

An Analysis of My Learning As a Student Clinician

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When I walked into the therapy room for the first time I had a million things in my head. I was trying to keep track of all my materials, remember my lesson plan and most of all keep in mind all the do's and don'ts of therapy I had learned throughout the past four years. It was then that I realized my brain was going on overload. I was trying to keep so many different learning events on hand that I was afraid I was going to forget them all. When my client first entered the room I blanked... I couldn't remember a single thing I had learned to get me to this point. I took a breath and dove in.

It's true that the first day of therapy was going to be a learning experience for my client and me but the learning for me began long before my client stepped into the room. The first day of therapy was the point when I began to take everything I learned and began to try to teach some of this information to my client. Consequently, teaching my client language skills led to additional learning experiences for myself.

From the moment I decided I was going to try speech therapy for this year, I began having what Harri-Augstein, referred to as "learning conversations" with others (Learning Conversations, 1991 p.8). A learning conversation helps the learner to work out their own theory on how they learn to enhance their learning experiences. The first learning conversation I can remember having that dealt with speech therapy was with a second year graduate student who had been doing therapy for four years. I initiated the conversation with the hopes of learning what it was like to be a student clinician on a day to day basis. The graduate student told me the specific tasks involved in having a client. She informed me about keeping logs, writing case summaries, developing lesson plans on a weekly basis, and creating objectives and reinforcements for each session. This conversation gave me insight

to the preparation and work that I could expect as a clinician. This was not the only learning conversation I had before beginning therapy. My advisor also helped me learn a little more of what it meant to be a student clinician. She outlined for me the responsibilities and ethical obligations the faculty expected of student clinicians. One of these included the principle of confidentiality, which is very important because, as a clinician, it is possible to access private medical and school records. She also taught me about the rewards of being a clinician. She described the unique opportunity I would be choosing if I decided to do therapy. She taught me this was an opportunity that was unique to Truman and a few other select universities and therefore, was taken very seriously and needed to be approached in such a manner. This learning conversation was pivotal for me deciding to try speech pathology.

These learning conversations were only the beginning of a long line of conversations I had as I was preparing for therapy. Along the way, I also developed learning contracts. Learning contracts are pacts we make with ourselves to learn a certain task. By “learning”, Harri-Augstein meant “conversational construction of personally significant, relevant, and viable meaning.”(Harri-Augstein, 1991, p6.). One learning contract I made at the very beginning of therapy was to keep trying to learn as much as I could about Speech Language Pathology. This was an important contract to me because this would allow me to increase my knowledge of speech and language to be a more educated clinician from which to draw to teach my client about language. This was also an important ongoing contract because following through meant I was committing a significant amount of time and effort to being a successful student clinician. An additional contract that I made was to use whatever resources were available to me to optimize my client’s therapy environment. In order to fulfill this contract, I decided to be open to ideas from fellow clinicians, faculty, and a variety of other materials. Again this was an important aspect of learning to be a clinician because it meant I

would commit myself to learning as much as I could in order to be an adequate teacher of language.

Along with these learning conversations and contracts I needed to overcome some myths I had dealing with therapy. Harri-Augstein described myths as ideas that keep a person from trying to improve their skills as learners. Myths teach the learner to dismiss the idea that they were responsible for their own learning. One of the myths that stood as an obstacle to me was the idea that I was not responsible for the outcome of my therapy because I was only learning to be a clinician. This myth was a way for me to justify to myself that I was not responsible if the therapy sessions did not produce the desired long-term goals. I had a hard time accepting the fact that although I was still learning the techniques of therapy, my client's learning was partially my responsibility. I was responsible for the information I made available to my client and also for the methods I used to illustrate that information. I developed the individual objectives for each session and therefore if they did not teach my client accurately, then it was my shortcoming because I had learned through my classes the basis of knowledge I needed to develop lessons, even though I had not yet experienced doing so. There needed to be a shared goal between learning myself and also teaching my client. I felt that I was taking on a large responsibility for learning by accepting this myth.

Another myth that we overlooked in order to prepare myself for therapy was my idea of how therapy was supposed to be. I had always envisioned that therapy was going to be me and my client, a 4 to 5 year old child who had trouble pronouncing /s/, playing games. He would come to me with a distorted /s/ and we would move moderately paced along over the semester. The client would have no behavior problems and would enjoy playing as we corrected his speech. At the end of the 12 weeks, he would leave therapy with an /s/ sounding almost as good as mine. It took a lot of observation of other therapy sessions to realize that this scenario rarely happens. The myths of the way my therapy sessions would progress and

my goals were highly unlikely and rarely accomplished. Overcoming this myth meant I had to accept a more difficult picture of what it is like to be a therapist and decide if this is still what I wanted to do. These are just a few of the learning events that brought me to my first day of therapy. When I took that deep breath and dove in I knew that I was setting myself up for a whole new realm of learning experiences not just for my client but also for myself.

Since that first day of therapy I have encountered many learning events. The most important aspect therapy has taught me that to be a successful therapist I must be a reflective teacher. As a clinician, I am constantly reviewing my own experiences to determine how I learned a certain language skill I am trying to teach my client. This is apparent in the lessons in which my goal was to teach my client her phone number. To get a basis to start therapy it required that I look back at my own experiences of learning my phone number to see which techniques were successful. I remember in pre-school, my teacher cutting out little cardboard phones and writing our phone numbers on them to practice from. Then everyday during group time we would go around the circle and try to recite each of our phone numbers. These reflections helped me to establish lessons for my client in working towards establishing her phone number. For instance, the root of my therapy for this objective drew from the same principle that my teacher had used to teach me many years ago. I applied this principle of rote memorization during activities in which I also made a cut out of my client's phone number and every session she spent time repeating her phone number until she was able to spontaneously produce it on her own.

Another aspect of language that I am teaching in therapy that requires me to be a reflective teacher is the principle of maintaining eye contact when speaking and being spoken to. Teaching a pre-language skill like eye contact required much reflection because there was not a particular instance or time period during which I remember learning how to maintain eye contact with others. At first it would seem a skill like this is almost inherent. In fact some of us

might have never been directly taught to look at others when talking, but rather just seemed to “pick it up”. Yet, it can be taught as an aspect of language. To get some teaching ideas I reflected to times where I may have been taught to look at another person when they were talking. I remember as a child being told “look at me when I am talking to you” by my parents and teachers. This reflection gave me the idea that the best way to teach my client to look someone in the eye when talking was to keep reminding her until it also became inherent in her.

As a clinician it is important to be reflective in the respect that I must consistently look back to previous sessions to see if methods of teaching were effective and goals were reasonable. After each therapy session, I log my feelings and observations about the session. This reflection allows me to judge whether or not my client understood the lesson and if so, did she give the desired response. If the answer is no, I then reflect back to the session to determine where the ineffectiveness in my methods and how I could improve my lesson for the next session.

There are times through reflection I judge a therapy session as unsuccessful. I often find that I was unsuccessful in reaching my goals because I did not adhere to the principles of authentic instruction when developing the activities. Authentic instruction was when “students convert meaning and produce knowledge, students used disciplined inquiry to construct meaning, and students aimed their work toward...performances that have value or meaning beyond school success”(Newmann, Wehlage, 1990, p.8). The goal of the language therapy is not to restrict what is taught to the therapy room, but to teach the client to be able to use the new knowledge and techniques in everyday life. For instance, when trying to teach eye contact, I applied the theory, “looking someone in the eye”, to show attentiveness and respect in everyday situations. These activities included my client and I role-playing going to the movie theatre and looking the box office worker in the eye when buying her ticket. In the same

respect, I focused the importance of knowing the client's phone number for safety reasons (telling your number to a policeman if you are lost). These applications gave a new relevance to the material so that it could more easily be applied to real life situations for my client.

As the clinician, I also try to make therapy relevant to the client's life by focusing lessons on the client's life outside of speech therapy. By this I mean creating lessons that deal with events that are presently going on in my client's life. This presents two challenges and learning opportunities for myself. First of all, it challenges me to work outside my personality type as determined by the Myers-Briggs Type Indicator. According to the Myers-Briggs, I am considered an introvert. This presents a formidable task for me when in therapy because as the clinician I am required to be in charge and lead the session rather than sit back and listen, which is most comfortable for me. Additionally, I am a judge, which helps explain why I want specific measurements from which to assess success in therapy. Yet, when I am in therapy and I have to adapt the lessons to my client, which means I often have to adapt my own criteria and let her set the pace of success for therapy.

Secondly, creating relevant lessons challenges me to be creative. Despite a lesson being relevant to the client's life, I have learned the client will not attend long if he or she is bored with what the clinician is trying to teach. Roger Von Oech dealt with many of the locks I come across when developing lessons in [A Whack on the Side of the Head](#) (1990). His locks, much like Harri-Agustein's myths are ideas that prevent us from being creative. I have found that speech therapy required me to face those locks and overcome them. In therapy, it is common for my client and I to work on the same objective for many weeks and it would be counterproductive to repeat the same lesson week after week. Therefore, it requires that I develop new ways to work on the same principles and keep them interesting to my client. This requires a great deal of creativity. Many times developing the creative aspects of the lesson to accompany the objectives takes me a significant amount of time. I find I continually encounter

the lock, "I am not creative". I have slowly been trying to overcome this lock by putting into place new ways of developing my lessons. I require myself to brainstorm on a piece of paper that I hold on to, so that even if I cannot use an idea for the particular lesson I am working on, it may be an idea I can incorporate in a later session.

The specific goal of being a student clinician is to help your client learn. Although this is a valid goal, I, as the clinician, have had many learning experiences since beginning therapy. From the learning conversations and contracts to developing creative lessons, being a student clinician has been constantly teaching me how to become a better clinician.

References

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Self-Evaluation

This project was one of the most in-depth reflective papers that I have done here at Truman. I have learned a variety of things from the process it required I go through in order to evaluate my own learning. First of all, from the lists we developed of things that we were good at and were not good at, I learned that the things that I am good at tended to all have the same traits. I was not sure why this seemed to be until we took the Myers-Briggs test. The results from that test gave me insight to why I seemed to perform at some activities over others. I could see that things that allowed me to function as judge or feeler tended to be the activities that I was best at and therefore liked the most. These lists also made me evaluate things that I had explicit knowledge about. This in itself was a learning experience for me but also it made me question why I knew these activities in detail where as other things I could not remember learning at all. Overall, this project changed my knowledge of my learning habits from general to specific which has allowed me to look at my habits and decide if they were advantageous to learning or whether I needed to make changes in the ways I approached my learning.

What makes this project different from anything you could find anywhere else is that it looks into my personal learning experiences that led me up to beginning therapy and those that have occurred since therapy has began. Although many student clinicians may experience many of the same learning events, this paper is unique in that it looks at the way these learning experiences affected me and how they changed my learning. No other student clinician has been through the same experiences as myself, so I can provide a unique insight to learning and therapy because of my experiences.

This project helped me become more aware of how others learn through the many discussions we had during the process of developing my project. The many times that we discussed our papers in groups allowed me to get more of an insight on how people's learning habits compared to my own. I found that ideas that I was certain were universal about learning

were not so. Many times people in our class had a different idea than I did when it came to learning something similar to something I had learned and this gave me great insight to the different ways that we learn. Peer reading each others projects also helped me become aware of how others learned. Reading about the learning experiences of others in great depth allowed my to see the large variety of methods people use to learn and how those learning experiences affect their thinking.

This project also helped me move towards helping others learning to learn in that it broke down learning from this broad, abstract term to a more specific steps that make the learning process more concrete. Having concrete aspects of learning give me a basis of somewhere to start when trying to help others learn how to learn.