

■ Perspectives on the Academic and Clinical Education in Stuttering

■ Points de vue sur la formation universitaire et clinique liée au bégaiement

Robert M. Kroll
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Abstract

Questionnaires were mailed to academic instructors in fluency disorders and clinical placement coordinators of all English language graduate programs in speech-language pathology in Canada. The survey, with a response rate of 92%, obtained data on in-class and placement activities related to stuttering. Three items of the survey were compared to those obtained from clinicians and reported in previous studies. Results revealed different ratings between clinicians and educators regarding the quality of academic and clinical preparation in fluency. Additionally, the curricula of surveyed university programs allocate only a small percentage of classroom hours for fluency disorders relative to other disorder areas, and have considerable variation with regard to the proportion of theoretical versus clinical issues covered. The findings point to a lack of sufficient clinical placements for students in stuttering treatment. Several suggestions for addressing the identified concerns are presented, including specialty postgraduate mentoring and training, as well as specialty certification.

Abrégé

Les professeurs spécialisés dans les troubles de fluidité et les responsables de la formation clinique de tous les programmes anglais d'études supérieures en orthophonie au Canada ont reçu un questionnaire sur les activités en classe et en stage liées au bégaiement. Le sondage a obtenu un taux de réponse de 92 %. Trois éléments du sondage ont été comparés à ceux d'études précédentes menées auprès de cliniciens. Les résultats révèlent un classement différent entre les cliniciens et les éducateurs concernant la qualité de la préparation universitaire et clinique en matière de fluidité. De plus, le cursus des programmes universitaires interrogés alloue un nombre réduit d'heures en classe sur les troubles de fluidité comparativement à d'autres troubles. Il varie aussi considérablement entre la proportion de contenu théorique par rapport au contenu clinique. Les résultats font ressortir une pénurie de stages cliniques spécialisés dans le traitement du bégaiement pour les étudiants. Plusieurs suggestions ont été formulées pour régler les préoccupations avancées, y compris un programme de mentorat et de formation spécialisés au niveau d'études supérieures ainsi qu'un agrément pour une spécialité.

Key words: stuttering, education, academic preparation, clinical preparation, speech-language pathologists, universities, specialty certification

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Introduction

For more than 3 decades, there has been discussion regarding the quality of academic and clinical preparation of speech-language pathologists to treat fluency disorders. As early as 1974, Ainsworth pointed out that even practitioners with considerable years of experience have feelings of discomfort and inadequacy when working with people who stutter. In the past 2 decades, other researchers have reported relatively low ratings of competency and confidence among practitioners when dealing with fluency disorders (Cooper & Cooper, 1985; Kelly et al., 1997; Matkin, Ringel, & Snope,

1983). Moreover, St. Louis & Durrenberger (1993) reported that the practice of stuttering treatment was ranked as one of the least enjoyable activities carried out by clinicians. In an attempt to explain these findings, Sommers and Caruso (1995) speculated that the "limited clinical training of speech language pathologists appears to have resulted in a lack of confidence in the management of children with fluency disorders" (p. 26). Indeed, considerable research has shown that, in general, there is either minimal course work or inadequate clinical preparation in stuttering during training in speech-language pathology (Curlee, 1985; Leith, 1971; Mallard, Gardner, & Downey, 1988; Matkin, Ringel, & Snopce, 1983; St. Louis & Lass, 1980; Yaruss, 1999; Yaruss & Quesal, 2002).

Most recently, Yaruss and Quesal (2002) completed a survey of academic and clinical education in fluency disorders provided by training programs accredited by the American Speech-Language-Hearing Association. The survey found a rather bleak picture of academic and clinical education in fluency disorders in the United States. Among the findings are a trend toward fewer mandatory classes in fluency disorders, fewer required clinical hours, less experienced academic and clinical faculty and in some instances, a likelihood that students graduate without any academic or clinical education in fluency disorders.

In their comprehensive survey of Canadian speech-language pathologists, Klassen and Kroll (2005) found no discernable positive shifts over more than a decade of ratings regarding academic and clinical preparation in fluency. Less than one quarter of the respondents rated the amount of their clinical experience with fluency disorders as either "very good" or "excellent". Moreover, only one third of the respondents rated the quality of their student clinical experience as either very good or excellent. These data were almost identical to those reported by Kroll and O'Keefe in 1990. Similar results were obtained with reference to judgments of academic preparation, as only about one third of the respondents judged their course work in fluency disorders as either very good or excellent. Given the consistently low rankings for both student academic and clinical training, Klassen and Kroll speculated that there might exist within the Canadian community a lack of adequate number of high quality clinical placements in fluency due to a general lack of appropriately funded services. They also speculated that fluency disorder courses might not be given sufficient numbers of classroom hours or emphasis in the training programs' total curriculum.

The purpose of the present study was to survey English language Canadian university training programs in speech-language pathology and to obtain responses from academic instructors in fluency disorders as well as clinical placement coordinators pertaining to their opinions regarding the amount and quality of training in fluency disorders at their respective institutions. A second purpose of this study was to compare some of the results obtained by Klassen and Kroll (2005) and Kroll and O'Keefe

(1990) from speech-language pathologists to the current responses submitted by the educators.

Methods

Participants

Participants were the academic instructors in fluency disorders and clinical placement coordinators of all English-language graduate programs in speech language-pathology in Canada, namely those at Dalhousie University, McGill University, and the universities of Toronto, Western Ontario, Alberta and British Columbia. The population comprised six clinical placement coordinators and seven academic instructors. The academic instructors were the current principal teachers in fluency disorders at their respective institutions. One of the courses was taught by two principal instructors. Neither of the authors of this article was a participant in the study.

Survey Instruments

Two questionnaires, one for academic instructors and one for clinical placement coordinators, were designed. Each of the questionnaires included the three questions on academic and clinical preparation from the survey instrument utilized by Klassen and Kroll (2005) and Kroll and O'Keefe (1990). Face validity of the current instruments was determined by a pre-examination by two speech-language pathologists holding certificates of registration in Ontario. A copy of the 7 relevant items of the instrument mailed to academic instructors is shown in Appendix A; Appendix B shows the 8 relevant items of the instrument mailed to clinical placement coordinators. The rating scales of the questions were not ideal. For the instructors' survey, Questions 5 and 7 have a positive bias (four intrinsically positive response categories) and the semantic descriptors for question 6 are not on a logical continuum. These same items appear on the clinical placement coordinators' survey as Questions 6, 7 and 8. These rating scales were utilized so that the results could be compared to those of previous studies. Anonymity was guaranteed to all respondents, a particular issue given the small size of the sample. The research methodology for this study was reviewed and approved by the York University human subjects research ethics committee.

Procedure

A copy of the survey was mailed, along with a stamped, return addressed envelope, to all the academic instructors and clinical placement coordinators of English language graduate programs in speech-language pathology in Canada in early 2004. The initial response rate was 75%. E-mail and telephone follow-up was undertaken, which resulted in three additional responses. Of the 13 questionnaires mailed, 12 were returned for a response rate of 92%. Academic instructors returned 6 of 7 (86%) while clinical placement coordinators returned 6 of 6 (100%).

Data Analysis

The survey data for the questions were compiled and tabulated, including examination of the written comments. The results were also compared for questions 5-7 in Appendix A and questions 6-8 in Appendix B, to those of Klassen and Kroll (2005) which had an *n* of 511, and Kroll and O'Keefe (1990) which had an *n* of 620. The results of the qualitative questions inform the discussion section of this paper.

Results

Table 1 displays responses to the same three survey items of the academic instructors and clinical placement coordinators (educators) in 2005, as well as clinicians as reported by Kroll and O'Keefe (1990), and Klassen and Kroll (2005). The clinicians reported similar and stable ratings with about one third stating their academic preparation was "excellent" or "very good", another third ranking it as "good", while the final third ranking it as "fair" or "poor". In contrast, three quarters of educators stated that academic preparation in fluency disorders was "excellent" or "very good".

With respect to the amount of clinical experience, there was general agreement between educators and clinicians, although educators were somewhat more positive in their rankings. On the quality of clinical experience, there was a divergence of ratings between the two groups: 54.4% of educators stated that the quality was "excellent" or "very good", while only 31% of clinicians agreed.

Table 2 summarizes the average amount of classroom time allotted to different treatment areas. Fluency disorders received the least time (5.85%) while adult language/neurogenics received the most (27.26%). There was considerable variation across the programs in the classroom time for fluency disorders, ranging from a low of 1.9% to a high of 10%.

There was also substantial variation in the number of hours of fluency instruction in programs. The mean number of hours was 30, with a range from 12 hours to 45 hours (standard deviation 12.75). Of these 30 hours, a mean of 18 hours (standard deviation 16.51) were allotted to theory and the remaining 12 hours (standard deviation 6.18) to clinical training. Again, there was considerable variation in the allocation of classroom time devoted to theoretical versus clinical issues in fluency. One program had 15% of its total hours devoted to theory, while

Table 1

Academic and clinical preparation (in percentages)

Academic preparation in fluency disorders was/is...					
	excellent	very good	good	fair	poor
Clinicians (Kroll and O'Keefe 1990) <i>n</i> =620	11.2	22.2	31.8	26.4	8.4
Clinicians (Klassen and Kroll 2005) <i>n</i> =511	8.2	22.2	31.6	28.8	9.2
Educators (current study) <i>n</i> =12	16.7	58.3	16.7	0	8.5
The amount of student clinical experience with fluency disorders was/is...					
	extensive	greater than average	adequate	limited	nil
Clinicians (Kroll and O'Keefe 1990) <i>n</i> =620	5.8	19.6	27.6	41.6	5.4
Clinicians (Klassen and Kroll 2005) <i>n</i> =511	4.8	17.9	23.1	46.9	7.4
Educators (current study) <i>n</i> =12	0	33.3	8.3	58.3	0
The quality of student clinical experience with fluency disorders was/is...					
	excellent	very good	good	fair	poor
Clinicians (Kroll and O'Keefe 1990) <i>n</i> =620	10.5	21.1	28.1	26.5	13.8
Clinicians (Klassen and Kroll 2005) <i>n</i> =511	11.0	19.9	25.4	27.8	15.9
Educators (current study) <i>n</i> =11	9.0	45.4	18.2	27.2	0

Table 2
Percentage mean and standard deviation (SD) of amount of classroom time allocated to treatment areas (n=5)

	Mean %	SD
Adult Language / Neurogenics	27.26	3.13
Audiology	13.06	6.15
Child Language / Phonology	29.96	8.36
Fluency Disorders	5.98	3.11
Voice Disorders	7.88	4.58
Other	15.86	13.0

at the other end of the continuum one program had only 11% of its hours devoted to clinical training. Only one of the academic instructors stated that the number of hours of clinical training was sufficient, while four of the six indicated that the number of hours of theory being taught was sufficient.

The clinical placement coordinators reported that all students received 350 (and in one case 360) of total practicum hours of experience, which meets the 350 hours required for the Canadian Association of Speech-Language Pathologists and Audiologists certification. As well, all programs reported that all of their students obtained at least 15 clock hours of exposure to fluency disorders as required for certification. However, very few students had practica that involved only fluency disorders, with the exception of one university. One program had only one or two students per year in such placements. The average number of clinical clock hours that students spent with individuals who stutter ranged from 20 hours to 47.2 hours. Only one of the clinical placement coordinators indicated that the number of fluency placements available for students was sufficient.

Discussion

The purpose of this study was to obtain information pertaining to the academic and clinical training in stuttering at English speaking Canadian universities. Questionnaires were sent to 13 academic instructors and clinical placement coordinators involved in student training in fluency disorders. Twelve of these questionnaires were returned, indicating a high level of interest in this area. This research evolved from two previous studies of Canadian speech-language pathologists who provided ratings and opinions of their preparation to manage individuals with fluency disorders (Klassen & Kroll, 2005; Kroll & O'Keefe, 1990). Given the remarkably stable and relatively low rankings of the clinicians over more than a decade, we were curious to survey the opinions of the educators pertaining to these same issues.

It should be stated at the outset that the comparisons made in this study should be interpreted with a great deal of

caution and one should be aware of the obvious sources of rater bias when surveying individuals who personally teach or supervise students in fluency disorders. Additionally, the problems with the rating scales may have caused responses to be more positive than would otherwise be the case. Finally, it should be noted that the two surveys of clinicians had large sample sizes, 620 for the 1990 study and 511 for the 2005 study, while the number of respondents is 12 for the survey of educators. Nonetheless, the information obtained from the present study yields valuable data pertaining to variation among training programs and perceived discrepancies between the educators and the practicing clinicians.

Results from the three survey questions that were included in both the present study and in the previous surveys of clinicians (Klassen & Kroll, 2005; Kroll & O'Keefe, 1990) reveal several interesting findings. First, the low rankings of clinicians with regard to academic preparation are in contrast to those rankings made by the educators. In fact, 75% of the educators were of the opinion that students' academic preparation in fluency disorders was either "very good" or "excellent". Notwithstanding these relatively high rankings, data obtained from the survey indicated a very low percentage of classroom time allocated to fluency relative to the other disorder areas. In fact, one program reported that fluency disorders received less than 2 % of the total course curriculum. Moreover, no program reported more than 10 % of classroom time being allotted to this area. Thus, while the academic instructors are of the opinion that the courses are of high quality, the amount of time given to this area is limited. Further inspection of the written responses supplied by the academic instructors reveal that five of the six instructors felt that they had insufficient time devoted to teaching clinical issues in fluency disorders. The majority of instructors (four of six) felt that sufficient time had been devoted to theories of stuttering.

A second finding pertains to the limited number of hours of classroom teaching time devoted to clinical issues in stuttering. This is an area concern for both the educators and the clinicians. There are at least two possible explanations for this situation, one being that Canadian training programs in speech-language pathology, which are typically 2 to 3 years long, must deal with the fundamental areas as well as touch upon all of the disorder areas in this expanding field in a relatively compressed period of time. Moreover, most undergraduate programs in Canadian universities offer very few, if any, courses in speech-language pathology that might prepare students for their graduate studies. Another explanation is that because fluency disorders typically are viewed as "low incidence," classroom instruction time may have to be limited in order to cover the other higher incidence conditions such as language and phonological disorders.

Third, with regard to clinical training and preparation, the findings of the study reveal more positive ratings on the part of the educators than those of the clinicians. In fact, more than half of the educators rated the quality of the students' clinical education in fluency as being either "very good" or "excellent". This compares with about 30 %

of the clinicians in the previous two studies who assigned similar positive rankings to the quality of the student clinical experience. The educators did report, however, that the amount of the student clinical experience in this area was, for the most part, limited. Additional data from the written responses indicated that five of the six clinical placement coordinators felt that they had insufficient numbers of fluency placements in their immediate communities. Inspection of the written comments revealed that some students who were placed in specialized centres dealing with fluency obtained many hours of high quality supervised practical experience, but these students were relatively few in number and quite often represented those who had specifically requested placements at these centres.

The comparison of ratings between the clinicians and the academic instructors should be interpreted with caution. Advances in stuttering, as well as clinical and research methodology, have presumably found their way into current courses, and may not have been available to students graduating even as recently as 10 years ago. Future studies in this area may compare ratings of recent graduates in speech-language pathology to those of older graduates with reference to their opinions regarding their education in fluency disorders. In fact, Brisk, Healy and Hux (1997) reported a general improvement in more recently graduated clinician ratings of training, confidence levels and attitudes regarding the assessment and treatment of school aged children who stutter when compared to clinicians graduating in the 1970s. It should also be noted that the percentages reported for the educators are based on a very small sample and one or two divergent opinions can skew the data. Future studies in this area might include the two French speaking university training programs and perhaps additional guest faculty and clinical personnel who are affiliated with teaching fluency on a part-time basis. This study did not compare the ratings of the academic instructors with those of the clinical placement coordinators due to the small number of participants in this study. As we obtain additional information from individuals involved in student preparation in fluency disorders, such comparisons may prove more meaningful.

It seems apparent from the responses of the educators that they are of the opinion that "they are doing the best with what they have", viz. restricted classroom time and few high quality placements. Even though a number of the programs reported a significant curriculum revision in the last few years, it appears that the situation pertaining to academic and clinical training in fluency has remained about the same.

All programs surveyed offered at least one course in fluency disorders, although the numbers of classroom hours allotted to these courses ranged from 12 to 45 with the proportion of time allocated to theory and clinical practice reflecting the experience and interests of the instructor. Moreover, the average numbers of hours students spent with fluency disordered individuals ranged from 20 to 47. It is interesting to compare these data to those obtained by Yaruss and Quesal (2002) in the United States. They

identified some American training programs graduating students with no formal classroom or supervised practical experience with fluency disorders. Data collected from Canadian programs, although identifying several pressing concerns, do not mirror some of the poorest American academic and clinical education experiences. Future comparisons could examine the responses of instructors with very restricted teaching time with those who offer greater classroom time.

Given the few training programs across Canada, it may be beneficial for educators collectively to investigate the commonalities and discrepancies of the graduate programs. Such collaboration might identify some common ground with respect to the teaching and clinical practice requirements in fluency. The data from this study should serve to alert educators to some of the major issues regarding the professional preparation of clinicians working with individuals who stutter. If educators can work collectively at addressing some of the pressing concerns with regard to training in fluency, then graduating clinicians and ultimately consumers of our services may be better served. Discrepancies in ratings between clinicians and educators pertaining to the quality of classroom instruction should be more closely examined. Additional issues that could be examined might include the proportion of time allocated to fluency disorders both in the classroom and during clinical placements, and soliciting practicing clinicians' feedback pertaining to their comfort levels with this disorder area. Other potential ways of ensuring adequate preparatory levels for treating fluency disorders may include incorporating additional laboratory and practical experiences in fluency courses, advanced level post-graduate courses, continuing education via specialized and practical training workshops and more creative supervised clinical practicum experiences that allow more students to obtain specialized training in fluency. In order to achieve these goals, specific universities may opt to develop, and be identified with, specialized programs in fluency disorders.

Finally, it may be necessary to reexamine existing professional requirements for practice as put forth by professional and regulatory bodies in Canada. The time may be approaching when it is unrealistic to assume that a newly graduated speech-language pathologist is adequately equipped to treat any and all disorders of human communication. The concept of specialty post-graduate mentoring and training and even specialty certification appears to be one of the logical routes to follow as our discipline expands in breadth and scope. As suggested above, this might be done in concert with the universities. For now, it is suggested that regional and national associations of speech-language pathologists lend support and resources to specialty interest groups such as those dealing with fluency disorders, in a fashion similar to Specialty Interest Division-4, the specialty interest division in stuttering endorsed by the American Speech-Language-Hearing Association. This has led to a Specialty Recognition (Certification) in Fluency and Fluency Disorders. Similar issues are currently being identified in European countries, resulting in the formation of a working group on fluency specialization

(De Nil, 2006).

The research data being collected regarding training to treat fluency disorders in Canada could potentially serve as models for similar studies investigating academic and clinical preparation for other disorder areas. Clearly, the information gained from this and previous Canadian surveys on how speech-language pathologists are prepared to confront the challenges of stuttering and other disorders of fluency suggest the need for continued examination of our responsibility to future generations of practitioners.

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Appendix A

Items from the Academic Instructor Survey Instrument

- In your graduate program curriculum, approximately how much classroom time is allocated to each of the following treatment areas? Please show the percentage.
 fluency disorders _____%
 voice disorders _____%
 audiology _____%
 child language/phonology _____%
 neurogenics _____%
 TOTAL 100%

The questions below refer to the required course on fluency disorders.

- How many hours of classroom instruction does this course involve? _____
 Of these, how many of these hours are allocated to theory? _____
 And, how many to clinical training (exposure to persons who stutter, observations, clinical assignments, etc.?) _____
- Do you believe that the number of hours of fluency instruction related to theory in your course are sufficient? Why so?
- Do you believe that the number of hours of fluency instruction related to clinical training in your course are sufficient? Why so?

For the questions below, please check only one response for each question. Please note that the next three questions were taken directly from a previous study and will be used for comparative purposes.

- I feel that the academic preparation (course work) in fluency disorders is:
 excellent
 very good
 good
 fair
 poor
- The amount of the student clinical experience with fluency disorders is:
 extensive
 greater than average
 adequate
 limited
 nil
- The quality of the student clinical experience with fluency disorders is:
 excellent
 very good
 good
 fair
 poor

Appendix B

Items from the Clinical Placement Coordinator Survey Instrument

- What is the total number of hours that students must complete for their clinical practice?
- How many students completed a clinical practicum that had some exposure to fluency disorders?
- Of the total number of students in placements during the most recent calendar year, how many students, if any, had a practicum that involved only fluency disorders? Why so?
- What would you estimate to be the average number of clinical clock hours that your students spend with individuals who stutter?
- Do you feel that, within your community, there are sufficient clinical placement sites for students in fluency disorders? Why so?

For the questions below, please check only one response for each question. Please note that the next three questions were taken directly from a previous study and will be used for comparative purposes.

- I feel that the academic preparation (course work) in fluency disorders is:
 excellent
 very good
 good
 fair
 poor
- The amount of the student clinical experience with fluency disorders is:
 extensive
 greater than average
 adequate
 limited
 nil
- The quality of the student clinical experience with fluency disorders is:
 excellent
 very good
 good
 fair
 poor