Clinical Practicum Spring 2020

CSD 792

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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](http://www.wow4u.com/charles-dickens/index.html)

# 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.

*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 on Tuesday for your 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. 9-10) 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 general ideas for your first session
* Your schedule—if some clinic times with other placements aren’t set, please indicate tentative times

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. Once you sign up for a room, turn in the white card to Ms. Skebba.
2. 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.

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## 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.**

#### 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.

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| --- | --- |
| **Date** | **Topic** |
| Week of 1/20 | Clinic Introduction |
| Week of 1/27 | Grand Rounds/Establishing Goals and Objectives |
| Week of 2/3 | Grand Rounds/Planning Therapy |
| Week of 2/10 | Data collection/Troubleshooting |
| Week of 2/17 | Theoretical Foundations |
| Week of 2/24 | Self-Assessment/Modification |
| Week of 3/2 | Grand Rounds with video |
| Week of 3/9 | Midterms |

**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 20**

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

**Week of January 27**

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

**Week of February 3**

Final POC due

**Week of March 2**

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

**Week of March 9**

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

**Week of April 20**

First draft of the beginning of your Final Therapy Report is due. See Canvas 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 27**

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 “**f**an.”

\*Model with delayed imitation: “This is a **f**an. 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” (/”sh”/, “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?

12. Did **I** have fun? Doesn’t it feel great to make a difference in someone’s life?

**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.

**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)

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1 2 3 4 5 6 7 8 9 10

**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 6. 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?