2013, Volume 1

THE OSHA OMMUNICATOR A PUBLICATION OF THE OREGON SPEECH-LANGUAGE & HEARING ASSOCIATION



President's Message

By Linda D'Onofrio, President

Happy New Year Y'all!

2013 has already started off as an action packed year for OSHA and the speech pathology/audiology community in Oregon. The new Patient Protection and Affordable Care Act (PPACA), better known

as Obamacare, is now law, and health care exchanges are being set up across the state. This will result in more patients covered by insurance seeking out our services. Community Care Organizations (CCOs) are also being established around the state to serve the adults and children on the Oregon Health Plan and Healthy Kids Plan. This provides us an opportunity to emphasize our roles as primary habilitation and rehabilitation providers. Beginning last year, a few large insurance companies reduced their reimbursement rates, taking a toll on private practices and small clinics. A number of bills are being proposed this legislative session, that have a direct impact on how we are licensed and who is qualified to provide services to children and adults with communication disorders. Our state universities are educating and training more graduate students than ever before, which should have a positive effect on our previous SLP shortage. And we are inching ever closer to universal licensure for all speech pathologists in Oregon.

My goal this year is to increase membership involvement in OSHA's activities and to create vibrant conduits between ASHA, OSHA, and our membership. There are many opportunities to participate and to get more out of our association. At our conference in October, I invited the membership to tell me what they would like to see from OSHA, and I asked them what they would be willing to give back to the association. I received more than 100 responses and more than half of the responders volunteered to participate in the association in some way. The issues that were most important to the responding membership included: continuing education opportunities, current legislation, professional networking, and universal licensure.

Currently, our annual conference has been the primary way in which we have provided educational and training opportunities to our members. However, if there is interest and participation, smaller CEU-earning opportunities will be considered. Those of you who are interested in pursuing this venture are encouraged to contact your Region representatives.

Because we have such a vested interest in many of the bills coming up in this legislative session, OSHA has organized a Legislative Super Committee, made up of board members that represent our field in early intervention, schools, clinics, and medical environments. We will also be providing a link to the state's Bill Tracking Report, so that members can follow current legislation easily. Karen Aguilera is our current Legislative Committee Chair and she would be *Continued on next page*

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happy to have members educated on these topics attend meetings, gather data, and testify as appropriate.

Networking offers our membership with opportunities to learn about the areas of specialty that our colleagues provide. One underused avenue for building referrals and professional networks is the OSHA Referral Network on our website. As a member of OSHA, everyone's contact information can be included. Where in the state you practice, the populations you serve, and your areas of specialty are not automatically included. I want to encourage all our members to visit the OSHA website, click on the Member Portal, and update your member profile, so that other providers and folks in the community can quickly locate you. This is easy to do and only takes a few minutes of your time.

Finally, our goal is to educate SLPs working in the schools and school administrators on the benefits of universal licensure for speech pathologists. This provides one license for all SLPs in the state and ensures the most highly qualified providers for our children in the schools. Our board will continue to reach out across the state to



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advocate for our profession and for the children we serve. Wendy Gunter and John Tracy are available to answer any questions you have on this issue.

I am excited to have been afforded this opportunity to serve an association that has been so important to my professional development, and to advocate for a career I love. I want to encourage everyone interested in more information about OSHA's activities to contact me directly. We're here to represent you.

linda@donofrioslp.com

OSHA Board Welcomes NICOLE COLLINGS OSHA Health Care Committee Chair

Nicole is proud to be serving as OSHA's new Health Care Committee Chair. She is looking forward to collaborating with other Board members as well as ad hoc committee members to provide education, resources, and advocacy for SLPs working in health care settings across the state. Part of her role as Chair includes participating in monthly conference calls for the ASHA STARs (State Advocates for Reimbursement). Her goals as Chair include providing a voice for SLPs working in health care settings and ensuring they are informed of health care changes and how those changes impact their practice.

Nicole is employed by Salem Health and works at the Salem Hospital Regional Rehabilitation Center. Her days are spent in an outpatient medical setting serving clients across the age span with a variety of diagnoses. She also provides periodic coverage for the inpatient rehab and acute care departments. This breadth of experience provides her with a unique perspective on world of healthcare.

Nicole is Spanish-English bilingual and enjoys serving clients from culturally and linguistically diverse backgrounds. She is certified in Hanen's *It Takes Two to Talk* and *More Than Words* and has specialized training for working with Parkinson's patients (LSVT and OHSU Parkinson Center's TEAM-PD). In her spare time Nicole enjoys running, hiking, and spending time with her husband and two rescue greyhounds.

Legislative Update By Karen A. Aguilera, *Chair*, *Legislative Committee*

The 2013 legislative session is getting underway as of this writing, and OSHA has been busy tracking legislation that may impact our professions. Below is a brief summary of OSHA positions on two proposed bills to which we are currently preparing responses during this session.

1. SB 365 mandates health insurance coverage for ABA therapy for children and adults with autism. It creates a licensure board for the regulation and oversight of ABA practitioners, including Board Certified Behavior Analysts, Board Certified Assistant Behavior Analysts, and Autism Technicians, and outlines minimum qualifications and education requirements for these practitioners.

Children and adult individuals with autism spectrum disorder (ASD) should have access to insurance coverage for all medically necessary treatments, including but not limited to: audiology, speech-language pathology, physical and occupational therapy, developmental psychology, and other appropriate therapeutic, habilitative, and/or rehabilitative care. Medically necessary care may include behavioral treatment that implements techniques of applied behavioral analysis (ABA). Therefore, OSHA supports a requirement, that insurance plans in Oregon cover medically necessary behavioral approaches to treatment, when those services are provided by or appropriately supervised by qualified, state-licensed, and regulated practitioners.

By definition, individuals with ASD have difficulty with the social use of language, as well as with understanding and using language. Families of children who have ASD are often overwhelmed and desperate for help, as children and adults with ASD are specifically vulnerable. It is essential that all practitioners, who provide medically necessary services for children and adults with ASD, meet at least a minimum standard of training and education and are well-regulated as professionals, and that those who are paraprofessionals are adequately supervised.

Continued on page 6

REGION 2 REPRESENTATIVE for The Oregon Speech Language and Hearing Association



Hello, Region 2 of Oregon. I am happy to serve as your representative to the OSHA Board for this coming year. I have served as a speech and language pathologist in the public schools for more than 25 years.

Technology in speech pathology has been a major focus for me throughout my career. I use the iPad in therapy with students, take all of my data electronically, and have provided web-sharing resources,

such as forums, group discussions and list serves for district speech pathologists. Also, I have worked on early versions of electronic speech pathology forms and individualized educational management systems within Portland Public Schools.

In addition to my technology interests, I hope to expand the membership of OSHA to include more of our state's speech pathologists residing in rural settings. I grew up in Bend, Oregon when its population was around 15,000 people, and know first-hand the benefits and difficulties of living and working in rural Oregon—though I realize Bend is hardly rural anymore.

I see a need for more bilingual speech pathologists in our profession, and although I am not fully bilingual myself, I have traveled extensively throughout Central, and South America, picking up some Spanish along the way. Learning Spanish will continue to be a life long pursuit of mine, and I think proficiency in another language will be a necessity as well as a complementary skill for speech pathologists in Oregon in the future.

Please send me an email if I can answer questions or if I can be a conduit of your concerns, passions, and interests to OSHA's Board of Directors.

Yours in Speech and Language, *Thomas Blakely*

Blazing a Trail: Student Perspectives from Pacific University's New SLP Program

By Kyla Dirks & Aubrie Morrell*

New beginnings at school are a challenge and can be scary at any age or educational level. Graduate school is not an exception to the challenges or scariness. There are new faces and names to learn, unfamiliar teachers and faculty members with whom to associate, a different schedule to manage, new buildings and classrooms to navigate and, in the case of out-of-state students, even a new state with which to become accustomed. However, amidst the stress and periodic chaos there is something exciting, perhaps refreshing, about the newness. There is support from an excellent staff providing our education, a unique curriculum challenging our academic abilities, and an opportunity for community involvement - all comprising a trail yet to be blazed by thirty-five first year graduate students, who are passionate about the field of speech-language pathology (SLP).

The faculty and staff of the communication sciences and disorders (CSD) program at Pacific University are above average teachers and exceptional leaders. Our experience is one that is shared by our classmates and is supported by our faculty. Rachel Moore, a fellow Pacific CSD graduate student, feels empowered and supported by our faculty because they are receptive to our suggestions. Moore says, "I feel an incredible sense of pride about my education because I have so much input into the program, and I truly believe that every single faculty member has a personal, vested interest in my success." Kelsey Fenn also believes that the faculty is supportive and enhances her experience in the program: "They want us to succeed and really care about us becoming great clinicians." Lee DeCouteau appreciates the special attention that the faculty pays to us as individuals and as a cohort. According to DeCouteau, the faculty wants us to succeed and their intuitive ability to highlight areas of strength or target areas of opportunity makes her feel better prepared as a future clinician. DeCouteau notes, "It's amazing to know that the faculty cares enough about us, as future clinicians, to give us whatever instruction we need." In addition to setting a challenging curriculum, our professors encourage us to get involved in the community efforts they personally support, such as including us at monthly brain injury or stuttering support group meetings.

Aside from faculty support, we also feel supported by the University and our unique curriculum. We take part in an interdisciplinary course with other graduate students of various programs with whom we, as future SLPs, may coordinate care for clients. We appreciate the concept of

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care guided by total body health, which of course calls for interdisciplinary collaboration. In addition, our program takes advantage of the unique relationship between Pacific University and Cornell Estates Retirement Center. Like other health science programs at Pacific, we are partnered with individuals at Cornell Estates, who have volunteered to be part of our learning experience. While forming relationships and even friendships with "our" seniors, we get to practice taking case histories, giving assessments and conducting evaluations with real people in return for meaningful and honest feedback. Some students, including Deb Grimshaw, find this experience to be special, because it has offered another Continued on next page

Blazing a Trail . . . Continued from page 4

level of support to us as a graduate student. Grimshaw said, "I have become good friends with my Cornell partner, and we've gotten together outside of class time to have lunch and visit with each other. It's really nice for me to know that this new friend has invested her time in me to help me succeed in this program."

Along with the opportunity we have at Cornell Estates, a unique model is used at Pacific University for students to develop clinical competence. Different from most graduate school programs in their first semester, we had the pleasure of observing SLPs in action at three sites in the area of our interest during our first semester. We were able to observe and network with SLPs in early intervention, school-based therapy in elementary, middle, and high schools, as well as the hospital and skilled nursing settings. While on campus, we partner with the Early Learning Community (ELC), a unique learning center for young children, where our partnership is ongoing throughout the semester. During fall semester, we partnered with the ELC, to provide each student with the opportunity to practice administering standardized assessments and gathering language samples for analysis. This spring, each student is participating in our first hands-on, part-time practicum in a school setting. Since Pacific University does not have an on-site clinic, we gain real-world experience with the chance to participate in the community and gain clinical skills in varying environments, with close interactions between community supervisors and Pacific faculty.

There is also great value placed on serving our community. As a brand new program, we have a unique opportunity to offer speech, language, cognitive, and swallowing prevention/education and volunteer services in Forest Grove and the surrounding areas. This allows us to be creative with our service project ideas and provides us with an opportunity to interact with many new people and organizations. We are proud to boast that almost every member of our inaugural class is a member of NSSLHA (national) and that our chapter is quite active, even as a new organization! Through our graduate NSSLHA chapter, we have sent cards and gifts to a skilled nursing facility over the winter holidays, and, as discussed in one of our monthly meetings, University funding has been requested for future community outreach projects. Other future events in planning include free speech and language screenings, parent trainings, participation in charity walks, first responder training for professionals who serve people

Pacific University SLP Program Open House SAVE THE DATE: Wednesday, May 8, 2013

In August of 2012, the School of Communication Sciences and Disorders at Pacific University opened its doors to its inaugural cohort of thirty-five students seeking Master's degrees in speech-language pathology. Now that things are in full swing and we have settled into the University, we would like to invite all of our colleagues to visit us during a community reception open house, to help kick off Better Hearing and Speech Month. Please join our faculty and students to learn about our program, ask questions, and tour our building. Stop by for as short or as long as you can. Hors d'oeuvres and beverages will be provided. Questions? Email Rik Lemoncello at <u>rik@pacificu.edu</u>

Wednesday, May 8, 2013 • 4:00-7:00pm Berglund Hall, Room 145 Pacific University, Forest Grove Campus Directions: www.pacificu.edu/about/location/

with aphasia, and a first-annual wine tasting and advocacy event (which entails a gathering at a local vineyard and a faculty keynote speaker). There are challenges in many facets of creating the first path, especially when it comes to developing new service projects. However, as we embrace the challenge, we are afforded the opportunity to be innovative by reaching out and making new connections with our community, peers, and fellow professionals, while pursuing excellence in the classroom.

Being first year graduate students and distinguished as members of the first class of the Master's program at Pacific University for CSD, we have experienced the anticipated first-year feelings of excitement and anxiety, sleepless nights pouring over material for exams and class preparation, and bonding with classmates over practice

Legislative Update . . . Continued from page 3

Licensure ensures a minimum level of education and training for practitioners entering a clinical field, so it serves as a first check against incompetent or unprepared practitioners. Consumers of medically necessary care cannot be expected to understand the details of training or certification programs, which vary substantially across the country, nor should they need to understand the differences between certification and licensure. State-level licensure boards are empowered to respond to consumer complaints through investigation, and may respond, when appropriate, with sanctions. This is an authority that certification boards do not possess, and it is an essential part of consumer protection in all medical and health-allied fields. For these reasons, licensure is the current standard for providers of medically necessary care, and it is especially necessary when that care is provided to specifically vulnerable populations, such as individuals with ASD.

Therefore, OSHA supports the development of a state licensure requirement with minimum education and supervisory requirements for Board Certified Behavioral Analysts (BCBAs), Board Certified Assistant Behavioral Analysts (BCaBAs), and Autism Technicians .

OSHA has determined that the licensure requirement proposed under **SB 365**, as it was initially presented, would be adequate to meet that standard, and therefore supports these requirements for licensing ABA practitioners. We are currently waiting to see the content of this bill, when it emerges from committee. **2. SB 302** transfers the powers and responsibilities of the Board of Examiners for Speech-Language Pathology and Audiology, and those of various other health care provider boards, advisory councils, and programs, to the Oregon Health Licensing Agency (OHLA).

OSHA supports maintaining the Board of Examiners for Speech-Language Pathology and Audiology (BSPA) as a separate licensing board with the sole responsibility of regulation and oversight of these professions in Oregon.

It is critical for patient safety that the professionals and paraprofessionals providing services for children and adults who have difficulties speaking, hearing, understanding others, expressing their needs and ideas, or swallowing safely, are overseen and regulated by a board that is intimately familiar with educational and training requirements, scope of practice, and ethical considerations of audiologists, speech-language pathologists, and speechlanguage pathology assistants.

Providers, employers, and consumers must have a responsive regulatory board, that can promptly address inquiries, process applications, investigate complaints, and resolve cases effectively. OSHA feels strongly, that consolidation would not provide the same level of customer service or consumer protection that a dedicated board is able to carry out. BSPA activities are primarily supported through license fees by SLPs, SLPAs, and Audiologists. Because the Board of Examiners operates with minimal resources, it is unlikely that OHLA would provide a more cost-effective solution. Therefore, OSHA is opposing **SB 302.**

Oregon Speech-Language & Hearing Association Newsletter Advertising Rates

2013 Deadlines: Copy must	Size Options and Cost				
be received by February 4	Quarterly Newsletter: (8 1/2" x 11" format)				
for Vol. 1, March 25 for	Size Business Card (3 1/2" x 2")	<u>Single Issue</u> \$25	<u>2 Issues</u> \$40	<u>3 Issues</u> \$60	<u>4 Issues</u> \$80
Vol. 2, June 10 for Vol. 3, and October 21 for Vol. 4.	1/4 pg (3 1/2" x 4 3/4" vertical) 1/2 pg (7 1/2" x 4 3/4" horizontal)	\$45 \$110	\$80 \$200	\$120 \$300	\$160 \$400
Requirements: All ads must be in black and white –	Full Page (8" x $10 \frac{1}{2}$ ") The OSHA Newsletter is published	\$180	\$300	\$450	\$600
Word or PDF format.	(early May), Vol. 3 (mid July), Vol. 4 (early November).				

Continuing Education Event Sponsored by the Directors of Clinical Education at Portland State University, Pacific University, and the University of Oregon

Who Should Come:

- Speech-language pathologists who have hosted or currently host graduate students for their offcampus placements
- Speech-language pathologist who are interested in collaborating with Oregon universities to supervise students in the future

Where & When:

We will offer the same workshop in two locations.

Portland State University, Portland

March 7, 2013 from 6:30 to 8:30 pm

- Smith Memorial Student Union, room 296
- RSVP by March 1st, 2013 to Melinda Pomeroy at: psu23291@pdx.edu
- For a map go to: http://www.pdx.edu/campus-map
- For parking information go to: http://www.pdx.edu/transportation/

University of Oregon, Eugene May 9, 2013 from 6:00 to 8:00 pm

- Room: TBA
- RSVP to Margit Mayr-McGaughey <u>mmayr@uoregon.edu</u> by April 19th, 2013

Cost: Free

Continuing Education

Credit: The workshop is approved for 0.2 CEUs by ASHA.

Level: Introductory

Workshop Objectives:

Supervision of graduate students in the field of speech-language pathology is an integral part of every university graduate program. Supervisors from the community offer guidance and support in helping graduate students to become competent professionals. This workshop will explore the research on supervision, use of feedback and questions to guide students, generational considerations, how to plan out a semester or term, and roles and expectations for the university liaison, the supervisor and the supervisee. Finally the participants will be given the opportunity to ask questions of seasoned supervisors from a variety of settings.

At the end of the workshop participants will be able to:

- Describe the continuum of supervision
- Describe how to use feedback and questions to guide students' learning
- Understand and take into consideration generational differences
- Create and implement a plan for the semester or term
- Integrate the experience and advice of seasoned supervisors into their own practice as supervisors

About the Speakers:

Margit Mayr-McGaughey, PhD, CCC-SLP, Ellen Reuler, MA, CCC-SLP and Claudia Meyer, MS, CCC-SLP are directors of clinical education for masters programs in speech-language pathology. The speakers are interested in advancing supervision in the community by sharing their expertise and research on supervision.

Schedule:

March 7th, 2013 | The Yin and Yang of Clinical Supervision: Supporting Graduate Students in Off- Campus Placements

6:15 pm: Arrive

6:30 pm: (90 minutes)

- Continuum of supervision
- Feedback and use of questions
- Generational considerations
- Planning for the semester or term
- · Roles, expectations and responsibilities for each participant

8:00 pm: (30 minutes)

• Panel of professionals

8:30 pm: Evaluation and Adjournment

Information for Clinical Fellows and Mentoring Speech Language Pathologists

By Janet Wagner

The Clinical Fellowship (CF) is defined by ASHA as "a transition between being a student and being an independent provider of clinical services that involves a mentored professional experience after the completion of academic course work and clinical practicum." The purpose is for "integration and <u>application</u> of the theoretical knowledge from academic training, evaluation of strengths and identification of limitations, development and refinement of clinical skills consistent with the Scope of Practice, and advancement from constant supervision to independent practitioner."

The following is a quick overview of current Clinical Fellowship Requirements:

- 36 weeks of full-time (35 hours per week) experience (or the equivalent part-time experience), totaling a minimum of 1260 hours. Part-time work can be completed as long as the CF works more than 5 hours per week. Working more than 35 hours per week will not shorten the minimum requirement of 36 weeks.
- A score of "3" or better on the core skills in the final segment of the experience, as rated by SLPCF Mentor using the SLP Clinical Fellowship Skills Inventory form.
- 80% of time must be spent in direct clinical contact (assessment/ diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of disorders that fit within the ASHA Speech and Language Pathology Scope of Practice.
- Submission of an approvable CF Report and Rating Form.

However, you may not have known that the Clinical Fellowship experience does **not** have to be a paid experience. According to ASHA, The Council for Clinical Certification (CFCC) has made no requirement that the Clinical Fellowship be paid. An individual may complete all or part of the CF as an unpaid volunteer. This clarification will allow for more flexibility in counting hours for a Clinical Fellowship experience. For example, if a CF is working in a setting where billable hours were decreased below the 35 hours per week minimum for full time experience, he or she could still count non-billed hours as long as an overall 80% direct clinical contact, as defined above, is maintained.

This is great news for many CFs currently working. As always, CFs and their mentors should be in constant communication throughout the entire CF experience. If you have any additional questions, call the ASHA action center hotline at 1-800-498-2071.

Proposal to the OSHA Board from the Student Scholarship Committee OCTOBER 11, 2012 Bob Buckendorf

- Establish a charitable foundation to which companies and individuals can contribute; this fund will be used primarily for scholarships.
- 2. Provide guidance and monies each year to the three universities training speech pathologists in Oregon, to give to their students based on need, scholarship, and research projects.
- Provide significant fee decreases (fall conference and dues) to full-time students at any level (graduate, post-bac, undergrad, SLPA) in our field.
- Establish an endowment named for a specific purpose, such as the Dr. Robert Blakeley fund for specialized study in cleft lip and palate.
- 5. Make these grants generous, so that we can support a wide array of students.

Blazing a Trail . . . Continued from page 5

oral-mech exams. Differing from most graduate programs, Pacific University has not yet had students to "blaze the trail," so to speak; we, the Class of 2014, are the pioneers of this Master's program located on the oldest campus in Oregon, established by the Oregon Trail pioneers. Therefore we embrace the opportunity to build something new. We are challenged in a uniquely structured curriculum and guided to clinical competence by experienced teachers and clinicians. The future of the 2014 CSD graduate class at Pacific University holds great promise - who knows what the future holds... The sky is the limit!

*Aubrie Morrell is the student representative to the OSHA Board of Directors from Pacific University.







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The SpeechEasy Fluency Device: How it works with speech therapy

I've been an ASHA certified speech-language pathologist for 40 years, and a PWS for even longer (hard to believe). That's a long time to be monitoring one's speech. To monitor fluency targets or using your 'tools' is like multitasking, you have to switch back and forth from one task to another - in the stutterer's case from content or ideas, to fluency enhancing tools or techniques. Years ago, retired PSU professor Bob Casteel said to me, "I bet you get tired of monitoring your speech all the time." He was right. It takes a lot of concentration.

In 2000, speaking fluently became increasingly difficult for me. In 2001 the SpeechEasy Fluency Device became available; I looked into it. I had known, of course, and experienced the fluency enhancing effects of Delayed Auditory Feedback. I wanted to be able to experience its positive effects outside a laboratory setting. With the use of the device, the management of my stuttering suddenly became easier. Not only did my fluency improve, but I was able to become more open about my stuttering as well, as I was able to produce pseudo-stuttering for desensitization without losing control and exaggerate fluency tools that were very natural sounding. I could better control my tendency to rush my speech.

The SpeechEasy is not a stand-alone device. But as a lifelong stutterer, I wouldn't want to stand alone without it! It just makes it so much easier for me to have more natural sounding speech, enhanced fluency and so much more ability to access fluency techniques, as well as not minding as much when I did stutter.

When using the device, one monitors fluency targets or uses tools differently than when speaking without it. Rather than achieving speech targets, such as gentle onset and prolongations of the stuttered word, the technique is to produce prolongations on words or sounds that precede

stuttering: "Are you going to theeee movie?" In other words, achieving a slight prolongation on sounds PRIOR TO a stuttered word or sound, "movie" in this example, serves to enhance the choral speech effect, which results in the otherwise stuttered word to be fluent or the severity of the disfluency lessened. These prolongations are natural sounding because the PWS is producing them on utterances that would be fluent anyway (the words preceding the anticipated stuttered word, "movie"). Doing this enhances the choral speech effect, which then inhibits the central neuro-physiological stuttering block.

What happens when stuttering occurs while wearing the device? The PWS can then employ stuttering management techniques of cancellation or 'block-out'. But instead of stopping and repeating the word upon which the stuttering occurred and stuttering 'more easily' on it, the PWS goes back and produces a prolongation on a syllable/word that PRECEEDED the stuttered word thus getting to practice the fluency enhancing technique. Doing this helps to desensitize, as the PWS is not racing ahead or 'running away' from the block after it has occurred. Or if stuttering occurs, the PWS can just re-commit to slowing speech rate by interjecting phrasing and thus pausing as well as more prolonging on words that would be fluent.

Much of the time, and this of course depends on the individual, spontaneous fluency is produced because the altered auditory feedback (delayed auditory feedback and frequency altered feedback) serves to inhibit the central stuttering block without the overt monitoring of therapy techniques.

I've stuttered a long time but I've had great therapy and the opportunity to use the SpeechEasy to enhance therapy effectiveness.

Cliff Goldman, M.S. CCC Speech-Language Pathologist SpeechEasy AND speech therapy provider 4527 NE Skidmore St., Portland, OR 97218 503-282-1150 • speechflow@yahoo.com



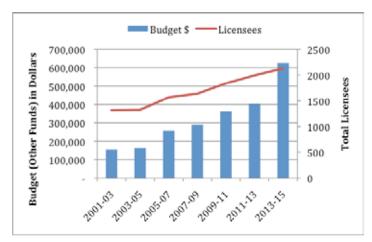
Agency Name: Oregon State Board of Examiners for Speech-Language Pathology & Audiology

Primary Outcome Area: Safety Secondary Outcome Area: N/A Agency/Program Contact: Sandy Leybold, Executive Director, 971-673-0087

Executive Summary

The Oregon State Board of Examiners for Speech-Language Pathology & Audiology (BSPA) is the agency that protects the public through the regulation of the practice of speech-language pathologists (SLPs), speech-language pathology assistants (SLPAs) and audiologists in Oregon. The agency comprises one program. BSPA's functions are entirely supported by Other Funds.

The Board has seven members who are appointed by the Governor: two audiologists, two SLPs, one physician specializing in otolaryngology, and two public members. The agency has two part-time staff: an Executive Director (0.6 FTE) and an Administrative Assistant (0.8 FTE).

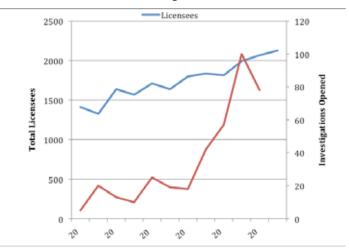


Program Description

BSPA regulates the professional practice of speechlanguage pathology and audiology through reviewing credentials for licensure, ongoing monitoring of licensees through compliance audits, and investigating complaints regarding professional competence and conduct. BSPA issues licenses to qualified applicants on an ongoing basis, and renews licenses biennially. BSPA references national standards developed by the American Speech-language Hearing Association (ASHA) regarding scope of practice, required education and training, and professional and ethical standards. BSPA also solicits input from the Oregon Academy of Audiology (OAA) and Oregon Speech-language Hearing Association (OSHA) regarding issues important to licensees.

Cost Drivers

- Licensee Volume: As of January 2012, the Board had almost 2,100 licensees an increase of 15% since 2008. This impacts licensing, customer service, and investigation/ compliance workload.
- Volume of Complaints & Disciplinary Actions: Complaints are investigated by the Executive Director, with input from clinical consultants. The Board reviews the investigative report and relevant records, and may vote to revoke, suspend, reprimand, or deny a license, and/ or to impose a civil penalty. The Board also is authorized to impose legal costs on a licensee. Investigative cases have increased five-fold since 2008, due to improved public education and awareness of the Board's role in public protection, and increased Board-initiated compliance activities. This has increased investigative, administrative and legal costs, and slowed down the time to complete investigations and issue disciplinary notices. Implementation of enhanced criminal background checks will further increase the investigative caseload.



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- **Statewide Initiatives:** Efforts such as information security and other planning and budgeting processes require significant agency administrative resources.
- **Policy Initiatives:** Researching and adopting best practices in the regulation of these professions requires administrative and legal resources. BSPA statute and rules were updated significantly in 2010-11. Since then, Board policy goals have been scaled back in light of limited staffing.

Stakeholders and Partners

BSPA works with applicants, licensees, national and state professional associations, other Oregon health professional regulatory boards, licensing boards in other states, members of the public, professional training programs, insurance companies, and state Medicaid representatives. Collaboration with these partners helps inform the Board's policy decisions, rule-making and compliance activities, and adoption of best practices.

Since many of our licensees work in public schools, BSPA also works regularly with Oregon's Teacher Standards and Practices Commission (TSPC) and Department of Education (ODE) on issues of mutual interest.

Program Justification and Link to 10-Year Outcome

Safety Outcome Strategy 5 is to "Provide education, advocacy and regulatory efforts to ensure the safety, soundness and availability of markets for goods, services, financial products and labor". BSPA's mission is to protect the public as it relates to the practice of speechlanguage pathology and audiology. Board functions address professional competence and professional conduct, focusing on remediation and prevention.

SLPs, SLPAs, and audiologists provide services to children, seniors, and disabled and/or vulnerable adults. SLPs treat swallowing disorders in patients with traumatic brain injury or stroke, and their clinical judgment can mean life or death for these patients at risk for aspiration. Incompetent hearing and speech professionals can have a significant negative impact on the appropriate development or rehabilitation of patients in their care. Any licensee exhibiting inappropriate behavior such as client abuse, boundary issues, and professional impairment can endanger or otherwise victimize Oregonians. Recent Board actions have addressed all these issues. For example, in one case of endangerment of elderly patients in a skilled nursing facility through incompetent care by an SLP, the Board acted swiftly to issue an emergency suspension and license revocation.

Professional Competence

The Board has established educational and training standards for initial and renewed licensure for all licensees and audits the professional supervision of SLPAs by SLPs. Board rules also require licensees to accurately represent their credentials to their clients and the public.

BSPA has adopted ASHA standards for licensing SLPs and audiologists, who must hold graduate degrees (a master's for SLPs and a clinical doctorate for audiologists), complete a year of supervised clinical experience, and pass a national examination. Holders of the ASHA credential experience streamlined processing of their Oregon license applications. ASHA has developed national guidelines for SLP and Audiology practice, and the Board frequently refers to ASHA policy statements and scope of practice when determining whether licensees meet the Board rule requiring that licensees perform all services competently. There is no national credential for SLPAs. SLPA licensure began in Oregon in 2003 as a response to SLP workforce and recruiting concerns, especially in rural areas. Oregon SLPA certification standards include the equivalent of an associate's degree, plus a 100-hour supervised clinical practicum. These measures support Strategy 5 by coordinating state regulations with national guidelines to improve mobility of the workforce.

Ongoing competence is addressed through Board rules for professional development (PD) for all licensees. BSPA monitors compliance through random biennial audits. Licensees failing an audit are sanctioned and re-audited. Also, licenses are not renewed unless licensees attest to completing required PD.

Competence is also addressed through Board rules regarding the SLPA scope of practice and ongoing professional supervision of SLPAs by qualified SLPs. Compliance is monitored through an annual audit, and violations are subject to disciplinary action.

Professional Conduct

Board rules define unprofessional conduct and prohibit acts that abuse, defraud, mislead, or endanger clients or the public. BSPA monitors professional conduct by screening applicants for criminal or disciplinary history and by

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investigating complaints against licensees. BSPA conducts a rudimentary background check based on self-reported behavior of applicants for initial or renewed licenses, and the verification of good standing from other reported licensing jurisdictions for new applicants. No independent verification occurs. Raising Board standards to include fingerprint based checks and verification of Oregon law enforcement history is a priority to improve the Board's role in public protection.

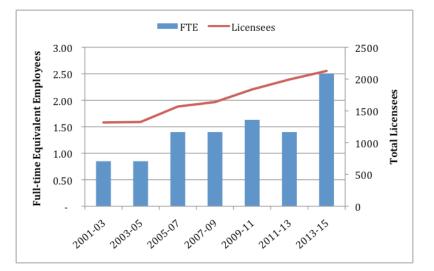
Education/Outreach Efforts

A complaint form is available on line for members of the public, patients, or professionals to complete. Frequently concerns are reported via phone, then documented in writing and submitted to the Board. Complaints are investigated by the Executive Director, with input from clinical consultants. The Board reviews the investigative report and relevant records, and may vote to revoke, suspend, reprimand, or deny a license, and/or to impose a civil penalty. The Board also is authorized to recover from a licensee the costs of disciplinary proceedings as a civil penalty. Legal fees paid to the Department of Justice are a significant and rising budget line item.

The Executive Director and Board members regularly present information at professional meetings and training programs to educate speech and hearing professionals and students about the Board's standards and its role in public protection. The Executive Director publishes a newsletter for all licensees and stakeholders 2-3 times per year, to educate interested parties about policy matters and to help prevent violations of Board rules.

Program Performance

Staffing has remained constant since 2005, with the exception of a temporary increase approved in December 2010 by the E-Board. As of January 2012, the number of licensees was up 32% since 2005, and the number of cases was up almost eight-fold through 2011. These increased volumes, the need to meet quality benchmarks for background checks, and increasing administrative and compliance activities clearly require additional administrative and investigative resources.



Enabling Legislation/Program Authorization

Statutory authority for this regulation is provided in ORS Chapter 681 and ORS Chapter 676 (for Health Professions Generally), and implemented through OAR Chapter 335.

Funding Streams

BSPA's functions are entirely supported by Other Funds. Licensing fees provide 98% of agency revenue; the remainder is from delinquent/late fees, civil penalties, interest income, and sales of licensee mailing lists.

Significant Proposed Program Changes from 2011-13

To support the increased volume of cases and licensees, the executive director position will be increased from 0.6 FTE to 1.0 FTE. This will enable BSPA to conduct its licensing, compliance, complaint investigation, discipline, outreach, and policy initiatives.

Importantly, BPSA plans to enhance its criminal background checks to include fingerprint-based FBI checks, implementing the statutory authority granted in the 2009 Legislative Session. Currently BSPA relies on self-reported criminal history in reviewing applicants for licensure. To implement these background checks for applicants for licensure and support the related increased case volume, a limited duration investigator will be hired for 0.5 FTE, and the administrative assistant will be increased from 0.8 FTE to full-time. This will bring the total agency staff from 1.4 FTE to 2.5 FTE.

The increased staffing will be supported by an increase in licensing and delinquent fees as well as a draw-down of cash from the 2013-15 beginning balance. The budget includes projected revenue of \$545,534 to support the total expenditures of \$625,070. A new fee schedule was determined by the Board based on multiple

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Lessons from My Work Abroad

By Bob Buckendorf

In the past decade, I've worked in ten different countries, primarily in Central Asia, Japan, Africa and Eastern Europe. Following are some reflections:

"...a place where my deep joy and the world's needs meet" (Buechner)

- Does camel meat really taste like chicken?
- Can a farmer in Cuba really be fined if his cow dies?
- What about horsemeat, dog meat, and fermented mare's milk?
- Can a country of 15 million people really only have 125 children with autism?
- Is a camel really easy to ride?

In the entire country of Kenya, there are only 10 speechlanguage pathologists, only one of whom is a native Kenyan (Doris at St. Gertrude's).

In the former Soviet bloc countries, there are no adults with autism; instead, at age 14, a child's autism diagnosis is changed to schizophrenia.

Parents effect change in many parts of the world.

In Kazakhstan, camel milk tastes good, fermented mare's milk is awful, and the noodles and horsemeat are not bad.

In Japan, as the number of college students declines, universities are looking for opportunities to attract non-traditional students, including those with learning disabilities, autism, and ADHD.

Baku, Azerbaijan is a charming old city on the shore of the Caspian Sea, with many old walls, beautiful doors, and narrow courtyards.

In Kazakhstan and the Ukraine, as is true of many former soviet bloc countries, the heat is turned on centrally at the end of October for the entire city - so pack your long underwear and mittens for early October.

Watching young men spit on the sidewalk in Baku, I remarked to my physician colleague that "lots of people spit on the sidewalk here"; "yes" she said, "expectoration of sputum is one way that TB is spread throughout the world". I had never thought about that, but obviously she had.

The world needs our knowledge, training, and dedication. Serving others is a high calling. When your time comes to work overseas, love the children and listen to their parents. Patiently wait for your hosts if necessary, because we must adapt to their cultures, and lean into the difficulties you encounter, because it changes your heart and perspective.

The Cuban people are lovely, but most live in grinding poverty. The climate and scenery in Cuba are incredibly beautiful, but the bureaucracy is stifling; unless someone starts repairing buildings, roads and automobiles, everything will soon fall into a big heap.

Jeddah, Saudi Arabia is a beautiful city on the shore of the Red Sea, where only men are allowed to drive. I was somewhat confused when talking to women in our audience, who were wearing burkas, because I could not tell with which of them I had spoken before, since I never saw their faces.

In Cuba, the currency is often bar soap, Superglue, genuine medicine, and toilet paper (the soft kind); you convert your dollars into one kind of peso but the Cubans are paid in another peso. Cuban nationals must not eat beef, as it is saved for the tourists.

Working overseas can be very difficult at times; the streets are uneven and overcrowded with cars; the food is different and there are bugs and critters we don't have here. I have learned, that many times my way of doing things is not the best, especially overseas.

I have learned that families have terrific needs and that a listening ear and a caring heart go a long way anywhere in the world.

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policy parameters, and is supported by both professional associations representing licensees. A new fee will also be collected by BSPA and entirely passed through to the Oregon State Police to cover their costs for running criminal background checks.

Since the preparation of budget documents, licensing volume has continued to grow: total licensees are up 7.7% over August 2012. If this trend continues, the Board would likely be able to revise its proposed fee schedule while still supporting the policy packages.

Oregon Speech-Language & Hearing Association **CALL FOR PAPERS** OSHA State Conference Salem Conference Center • Salem, Oregon • October 11 & 12, 2013 *Deadline to Submit: May 10*, 2013

The program committee offers you the opportunity to share your knowledge and expertise with your colleagues at the 2013 OSHA Conference. If you wish to participate, please note the guidelines below. Students and professionals in related disciplines are encouraged to submit (students please see student call for papers).

PRESENTATION FORMATS

90-minute presentation: These will be scheduled for Saturday, October 12th. You will be asked to state your audiovisual requirements on the cover sheet. Handouts are highly recommended. OSHA will provide copies of handouts if the OSHA office receives originals by October 4, 2011. Otherwise, presenters are responsible for providing their own handouts (you may contact the OSHA office for assistance in determining how many copies of your handout to bring).

Poster presentation: Interactive poster presentations will occur on Friday, October 11th from 4:30-6:00. Presenters are required to be at their posters during this time. *OSHA will provide a 48" wide and 36" high presentation board together with materials to attach your information to the board. These will be displayed on easels supplied by OSHA.* Handouts are encouraged and must be provided by the presenters.

PROPOSAL GUIDELINES

All proposals should be typed and submitted as follows:

Completed cover sheet: Find on website: <u>www.oregonspeechandhearing.org</u>. Download the document "Call for Papers for 2013 Conference" in the "InFocus" section on the right hand side of your screen.

Biographical information: (separate page) Please include brief biographical information about each presenter (no more than 50 words per person).

On a separate page with *no author information* (to expedite blind reviews of submissions), please include the title, abstract, learning objectives and program description.

Abstract: 50 words summarizing the major aspects of your proposal, to be published in the conference program. Please include the title of the proposal as well as the names and affiliations of all the presenters.

Learning objectives: Please list at least 3 learning objectives.

Program description: Please use the following guidelines for your program descriptions:

For a presentation or poster regarding intervention and/or assessment techniques or approaches:

A description of your proposed presentation or poster, no more than 500 words in length. The description should include the following: 1. A short overall summary of the presentation or poster. 2. A summary of the available evidence (200 words or less). For treatment approaches, this should include a discussion of the evidence of efficacy and clinical effectiveness, as well as the clinical/practical significance of outcomes. For assessments, this should include a discussion of the psychometric properties of the assessment (sensitivity, specificity, reliability, and validity). When there is a lack of previous empirical research or the topic is controversial, please describe the underlying theory backing the approach, technique, or method.

For a presentation or poster regarding professional issues (such as clinical training, SLP shortage, etc.):

A description of your proposed presentation or poster, no more than 500 words in length, to include a statement of the issue or problem, action taken or suggested, method, results, conclusion.

For a presentation or poster describing a research project:

A description, no more than 500 words in length, which summarizes your research question(s), participants, methodology, analysis and results.

Please send all required materials by email to: oshastaff@gmail.com For assistance with submissions, contact Amy Costanza–Smith, Ph.D, Program Chair, at (503) 725-2218 or costanza@pdx.edu Submissions must be received by May 10, 2013

All presenters are required to pay registration fees. Presenters may not use their session to promote or sell products or services.

2013 OSHA Conference

Your conference committee is currently planning and inviting speakers for our conference this fall. We would love your assistance if you are interested in joining our committee or have recommendations for speakers. Please contact me for more information!

We will be in Salem at The Salem Conference Center for our conference on October 11th & 12th. Presentations and Poster Submissions are due May 10, 2013 (see call for papers in this newsletter). If you have research or clinical evidence you would like to share with your colleagues from across the state, please consider submitting a poster or presentation. Students are invited to submit their research for 15 minute technical presentations. These students will also be invited to present posters so that they can be available to answer questions about their research. We will award two of the student presenters free registration to attend the conference. Please encourage students to submit their research.

If you have any questions about the submissions process, please do not hesitate to contact us by phone or mail.

Amy Costanza-Smith Conference Chair <u>costanza@ohsu.edu</u> • 503.418.1651



SPEECH-LANGUAGE & HEARING ASSOCIATION

Join us for top-notch education in the beautiful setting of Salem Oregon. Located in the heart of historical downtown Salem, the Salem Conference Center and Grand Hotel offer the perfect setting for education and fun!

Registration Fees:

OSHA Members: \$230 full conference / \$140 one day only Non-Members: \$305 full conference / \$215 one day only Student Members: \$70 full conference / \$45 one day only Student Non-Members: \$90 full conference / \$65 one day only SLPA Members: \$100 full conference / \$65 one day only SLPA Non-Members: \$120 full conference / \$85 one day only ASHA CEUs: \$5

2013 Conference Salem Conference Center October 11-12th, 2013





The Oregon Speech-Language-Hearing Association is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. See course information for number of ASHA CEUs, instructional level and content area. ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.

OSHA Awards - Nominate Now!

By Nancy Fulton, Honors and Awards Chair

"Appreciation is a wonderful thing: It makes what is excellent in others belong to us as well." - Voltaire

Recognition is important to us all. Each year at the Fall OSHA conference, we take time to acknowledge and pay tribute to exemplary individuals or organizations across the state. It is time to start thinking about your colleagues and peers who serve as powerful role models or provide valuable inspiration within our professional community. Nominees can be colleagues with whom you work every day, people who have served as your professional mentors, tireless professional advocates, or organizations that support our professions.

The process is simple. More details can be found on the OSHA website. Please take a look at the award descriptions below and nominate a worthy colleague or organization today!

Honors of the Association

- Designated as a "lifetime achievement" award. The intent of this award is to recognize an individual for outstanding history of clinical practice in the field of speech-language pathology, audiology or education of the deaf/HOH.
- This award may also be used to recognize outstanding advocacy or program sponsorship by an agency or organization.

Outstanding Clinician Award: Schools/ El/ECSE

• Recognizes a speech-language pathologist, speech-language pathology assistant, audiologist, or educator of the deaf/ HOH who consistently demonstrates outstanding clinical, advocacy, or leadership skills in the public school system. This award may recognize general clinical work or a specific, recent clinical achievement.

Outstanding Clinician Award: Clinics, Hospitals, Private Practice

• Recognizes a speech-language pathologist, speech-language pathology assistant, audiologist, or educator of the deaf/ HOH in a clinic, hospital, or private practice who consistently demonstrates outstanding clinical, advocacy, and/or leadership skills. This award may recognize general clinical work or a specific, recent clinical achievement.

Award of Clinicianship

• Recognizes a speech-language pathologist, speech-language pathology assistant, audiologist, or educator of the deaf/ HOH whose dedication to the field is reflected in strong clinical and/or leadership skills paired with compassion, empathy, humor, and acts of support to colleagues and clients. Beyond clinical skills, this person's spirit touches and inspires those around them. This award may also be used to recognize an individual who has made a contribution to the profession in an unusual way.

Award of Outstanding Research or Teaching

• Recognizes a colleague whose published research or teaching (professional preparation or continuing education) has contributed to advancing clinical knowledge and/or practice in the fields of speech-language pathology, audiology, or education of the deaf/HOH.

OSHA Professional Advocacy Award

• Honors a person who has contributed to the advancement of the visibility, viability, or vitality of our professions. Potential nominees include legislators, philanthropists, SLPs, SLPAs, Audiologists, or any public figure who has shown outstanding advocacy for our professions.

Detailed information on the nomination process is available on the OSHA website, <u>www.oregonspeechandhearing.org</u>, under the "Honors and Awards" link. The deadline for submission is September 1, 2013.

If you have questions, please contact Nancy Fulton at (503) 571-7112 or ancynay@comcast.net.

BOARD OF DIRECTORS

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Region 1: Clatsop, Columbia, Tillamook, Washington, Yamhill, Polk, Lincoln, and Benton counties.

Region 2: Multnomah, Hood River, Clackamas, Marion, and Linn counties.

Region 3: Lane, Douglas, Coos, Curry, Josephine, Jackson, Klamath, and Lake counties.

Region 4: Wasco, Sherman, Gilliam, Morrow, Umatilla, Union, Wallowa, Jefferson, Wheeler, Grant, Baker, Deschutes, Crook, Harney, and Malheur counties.

Has Your Contact Information Changed?

Since OSHA's membership is now all online, you can check and make changes to your account information at any time on OSHA's website:

www.oregon speech and hearing.org.

Please add quj cuxchB i o ckteqo to your address book to be sure you will receive any email notices that are generated from the website. Be sure to log in and check that the information (especially your email address) is correct. It is easy to make changes, and if you need help or don't remember your username and password, contact y g'QUJ C'Qhheg at 503-87; -7587 or quj cuxchB i o ckteqo 0