

Effectiveness of a Graduate Fluency Disorders Course: Former Students' Perceptions

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Introduction

- There are many challenges involved in teaching a fluency disorders course
 - With changes in ASHA requirements, over one-quarter of academic programs have reduced course requirements for fluency (Yaruss & Quesal, 2002)
 - At the University of Wisconsin – Stevens Point fluency coursework was reduced by eliminating the undergraduate class in the fall 2000 semester
- ASHA (2005) requires inclusion of knowledge & skills for diagnosis and treatment of stuttering
 - With less instructional time, and increased information to cover in class, the questions arise
 - ***“What to include in a fluency disorders course?”***
 - ***“How much time to spend on particular topics?”***
 - Yaruss & Quesal (2002), in their survey of training programs, indicated that the average amounts of time spent in class were
 - » 40.2% on theory and 58.6% on clinical issues (diagnosis & treatment)

Previous Surveys Related to Clinical Training

- Cooper & Cooper (1996) surveyed SLPs regarding their attitudes towards people who stutter (PWS) and towards aspects of therapy such as early intervention & efficacy
 - The authors stated the continuing need to “enhance the education of the profession’s general practitioners with respect to treating those who stutter” (p. 133)
- Brisk, Healey, Hux (1997) surveyed school-based SLPs regarding their academic & clinical training, their confidence when working with PWS, their attitudes towards working with school-age children who stutter, etc.
 - Their findings included
 - That most SLPs reported that they felt better prepared to evaluate PWS than to treat PWS
 - That SLPs reported feeling the least prepared and least confident treating preschool children who stutter and experienced the least success in treating adolescents who stutter
 - The authors stated the need for training to include information regarding treatment of preschool & adolescent children who stutter and the need to offer clinical experiences with children who stutter
- Kelly, et. al. (1997) surveyed school-based SLPs regarding their academic & clinical training, their current practices when treating children who stutter, etc.
 - Their findings included
 - That respondents reported the need for more emphasis on clinical aspects of stuttering instead of theory
 - The authors identified a need for instructors to “bridge the gap between knowledge and practice in the area of stuttering” (p. 202).
- Yaruss & Quesal (2002) surveyed ASHA accredited training programs regarding the required courses and clinical training related to fluency that were provided
 - Their findings included
 - That there was a trend towards programs offering fewer required fluency courses & fewer clinical experiences to students in training

The Survey

- This survey differs from the other reported surveys in that
 - It included SLPs who had all taken a graduate fluency course from the same instructor over the course of 11 years
 - It was an attempt to do an intra-analysis of the instructor's effectiveness in course delivery
- A survey was developed in an effort
 - To obtain specific and valid feedback from former students regarding the effectiveness of the fluency disorders course
 - » Specifically, former students were asked to provide information regarding their perceptions of the effectiveness of course content, the methods that information had been disseminated, how well the course had prepared them to work with PWS, and to include their suggestions to improve the course
- The data presented represents the preliminary findings of the survey

Questions

- Speech-language pathologists were asked
 - How effective was their graduate-level fluency disorders course in preparing them for assessing and treating PWS?
 - » What course materials and activities did they consider as effective instructional tools?
 - » What course content was considered important by the former students?
 - » What recommendations did they have to improve the effectiveness of the course?
 - What were their perceptions regarding
 - » Their level of confidence when assessing and treating PWS?
 - » Their level of success in management with PWS?

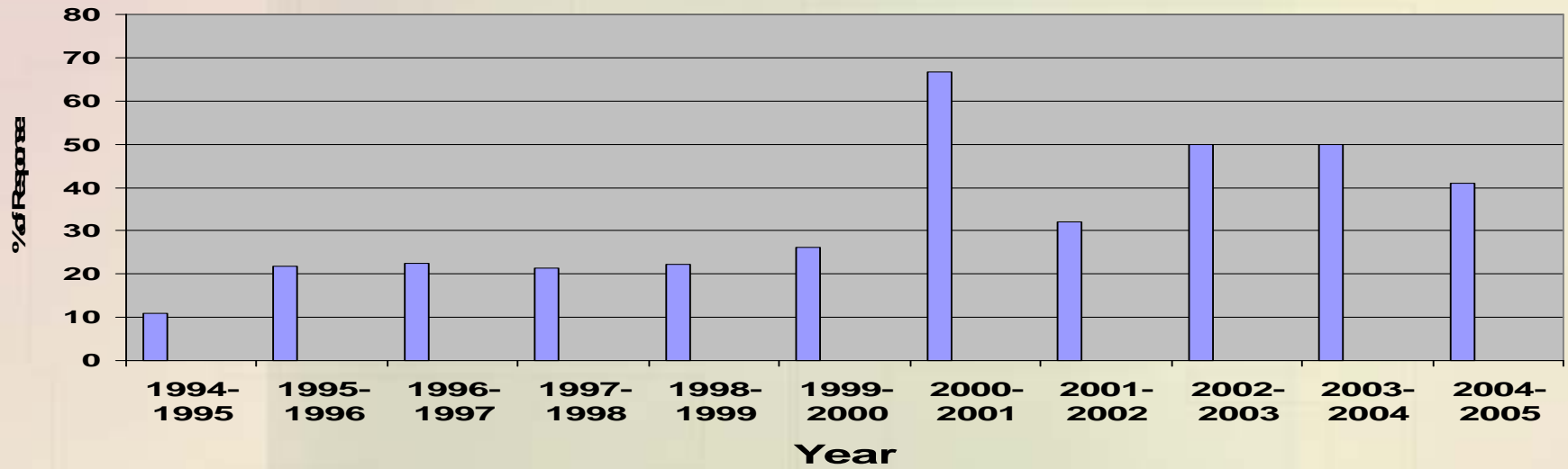
Subjects

- 229 former students who had taken a graduate fluency disorders course from the author were sent surveys, 33% were returned (73 responses)
- The fluency disorders course had been taught at two different universities, University of Wisconsin – Oshkosh and the University of Wisconsin – Stevens Point
- Former students, now practicing speech-language pathologists, from the past 11 years (1994 through 2004) were included in the survey
 - Respondents from 2004 were engaged in their externship experience at the time they were surveyed

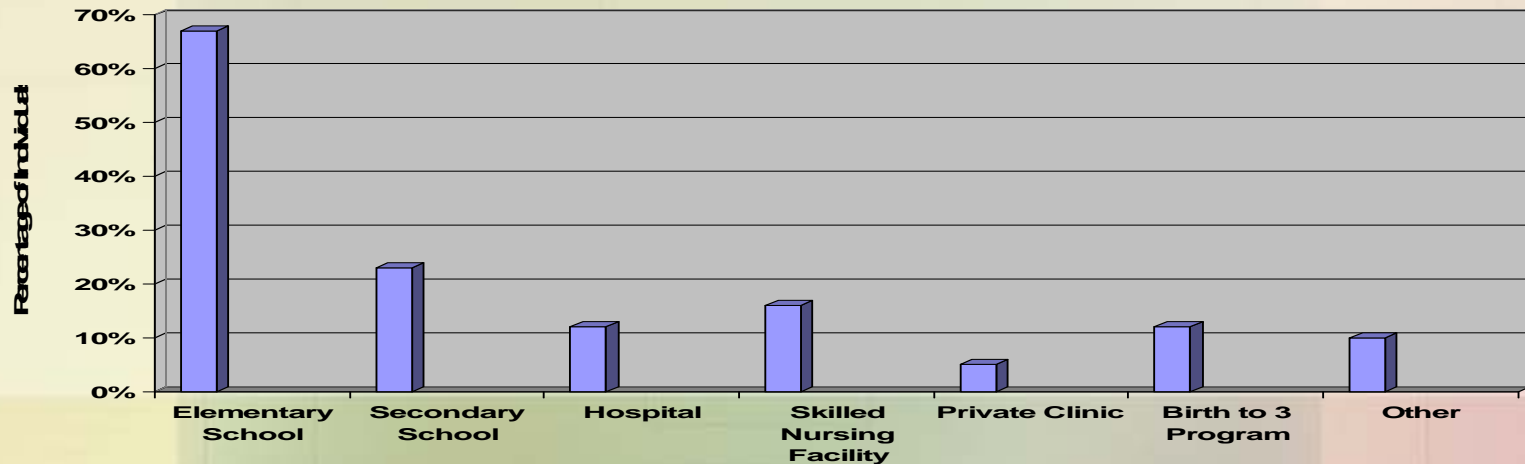
Course Format

- The three-credit fluency disorders course was taught at two different universities. It was also taught on several different schedules
 - A three-hour night class, once a week, (as an adjunct professor) during a 16 week semester
 - » 1996, 1999
 - One and one-half hours, two times per week at night, as an adjunct professor, during a 16 week semester
 - » 1997, 1998
 - A three-week interim course, three hours, twice each week, and four hours on each Saturday
 - » 2000
 - A summer course, four times per week for 1.5 hours each for eight weeks
 - » 1994
 - A traditional class, two to three times per week, during a 16 week semester
 - » 1995, 2001 through 2004

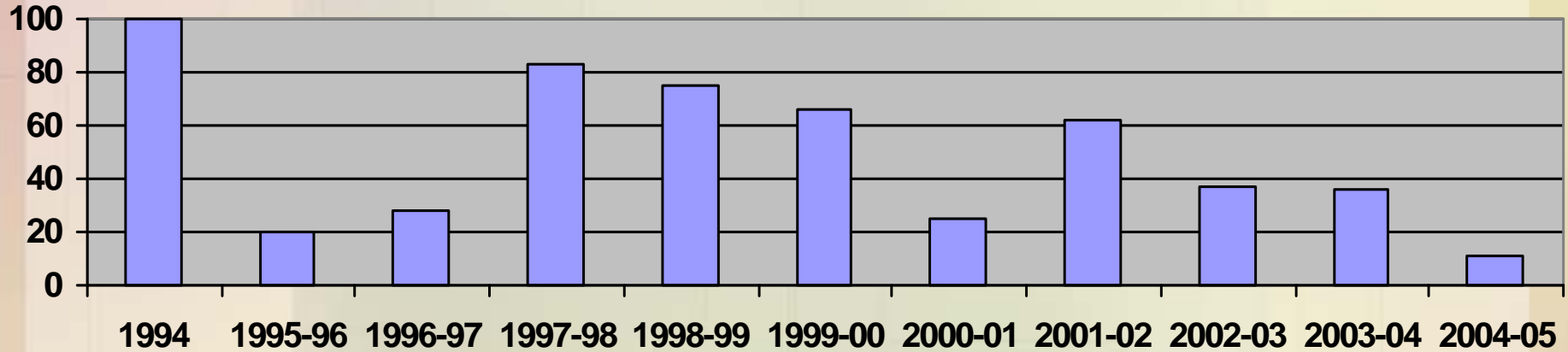
Percentage of Responses by Class Year



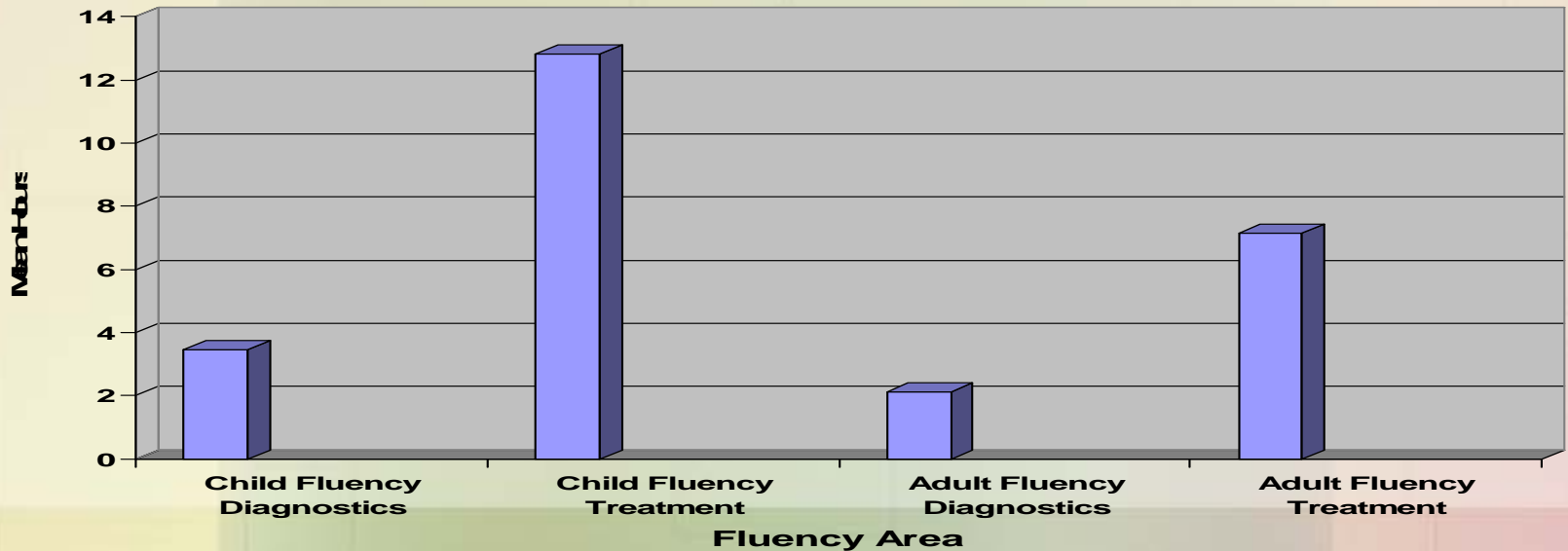
Place of Employment or Externship of Repondents



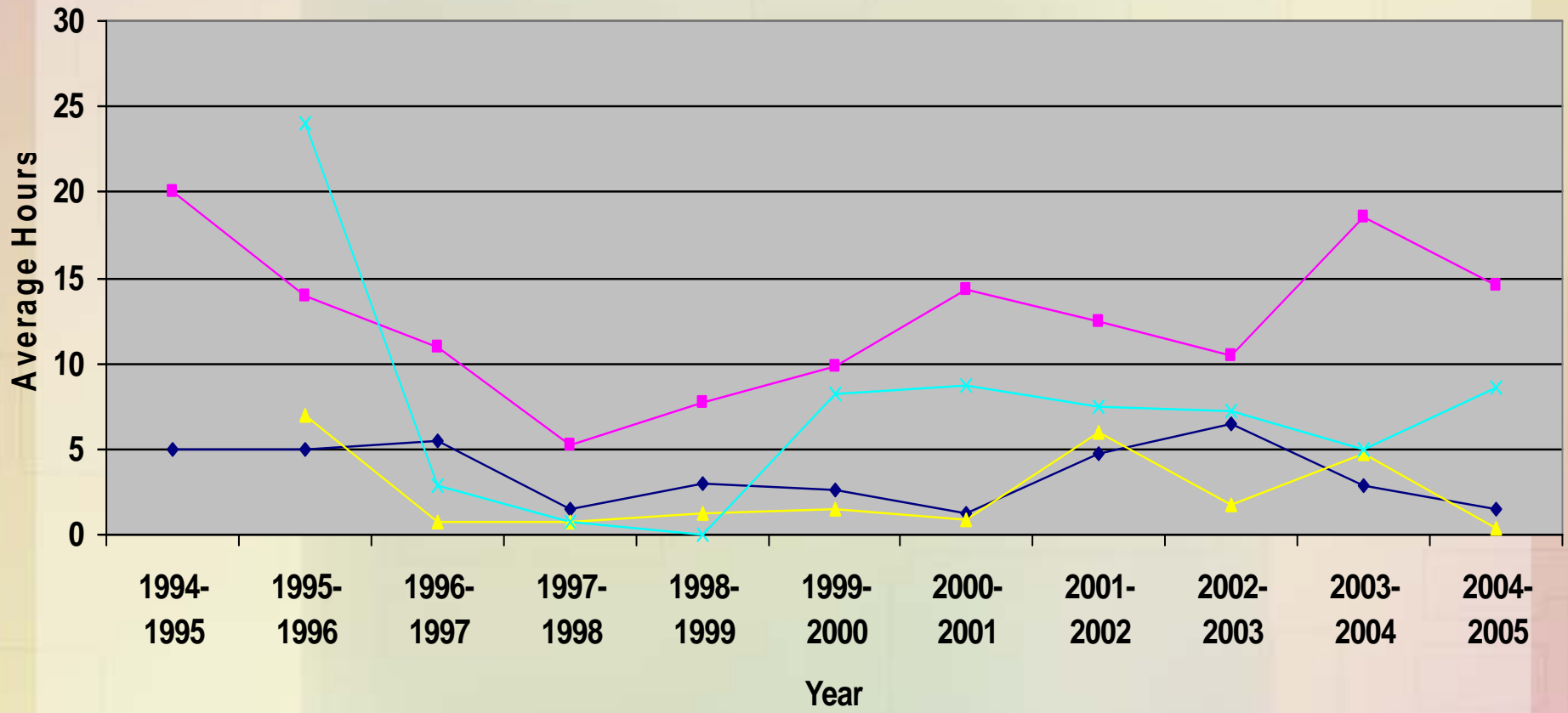
Percentage Of Students Who Had Had An Undergraduate Course In Stuttering



Respondents' University Clinical Experience With PWS



University Clinical Experience by Academic Year

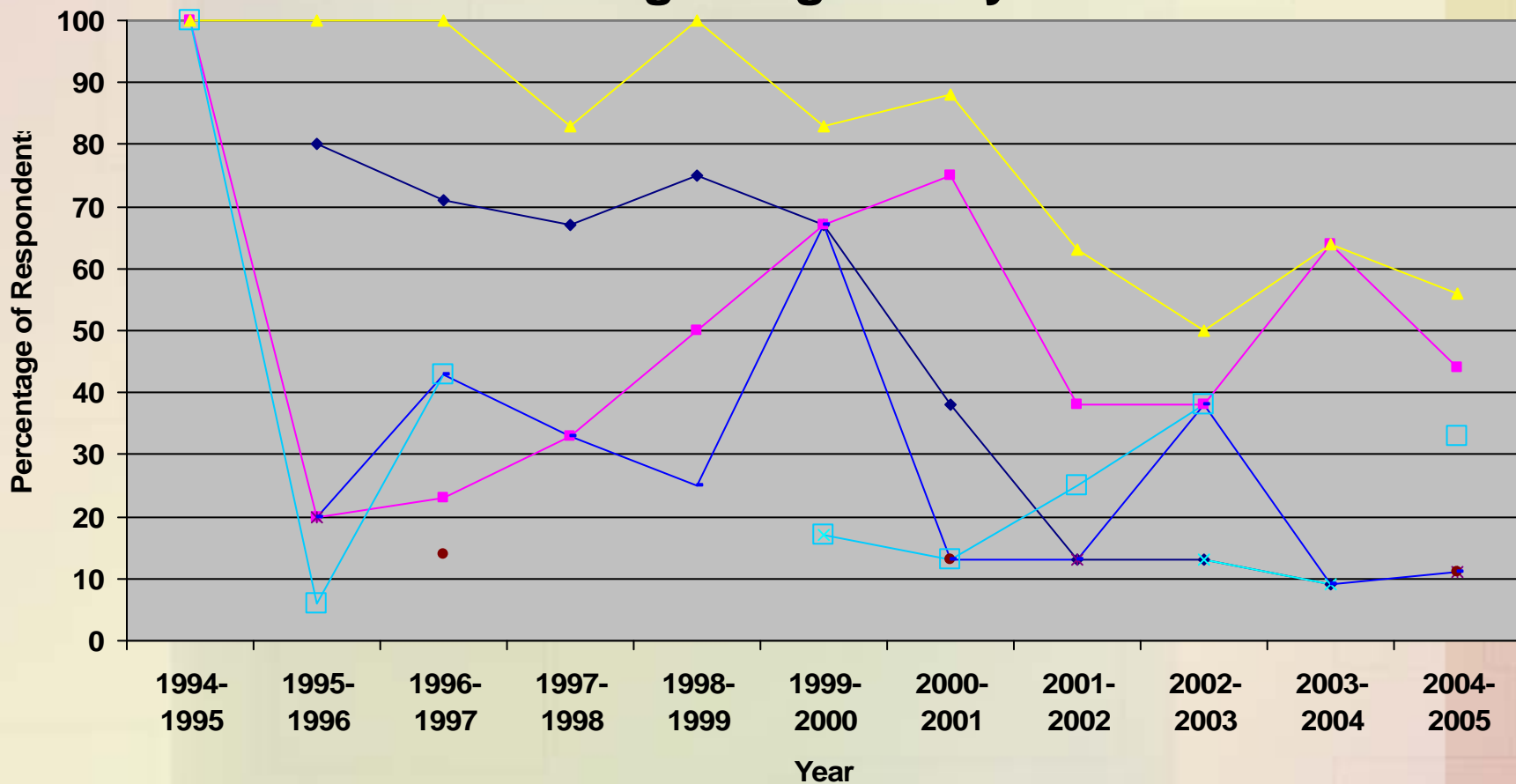


◆ Child Fluency Diagnostics ■ Child Fluency Treatment ▲ Adult Fluency Diagnostics ✕ Adult Fluency Treatment

Stuttering Continuing Education Since Graduation

- 42% of respondents indicated that they had sought additional information about stuttering
 - See Chart
 - Other Resources indicated by 15 respondents
 - » Co-Workers or Colleagues - 40%
 - » Clinical Experience - 13%
 - » Advance Magazine - 6%
 - » State Association Convention - 6%
 - » School District Staff Dev. - 6%
 - » Research w/ Professors - 6%
 - » Course Notes - 6%
 - » Attending Fluency Group - 6%

Since graduation, where have you received additional information regarding fluency?

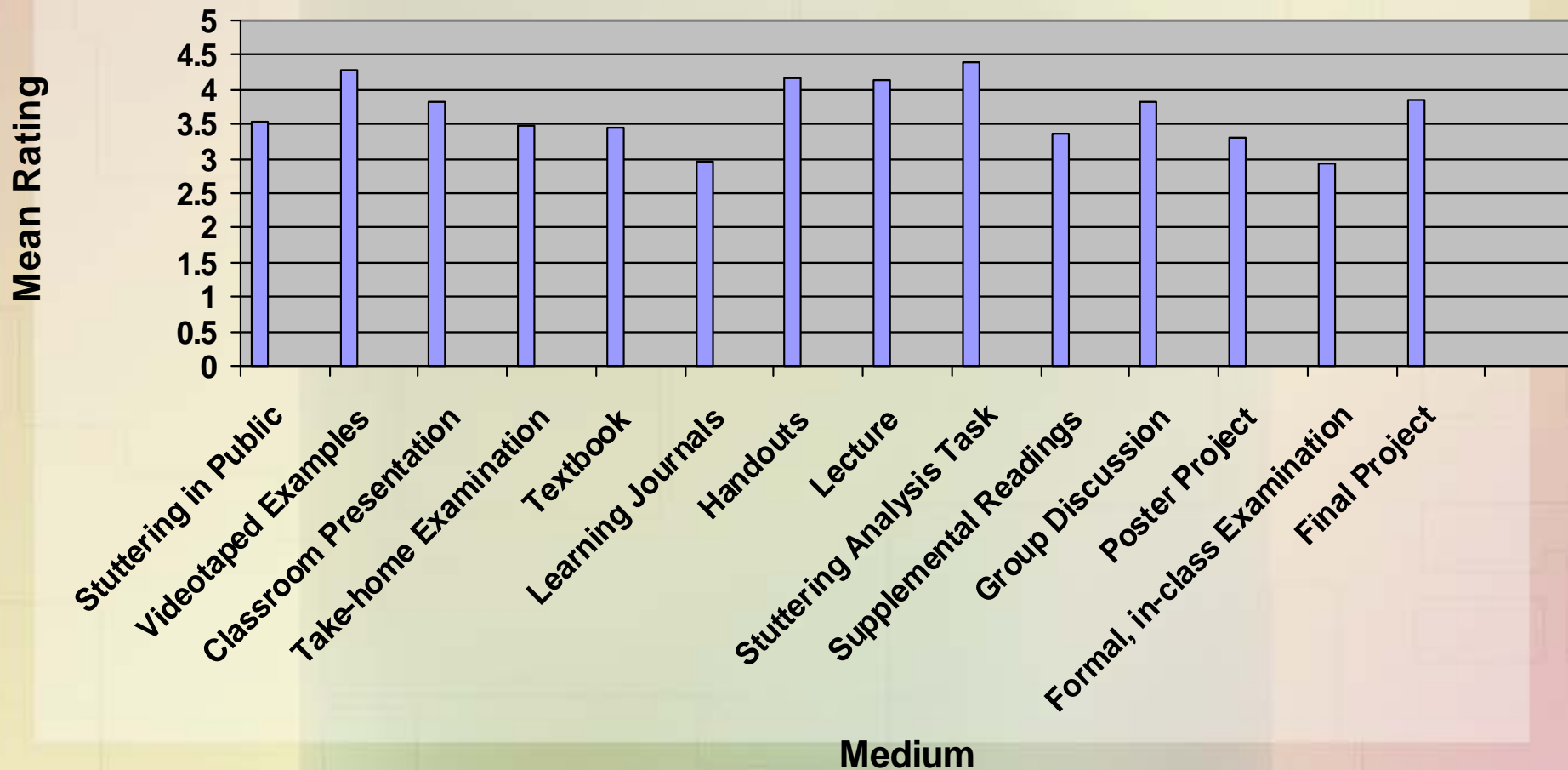


- ◆ Workshops
- ▲ Journal Articles
- * ASHA Continuing Education Workshops
- + Stuttering Foundation of America Education Workshops
- Other
- ◆ Textbooks
- * ASHA Continuing Education Self-study
- + Stuttering Foundation of America Education Self-study
- ◆

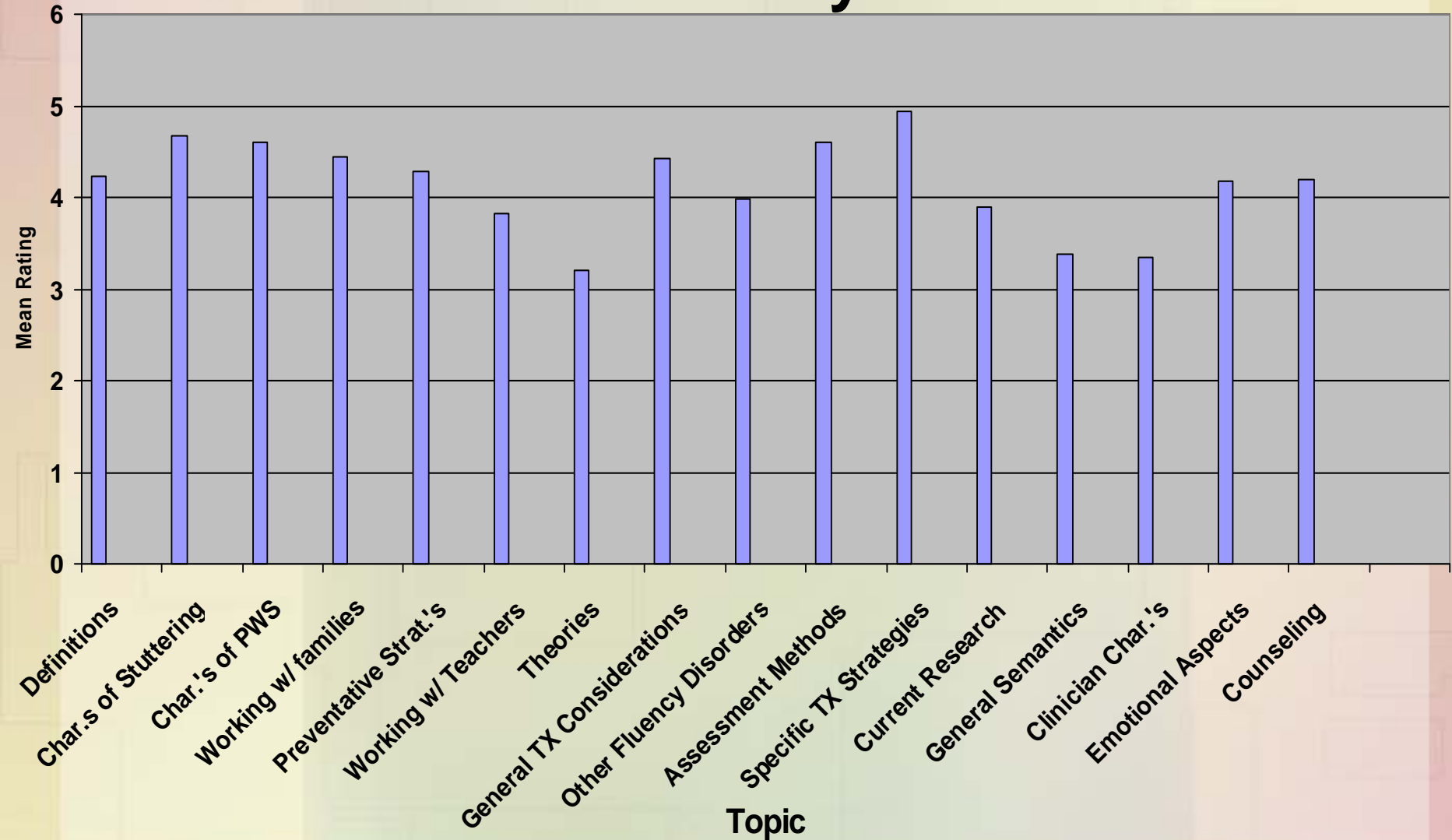
“I learned most of my current knowledge of stuttering from ...”

- Graduate fluency disorders course and university clinical practicum
 - 50% of respondents
- The workplace
 - 33% of the respondents
- Workshops
 - 14% of the respondents
- **Other** (Commercial products, state association presentations, personal experience, independent study, undergraduate course, graduate assistant research)
 - 8% of the respondents
 - » Some respondents included more than one source

"Rate the effectiveness of the materials and activities from your class"



"Rate the importance of the content areas covered in your class"



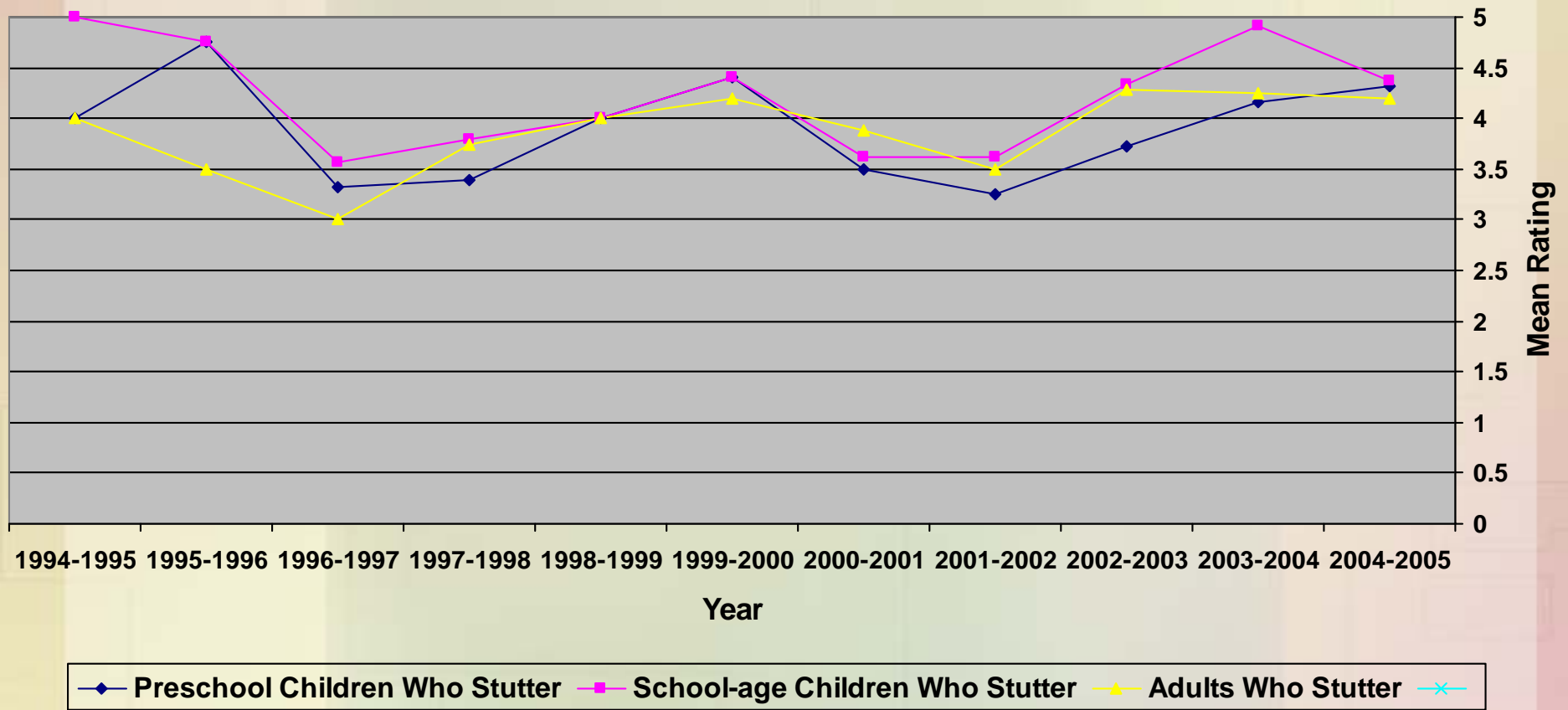
What do you feel were the most important areas of knowledge you gained from the Fluency Disorders class?

<u>Top Fifteen Areas</u>	<u># of Responses</u>
Therapy techniques	27
Assessment/Diagnostics	24
Characteristics of fluency/stuttering (versus “typical” disfluencies)	14
Videos/Verbal examples	11
Stuttering analysis (from a sample)	11
CLAMS principles	8
Theories of Stuttering	7
How to include the family in assessment and treatment.	6
Emotional aspects of fluency/relating to the client	5
Lecture, textbook and handouts	4
Basic vocabulary	4
Counseling strategies	3
Clinical practicum with people who stutter	3
Types of fluency disorders	3
Learning how to stutter and using it in public	2

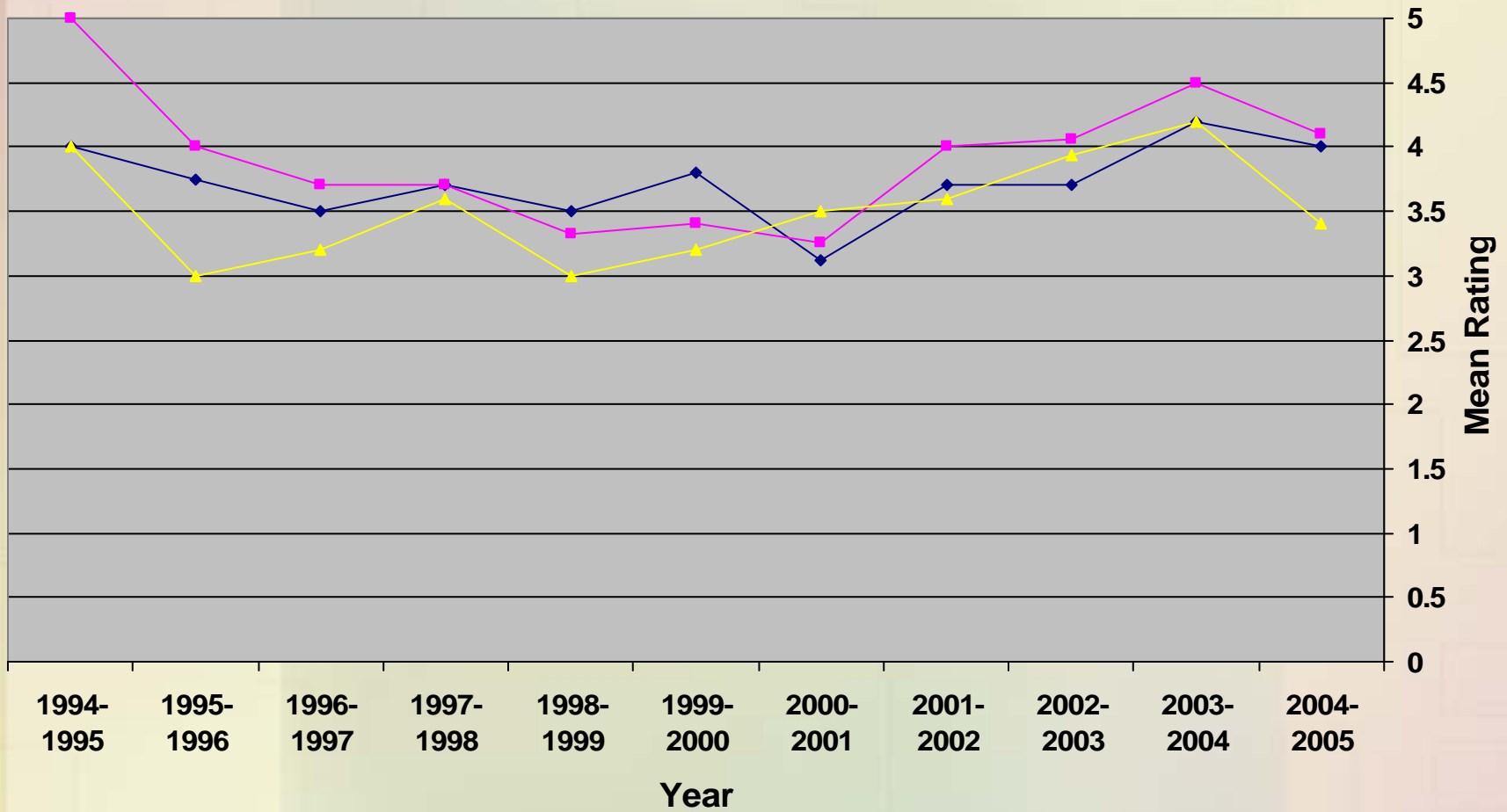
What do you feel were the least important areas of knowledge you gained from the graduate fluency disorders class?

<u>Top Ten Areas</u>	<u># of Responses</u>
Theory	27
Articles / supplemental readings / text book readings	4
Assessment Methods	3
Lecture	2
Current Research	2
Tests	2
History of Stuttering Therapy	1
Group article presentations	1
General Therapy Consideration	1
Non-effective Programs	1

The class adequately prepared me to assess/diagnose...



The class adequately prepared me to treat...



◆ Preschool Children Who Stutter ■ School-Age Children Who Stutter ▲ Adults Who Stutter ✕

Range and Mean Scores Regarding Clinical Preparation

Diagnosis

Range:

- » Preschool Children Who Stutter = 3.25 - 4.75
- » School-age Children Who Stutter = 3.57 - 5.00
- » Adults Who Stutter = 3.00 - 4.28

Overall Mean:

- » Preschool Children Who Stutter = 3.89
- » School-Age Children Who Stutter = 4.23
- » Adults Who Stutter = 3.87

Treatment

Range:

- » School-Age Children Who Stutter = 3.25 - 5
- » Preschool Children Who Stutter = 3.13 - 4.2
- » Adults Who Stutter = 3.0 - 4.2

Overall Mean:

- » Preschool Children Who Stutter = 3.73
- » School-Age Children Who Stutter = 3.91
- » Adults Who Stutter = 3.51

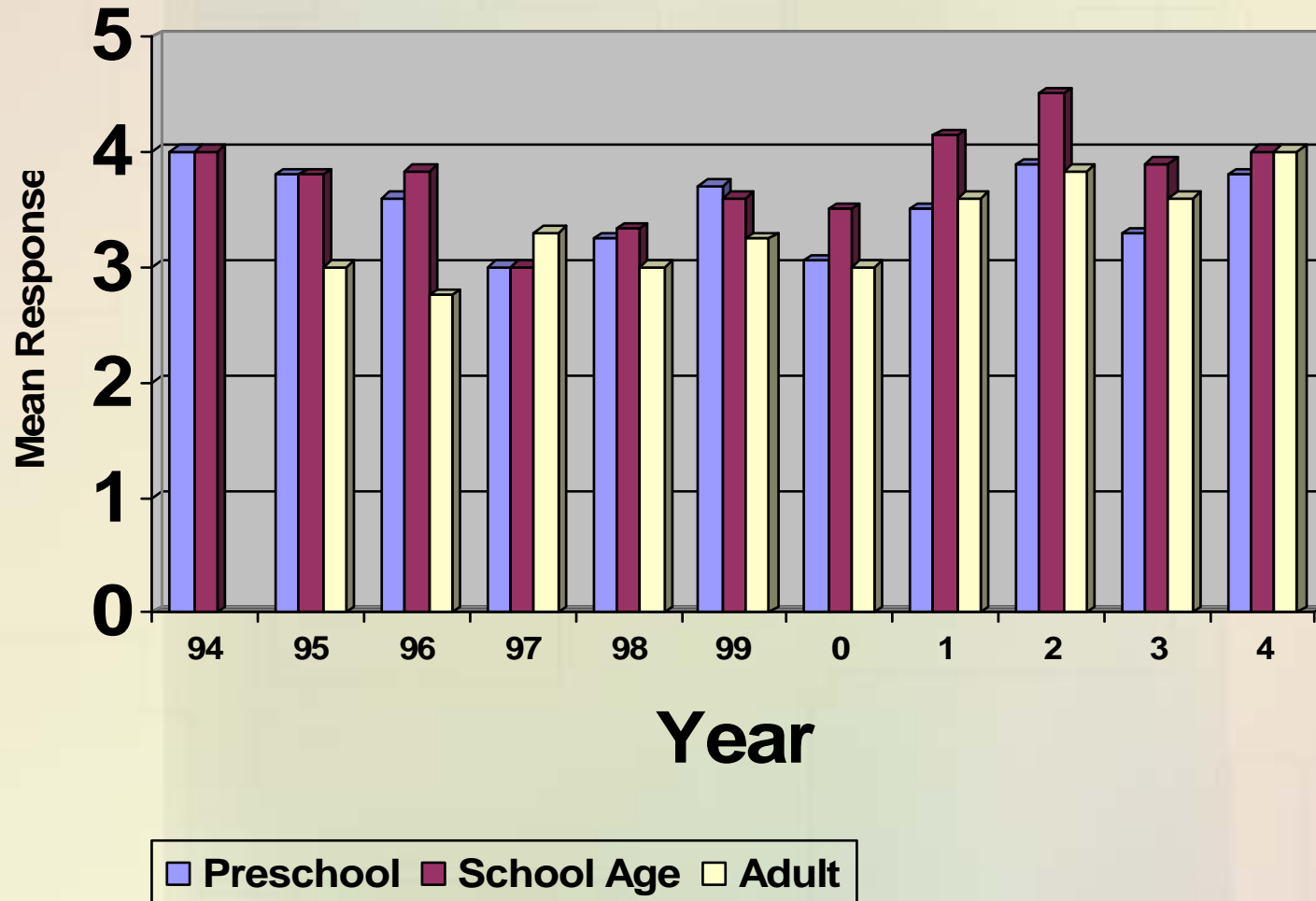
What recommendations would you make to improve the graduate fluency disorders class?

Top Ten Suggestions

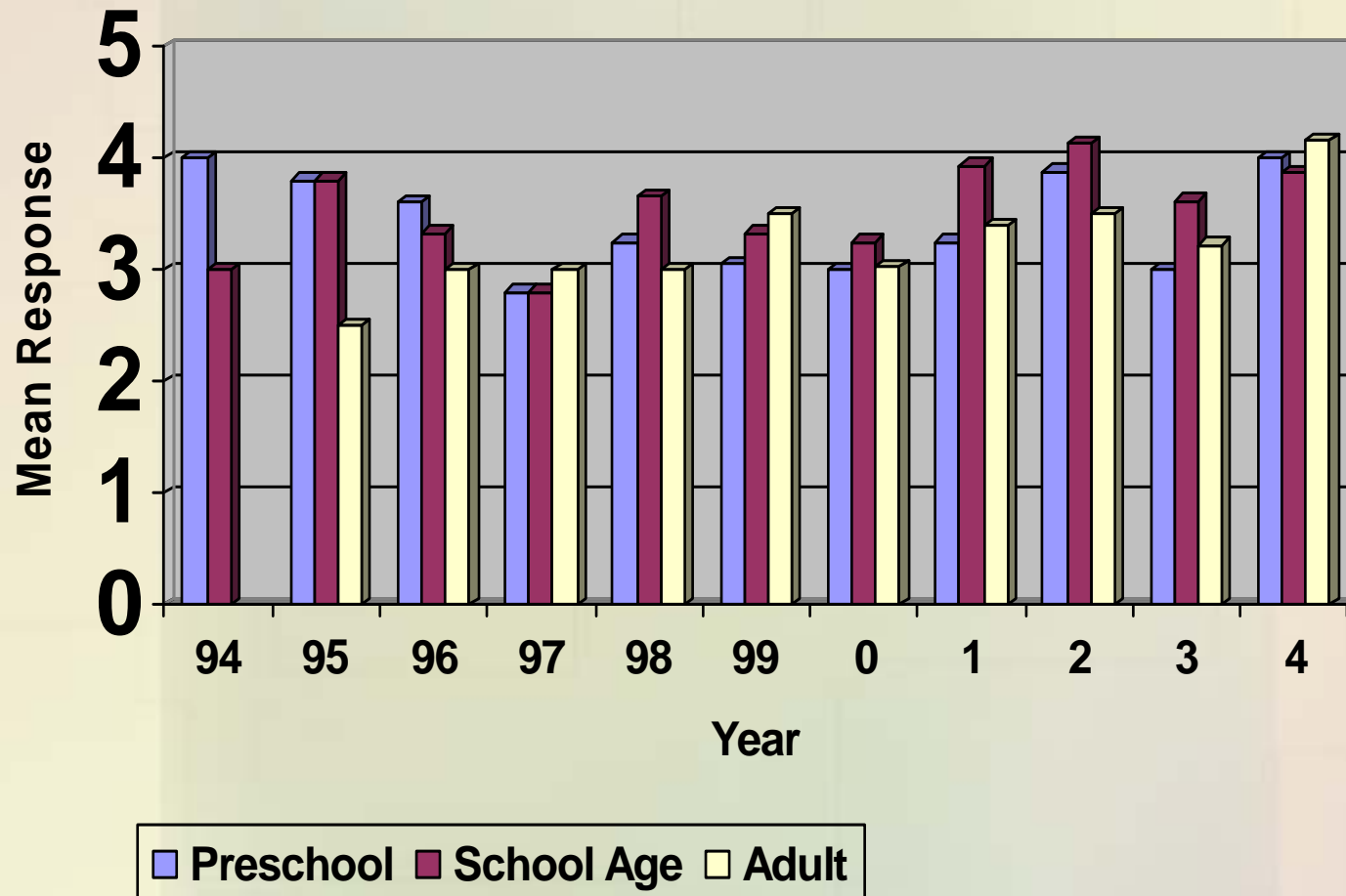
of Responses

- | | | |
|-----|---|----|
| 1. | More hands-on experience (implementing strategies)
i.e. group practice in planning therapy, intervention role playing and more activities that allow for carryover of techniques | 19 |
| 2. | Spend more time on actual evaluations/treatment/documentation | 18 |
| 3. | More videos | 11 |
| 4. | Offer explanations of treatment | 11 |
| 5. | More practice with counseling/dealing with families, clients and teachers that are unfamiliar with stuttering | 4 |
| 6. | Have students put together a binder containing resources for parents, analysis templates, therapy ideas for all ages, screening tools, etc. | 4 |
| 7. | More observation opportunities | 3 |
| 8. | More examples/samples/demonstrations | 3 |
| 9. | More case studies and speech analyzing tasks | 3 |
| 10. | Provide charts for treatment options | 2 |

"I have confidence assessing and treating..."



"I usually have successful management with ..."



Range and Mean Scores Regarding Confidence and Success

- **Confidence**

Range:

- » Preschool Children Who Stutter = 3.0 – 4.0
- » School-age Children Who Stutter = 3.0 – 4.5
- » Adults Who Stutter = 3.00 - 4.0

Overall Mean:

- » Preschool Children Who Stutter = 3.89
- » School-Age Children Who Stutter = 4.23
- » Adults Who Stutter = 3.87

- **Successful Management**

Range:

- » Preschool Children Who Stutter = 2.80 – 4.0
- » School-age Children Who Stutter = 2.80 – 4.12
- » Adults Who Stutter = 2.5 – 4.16

Overall Mean:

- » Preschool Children Who Stutter = 3.4
- » School-Age Children Who Stutter = 3.6
- » Adults Who Stutter = 3.4

Summary & Conclusions

- **Level of preparation for AX & TX with PWS**
 - Respondents reported feeling better prepared to assess than diagnose and felt best prepared to treat school-age children (as compared to preschool or adult PWS)
 - These results are similar to the results reported by Brisk, et. Al. (1997)
- **Course content, materials, and activities**
 - There was a strong preference for content related to application of assessment and treatment of PWS
 - Likewise, preferred materials & activities were those of application (videotaped examples of AX & TX, treatment strategies, delineating stuttering from other disfluency disorders and normal disfluency, working with families, counseling, etc.)
- **Most important & least important areas of knowledge gained**
 - Most important areas of knowledge gained were highly similar to the reported preferences for the course, those areas dealing with application to assessment and treatment of PWS
 - The overwhelming response for least important area of knowledge was theories of stuttering
 - These results are similar to the results reported by Kelly, et. al. (1997)
- **Recommendations for improvement**
 - The majority of recommendations were to spend more time on application/hands-on activities related to assessment and treatment of PWS
- **Respondents level of confidence working with PWS**
 - The mean levels of confidence for assessing and treating PWS were relatively high (Preschool – 3.89, School-age – 4.23, and Adult – 3.87)
- **Respondents level of success in treatment with PWS**
 - The mean levels for successful management were lower than the confidence levels (Preschool – 3.4, School-age – 3.6, and Adult – 3.4)

Musings

- Given the limited amount of instructional time
 - *“What needs to be included and/or excluded in a fluency disorders course?”*
 - » Based on the responses in this survey, emphasis should be placed on clinical application (with additional emphasis placed on working with preschool children & adults)
 - *“How much time should be spent on particular topics?”*
 - » The respondents indicated that more emphasis be placed on clinical application and less on academic aspects (historical information, contemporary theories, current research, etc.)
- Clinical Education
 - The average number of clinical hours per respondent was
 - » Assessment – Child = 3.45, Adult = 2.12
 - » Treatment – Child = 12.83, Adult = 7.13
 - *“Is it possible to provide clinical experiences to each student?”*
- Continuing Education
 - 42% of those surveyed reported having participated in continuing education for stuttering (journal articles, SFA workshops, ASHA CEU events, use of course textbook, other workshops, etc.)
 - » *“Is this an adequate number?”*
 - *“What kind of continuing education events are the most effective and how can practicing SLPs be encouraged to participate in them?”*
- The Role of Theory in the Classroom
 - *“Is it effective to place more emphasis on what to do and less emphasis on why to do it?”*
 - *“Don’t students require an underlying understanding of current theories and perspectives on stuttering? (Murphy & Quesal, 2004).”*

Limitations of The Present Study

- Additional data analysis is necessary to explore the
 - Correlation of respondents reported level of clinical preparedness and
 - Content of syllabi for each year
 - » For example, the amount of theory, assessment, treatment, video examples, etc.
 - Delivery method of each class
 - » For example, 3 hours once per week vs. 3 times per week an hour each time, etc.
 - Whether or not the student had an undergraduate course
 - Amount and variety of university practicum experience
 - Correlation between respondents' confidence and success levels when working with PWS with
 - Amount and variety of university practicum experience
 - Continuing education obtained since graduation
 - Work setting / experience working with PWS

Bibliography

- Brisk, D., Healey, E.C., and Hux, K. (1997). *Clinicians' training and confidence associated with treating school-age children who stutter: A national survey*. Language, Speech, and Hearing Services in the Schools, 28, 164-176.
- Cooper, E. and Cooper, C. (1996). *Clinician attitudes towards stuttering: Two decades of change*. Journal of Fluency Disorders, 21, 119-135.
- Kelly, E., Martin, J., Baker, K., Rivera, N., Bishop, J., Krizizke, C., Stettler, D., and Stealy, J. (1997). *Academic and clinical preparation and practices of school speech-language pathologists with people who stutter*. Language, Speech, and Hearing Services in the Schools, 28, 195-212.
- Murphy, W. and Quesal, R. (2004). *Best practices for preparing students to work with people who stutter*. Contemporary issues in communication science and disorders, 31, 25-39.
- Yaruss, J.S. and Quesal, R. (2002). *Academic and clinical education in fluency disorders: An update*. Journal of Fluency Disorders, 27, 43-63.