Leadership in Speech-Language Pathology
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Linda S. Carozza, PhD, CCC-SLP
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Introduction

The inspiration for this book came from many sources, such as life experience, opportunity, and happenstance. The lesson learned was that one can never be fully prepared for everything that will be necessary to lead a thriving group of professionals. Although this book endeavors to describe the major leadership qualities and resources to respond to those needs, the nature of interpersonal management of professionals in a fast-paced environment leaves many questions unanswered. The goal of the authors is to prepare as strong a landscape as possible so that hands-on learning, educational experience, and life skills work together to form a strategic whole.

When working with professionals, leaders encounter vast differences in experiences, values, and other variables of human interaction. The chapters in this book guide readers through self-discovery and a larger world view that together, will strengthen the preparedness of new and seasoned leaders. Overall, many of the insights emanate from a common stem; that is, the importance of adopting and integrating business and professional practices to work for the common good of an organization and its mission. Leadership is a heavy mantle to bear; a cornerstone of combined wisdom will provide a sense of the continuous journey that all leaders are on. Leaders hope to leave the environment where they worked and achieved success a better place for having been there. Reading, preparing, life experience, and if possible, the mentorship of a successful role model are all ingredients for what is essentially self-study of your strengths and weaknesses and how to respond to challenge.

In addition, working with a specialized group of leaders, like those in communications and related fields, presents unique circumstances to encounter and overcome. In a relatively young profession, role models are still developing and ever-changing, as the educational and medical landscape becomes increasingly complex. The talents and skills of new manager-leaders will be tested, and an understanding of the big picture, individual
preparedness, and unknown quantities create a learning trajectory for new senior appointees. Whether learning by experience or modeling others’ behavior, new leaders must develop a personal style based on knowledge of the industry, self-knowledge of ethics, and mastery of principles of fairness, consideration, design, and growth. Most environments do not allow for a long learning curve and new managers will be challenged early on unless they arrive with a strong skill set, and ego!

I am excited to go on a journey of discovery with emergent leaders in rehabilitation and allied fields. The material in the book was culled from many distinct perspectives over a period of time and reflects a journey of ongoing discovery that mindful leaders invariably undertake. From theory to practice to resource-finding, the chapters will guide professionals in areas that will likely reach beyond specific professional expertise. Emerging leaders should recognize and explore growth opportunities before being confronted with a wake-up call that an aspect of management in their unit is underperforming due to lack of preparedness for the distinct need for data and data management that could have forestalled unfortunate circumstances.

Above all, one aspires to become a competent and confident professional and to have the support of a well-earned reputation and achievement. In the words of many, happiness at work is a fulfillment that all of us seek. Knowing when something is a “want” as opposed to a “need” and avoidance of black-and-white all-or-nothing thinking are just two of the cognitive functions that leaders need to incorporate in their daily arsenal. Thomas Slominski, founder of Northern Speech services, recently published “Habits of Happy People.” A well-known senior speech-language pathologist, Slominski discussed many insightful strategies needed to tackle high demand leadership and decision making, and the basic fact that people need to have insight to be concerned, but not overly worried, about work and goals. Lack of leadership and efficiency may be an issue of personality and background, as opposed to training and discipline in a specific field, and we address this issue in forthcoming chapters.

The American ideal of leadership espoused by the U.S. military bears mention in that there are multiple and potentially disparate perspectives on success, although many share very familiar themes. Peter Economy (2015) describes several strate-
gies, listed below, that work for leadership in the military and that can also work in public and private industry.

1. Meeting the standard will always suffice if you want to be average or just get by. Exceeding the standard and living to a higher standard can lead to success and achieving your dreams.

2. Believe in something! Believe in yourself, believe in a creed, believe in your passion.

3. Heroes are everyday, ordinary people who have done something extraordinary. Honor them, praise them, and hope that like them, you will stand for what you believe in during times of need.


5. Never walk by a mistake, or you just set a new lower standard!

6. Invincibility is a myth. Recognize and optimize your strengths and deal with your weaknesses to minimize them.

7. Don’t stop trying or fighting for what you believe in the first time someone tells you “no.”

8. Don’t compromise your principles.

9. People are always watching you. What you do sets the tone for others.

10. Have the guts—courage—to do the right thing for the right reason.

11. The best way to have healthy debates and find the ultimate solutions to very complex problems is to have the best and brightest group of people to offer diverse perspectives on the issues. Be inclusive, not exclusive; embrace diversity of thought in management and in key leadership teams.

12. Build high-performing teams or organizations. Build teams that routinely do routine things in an outstanding manner.

13. Provide a strategic vision. Visualize where you want your team to be in the future and design a roadmap to get there. It is key that all individuals in your organization understands how important they are to accomplishing the vision.
14. Enjoy your job and make a difference. Some of the most difficult decisions we make in our lives center around deciding how long to stay, when to change, or when to leave. Don’t leave these decisions to someone else or to chance—make them your decisions.

Not many people will be in a high-command position in the military, but the principles cited have great similarity to other leadership literature. In “Leadership Strategies to Help You Handle Change” (http://www.superperformance.com), Kathleen O’Connor speaks about the gathering information, building a subordinate staff ready to move up, knowing your job, and what you need to know to do your job. On this point, expectations or job descriptions for leaders and their staff are critical. In times of change, these may be a moving target, and it is vital that manager-leaders have the cooperation and insight from the highest level of administration in the organization so everyone is on the same page. Change is hard for individuals, but buy-in and team engagement and empowerment, even in difficult times, can be achieved if sufficient groundwork is laid. That can take the shape of a team retreat or reading a related article, and can include many other points of team satisfaction. O’Connor cautions that leaders should change before they have to, and should be aware that environments evolve quickly, so that they can anticipate and plan for change. To this end, using consultants, such as managerial coaches, can help leaders understand and master change outside of the fixed work environment, as well as empower new professionals.

In the search for work and understanding in academic and health leadership, there are a plethora of writings, meetings, and opportunities to learn. Finding resources that will enhance an organization that all leaders aspire to is a complex task. Through readings and participating in and leading professional seminars, I have found that the *Harvard Business Review* speaks to some of the important matters at the heart of leadership. Their online “Tips of the Day” are useful for the daily discipline that being a manager entails, emphasizing that leadership deals with the details of human dynamics, in addition to work products.

To this end, the commonality and strength of the principles put forth by professionals, such as those at Wharton and other
leading institutions, have consistent tenets. Leitch, Lancefield, and Dawson (2016) stress that challenging without provocation, attention to the big picture as well as the details, willingness to change course of action, and leading with engagement and respect are essential qualities of lasting leadership. The goal of transparency and the possibility that there are multiple paths to a goal are additional ideals in the workplace that will grow and flourish (https://www.strategy-business.com/article/10-Principles-of-Strategic-Leadership).

The question remains then, with so much information, and much of it strikingly similar in ideals and tone, why is leadership so often a role with quick turnover, causing organizations to lose momentum and the footing to move forward in strategic plans and long-term goals? Questions like this inspired the work in this book. All change on a personal, professional, or organizational level is a process. If an organization is willing to invest in a professional as a leader, there is a growth curve, along with some detours, that a dedicated professional must conquer.

Undoubtedly, readers of this book are among those who turn the lens inward, as well as outward to prevailing wisdom and literature, to be the best professionals they can be. It will be a reward if the new ideas that evolve from this book can be reflected in forthcoming work and collaborations among emergent leaders in the field.

References


Acknowledgments

This book is based on the incredible inspired teamwork and vision of my immediate collaborators, Tanya Radison and Noel Shafi. The work of these inspirational young professionals allowed me to begin this journey of self-discovery to share with others who are walking or will walk the same path. Likewise, my contributing authors, Wendy Papir-Bernstein, Regina Lemmon-Bush, and Katie LaForce, are among the most amazing and generous colleagues I could have had the good fortune to meet on this journey. Professor Bernstein’s in-depth and masterful review of diverse components of leadership will help shape the viewpoints of many future colleagues. Likewise, meeting Dr. Lemmon-Bush and her team was a turning point for me, and I was inspired by her from the moment we encountered our like-mindedness at an ASHA convention not too long ago and developed a friendship and kinship. I can only hope that her vision for leadership and change will enlighten the path of many professionals to come.

I have also had the extreme gift of support and advocacy from the professionals at Plural Publishing. With two books beforehand, I knew I would be in good hands and I am humbled by their confidence in me to develop and write on leadership, as my books have followed my life’s journey, so to speak.

Many other colleagues, students, and friends have accompanied me throughout my career as I aspire to do for them. I have learned so much and every day, wake up with a thirst for how I can do something better. My career in speech-language pathology has been one of my greatest gifts, helping me, as I hope I have helped others. The work of a book has many voices and influences and I am deeply grateful to all who have spoken to me and shared insight on their own experiences and careers. It is my hope that this book engenders even more conversations on why and how to lead when the time is right in your career.
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I dedicate this book to my loved ones. Gabriel Alexander, I hope you grow and thrive to be master of your fate and that all you endeavor and wish for will come true.
Why Study Leadership?

*Linda S. Carozza*

*The art of communication is the language of leadership.*

—James Humes

**Learning Objectives**

- Readers will gain awareness on the issue of leadership in the professional development of speech-language pathology practitioners.
- Readers will be introduced to the following chapters as they relate to identification of skills and methodologies to attain these leadership abilities.

**Call for Action**

Speech-language pathology is one of the fastest growing health professions, with a projected increase in growth of 18% between 2016 to 2026 (Bureau of Labor Statistics, 2017). The growth of the profession stems from a number of factors, including a rapid increase in aging populations, medical advances that improve the survival rate of preterm infants, as well as trauma and stroke patients, growth in elementary and secondary school enrollments, and increasing demand in health care and private prac-
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practice settings (American Speech-Language-Hearing Association [ASHA], 2017). This growth of the field, while great for yielding more jobs and more opportunities for individuals and families to receive much needed services and support, also means an increase in the roles and responsibilities of speech-language pathologists (SLPs), including managerial or leadership roles within their respective organizations.

Whereas moving up the career ladder is typically seen as the ultimate end goal in most professions, one of the main challenges for SLPs in advancing is a lack of sufficient training and preparation (Kummer, 2017). Because speech pathology is at its core a clinically-based health profession, the majority of training and experience revolves around gaining an understanding of the typically developing processes of communication (including speech, language, and hearing) and training in the prevention, assessment, diagnosis, and treatment of communication disorders (ASHA, 2017). Kummer (2017) posits that leadership is an inherent quality and characteristic of our profession and states that “in clinical situations, we lead; we guide our patients and their family members; in supervisory situations, we lead and guide our employees and students; in professional situations, with colleagues and coworkers, we lead and guide on a daily basis” (p. 1).

Nevertheless, such constructs still require a more complex set of skills and abilities when compared to leadership on a larger scale. Many SLPs rise to management and leadership positions within their organizations, but without having had opportunities for formal continuing education in management and leadership skills which are often acquired through on-the-job training, mentoring, and continuing professional education (ASHA, 2003). Thus, many clinicians may find themselves ill-equipped and unprepared to take on larger roles which are less reliant on the clinical skills in which they were trained.

Thus, this book serves as a much needed guide for addressing workplace challenges that confront managerial, supervisory, and leadership professionals in the field of communication sciences and disorders (CSD). The premise and inspiration for this book is based on words of wisdom for leaders, given to me long ago by one of the wisest people I ever knew, my former mentor.
Those words of wisdom, based on his long-standing career as a beloved leader in the military, consisted of two questions for self-reflection that he relied on whenever we discussed life and workplace issues: “Did you do the best you could do?” and “Did you tell the truth?” He told me that if people can answer “yes” to both of these questions, they would always be able to face any issue they encountered.

Need for More Effective Leadership

From my years of experience, it appears that the field tends to rely on internal sources to fill managerial positions. In many cases, the same applies for supervisory and directorship titles. Although it certainly makes sense to work with professionals whose experience and integrity you are familiar with and can trust, this at times presents the newly promoted with a quandary in terms of resources. Although ASHA provides a number of professional resources for managing a new business practice, there is little scholarship directed toward the specifics of developing or establishing a CSD program within a structure that has pre-existing and collateral units. Such specifics include needs analysis, stepwise planning for program development and expansion, and a plan for establishing a long-term presence. These are very significant undertakings requiring thought, practice, experience, and often, time-sensitive actions that must occur simultaneously with the delivery of effective services to the public. In viewing this dearth of leadership and management skills training for clinical SLPs through the additional lens of curriculum/program development, it is important to remember that leadership in higher education presents a unique set of challenges as compared to leadership in other settings (Buller, 2013).

When SLPs are in the midst of developing new programs or carrying forward and enhancing the visions of others, they may find themselves thinking about evidence-based approaches and looking to the literature. In doing so myself, I noticed a scarcity of data on how to effectively develop and nurture a program via planned leadership practice. I consider leadership a hot topic in
the establishment of best practices in speech-language pathology, which is an emerging area of research interest within the field.

In fact, even the naming of a unit or department takes a depth of knowledge that may be obscure to younger or untrained leaders. I consider effective leadership to be something that we owe our fellow practitioners, scientists, administrators, and faculty members.

**Defining Leadership**

In preparing for this book, I needed to develop a sense of how *leadership* is defined in the general marketplace. As it turns out, there exist a plethora of constructs and definitions for the term, making it somewhat difficult to clearly characterize, particularly as it relates to various disciplines and contexts. According to Ledlow and Stephens (2018), the following definition can be used specifically for health leaders:

> The dynamic and active creation and maintenance of an organizational culture and strategic systems that focus the collective energy of both leading people and managing resources toward meeting the needs of the external environment utilizing the most efficient, effective, and efficacious methods possible by moral means. (p. 14)

In short, the distinction between leadership in other fields, as opposed to health care, comes from the inclusion of patient needs (external environment) and the overarching ethical standards of the Hippocratic Oath. Furthermore, it is important to distinguish between the terms leadership and management, as the two are at times used interchangeably, leading to a blurred distinction. Management refers to a role which is “more reactive and remains closely coupled with organizational policies, standards, guidelines, and established processes,” whereas a health leader is more “proactive, involved in developing the organizational culture and strategic systems necessary to maximize the efficiency, effectiveness, and efficacy of the organization within the external environment” (Ledlow & Stephens, 2018, p. 14).
Kummer (2017) further specifies that the term *leadership* is not job specific, but rather, situation specific.

In the field of speech-language pathology, examples of situations in which clinicians may demonstrate leadership roles include the following: clinical supervisor, mentor to new colleagues, committee chair, advocate for legislative change, and team leader in patients’ plan of care (Kummer, 2017). Parallels exist between SLPs acting in a clinical capacity and leaders of corporations and organizations—namely, that the overall goals and processes are very similar in both contexts. As outlined by Kummer (2017), the primary and most important task for the leader of an organization is the development of a vision. Vision is further defined as the creation of an idea of where the leader will take the organization, and what the organization will look like in the future. The second most important task is the subsequent development of strategic goals to accomplish said vision (Kummer, 2017).

This directly parallels the process of working with clients, which necessitates developing both long-term goals focused on improving overall speech, language, and communication skills, as well as short-term goal plans aimed at helping clients attain said goals over a specified time span. Thus, clinicians may already possess part of the framework needed to develop into strong and effective leaders. Leadership qualities are demonstrated in long-versus short-term planning on considerably different scales, and each requires explicit training and education.

In addition to explicitly defining leadership and the specific contexts in which it can be demonstrated, we must also consider the actual qualities and characteristics that make someone an effective leader. We intend to contribute our point of view on what makes for a poor leader, which is a yardstick for reflecting on the polar opposite qualities hopefully found in good leaders. Though poor leadership may be less apparent during a period of growth in an organization, a lack of leadership is very marked when an organization goes through lean times for any variety of reasons. Zenger and Folkman (2009) looked back at 360-degree feedback data for more than 11,000 executives and identified 10 leadership shortcomings, among them “not walking the talk,” failing to learn from mistakes, and lacking a clear vision and direction. Other leadership flaws include difficulties...
with challenge, lack of collaboration, resistance to input, failure to develop colleagues’ potential, and lack of insightful communicative behaviors. The authors propose that owing to these leadership flaws, employees are left with a sense of abandonment of group purpose and collective mission.

Although some individuals possess natural tendencies toward leadership qualities and perhaps are described by others as natural born leaders, effective leadership nevertheless requires a great deal of training and practice. The prospect of assuming a leadership position undoubtedly comes with a great burden of responsibility and can seem very daunting for someone whose primary qualification may be knowledge and experience in their specific field or discipline, yet has limited or no hands-on leadership training (Nawaz, 2017). With particular application to the field of CSD, ASHA provides a list of specific knowledge, skills, and competencies needed by organizational managers and leaders to fulfill their roles as they pertain to business practices underlying service delivery in health care (ASHA, 2003).

Challenges of Leadership

Astin and Astin (2006), in Leadership Reconsidered: Engaging Higher Education in Social Change, speak to many of the underlying factors that confront the development of future leaders. First, young academics may not be familiar with the notion that institutions of higher education are the driving forces of social change and development in Western society. Second, that higher education-led societal change is most organic when the roles of individual constituents (students, educators, administrators) are considered collectively/as part of an integrated whole. Unfortunately, this is not yet a goal on many agendas due to the unfortunate and more pressing societal concerns of safety, survival, and equality. Third, faculty and program directors, department chairs, and high-level administrators, need to recognize the role of educational, medical, and health institutions in affecting social change to meet the needs of the future. Health professions face additional and unique leadership challenges includ-
ing the enormous size of the industry, unaligned motivations, scarcity of resources, and lack of a unifying and widely accepted vision (Ledlow & Stephens, 2018). Organizational leaders in the health care fields have a unique opportunity to influence not only health-related, but other institutions as well.

Need for Effective Leadership Training

How did leadership emerge as an area of need and growth in our profession? Despite the fact that the CSD field has long been a profession disproportionately populated by women (Maier, 2013) with master's-level preparedness, there is little opportunity for hands-on learning in an organization, and even less student-level preparation (even in the doctoral programs) for eventual lead roles in service delivery or academic departments. Furthermore, although there is increasing longevity in the field and opportunity for expansion and advancement, there is still a lack of options to obtain credentials for managerial and directorial positions. As an example, in the current medical economy where results and accountability must be addressed in the planning stages, it is essential for new directors to have knowledge of the national landscape, student trends, and allied professional fields. Leaders also need to know how to position a department for visibility and growth out of the gate. In order to take a seat at the table with a board of directors or other senior executives, new managers must demonstrate both personal and professional leadership capacity.

The concept of leadership and the educational goals of leadership development have been given little attention by most of institutions of higher learning. It seems to be the case that in classrooms, faculty continue to emphasize the acquisition of knowledge in traditional disciplinary fields and the development of writing, quantitative, and critical thinking skills, giving relatively little attention to developing personal qualities that are most crucial to effective leadership: self-understanding, listening skills, empathy, honesty, integrity, and the ability to work collaboratively. According to Astin and Astin (2006), leadership qualities in modern American society are in large part shaped