

Analyzing the Semester Summary Report to Formulate Therapy Goals for a New Semester

Each semester before meeting with the clinical supervisor for initial supervisory conferences, student clinicians are asked to comprise a diagnostic worksheet (for clients whose diagnostic testing was completed approximately one year ago) or an initial therapy plan/baselining lesson plan to bring to the conference. For clients whose testing is up to date, appropriate therapy goals must be formulated. For some clients, all of the previous goals may need to be continued (if none of their goals were met the previous semester). For other clients, some of their goals may have been met, but not all of them. In this case, a recommendation is usually made on the semester summary report to continue the goals that were not met. For all goals (those that were met and also those that were not met) the clinician must carefully read the “procedure” and “treatment” sections to determine the level at which the goals were targeted, the amount of clinician support that was provided, the types of cues provided etc. in order to determine the appropriate course of action. The following is an example from a recent student’s work on a semester summary report along with a supervisory comment (a key word has been highlighted in italics by the supervisor in this example):

Short Term Goal 2c: The client will correctly produce the phoneme /n/ in the final position of words when given picture stimuli with 90% accuracy

Treatment: The clinician presented the client with target words containing final /n/ by presenting picture cards. The client *repeated* each word targeting the phoneme /n/. When the client misarticulated the phoneme /n/, the clinician would have the client repeat the sound in isolation three times using the correct production and then repeat the entire word.

Progress: At the beginning of therapy the client baselined at 50% accuracy. Currently the client is performing this task at 90% accuracy. The client has received 90% accuracy on this goal for three consecutive sessions; therefore this goal has been met and should not be addressed for the upcoming semester.

As can be seen from this example, the student was actually targeting this goal imitatively (based on the client’s performance during the semester) at the word level. She stated that the goal was mastered and no longer needed to be targeted. However, that is not the case. Accurate documentation for this example should be as follows.

Short Term Goal 2c: The client will correctly produce the phoneme /n/ in the final position of words when given picture stimuli with 90% accuracy

Treatment: The clinician presented the client with words targeting final /n/ by presenting picture cards. The client repeated the word targeting final /n/. When the client misarticulated the /n/ phoneme the clinician would have the client repeat the sound three times using the correct production.

Progress: At the beginning of therapy the client baselined at 50% accuracy. Currently the client is performing this task at 90% accuracy *imitatively*. Although the client has achieved the criterion of 90% accuracy for three consecutive sessions, this performance has been at an imitative level. The client has not achieved 90% accuracy on this goal for three consecutive sessions independently; therefore this goal has not been met and should be addressed for the upcoming semester with an emphasis on independent production.

The above example is provided to show the need to *carefully* read the treatment and progress sections for each therapy goal. A goal may be written to target a certain skill, but due to baselining results and/or the client's progress/response to therapy, treatment may have been targeted at a lower (or higher) rung on the therapeutic hierarchy. A second example may be a grade level for language concepts. For example, an adult client may have a goal to provide definitions for vocabulary words. In reading the treatment paragraph it may be stated that, for example, fourth grade words were utilized in treatment. However, the level of difficulty (grade level) can be modified to achieve maximum progress for the client. These are just two examples to stress the fact that student clinician's need to carefully read the treatment and progress sections for each goal in order to accurately analyze the client's most recent performance status so that appropriate goals may be written.

In cases where one or more of the client's goals have been met at the highest level and need to be discontinued (e.g. correct production of /m/ in all words positions at the conversational level, correctly using "is + present progressive verb + ing" at the spontaneous conversational level) it may be necessary to look back over testing protocols to determine further areas of weakness that have not yet been addressed in treatment and to formulate appropriate goals to replace goals that have been mastered (e.g. are there other phonemes the client misarticulates?, are there other language concepts that were below typical range (e.g. scaled score below 7-8 on a subtest or a standard score of less than 85 on a composite test, were recommendations made in the clinical impressions section of the semester summary report?).

**When writing appropriate therapy goals, consult Roth & Worthington chapter 1 and/or the Clinical Reports PowerPoint (slides 27-43) found on the CSD 516 website (<https://sites.google.com/site/csd516/course-materials-new-students>) so that goals include all 3 components of a behavioral objective (the performance component, the condition component, and the criterion component). For example:

The client will correctly produce /s/ (performance component) in the initial position of words when given picture cues (condition component) with 90% accuracy (criterion component).

***The Clinical Reports PowerPoint is an excellent resource with information regarding baselining procedures, clinical documents, evaluation, tallying, and documentation. **When copying/pasting goals between documents, the font size and/or style will likely need to be changed.**

****Remember, each semester is an entity in itself. Student clinicians are to formulate *their own* therapy plan for the client. Your clinical supervisor is available to answer questions and offer guidance as needed. Please also make maximum use of all grading rubrics, sample reports, and PowerPoint presentations hosted on the CSD 516 website. Additionally, please be sure to take detailed notes in the clinical practicum class. Much information is shared in class regarding important dates, clinic policies, and assignments. What tends to happen is that not all students feel it is necessary to take notes in class due to the assumption that the information is available on-line. However, on-line resources are then not read in their entirety resulting in instructions not being adequately followed.