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Private Practice in Speech Language Pathology and Audiology: Experience,
Preparation and Confidence Levels of Professionals

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Program in Communication Disorders

Honor's Thesis Defense

April 24, 2014

Abstract

The purpose of this study is to focus specifically on private practice in speech-language pathology by exploring the relationship between educational preparations and running a successful business that is also personally rewarding. Fifty speech-language pathologists and audiologists working in private practices will be given a questionnaire developed from the literature review. The questionnaire will include variables such as education, experience, and background as well as items specific to private practice. The questionnaire link will be sent to the Academy of Private Practitioners in Speech-Language Pathology and Audiology and current private practitioners across the state of Arkansas. Participants will complete the survey, which will be analyzed descriptively through several key factors addressed within the questions.

Private Practice in Speech Language Pathology and Audiology: Experience,
Preparation and Confidence Levels of Practicing Professionals

The scope of practice in speech-language pathology includes a statement of the purpose, qualifications of the speech-language pathologist, professional roles and activities, framework for research and clinical practice, and practice settings (Apel, 2007). Client populations are diverse; therefore, ASHA policy requires that every activity be performed in a manner that takes into highest consideration culture and linguistic acquisition in order to account for optimal outcomes for persons with disorders and differences (Apel, 2007). As a professional, speech-language pathologists promote advocacy, prevention, education, engage in research of swallowing and overall communication, as well as provide clinical services.

Speech-language pathologists provide services in a wide variety of settings, including public and private schools, early intervention settings, health care settings, universities and university clinics, individual homes, state and federal agencies, correctional institutions, research facilities, corporate settings, and private practice settings (ASHA Practice Settings page 5).

Private practices in speech language pathology require a delicate balance of the cost, risks, and rewards. The evolving efforts to reform healthcare will effect practicing SLPs in major ways, and it is important to ask those with experience in the field what they believe will have the biggest impact on private practices the future. The purpose of this study is to focus specifically on private practice in

speech-language pathology by exploring the relationship between educational preparations and running a successful business that is also personally rewarding.

Review of the Literature

Overview

The roles and responsibilities of speech pathology in private practices have changed many times over the years. The overall aim of services provided by speech-language pathologists and audiologists is to provide services is to optimize individuals' ability to hear, communicate, and swallow, thus improving quality of life (Abel, 2007). The United States continues to become increasingly diverse, so speech-language pathologists have a responsibility to be knowledgeable about impactful changes on both clinical and research levels.

Working in a private practice, as compared to a school setting, has some pros, such as working with fewer clients, flexibility to set your own work time and days, relaxed atmosphere, a chosen specialty, better interaction with parents, and more one-on-one time with kids. Some of the setbacks to private practice are the time demands of billing in compliance with insurance company requirements, obtaining private clients, and size limitations based on the amount of time invested by the practitioner.

In a 2009 survey of working speech-language pathologists who reported they were owners or co-owners of a private practice, their primary work settings were identified as one of six health care facilities: general medical hospitals, rehabilitation (rehab) hospitals, pediatric hospitals, skilled nursing facilities (SNFs), home health

agencies and clients' homes, and outpatient clinics and offices (ASHA 2009 Survey). Ninety-six percent of the owners and co-owners held master's degrees, ninety-four percent were female, fifty-three percent worked full-time, the median age was forty-seven with an average twenty years' experience, and ninety-one percent said private pay was the most common payment source (ASHA 2009 Survey).

Additionally, an important characteristic of the practice of speech-language pathology is that, to the highest extent possible, clinical decisions are based on best available evidence in the field. ASHA defined evidence-based practice in speech-language pathology as "an approach in which the process of clinical decision-making is based on current, high-quality research evidence that is integrated with practitioner expertise and the individual's preferences and values" (Apel, 2). Another source defined evidence-based practice as "the integration of best research evidence with clinical expertise and client values" (Frymark, 4). An ASHA board concluded that "A high-quality basic, applied, and efficacy research base in communication sciences and disorders and related fields of study is essential to providing evidence-based clinical practice and quality clinical services" (Apel, 3). Moreover, evidence based practice is a valuable tool used in ensuring quality of care; however, bridging of the gap between scientific evidence and clinical practice will foster difficult issues that require intricate dialogue and thought from professionals (Ratner, 2006).

The research base can be enhanced by "increased interaction and communication with researchers across the United States and from other countries"

(Apel, 2007). As our global society is becoming more connected, integrated, and interdependent, speech-language pathologists have access to an abundant array of resources, information technology, and diverse perspectives and influence (e.g., Lombardo, 1997). It is essential that the Communication Disorders field keep up with these global changes, therefore, the increased global exchange of information, education, and professional knowledge, can be a way to strengthen the research collaboration and improve clinical services.

Educational and Skill Requirements for Clinical Practice

In order to practice as a speech-language pathologist, one must prove certification in a number of different areas. The applicant must have a master's, doctoral, or other recognized post-baccalaureate degree (Apel, 2002). All of the graduate level course work and clinical experience must be completed in a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology. Thirty-six hours of graduate semester credit hours must be earned in a program that addresses the knowledge and skills pertinent to the ASHA scope of practice. Additionally four hundred clinical hours must be completed, supervised practicum experiences, and the national Praxis for speech-language pathology must be passed. A clinical fellow must receive ongoing mentoring accompanied by formal evaluations. After receiving the Certificate of Clinical Competence, individuals must accumulate thirty certification maintenance hours of professional development every three years. (McGhee, 4). Certificate holders are

expected to abide by ASHA's Code of Ethics and abide by degree standards. More than 166,000 professionals currently hold ASHA certification. (ASHA, 2010).

Speech-language pathologists require a wide range of specialized skills in order to provide effective services to their clients. Some of the skills that are needed include: a sincere interest in helping people, above-average intellectual aptitude, the sensitivity, personal warmth, and perspective to interact with a person who has a communication problem, scientific aptitude, patience, emotional stability, tolerance, persistence, resourcefulness and imagination, a commitment to work cooperatively with others, and the ability to communicate both orally and in writing (ASHA skills). Leadership is a key principle for running a private practice. Vision, communication, motivation, cultural awareness and continuing education are vital for small business leaders. Communication and the ability to implement the mission, vision, values, and goals of the organization are required. Establishment and implementation of new policies and procedures are also required of leaders.

Private Practice

Private practices can provide experiences that are new and different. Most professionals can be excited about the idea of private practices, but grapple with all of the “what-if” questions that arise with new experiences. However, many confirm that the challenges of owning their own practice can be both gratifying and worthwhile. Denise Dougherty, a solo practitioner who represents the Pennsylvania ASHA advisory committee, has composed a list of questions and advice to explore before choosing the private practice route: learn the business basics, choose a

business structure, set up an accounting system, develop a business plan, establish a line of credit, make the insurance decision, build a client base, advertise your services, set up your office space, insure against malpractice, and grow your business. (Dougherty, 2002). Business basics are easily learned through resources offered by ASHA, American Speech-Language-Hearing Association, AAPPSPA, American Academy of Private Practice in Speech Pathology and Audiology, and CORSPAN, Corporate Speech Pathology Network. There are many business structures available for private practices, including sole proprietorships, limited liability companies, C corporations, and S corporations, to name a few (Dougherty, 2002).

Experts suggest consulting with an attorney in order to avoid costly mistakes. The laws determining whether a person is an employee versus a private contractor are multifaceted, but an understanding of applicable law is essential to establishing a thriving private practice. Insurance against malpractice must be purchased to protect the business. Private practices also require the establishment of an appropriate accounting system. Usually, it is best to hire a certified public accountant to help set up an accounting system, structure a chart of accounts, and begin the process of posting accounting entries. It is also important to identify Tax-deductible expenses. In order to receive a line of credit from most banks, a business plan must be developed for full-time private practice clinics. Depending on the location, practices may choose to accept insurance or limit themselves to private-

pay only. Most practices seem to be insurance-based, because most clients cannot afford treatment without insurance.

Building a client base is an essential part of planning to open any practice. One must evaluate what needs are not being met in the community, as well as what unique services can be provided that are not currently being offered by others. A few examples of these aspects include schools, early intervention, long-term care facilities, and home health agencies. Home-health, long-term care facilities, and schools can also make contracts with private practices to provide some services. After establishing a basis for bringing clients to the business, advertising becomes of importance. Business cards, letterhead, personalized items, local newspapers, presentations, and professional web sites can bring about more business. Many full-time private practitioners begin small, working from home or small office space, and rely on word-of-mouth for referrals (Dougherty, 2002). Once practice goals and foundations have been established, the growth of the business is possible. The best problem to occur will be too many new clients and not enough time to accept all of them.

Specialization and Future Challenges

Billing and coding insurance in a private practice setting is also beset with a number of different regulations, guidelines, and policies. The billing of Medicare is coordinated through the local Medicare contractor, and standard health insurance claim forms are used. These can be submitted electronically or by paper claims. Services that fall under Medicare Part B have established reimbursement rates that

can be found in the Medicare Physician Fee Schedule regardless of the provider setting (American Academy of Professional Coders, 2009). Payments for outpatient therapy services are subject to a combined cap for speech and physical therapy, but have a separate cap for occupational therapy. Medicare has very specific guidelines regarding coverage of certain codes and services. There are several resources that ASHA has compiled regarding the codes related to speech services; however, it is important to note that coverage determinations from Medicare contractors are specific to the locality of the clinic (Havens, 2011). According to ASHA, in order to prosper in today's demanding clinical environments, speech-language pathologists and audiologists must be able to prove to third-party payers, employers, and clients that their services are measurable and cost-effective (Nikjeh, 2010).

Over the past few years, the Government has slowly moved towards the Medicare value-based health care purchasing initiatives. In short, speech-language pathologists do not receive pay unless their services are deemed effective as compared to their therapy plans. According to Becky Cornett, “as sections of the law and accompanying regulations are implemented during the next few years, the ways in which hospitals, physicians, and non-physician health care professionals operate and practice will change in fundamental ways.” (Cornett, 1). Rehabilitation goals will have to focus on “functional” outcomes, and there must be a reasonable expectation that the patient’s condition will improve significantly in a reasonable and predictable amount of time in order to receive services. Another obstacle will be an added tax on medical equipment. Devices essential to communication in patients

such as hearing aids, augmentative communication devices, and artificial larynxes, to name a few, will now have an added tax. It is hoped that most SLPs will accept the increased scrutiny and challenges associated with health care reform and will work closely with others to achieve desired health care outcomes (Cornett, 1).

Summary and Questions of the Study

As can be seen from this review of the literature speech-language pathology includes an extensive scope of practice, as well as a variety of practice settings. All SLPs must have extensive education and training levels, and there are special skills required to run a successful private practice. The private practice setting is not attractive to all practicing SLPs, because it requires a balance of costs, risks, and rewards. Healthcare reform has already led to some critical changes, with many more likely to come. It is therefore, a critical time in the evolution of the speech pathology field. It is important to ask practicing professionals with experience in the field what they think are the most important implications of the current healthcare reform and the most likely changes to follow in the future. The purpose of this study is to better understand the scope of knowledge that private practitioners need in order to be successful and how their educational background prepared them for private practice success. The specific questions of the study are as follow.

1. What are the key bodies of knowledge needed by practitioners in private practice?

2. In what ways did formal education (majors, minors, graduate school) prepare these practitioners for private practice?
3. What additional learning and experience contributed to success in private practice?
4. What are the anticipated challenges to continued success in private practice over the next five years?

Methodology

Participants

Fifty speech-language pathologists and audiologists working in private practices will be sought for this study. There will be no control for gender, race, age, level of education, length of time as a licensed professional, or geographic location.

Materials

A questionnaire will be developed from the literature and formatted for digital distribution. It will consist of fifteen questions that provide demographic information, educational background, knowledge and skill sets associated with private practice, and an open ended question for future directions in private practice.

Procedure

The survey link will be sent in digital form to the academy of private practitioners and current private practitioners throughout the state of Arkansas.

Analysis

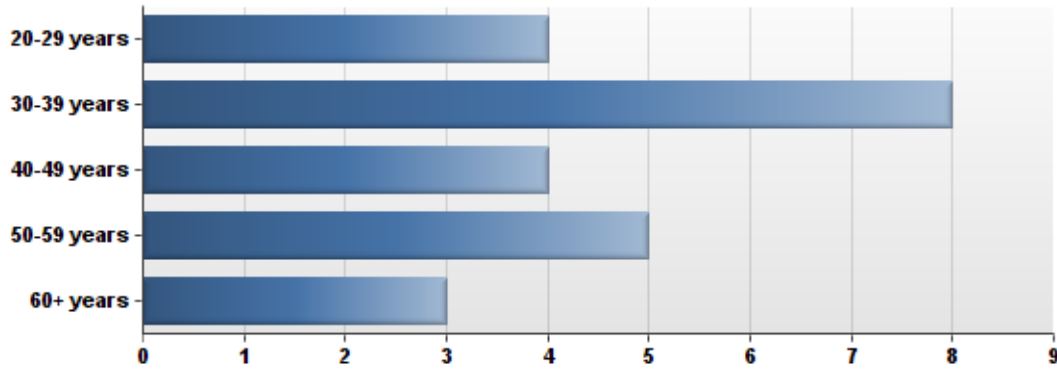
Participants will complete the questionnaire survey, which will be analyzed through several key factors addressed within the questions. The results will be analyzed using descriptive statistics, examining whether significant differences can be found within the surveys. There will be a number of different variables including education, experience, and background elements.

Results

Demographics

Sixty-four individuals opened the online questionnaire; twenty-four of the surveys were completed. Twenty-three participants were female, and one was male. Four participants were between the ages of twenty and twenty-nine, eight were thirty to thirty-nine, four were between forty and forty-nine, five were fifty to fifty-nine, and three participants were sixty or older. See table one below. All participants were located throughout the state of Arkansas. More specifically, two from Fayetteville, seven from Little Rock, and one from Fort Smith, Pocahontas, Mountain Home, Mena, Rogers, Texarkana, Springdale, Cave City, Ouachita County, and Pine Bluff. Fifteen of the participants hold a Master's degree in Communication Studies, one has a Doctorate degree, one has a Masters of Education degree, and six responded in the "other" category with: MCD, working on a PhD, MCD and BCBA, MCD,CCC-SLP, and M.A.

Table 1.



Age of Participants.

Key Bodies of Knowledge

This study asked experienced clinicians what knowledge they felt was essential to having success in private practices. The first question asked how long the respondent had been working in their private practice setting. One respondent had less than one year of experience, nineteen had between one and ten years, three had between eleven and twenty years, and one had over twenty years’ experience in private practice settings. These clinicians serve an average of 11.22 clients per day. The question was answered with a minimum value of one and a maximum value of fifty-four; resulting in a standard deviation of 12.63.

Formal Education Preparation

One area of this research focused on ways that formal education prepared practitioners for private practice. In the survey, participants were asked what prepared them the most for private practice. One responded that undergraduate coursework helped the most. Three said graduate coursework was the most helpful, and six responded that professional conferences and conventions provided the most information helpful in private practice. Twenty-three answered this question saying experience in other therapy settings helped the most; specifically, schools, hospitals, home health, clinical practice in graduate school, and Dallas, Fort Worth area school district experience.

Experiences

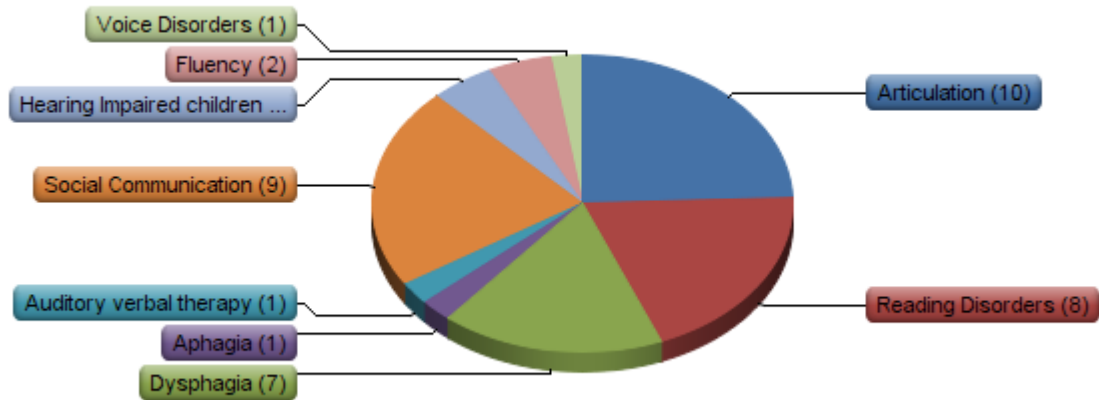
This research also examined how outside experiences contributed to success as a private practitioner in speech-language pathology and audiology. First, respondents were asked how much experience they had outside of working in a private practice, if any. Twenty-three had outside experience, while one had only worked in a private practice setting. Of the respondents that answered yes to outside experience, eight had less than five years of outside experience, seven had between five and ten years of outside experience and eight had more than ten years of outside experience.

Anticipated Challenges and Future

To assess the future of private practice in speech pathology and audiology, the present conditions were examined. The survey asked the participants why they chose to go into private practice for their career path. Twelve wanted to have more

flexibility in their work schedule, four wanted to be their own boss, and seven responded that they wanted to make more money. The following question addressed whether the clinician preferred the private practice setting to their experience in other settings. Twenty answered affirmatively that they preferred private practice settings, and three answered in the negative. The time it took to adjust to working in a private practice was asked to learn about the challenges of transitioning to a private practice after working in other settings. Seven responded that they felt comfortable in six months, five said one year, six said it took two years, and three respondents answered that it took three years to feel comfortable. The survey also addressed the hardest part of being in the private practice realm. Regulations were the most challenging part to four people, billing insurance to five, finding clients to three, and eleven people responded to "other". Those eleven people provided a variety of input on their most challenging aspects, including: personal record keeping for tax purposes, cancellations, maintaining regular schedules, billing and running a small business with no business background, dealing with parents who are not responsible, staff management, different insurance policies for each client, meeting individual schedules, responsibility, taxes, and hiring staff for rural areas. The survey also looked at whether or not the particular clinic had any specialties. The answers included voice disorders, fluency, hearing impaired clients, social communication skills, auditory verbal therapy, aphasia, dysphasia, articulation, and reading disorders. See Table #2 below for the results.

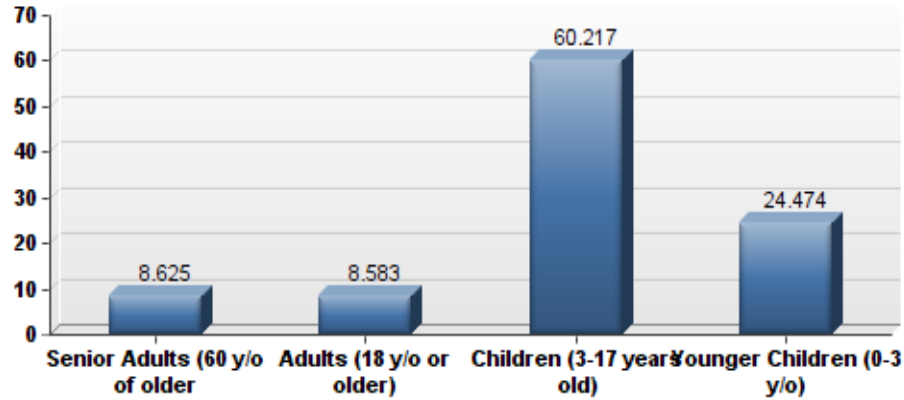
Table 2.



Specialties of Private Clinics.

To address the challenge of getting clients, the survey looked at how each private practice obtains clients. Forty-three percent of respondents receive referrals from medical professionals, nine percent run marketing and advertising campaigns, and thirteen percent obtain clients due to specialization in certain areas of expertise within the field. Other answers included word of mouth only, current clients, public school setting, preschool teacher referrals, and satisfied parents seeing goals achieved that could not previously be met. The survey also examined the age groups of the clinical population served, because the types of services needed often vary by age group. The majority of respondents serve children between the ages of three and seventeen. See table #3 below for more details.

Table 3.



Age of Population Served.

The survey looked at one of the major challenges presented by insurance, asking respondents if they found navigating insurance billing difficult. Fifteen (sixty-five percent) responded that billing insurance was difficult, and eight (thirty-five percent) said billing insurance was not difficult for them to navigate in their private practice work. According to this survey, private clinicians receive the majority of their revenue from billing Medicaid (seventy percent), while twenty-two percent said they receive the majority through self-pay, and nine percent indicated that private insurance accounted for the majority of their revenue. Looking forward to future challenges, thirteen respondents said they think health care reforms will affect their practice in the future, while ten said they did not foresee health care changes affecting their private practice. Lastly, the survey asked whether the respondent would recommend future speech language pathologists and audiologists to consider private practice. Twenty answered yes, they would recommend getting

started in a private practice. Two said they would not recommend it, because new practitioners are not prepared for all the stress and financial difficulties that come along with getting started, and it creates competition. One responded that they would recommend working as a private practitioner on a cash-only basis.

Discussion

The purpose of this study was to better understand the scope of knowledge that private practitioners need in order to be successful, and how their educational background prepared them for private practice success. The results suggest a variety of factors affect both the decision to pursue a private practice, and the preparation necessary to become a successful private practitioner. Education, clinical experience, conferences, and personal drive were all subjects of discussion. The majority of respondents held a Master's degree, which is the entry-level degree required for practicing speech pathology. Many felt that their experience in other areas of the field contributed the most to their success in private practice. The twenty-five participants provided a variety of answers to the different questions, which was largely expected. Almost all of the practicing speech pathologists had experience working out side of the private practice realm.

The responding speech therapists and audiologists chose to go into private practice for a variety of reasons. This is consistent with the literature previously discussed, which also indicates that people are drawn to the private practice realm for several different reasons. Most respondents to this survey chose to start their own private practice so they could have more freedom in the daily schedule, along

with the opportunity to make more money. Only three people did not prefer their private practice setting over other work settings they had previously experienced.

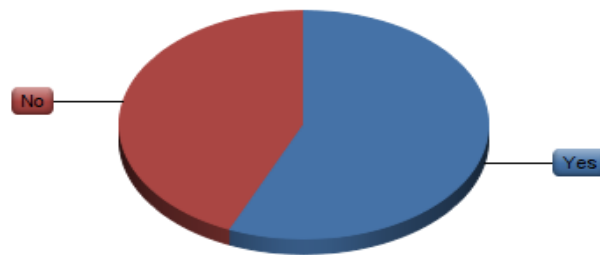
Another aspect of the study looked at what the respondents thought would be the most important implications of the current healthcare reform and changes to follow in the future. Medicare has very specific guidelines regarding coverage of certain codes and services. One hypothesis of this study suggested that increasing changes to healthcare would cause an increasing degree of difficulty and complications in billing clients. Surprisingly, the majority of clinicians felt that there would be no significant changes to the way therapy is billed to insurance. Although sixty-five percent of respondents presently have difficulties with billing insurance companies for their work.

Conclusion

In conclusion, deciding to work in the private practice-setting reaches further into different aspects than simple decisions. Speech-language pathologists and audiologists have a wide scope of practice that allows practitioners to provide their professional services in a variety of different environments. As predicted, individuals working in the private practice realm would prefer to work in private practices compared to their experience in other settings. Private practices require a delicate balance of the costs, risks, and rewards. Most feel that the rewards gained from private practices make all the hard work enjoyable. Responders agreed that experience in other settings prepares clinicians the most for working in private practices. Surprisingly, many professionals did not feel coding and billing insurance

was the *most* challenging part of their practice. Although the majority agreed that billing was a complicated process. Another surprising aspect of the study was the close split between professionals that thought new health care changes would affect their practice. See table 4 below.

Table 4.



Professionals on Healthcare.

Graduate programs should consider adding courses that explore billing and coding insurance. This would be practical information that could be applied as practicing speech-language pathologists. Classes exploring the healthcare reform would lead to better-informed decisions as a practitioner.

Limitations and Future Directions

There was limited access to practicing professionals in the private practice realm who were willing to complete the entire survey. This led to a small number of participants in the online survey. The online questionnaire had to be short in order to keep the participant's attention. This eliminated deeper questions that could have

been asked to further the topic in the interview. The gender of all the respondents could have swayed the results and may not represent the entire population.

For future research on this topic, interviewing the owners of the private practices would result in a better picture of the details considered when starting a private practice. Concentrating more on the changes in health care specific to speech therapy would also provide an interesting point. More pointed questions about health care would also be helpful. Another study following all the new changes to the healthcare system would illustrate the changes that are taking place in the field.

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Appendix A

Draft of Private Practice Questionnaire

1. What is your gender? Age? Location of private practice?
2. What is your highest level of education? How did your background (major, minors, post-back, graduate school) prepare you for private practice?
3. What prepared you the most for private practice?
4. Do you have experience practicing speech therapy outside of a private practice? If so, how many years?
5. How long have you worked in private practice?
6. What does your practice look like on a daily basis?
7. Why did you choose to go into private practice? Have the benefits outweighed the risks associated?
8. How did you transition into private practice? Did this go smoothly?
9. What is the biggest thing you have learned since being in the private practice realm?
10. Does your practice, or you, have any specialties? If so, how did you decide to specialize?
11. Why are clients drawn to your particular private practice?
12. Which clinical populations do you serve most frequently?
13. How do you evaluate services? What is required to do a good job?
14. What do you feel are the strengths and weaknesses of your private practice?

15. What do you anticipate being the largest challenge for private practices in five years?
16. What advice would you give to a future SLP interested in private practice?