Assessing and treating stuttering in schools: What training is lacking?

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Many school speech-language pathologists indicate that they are not comfortable with assessing and treating persons who stutter (St. Louis & Lass, 1981) because their training in fluency disorders at the university level was insufficient or nonexistent (Yaruss & Quesal, 2001). Many school speech-language pathologists, therefore, may feel unprepared to treat children who stutter and as a result, children who stutter may not be receiving adequate services from school speech-language pathologists. The previous studies had not provided data about specific areas in assessment and treatment that school speech-language pathologists believe that they lacked training. Our group, therefore, was interested in examining school speech-language pathologists' knowledge of and skill levels with assessing and treating stuttering. This paper provides information of 99 school speech-language pathologists from 7 Pennsylvania counties who responded to a 49 question survey about stuttering.

Method

We identified counties in Pennsylvania that had over 200,000 residents and cities that had populations over 170,000. After obtaining the information, 99 speech-language pathologists from 7 Intermediate Units and School Districts responded to the 49 question survey about stuttering. All data were analyzed using SPSS 11.0. Of the total respondents, 89.9% had MA/MS degrees and 9.1% had BA/BS degrees. From the total, 65.3% had their Certificate of Clinical Competence (CCC). A majority (95.8%) of these 99 speech-language pathologists had previously taken courses in fluency disorders. From this total, 17.2% took a half semester, 39.1% took a full semester, and 40.2% had no coursework or a few lectures of undergraduate coursework in fluency disorders. Also, 17.4% had no lectures or a few lectures of graduate coursework in fluency disorders, 15.2% had a half semester of graduate coursework, and 63% had taken a full semester of graduate work.

Average speech-language pathologists experience was 17.39 years and average experience working with children who stutter was 12.02 years. On average, the speech-language pathologists had only treated 12.06 children who stuttered throughout their careers and on average had 2.27 children who stuttered on their caseloads. Average yearly caseload of all children in therapy was 50.21. Of all 99 respondents, 51.5% had never heard of ASHA's SID in Fluency Disorders – Fluency Specialist Certification and 78.8% did not know how to contact a Fluency Specialist.

Results

Of speech-language pathologists who had taken a full semester of graduate course work in stuttering (N=58) – a cause for concern is that: 77.58% did not know how to contact a Fluency Specialist, 35.08% indicated that they would not treat initially because the child may spontaneously recover (Q3), 43.85% indicated that they would not treat when disfluencies are first noticed (Q7), 31.03% agreed that parents should tell children who stutter to speak slower to reduce stuttering (Q10), 80% do not use attitude scales to assess stuttering (Q14), 77.58% do not know about intervention techniques to address bullying (Q16), 43.85% could not identify the core behaviors of stuttering (Q18), 50.87% were not comfortable with working with children who stutter (Q21), 41.37% could not differentiate between the two main approaches (fluency shaping and stuttering modification) to stuttering therapy? (Q26), 96.42% did not know about Silverman's Three Wishes Task? (Q33), 59.64% did not know how to contact support groups for stuttering (Q42).

There were 63 licensed speech-language pathologists who had ASHA's CCC – a cause for concern is that: 81.25% did not know how to contact a Fluency Specialist, 41.2% indicated that they would not treat initially because the child may spontaneously recover (Q3), 50.79% indicated that they would not treat when disfluencies are first noticed (Q7), 22.2% agreed that parents should tell children who stutter to speak slower to reduce stuttering (Q10), 80% do not use attitude scales to assess stuttering (Q14), 80.64% do not know about intervention techniques to address bullying (Q16), 42.85% could not identify the core behaviors of stuttering (Q18), 52.45% were not comfortable with working with children who stutter (Q21), 47.61% could not differentiate between the two main approaches (fluency shaping and stuttering modification) to stuttering therapy (Q26), 93.44% did not know about Silverman's Three Wishes Task (Q33), and 66.12% did not know how to contact support groups for stuttering (Q42).

Of all 99 speech-language pathologists, 43% indicated that they could not accurately identify the onset characteristics of stuttering, 77.4% did not know the incidence of stuttering in the general population, 84.4% did not know whether stuttering treatment is covered by insurance, 74.0% had not heard of the Stuttering Home Page, and 89.6% did not know about the latest genetic research in stuttering.

Surprisingly, 72.8% of all speech-language pathologists indicated that they knew how to teach stuttering modification techniques; however, 61.3% of these speech-language pathologists did not know how to teach cancellations, 55.8% did not know how to teach pull-outs, and 72.3% did not know how to teach preparatory sets. Finally, 74.2% had heard about the Speech Easy and other assistive devices; however, 80% of these speech-language pathologists did not know about long-term effects of these assistive devices.

Conclusion

A majority of respondents were unaware of: how to contact a Fluency Specialist, the three wishes task to assess childhood stuttering, how to use attitude scales to assess stuttering, intervention techniques to address bullying, the incidence of stuttering, whether stuttering treatment is covered by insurance, how to teach most stuttering modification techniques, genetic research about stuttering, how to contact support groups, and long-term effects of assistive devices. It is encouraging to note, however, that most participants indicated that: they could identify the difference between stuttering and normal disfluencies, they involved parents and teachers in therapy, stuttering is not caused because people talk faster than they can think, parents should not tell children who stutter to take a breath before speaking, parents should not tell children who stutter to think before they speak, and stuttering is not caused by psychological problems. Even though a majority of the speech-language pathologists indicated that they were comfortable with treating stuttering, they indicated that were not aware about specific assessment (3 wishes task, attitude scales, etc.) and treatment methods (cancellations, pull-outs, prep-sets, bullying intervention programs).