

Student 1
Journal 3

3 teaching strategies

Modeling

While observing a CAT session, the clinician used modeling as a teaching strategy to provide aid to the client. The clinician used sheets that each had four words. The clinician would hold up one sheet at a time and ask the client to select a specific word. If the client hesitated or did not answer, the clinician would model. For example, the clinician would point and say, "LAP. There is the word LAP. Let me read the other words, too. LAP, LIP, LAG, LEG. This one is LAP." This strategy provided additional aid to the client when they were not familiar to the word. I think modeling is useful in almost every session, as it allows the client to have a physical representation and instruction for what he/she is asked to do. Another teaching strategy the clinician could add in is wait time. By using wait time, the client has time to respond to the question. This maximizes their opportunity to answer as well as encourages the client to respond.

Prompting

While observing another CAT session, the clinician used prompting to encourage the client to respond accordingly. The clinician had handouts with different photos of the client's favorite band. The goal of the activity was to have the client describe the photo in multi-symbol words using an AAC device. The clinician would prompt the client by asking questions like: "What is *name of character* doing in this photo? What is he holding in his hands? That looks like a guitar, is that a guitar?" The clinician provided aid to the client by asking questions that would encourage the client to answer. This strategy aids the client by giving more information about what the clinician is asking. By providing more ideas and questions to the client, the clinician is aiding the client to select multi-symbol words on her device. Prompting is useful in many different situations and I think that it can be added to almost any activity to provide additional aid. It is very effective to encourage the client to respond correctly.

Self-talk

While observing a LAP session, the clinician used self-talk to narrate what the client was doing. The client was in free play with the rest of the classroom. As the client went around the room and played with toys, the clinician followed and said out loud what the client was doing. This form of aid gives labels with vocabulary words for what the client is doing. It also allows for the client to put their own physical action

into words. For example, the clinician would narrate what the client is doing by saying things like “You’re walking towards the table, you picked up a green Lego, now you have 2 Legos, oh no you dropped a Lego”. Again, this provides a physical support of what the client is doing. It gives the client the opportunity to match what he/she is doing with words. Self-talk is very versatile and can be used in a lot of activities. It provides a lot of aid to the client, while giving the client control to do what they would like.

2 sets of data:

Two sessions that I took data at were CAT and LAP. In CAT, the client was asked to select vocabulary words on their AAC device. The clinician would say one of the vocabulary words out loud and the client would then choose the word on their AAC device. The data was quantitative and was taken by tallying how many words are selected correctly on the device. There were 15 vocabulary words and I took data that the client selected 13 correctly on their AAC device. This is around 86% accuracy, which shows the client is responding well to the teaching. Next time, the data could mark which words were correctly selected. This would give information on which of the words the client is having difficulty with. Because of this 86% accuracy, I found the client is ready to move to the next level within the goal. In LAP, I took quantitative data on how many times the client initiated a social conversation with a peer. I took this data during free play, which allows for the client to play with peers for around 15 minutes. The client was allowed to play with whomever, giving the client full opportunity to talk to whoever. The client initiated 2 conversations in the 15-minute period. This is a low amount of interactions- this client needs more teaching and therapy before moving onto the next goal. Each set of data gives information on whether or not the client is ready to move onto the next goal.

1 thing you learned in a Friday teammeeting:

One thing that I learned by attending Friday team meetings is to not be afraid to ask others for help or advice. This is something that I never really thought of before when considering my future career. It often comes up in my daily life now with classes, friends, etc. but through the Friday team meetings, I have learned how important this is for an SLP. The clinicians in the meetings that I attend often ask not only their supervisor but other clinicians for advice or help on client issues or anything regarding their work as a clinician. This is important because the more advice and opinions that you are given, the more opportunities and ideas you have to provide the best therapy sessions as an SLP. Asking others for advice can also help with adding creativity to therapy. We often have our own ideas and don’t typically think outside of those and by asking others for their advice, you are able to expand on different ideas and introduce different ways to give treatment to your client. I also think it encourages

open mindedness. This would be super important to add variety to your work and to try new things. This not only benefits the SLP but it mostly beneficial for the client. It would also be helpful when I am struggling with finding beneficial treatment for a client. Rather than being stuck or providing a poor treatment, I could ask others for advice and find ideas that way. Overall, asking for help or advice will be a very useful resource to me when I become an SLP.

FEEDBACK:

15/15

Great Job!!!

