ABSTRACT: The purpose of this investigation was to determine whether current speech-language pathology and audiology graduates felt prepared and comfortable in conducting counseling activities upon initiation of their clinical fellowships. The study also examined how much training in counseling was offered at the graduate level. A 20-item questionnaire was mailed to 28 individuals who were completing their clinical fellowships. Analysis of returns indicated that a strong majority felt that it was within the speech-language pathologist’s/audiologist’s role to provide counseling services, but most did not feel comfortable or prepared to provide this service after graduation. Significant correlations were reported between (a) hours of counseling provided in a work week and comfort levels in providing counseling to clients and caregivers, (b) hours of counseling provided in respective work settings and comfort levels in providing counseling, (c) hours of coursework provided and preparedness to conduct counseling, and (d) comfort levels in providing counseling and preparedness to conduct counseling. Eighty percent of the respondents reported that no counseling courses were offered in their degree program. Suggestions for incorporating counseling into graduate training programs are discussed.

KEY WORDS: counseling, communication disorders, clinical fellows, training
does not mean that they are becoming professional counselors or psychologists. In other words, it is not our role as SLPs and audiologists to resolve all of our client’s conflicts. A psychologist’s scope of practice includes but is not limited to working with individuals who have chronic issues with life adjustment (Luterman, 2001; Schum, 1986).

Although counseling services are within the scope of practice for the field of communication disorders, individuals who are trained to provide speech-language pathology and audiology services are not adequately trained to provide psychotherapy (Schum, 1986).

HISTORY OF COUNSELING IN THE FIELD OF COMMUNICATION DISORDERS

Little research has been conducted on counseling or the history of counseling in speech-language pathology (Parkinson & Rae, 1996). However, counseling for clients and their families has been viewed as paramount for several years. Well-known experts in the field such as Charles Van Riper and Wendell Johnson recognized the importance of the client–clinician relationship as early as the 1950s (Rollin, 2000). In the 1960s, before the fields of audiology and speech-language pathology were well established, the professions were defined in more narrow technical terms in order to establish scientific credibility. These technical terms replaced the focus on the “softer” side of clinical work relating to affect counseling or family-oriented approaches to therapy (Luterman, 2001).

The history of counseling in educational institutions has been noted to focus on the medical model. This form of counseling was based on information gathering and dissemination, discussion of test results, recommendations based on test findings, and prognosis (Luterman, 2001; Rosenberg, 1997).

It is known that possessing good technical skills is not enough. To be truly impressive, a clinician must make a distinction between the client’s thoughts and feelings, know how to educate clients on the nature of their disorder(s), and facilitate client independence (Schum, 1986). The ability to accomplish the aforementioned may be more often seen with experienced clinicians and can be viewed as the “art” of therapeutic intervention.

CURRENT STATUS OF COUNSELING IN THE FIELD

The SLP’s/audiologist’s role in counseling is essential and includes educating the client and his or her family, providing affective support for the client, and facilitating behavioral changes (Culpepper, Mendel, & McCarthy, 1994; Parkinson & Rae, 1996). As with many other allied professions, counseling within the field of communication disorders is mainly symptom or situation oriented (Shames, 2000). Although many clinicians are incorporating counseling into their practice on some level, there is concern regarding the types of counseling services being provided, boundary issues, and levels of comfort relating to this service. There do not appear to be clear guidelines/ boundaries regarding where the SLP/audiologist’s role as counselor ends and when a referral should be made to a mental health professional. It has been suggested that many clinicians in the field are uncomfortable or concerned with their level of competence relating to affect counseling; lack of training and experience in this area is likely responsible for these feelings of concern and/or discomfort (Culpepper et al., 1994; Hartbauer, 1978; Rosenberg, 1997; Schum, 1986; Stone & Olswang, 1989).

A study completed in 1995 by Christiansen revealed that the majority (81%) of SLPs in the public school system provided counseling-related services, and 41% of those individuals used an eclectic approach in their practice. These services were acquired through college courses, on-the-job training, and continuing education opportunities. Rollin (2000) supports an eclectic approach, asserting that counseling is too complex a process to be treated from a single inflexible viewpoint. In addition, the various demands being placed on some clinicians relating to managed care and productivity make it easy to focus on the medical model of service delivery (i.e., information-based counseling) and sidestep affect counseling (Luterman, 2001).

TRAINING OFFERED IN ACCREDITED PROGRAMS

A review of the literature reveals a lack of counseling training in the field of communication disorders. In the past, a great majority of professionals in the field of communication disorders received little to no education or training in counseling. A study conducted in 1986 by McCarthy, Culpepper, and Lucks reported that 40% of accredited communication sciences and disorders programs offered counseling courses within the department, with 36% of the courses being offered outside of the department, and 23% offering no courses. Although 70% of those surveyed felt that counseling was important enough to be offered within the program, only one third of the programs had requirements for counseling courses (McCarthy et al., 1986). It is interesting to note that a mere 12% of the study participants felt adequately prepared by their training programs to counsel individuals with communication impairment. In 1994, this study was repeated, and little notable change was found in the area of counseling education and training in communication sciences and disorders programs (Culpepper et al., 1994). Based on these results, it was apparent that implementation of a more consistent and specific educational standard was needed in the area of counseling.

A survey of school-based SLPs that was conducted by Christiansen (1995) found that 22% of the college courses in counseling were required. Thirty percent of those courses were taken at the graduate level, and 32% of those courses were within a speech pathology program. Crandell (1997) found that fewer than 20% of audiologists had taken a
counseling course, and Rosenberg (1997) discovered that 82% of speech-language pathology graduate students felt that they needed more experience in counseling practicum and coursework. Nearly 80% of the students from that study wanted more coursework that focused specifically on personal adjustment counseling as it related to communication disorders. Based on these findings, graduate students are in need of more emphasis on counseling education and training as it relates to the specific needs of clients with communication impairment along with more practicum experience (Rosenberg, 1997). Yet, there is a discrepancy between the amount of training offered in counseling in the field and the important role that counseling plays in practice (Christiansen, 1995).

IMPORTANCE OF COUNSELING IN COMMUNICATION DISORDERS

There is no question that counseling services are within the scope of practice for SLPs and audiologists (American Speech-Language-Hearing Association [ASHA], 1997, 2001; Rollin, 2000; Schum, 1986; Stone & Olswang, 1989). The preferred practice patterns for the profession of speech-language pathology state that specific purposes of SLPs “may be to provide patients/clients and their families/caregivers with information and support, make appropriate referrals to other professionals, and help patients/clients to develop problem-solving strategies to enhance the (re)habilitation process” (ASHA, 1997, p. I-125). Clinicians must be aware of the boundaries and set limits as to where their competency level ends and when referral is warranted.

Counseling skills are paramount in establishing and maintaining a strong relationship with the client (Parkinson & Rae, 1996). According to Schum (1986), counseling is an appropriate practice for speech and hearing clinicians as it assists clients and their families in coping with concerns and reactions to the communication impairment. Counseling may minimize or distort their reactions to the communication disorder, allowing the clients and their families to focus on methods of treatment. The other issue that should be examined by the clinician is the severity of the communication disorder and how it affects the client’s ability to resume functional activities (i.e., work, school, personal relationships). If any of these areas are severely disturbed, the emotional or behavioral effects would likely warrant referral to a mental health professional (Schum, 1986).

Counseling in communication disorders is a vital part of the diagnostic and treatment process (Rosenberg, 1997). ASHA’s Code of Ethics reminds clinicians that they are only to practice in areas in which they are competently trained (ASHA, 2001). It is possible that the ethical standards and fear of inadvertent violation of this standard have caused reluctance among clinicians to practice counseling (Crowe, 1997). It is suspected that the more counseling is incorporated into educational programs, the more at ease clinicians will become in counseling in the field of communication disorders.

PURPOSES OF THIS STUDY

Although the literature reveals increased interest in the need for adequate education and experience in counseling and communication disorders, this area is not yet represented well enough in the realm of education and training (Rollin, 2000). Previous research indicates that counseling training in graduate programs is underrepresented. Therefore, students are not well prepared to conduct counseling services relating to the field of communication disorders. The purposes of this study were to determine (a) whether current speech-language pathology and audiology graduates felt prepared to provide counseling services once they began their clinical fellowships, (b) whether current speech-language pathology and audiology graduates felt comfortable in providing counseling services, and (c) what role the subject of counseling played in the academic curriculum at the graduate level. It should be noted that at the time of this study, most audiology graduate students were in a master’s program requiring a clinical fellowship. No Doctor of Audiology (AuD) graduates were involved in this study.

METHOD

The names and addresses of the May 2002 audiology and speech-language pathology graduates with master’s degrees were obtained from an institution accredited by the Council on Academic Accreditation (CAA) for use as participants in this study. A 20-item questionnaire (Appendix A) was mailed with a cover letter (Appendix B) that explained the purpose of the study and requested participation. The first 8 items of the questionnaire requested demographic information such as gender, age, place of employment, and number of months of clinical fellowship completed. The remaining 12 items surveyed the respondents on coursework information such as gender, age, place of employment, and number of months of clinical fellowship completed. The remaining 12 items surveyed the respondents on coursework information as it related to counseling, the number of hours of counseling provided by clinicians in their current job, opinions regarding counseling and the field’s scope of practice, level of comfort providing counseling services, and views on where counseling experience should be obtained. The questionnaire was sent to 28 subjects who were in the process of completing their clinical fellowship. After a period of 3 weeks, a follow-up letter was sent to encourage more responses (Appendix C).

RESULTS

Of the 28 questionnaires mailed, 50% (14) were returned following the initial request. The follow-up letter prompted one additional response, increasing the return rate to 54% (15). Of the surveys returned, 93.3% (14) of the respondents were female and 6.7% (1) were male. The ages of the subjects ranged from 24 to 42 years, with a mean age of 27 years. The average length of time in the clinical fellowship was 3.9 months. Other demographic information relating to the clinical fellows is provided in Table 1.
A large percentage (86.7%) of the clinicians reported working with allied professionals other than psychologists, counselors, and social workers. Some of the other professionals included teachers, occupational therapists, physical therapists, registered nurses, dietary staff, physicians, and early interventionists.

Eighty percent of the respondents reported completing no credit hours of coursework pertaining to counseling while in graduate school (from approximately 2000 to 2002); 13.3% had taken 4 hr of coursework and 6.7% had completed 3 hr. Twenty percent of those surveyed reported having counseling courses offered in their degree program. The majority (60%) of the participants felt that counseling was not an integral part of their graduate coursework or practicum. The number of reported hours of counseling provided in a work week is illustrated in Figure 1.

Of those surveyed, 93.3% either agreed or strongly agreed that it was within the SLP’s/audiologist’s role to provide counseling services to their clients and caregivers or significant others (Figures 2 and 3). Thirteen percent more of the clinicians felt stronger about the SLP’s/audiologist’s role in counseling caregivers as opposed to counseling clients. Forty-seven percent of the respondents agreed or strongly agreed that they felt comfortable providing counseling services to clients served despite the paucity of coursework and prior experience (Figure 4). Fewer subjects (40%) agreed or strongly agreed with feeling comfortable providing the same services to caregivers or significant others (33.3% disagreed and 26.7% had neutral responses, Figure 5). The majority (86.7%) of the clinicians felt that it was the graduate school’s responsibility to provide training in counseling in both the classroom and in practicum. Of the participants surveyed, 33.3% felt prepared to conduct counseling after graduation.

Tables 2 and 3 display the significant correlations that were found in this study. Significant correlations were found between (a) number of credit hours in counseling completed and level of comfort in providing counseling to clients and their family members/caregivers (Table 2); (b) hours of counseling provided in a work week and comfort levels in providing counseling to clients and caregivers, respectively (Table 2); (c) hours of counseling provided in

---

### Table 1. Demographic information of respondents.

<table>
<thead>
<tr>
<th>Category</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjects who received their undergraduate degrees in communication sciences and disorders</td>
<td>15</td>
<td>100.0</td>
</tr>
<tr>
<td>Clinical fellows receiving their training in the Southwest (i.e., California, Arizona, and Texas)</td>
<td>12</td>
<td>80.0</td>
</tr>
<tr>
<td>Clinical fellows receiving their training in the Northwest (i.e., Washington)</td>
<td>2</td>
<td>13.3</td>
</tr>
<tr>
<td>Clinical fellows receiving their training in the Midwest (i.e., Indiana)</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Clinical fellows receiving their master’s-level training in speech-language pathology</td>
<td>9</td>
<td>60.0</td>
</tr>
<tr>
<td>Clinical fellows receiving their master’s-level training in audiology</td>
<td>6</td>
<td>40.0</td>
</tr>
<tr>
<td>Clinical fellows working in the schools</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Clinical fellows working in private practice and home-based settings</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Clinical fellows working in a hospital setting</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Clinical fellows working in a skilled nursing facility</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>Clinical fellows working in either an outpatient clinic or a day treatment facility</td>
<td>3</td>
<td>20.0</td>
</tr>
</tbody>
</table>

---

Figure 1. Hours of counseling provided by study participants.
Figure 2. Responses to Item #6: “It is within the speech-language pathologist’s/audiologist’s role to provide counseling services to individuals with communication/hearing disorders.”

Figure 3. Responses to Item #7: “It is within the speech-language pathologist’s/audiologist’s role to provide counseling to the parents, significant others, or caregivers of clients who are speech, language or hearing impaired.”

Respective work settings and feelings of preparedness (Table 3); and (d) hours of coursework provided and preparedness to conduct counseling (Table 3). These results lend support to McCarthy et al. (1986), who stated that a clinician’s level of training may influence his or her attitude toward counseling.

DISCUSSION

Counseling in the field of communication disorders is an important aspect of the SLP’s and the audiologist’s role. Despite this, however, clinicians report little specific training in this area. Logic suggests that increased training in counseling would improve a clinician’s skills and/or comfort levels, but few studies have investigated this association. Parkinson and Rae (1996) reported that new therapists practiced fewer counseling behaviors than did experienced therapists. This trend suggests that clinicians are more comfortable with the counseling aspect of practice as they gain more experience. The majority of the clinicians (87%) in the present study felt that graduate schools should be responsible for providing training in counseling. This finding is consistent with McCarthy et al. (1986) and Culpepper et al. (1994), who reported that the majority of respondents were in agreement that a course in counseling should be offered in a communication disorders department.
Rosenberg’s (1997) findings that 56% of graduate students surveyed felt that it was within their role to provide counseling to individuals with communication disorders and their families further support the previous research.

In sharp contrast to the 80% of respondents who reported no credit hours of counseling training in this study, a study conducted in the United Kingdom revealed that 90% of new therapists had received counseling training in college; however, the specific number of credit hours taken was not reported (Parkinson & Rae, 1996). In the same study, 43% of experienced (5 or more years) therapists reported no coursework in counseling (Parkinson & Rae, 1996). These authors noted that counseling behaviors rose with experience.

Although the present study reports the results of a small sample of respondents and a narrow geographical pool, the information gleaned from this study warrants further study.

This is particularly important as the fields of audiology and speech-language pathology have modified standards and increased education and training requirements. With the number of master’s degree programs in audiology declining and the number of AuD programs on the rise, further study should also examine any changes in counseling coursework and practice requirements for AuD programs.

**CONCLUSION**

This study was conducted to determine whether new graduates in the field of communication sciences and disorders felt prepared and comfortable providing counseling activities. The study also investigated how much
didactic and practical training in counseling was received by these graduates. The results of this study confirmed the hypothesis that counseling training in graduate programs continues to be underrepresented and that graduates do not feel fully prepared to conduct counseling in the field of communication disorders following graduation.

**Implications**

Clinicians who are able to provide adequate counseling provide more than information to their clients. They empower their clients and their family members and enable them to make informed decisions about their care, increase their level of confidence in coping with their disability, increase independence, and provide a more fulfilling relationship between family members and the individual being served (Luterman, 2001; Schum, 1986).

Communication disorders often result in a variety of emotions to the unsuspecting client (Schum, 1986). After SLPs and audiologists obtain histories on clients to assist in the diagnostic process, the primary objective is centered on improving their current situation and helping them to become more functional communicators. This is better achieved when counseling is a part of the treatment plan and clients play an active role in their therapy. This is especially pertinent following discharge as many clients will be discharged before they have reached their potential in therapy and will need to continue with home exercise programs designed to further their recovery.

As professionals, SLPs and audiologists can be more effective if they are aware of the emotional issues that accompany communication disorders and address client affect issues as they are a natural part of the clinical relationship (Hartbauer, 1978; Luterman, 2001). Clinicians who are adequately trained in counseling will help their clients to reduce these feelings of frustration, anger, anxiety, guilt, and even depression (Rollin, 2000).

**Recommendations**

Those graduate programs in communication sciences and disorders that do not offer sufficient coursework and practical experiences in counseling should consider making modifications to their curricula to include requirements for counseling as a course at the graduate level. For example, a 3-credit-hour course that provided theoretical bases of counseling, recent research regarding counseling and communication disorders, information regarding the practical application of counseling for SLPs/audiologists in school-based and medical settings, and reviews of various counseling scenarios would be ideal. The counseling aspect of practice should also be emphasized more in clinical practicum. In the meantime, instructors should consider incorporating counseling units into courses that are currently offered: Workshops specific to counseling could be offered, distance learning courses could be developed, or coursework could be offered in other departments.

**REFERENCES**


Contact author: Daphne Phillips, PhD, 3134 Civic Center Plaza, Scottsdale, AZ 85251. E-mail: dphillips@shc.org.

---

**APPENDIX A. INITIAL LETTER**

Dear Colleagues:

I am currently enrolled in a doctoral program through distance learning at Northcentral University in Prescott, AZ. I am obtaining my degree in Psychology with a specialization in Health Psychology and Behavioral Management. For my first year research project, I have decided to conduct a pilot study to explore the amount of counseling received in graduate programs of Communication Disorders and Sciences. I am also interested to learn the level of confidence new graduates have in conducting counseling as a part of their practice. For the purpose of this questionnaire, counseling is defined as the process whereby the clinician is facilitating thoughts, feelings, or actions of individuals suffering from communicative disorders and their caregivers; providing advice, guidance, or information in relation to a communicative disorder.

The purpose of this letter is to request your participation in the study. Participation is on a voluntary basis. Your responses will be anonymous, treated confidentially, and used for research purposes only. Participation will take approximately 10–15 minutes to complete.

Should you choose to participate, fill out and return this questionnaire in the self-addressed stamped envelope provided. Timely feedback is appreciated (i.e., by 11/27/02). Please respond to this questionnaire ONLY if you are in the process of completing your clinical fellowship year.

Thank you for your time and cooperation. Your participation in this study is greatly appreciated.
APPENDIX B. STUDY QUESTIONNAIRE

For the purpose of this questionnaire, the term “counseling” is defined as the process whereby the clinician is facilitating thoughts, feelings, or actions of individuals suffering from communicative disorders and their caregivers; providing advice, guidance, or information in relation to a communicative disorder (Shames, 2000).

Demographic Information

1. Male or Female (circle one)
2. Age __________
3. I am currently obtaining my clinical fellowship (CF) in (circle one):
   - Speech-Language Pathology
   - Audiology
   - Both
   - Neither
4. I received my undergraduate degree in (circle one):
   - Communication Disorders and Sciences
   - Psychology
   - Other: _________________ (please specify)
5. I am obtaining my CF in the state of _________________.
   (name of state)
6. I have completed _________ months of my CF so far.
   (number of months)
7. I am working in the following setting (circle one):
   - School
   - Hospital
   - SNF
   - Outpatient Clinic
   - Day Treatment
   - Other: _________________ (please specify)
8. In my current work setting, I work closely with (circle one):
   - Psychologists
   - Counselors
   - Social Workers
   - Other: _________________ (please specify)

Questionnaire

Please circle the number that best describes your experience.

1. How many credit hours of coursework pertaining to counseling did you complete while in graduate school (inside or outside your department)?
   None 1 2 3 4 5 6 7+__________ (please specify)
2. How many counseling courses were offered in your degree program (please circle the appropriate number)?
   None 1 2 3 4 5 6 7+__________ (please specify)
3. If counseling courses were offered in your degree program, how many hours of counseling coursework were you required to complete?
   None 1 2 3 4 5 6 7+__________ (please specify)
4. Counseling was an integral part of my (circle one):
   - Graduate coursework
   - Graduate practicum
   - Both
   - Neither
5. The number of hours of counseling that you provide on an average in a week is:
   None 1 2 3 4 5 6 7 8+__________ (please specify)
Based on the definition of counseling cited above, please circle the number that best reflects your opinion regarding the following statements.

6. It is within the speech-language pathologist’s/audiologist’s role to provide counseling services to individuals with communication/hearing disorders.

   | 5 | 4 | 3 | 2 | 1 |
   | strongly agree | agree | neutral | disagree | strongly disagree |

7. It is within the speech-language pathologist’s/audiologist’s role to provide counseling to the parents, significant others, or caregivers of clients who are speech, language, or hearing impaired.

   | 5 | 4 | 3 | 2 | 1 |
   | strongly agree | agree | neutral | disagree | strongly disagree |

8. I feel comfortable providing counseling services to clients served.

   | 5 | 4 | 3 | 2 | 1 |
   | strongly agree | agree | neutral | disagree | strongly disagree |

9. I feel comfortable providing counseling to parents, family members, caregivers, or significant others of my clients.

   | 5 | 4 | 3 | 2 | 1 |
   | strongly agree | agree | neutral | disagree | strongly disagree |

10. It is the graduate school’s responsibility to provide training in counseling.

    Yes       No       Undecided

11. Counseling experience in graduate school should be obtained in:

    The Classroom   Practicum   Both   Other Departments

12. I felt prepared to conduct counseling in the field of communicative disorders after graduating from my graduate program.

    Yes       No       Undecided

Please use the space below to make any comments regarding your experience in graduate school with regard to counseling in coursework or practicum.

---

APPENDIX C. FOLLOW-UP LETTER

12/03/02

Dear Colleagues:

Thus far, I have had a good response to the questionnaire that I sent out at the beginning of November. However, there are still a few questionnaires that have yet to be received. If you still intend on participating in the study, please mail your completed survey in the self-addressed envelope provided as soon as possible. If you have already done so, please accept my thanks. I will begin data analysis in the next 1–2 weeks and would appreciate your input.