> <p>Do I have a "cheat sheet" for things I plan to elicit or address during play or reading activities?</p> <p>Am I prepared to increase/decrease difficulty as needed?</p> <p>Do I need/ have a behavior management plan?</p> <p>Are my data sheets ready and organized?</p> <p>Do I know what I am going to tell the caregiver about my planned objectives?</p> <p>In the lobby at least 5 minutes early.</p> <p>Ending therapy:</p> <p>Did I give information to the client?</p> <p>Did I give information to the caregiver? Homework?</p>	
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Did I ask my supervisor for help in areas where I am struggling, unsure or don't know what to do?

DIAGNOSTIC PRACTICUM Spring 2018

Supervisor: Christie Witt, M.S., CCC-SLP
Office: 044A
Phone: 346-2577

Office Hrs: See office door
email: cwitt@uwsp.edu

This is an addendum to “CD 495 & CD 791-794 Clinical Therapy Practicum” syllabus that can be found on D2L.

Our Schedule

Our diagnostic evaluations will take place on **Thursdays from 9:00 – 11:00**. Keep your schedules free during those times every week during the semester. **Each week you will need to check the Diagnostic Schedule at the front desk. All diagnostics are on the calendar in the Red Diagnostic Folder and you are allowed to get the folder and check the schedule.**

Once diagnostics begin

1. **Team organization:** All clinicians will be active in every diagnostic appointment.

All team members are responsible for file review, preparing diagnostic, taking data, interpreting data, scoring tests, analyzing results, making recommendations, and writing the report.
2. **Weekly Meeting:** We will discuss the up-coming diagnostic and any past diagnostics.
3. **Diagnostic reports:** Reports will be written as a team and need to be complete before the next diagnostic appointment. You are writing a professional report that will represent you as professionals and this clinic. Your first draft should be your best work. Subsequent drafts will occur as needed and determined by Ms. Witt.
4. **Clock hours:** Please keep track of the number and type of clock hours earned. You will also document “staffing” hours (meetings to discuss evaluation, treatment and/or recommendations, or exit meetings with parents, caregivers). You should keep track of your hours on a weekly basis. It is not the supervisor’s responsibility to keep track of your hours. Staffing hours **DO NOT** include preparing for diagnostics, scoring tests, transcribing language sample, or meeting with the supervisor or team. However, supervisors have the discretion for exceptions. Clockhours are to be submitted via Calipso at the end of the semester.
5. **Professionalism:** Your preparedness, organization, confidence, conduct, attire, and grooming influence your credibility as professionals. In addition, respect for your client, family members, co-clinicians, and supervisor, and demonstrating enthusiasm.
6. **Additional responsibilities:** The team is responsible for video recording the diagnostic session, reserving any equipment and supplies prior to the evaluation, as well as cleaning up the diagnostic room after the session. This includes sanitizing the table, supplies, and equipment used and putting them back where they belong.
7. **Evaluation:** We will meet as a “Diagnostic Team” at mid semester and use *Calipso* to discuss your progress and development. At the end of the semester we will meet again to discuss your semester progress. You will be graded on clinical competence, clinical writing, professional conduct, increased independence in your diagnostic decision-making, and diagnostic skills.

Clinical Practicum Spring 2018

Supervisor: Christie Witt, M.S., CCC- SLP
Phone: (715) 346-2577-office

Office: CPS 044A
Email: Christie.Witt@uwsp.edu

Objectives:

Refer to the standard CSD 495 & CSD 791-794 Clinical Therapy Practicum Syllabus on D2L.

Course Requirements:

This course involves working at the UWSP-Speech Language and Hearing Clinic. You will be completing course requirements while working at the clinic. This clinic provides services to the public. You are required to adhere to the guidelines and policies written in the clinic handbook which can be found in D2L.

Paperwork:

1. Weekly Lesson plans
 - a. Due on Fridays at noon.
 - b. You may complete lesson plans in your own style. There is no template
 - c. Lesson plans should include:
 - i. Skill you are targeting
 - ii. Therapy techniques you will implement
2. SOAPs
 - a. Due weekly by noon on Fridays
 - b. You will save it on your s-drive as a running document.
 - c. You will use the SOAP form on Ms. Witt's s-drive.
 - d. If you are working on a team, the author of the SOAP must alternate and you must indicate who the writer is on the SOAP form.
 - e. If you are working on a team the SOAP note will be saved on one team member's s-drive or in the P-drive.

Here is an example of what I will be looking for in a SOAP notes:

S: Subjective. Any subjective information that is relevant to the session.

O: Objective. Provide data for each goal (you do not need to state the goal in the note, just results of the session pertaining to the goals. For example, Sam requested an item using a 2 button sequence in 2 out of 4 opportunities.

A: Assessment. Write what occurred to result in the success/not success of performance for goals. For example, Minimal visual prompts were needed for 2 button requests.

P: Plan. Continue plan of care.

3. Plan of Care:
 - a. Find the plan of care form on the s-drive.
 - b. This needs to be completed by the end of the second week of therapy.
 - c. We will discuss how to complete this form in a clinic meeting.
4. Written reflections: Following each session, you will answer the reflection questions and save them in your individual s-drive. These need to be completed by Friday at noon.
5. Data: We will discuss data collection in our meetings.

7. Visual Summary of the results of therapy (at the end of the semester).
 - a. It needs to be a visual representation (graphs, charts, etc).
 - b. This document will be shared with your client/client's family at the final therapy meeting.
8. Final Therapy Report.
 - a. There is no template – you need to determine the information that is pertinent to your client.
 - b. You will follow this plan for turning in your document:
 - i. You are responsible for having this document in the final form at the time of “checkout” at the end of the semester.
 - ii. Email Ms. Witt when you have this document or portions of this document ready to review for feedback.
 - iii. Editing remarks and suggestions will be saved in your s-drive as separate document. You will make changes and email Ms. Witt when the next draft is ready for review. Each draft should be saved as a new document.
 - iv. You will submit it for review until Ms. Witt determines that it is complete.
9. Billing:
 - a. You are responsible for documenting session dates your client attended.
 - b. At the end of the semester you will turn in a completed billing form that documents each session attended.

Meetings

1. We will discuss and schedule clinic meetings at our initial clinical meeting. You will be expected to participate in discussions regarding clinic which may include but is not limited to goal writing, data collection, plan of care, final therapy report, SOAP notes.
2. Mid-term meeting: You will participate in a mid-term meeting. You will be expected to discuss what you have learned during your clinic experience.
3. End-term meeting: You will participate in a final grade meeting. You will be expected to discuss what you have learned, your strengths, and potential areas for improvement.
4. Additional Meeting: You are responsible for initiating meetings at your discretion. These meetings may be used to address clinic specific questions, paperwork, other questions, or for general support. To initiate a meeting, you can:
 - a. Sign up on Ms. Witt's door
 - b. Stop by to see if Ms. Witt is available – if Ms. Witt's door is closed, decide whether or not your reason to see her is an emergency; if not sign up for a time to meet. If it is an emergency, knock on the door. If she is in her office and available (not on the phone) she will direct you to enter.

Grading

1. Ms. Witt will assign grades at mid-term and end-term meetings using the form on Calipso.
2. You will be graded on clinical competence, clinical writing, professional conduct, increased independence in clinical decision making, and improvement of clinical skills.