
Opinions on Stuttering Therapy: A Survey of CASLPA Members

Opinions concernant la thérapie pour bégaiement: un sondage auprès de membres de l'ACOA

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Abstract

An 18 item questionnaire dealing with treatment for fluency disorders was sent out to 620 CASLPA speech-language pathologists. The questionnaire was constructed to tap six areas of perceived importance: (1) demographic data; (2) size and type of caseload being served; (3) clinical and educational preparation; (4) competence and sophistication; (5) enjoyment level; and (6) perception of therapy effectiveness. Responses were received from 545 members, indicating an interest in the issues raised in this investigation. Results of the survey indicate that while more than 80% of CASLPA speech-language pathologists are involved at least occasionally with stutterers, a large number of them report low levels of enjoyment and low self-ratings of competence when treating this population. Results are interpreted in relation to academic and clinical training. Implications for further investigations are offered.

Résumé

Six cent vingt orthophonistes membres de l'ACOA ont reçu un questionnaire de 18 items concernant le traitement des troubles du débit. Le questionnaire devait sonder six domaines pertinents: (1) données démographiques; (2) nombre et le type de cas; (3) préparation clinique et éducationnelle; (4) compétence et spécialisation; (5) niveau de satisfaction; (6) perception de l'efficacité de la thérapie. Cinq cent quarante-cinq membres ont envoyé des réponses, dénotant l'intérêt pour les questions soulevées par cette étude. Comme le sondage l'indique, bien que 80% des répondants interviennent au moins de temps en temps auprès de bégues, un grand nombre d'entre eux avouent ressentir peu de satisfaction et s'estiment peu compétents quant à l'intervention auprès de cette population. La discussion portera sur les résultats en fonction de l'entraînement académique et clinique. Il existe des possibilités pour des recherches plus poussées.

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There have been several surveys investigating the attitudes and perceptions of professionals, paraprofessionals, and lay people regarding stuttering and various aspects of stuttering

therapy (Cooper & Cooper, 1985; Cooper & Rustin, 1985; Curlee, 1985; Fowle & Cooper, 1978; Hurst & Cooper, 1983; St. Louis & Lass, 1981; Woods & Williams, 1971; Woods & Williams, 1976; Yeakle & Cooper, 1986). Results of these surveys indicate that specific beliefs concerning the disorder of stuttering exist among the various groups studied. These perceptions pertain to the nature, etiology, and treatment of stuttering, as well as to specific attitudes regarding the individual who stutters. Cooper and Rustin (1985) provide a comprehensive review of the attitudes of speech clinicians towards stutterers and stuttering in both the United States and Great Britain. No systematic investigation of this nature has been conducted in Canada. Merely extrapolating American or British data and generalizing them to Canada would seem to be of dubious merit. Moreover, there may be specific issues regarding stuttering treatment that are prevalent in Canada and that warrant specialized attention.

It is believed that there are less than 10 centres in Canada offering specialized programs in fluency management. It is the impression of the current authors, based on many years of ongoing contact with both graduating students and practising clinicians, that there exists within a significant segment of the professional community a reluctance to initiate and/or carry out major programs of stuttering treatment. It is speculated that a variety of reasons exist to explain this situation. First, speech-language pathology students often are confused by the conflicting views regarding the nature and treatment of stuttering expressed in the current literature. Secondly, their clinical experience with stutterers may leave them feeling inadequate and possibly somewhat negative toward stuttering therapy. Finally, practising speech-language pathologists often find that administrators do not view stuttering as a priority disorder. As a consequence, many agencies do not support the initiation and development of specialized treatment programs for fluency.

It is apparent that more accurate information is required in order to formulate a state of the art comment about stutter-

Table 1. Demographics of respondents (in percentages).

Highest Degree				
Bachelor's	Master's	Doctorate		
20.0	74.8	5.2		
Years of Experience				
0 - 3	4 - 5	6 - 10	11 - 20	More than 20
12.8	16.7	36.0	26.6	7.9
Age				
Under 30	31 - 40	41 - 50	51 - 60	60+
31.6	49.6	13.9	4.3	0.7
Geographic Area				
Maritimes	Quebec	Ontario	Prairies	B. C.
14.4	5.5	26.0	33.7	20.5
Geographic Type				
Urban	Suburban	Rural		
45.5	14.0	39.5		
Has a Specialty				
Generalist	Specialist			
70.5	29.5			

ing treatment in Canada. The purpose of the current study is to examine the backgrounds, training, practice, and attitudes of speech-language pathologists who are members of the Canadian Association of Speech-language Pathologists and Audiologists (CASLPA) as they pertain to stuttering and its treatment.

Method

An 18 item questionnaire was developed by the authors (see Appendix). It was designed to tap six areas of perceived importance: (1) demographic data; (2) size and type of caseload being served; (3) clinical and educational preparation; (4) competence and sophistication; (5) enjoyment level; and (6) perception of therapy effectiveness. The questionnaire was sent to the 620 Francophone and Anglophone speech-language pathologists who were members of CASLPA as of November, 1986. Questionnaires were provided in the preferred language of each member. Responses were obtained from 87.9% (545) of those surveyed.

All data were analyzed using the TeloFacts I software package (Smithy-Willis, Willis, Miller, & Morrice, 1983). TeloFacts is a survey and data analysis program written for the administration and analysis of surveys, questionnaires, polls, and evaluations.

Table 2. Caseload and referral practices of respondents (in percentages).

I treat fluency disorders...				
Always	Often	Sometimes	Rarely	Never
5.2	19.0	39.2	22.8	13.8
My fluency disorder caseload includes primarily...				
Pre-school	School-aged	Adolescent/adults	All Ages	Don't treat
17.6	40.2	14.5	12.3	15.4
When presented with a person with a fluency disorder I most often will...				
Assess or treat myself	Inside referral	Refer special clinic	Refer to non SL/P	
67.2	14.1	16.8	1.8	

Results

Demographics

Table 1 summarizes information about the respondents. A large majority (75%) held Master's degrees or equivalents in speech-language pathology. Respondents represented a wide range of age and years of clinical experience. The greatest number of responses were received from the western provinces, followed by Ontario, the Maritime provinces, and Quebec. Most of the respondents worked in urban or suburban settings. Seventy percent considered themselves to be "generalists" as opposed to "specialists."

Caseload and Referral

Table 2 displays responses to the three items pertaining to size and type of caseload, as well as referral practices. Eighty-six percent (86%) of respondents treat stutterers at least occasionally. Fifty-eight percent (58%) indicated that their fluency caseload included primarily preschool and school-age children. Sixty-seven (67%) percent of clinicians assess and treat stutterers themselves, while another 14% refer clients to other clinicians within their own institutions. Sixteen percent (16%) refer stutterers to clinics known to specialize in fluency disorders. Slightly less than 2% report that they refer stutterers for treatment to professionals other than speech-language pathologists.

Academic and Clinical Preparation

Table 3 displays responses to the five items pertaining to academic and clinical preparation. Fifty-seven percent (57%)

Table 3. Academic and clinical preparation of respondents (in percentages).

My academic preparation was...				
Excellent	Very good	Good	Fair	Poor
11.2	22.2	31.8	26.4	8.4
The amount of my student clinical experience with stuttering was...				
Excellent	Very good	Good	Fair	Poor
5.8	19.6	27.6	41.6	5.4
The quality of my student clinical experience with stuttering was...				
Excellent	Very good	Good	Fair	Poor
10.5	21.1	28.1	26.5	13.8
Since practising, my knowledge of fluency disorders has...				
Increased substantially	Increased somewhat	Increased a little	Stayed same	Decreased
29.3	23.8	26.5	13.6	6.8
I've engaged in continuing education re stuttering...				
Consistently	Often	Occasionally	Rarely	Never
4.2	13.4	40.5	24.4	17.4

Table 4. Competence and sophistication of respondents (in percentages).

My level of competence in treating fluency disorders is...				
High	Better than average	Adequate	Barely adequate	Low
8.0	18.4	45.9	21.4	6.2
I can use the following number of fluency training approaches:				
More than 5	4 or 5	2 or 3	1	None
7.6	29.9	54.1	6.2	2.2

of respondents viewed their academic preparation as good or better, while 35% of respondents reported that their academic preparation was fair or poor. Results indicated that the quality of their student clinical experience closely paralleled ratings of academic preparation (i.e., 50% rated the quality of their student clinical experience as good or better, while 40% rated the quality of their clinical experience as fair or poor). Fifty-three percent (53%) of respondents indicated that the amount of their student clinical experience with stutterers was good or better, while 47% judged the amount to be limited or nil. Greater than half of the respondents reported that their knowledge of fluency disorders has increased at least somewhat since beginning clinical practice. A similar percentage of re-

Table 5. Enjoyment levels of respondents (in percentages).

My level of enjoyment in treating fluency disorders is...				
Highest	High	Average	Low	Don't treat
4.0	22.1	37.0	24.1	12.7

Table 6. Effectiveness of fluency therapy as judged by respondents (in percentages).

Speech therapy for fluency disorders is...				
Very effective	Somewhat effective	Of limited effectiveness	Completely ineffective	Can't judge
27.6	55.7	11.7	0.0	5.0

spondents (58%) reported participating in formal continuing education programs concerned with fluency disorders at least occasionally.

Competence and Sophistication

Table 4 summarizes judgements of competence and sophistication levels with reference to treatment. Seventy-two percent (72%) of respondents rated their level of competence in treating stuttering as at least adequate; however more than one in four respondents considered their level of competence in treating stuttering as being barely adequate or less. Over 90% of respondents reported that they are capable of administering two or more types of fluency treatment.

Enjoyment Level

Table 5 displays reports of enjoyment levels experienced when treating stuttering. Only 4% of respondents reported that stuttering therapy is the clinical area that gives them the greatest enjoyment, although an additional 22% stated that stuttering therapy gives them a high level of enjoyment. More than one in three, however, stated that they either not enjoy this therapy or not treat fluency disorders at all.

Effectiveness of Therapy

Table 6 represents the judgements of respondents as they relate to the effectiveness of speech therapy with stutterers. A large majority of respondents (82%) felt that stuttering therapy is at least somewhat effective. Only 11% felt that stuttering therapy is of limited effectiveness, and none expressed the opinion that stuttering therapy is completely ineffective.

Discussion

This study surveyed 620 CASLPA speech-language pathologists. A total of 545 questionnaires were returned indicating a high level of interest with these issues. It should be noted that this study represents the viewpoints of speech-language pathologists who are members of CASLPA and that generalizing the results to all Canadian practitioners should be done with caution.

The results of the current investigation indicate that more than eight out of ten CASLPA speech-language pathologists are engaged in the treatment of stuttering. More than one in four of them, however, rated themselves as having only marginal competence in treating stuttering. Of additional concern is the fact that 28% of those clinicians who treat stutterers reported low levels of enjoyment in working with this population. Since a large majority of respondents expressed the opinion that stuttering therapy was at least somewhat effective, these negative evaluations of clinical competence and enjoyment levels cannot be explained by a lack of confidence in the clinical process. More likely explanations may be negative evaluations of: (1) academic preparation in fluency disorders; (2) quality of practicum experiences in stuttering and; (3) amount of exposure to fluency disorders during training.

It is gratifying to observe that more than half of the respondents are actively engaged in the treatment of pre-school and school-age stutterers. On the other hand, services for adolescents and adults is far less widespread. Perhaps younger children are being served more frequently than adolescents because, in many school districts, speech-language pathology services are not as readily available once the student reaches high school. The lack of services for adults might be explained by the determining of caseload priorities in hospital settings and the low number of specialized clinical programs for stutterers in Canada.

It should be noted that almost 71% of respondents considered themselves to be generalists rather than specialists in communication disorders. Only 19 of 545 considered themselves to be specialists in the treatment of fluency disorders.

The results of the current study point to several problems regarding the provision of services to stutterers in Canada and the practitioners treating them. A key issue appears to be the initial exposure of speech-language pathology students to the area of fluency disorders. It is noteworthy that similar negative attitudes and perceptions regarding competence in treating stutterers has been reported by both students (St. Louis & Lass, 1981) and faculty and supervisors (Curlee, 1985). Consequently, a close examination of the academic and clinical preparation of students in the area of stuttering is warranted. The stuttering population will not be well served if large numbers of graduating clinicians continue to question their

levels of preparedness in fluency therapy. Until the numbers of new graduates keenly interested in this area have substantially increased, we cannot expect that the expansion of existing services and the creation of new programs for stutterers can become a reality.

Since this investigation has revealed a number of critical areas of concern it is important to encourage further research designed to yield in-depth analyses of the issues raised here. Furthermore, the initiation of similar projects in Canada targeting other types of communication disorders may be warranted.

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Appendix

Fluency Disorders Questionnaire

Please answer each question with the **single response** which best reflects your beliefs and experiences. Since the data collected will be treated via computer analysis, please provide only one answer per question and save any additional comments until the end. Thank you for your help.

1. I treat fluency disorders:
 - always
 - often
 - sometimes
 - rarely
 - never
2. My fluency disorder caseload includes primarily:
 - preschool children
 - school-aged children
 - adolescents/adults
 - all ages
 - I don't treat fluency disorders
3. I would judge my level of competence in treating fluency disorder as being:
 - high
 - better than adequate
 - adequate
 - barely adequate
 - low
4. I feel that my **academic preparation** (course work) in fluency disorders was:
 - excellent
 - very good
 - good
 - fair
 - poor
5. The amount of my **student clinical experience** with fluency disorders was:
 - extensive
 - greater than average
 - adequate
 - limited
 - nil
6. I feel that the quality of my **student clinical experience** with fluency disorders was:
 - excellent
 - very good
 - good
 - fair
 - poor
7. Since I have been practising, my knowledge of fluency disorders has:
 - increased substantially
 - increased somewhat
 - increased a little
 - stayed about the same
 - decreased
8. I have been engaged in formal continuing education (e.g., workshops, courses, mini-seminars) re fluency disorders:
 - consistently
 - often
 - occasionally
 - rarely
 - never
9. In my treatment of fluency disorders I am capable of employing **approximately** the following number of treatment approaches (e.g., fluency shaping, stuttering modification, masker, acceptance of stuttering, relaxation, desensitization, etc.):
 - more than 5
 - 4 or 5
 - 2 or 3
 - 1
 - none
10. When I treat fluency disorders, my enjoyment level can be described as:
 - highest (relative to other disorders)
 - high
 - average
 - low
 - I don't treat fluency disorders
11. When presented with a person with a fluency disorder, I most often will:
 - assess and/or treat the individual myself
 - refer to another clinician **within my own** institution
 - refer to a clinic known to **specialize in fluency disorders**
 - refer to a professional **other than a** speech/language pathologist
12. In general, I believe that speech therapy for fluency disorders is:
 - very effective
 - somewhat effective
 - of limited effectiveness
 - completely ineffective
 - I am unable to judge

Background Information

Provision of the information requested below would be of great help. Please note that some items are **optional**.

A. Highest degree obtained (or equivalent, e.g. DSP = Master's):

Bachelor's

Master's

Doctorate

obtained from (**optional**): _____

B. Years of clinical experience:

0 - 3

4 - 5

6 - 10

11 - 20

more than 20

C. Age group (**optional**):

under 30

31 - 40

41 - 50

51 - 60

over 60

D. Geographic area:

Maritimes

Quebec

Ontario

Prairies

B. C.

E. Geographic type:

urban

suburban

rural

F. I consider myself to be **essentially** a:

generalist

specialist in: _____

Any additional comments which you would care to add would be most welcome.