

A SURVEY OF THE ACADEMIC AND
CLINICAL TRAINING OF PUBLIC SCHOOL
SPEECH CLINICIANS IN THE
AREA OF STUTTERING

Thesis for the Degree of M. A.
MICHIGAN STATE UNIVERSITY

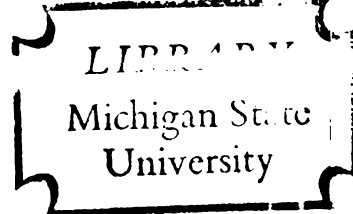
Richard A. Duncan

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ABSTRACT

A SURVEY OF THE ACADEMIC AND CLINICAL TRAINING
OF PUBLIC SCHOOL SPEECH CLINICIANS
IN THE AREA OF STUTTERING

By

Richard A. Duncan

The purposes of this study were to survey a randomly selected number of public school speech clinicians in order to determine their opinions relative to the adequacy of their academic and clinical training in the area of stuttering and to obtain their recommendations for improving the training in this area.

Questionnaires were mailed to one thousand clinicians throughout the United States. This study was based on the five hundred and ten questionnaires which were returned.

The findings of this study reveal that the typical respondent has a Bachelor's Degree plus graduate hours, and has had two to three years experience in the schools. His college preparation in the area of stuttering consisted of from four to six semester hours of academic training and twenty-six to fifty hours of clinical practicum with stutters. Although he is employed in a public school setting, ninety percent of his clinical practicum with stutterers was with individuals of an age group different from that

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with which he works in a school setting. He works with stutterers in both elementary and secondary schools.

He seldom works in groups with parents of stuttering children. He feels that training in counseling techniques should be required for speech correction majors. He also believes that clinical practicum should include supervised experiences in counseling individuals with speech problems and their parents. He believes his ability to discuss stuttering therapy with teachers is adequate.

The typical respondent thinks that the Master's Degree is not a necessary requirement to work with stutterers. A course in stuttering was required during his training, and he considers his academic training in this area "fair." Although he believes his clinical supervision was "good", he rates his clinical practicum as having been "poor". He feels there are courses outside the speech pathology curriculum that have helped measurably in working with stutterers. Most of these courses were in the area of psychology.

He considers his ability to diagnose the severity of a given stuttering problem as "good". On the other hand, he rates his training to plan therapy for the various phases of stuttering as "fair".

He believes the student majoring in speech pathology should begin observing stuttering therapy during his junior

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year and that each student should have at least one theory course consisting of three to five semester hours before this assignment. He also recommends that the student should, during his junior year, accept some responsibility for therapy such as accompanying the stutterer on outside assignments. The student should be given major responsibility for therapy during his senior year, but not before he has had at least two courses consisting of six to nine semester hours in stuttering theory.

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OF PUBLIC SCHOOL SPEECH CLINICIANS
IN THE AREA OF STUTTERING

By
Richard A. Duncan

A THESIS

Submitted to
Michigan State University
in Partial Fulfillment of the Requirements
for the Degree of

MASTER OF ARTS

Department of Speech


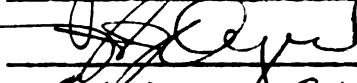
1967

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6/16/61

Accepted by the faculty of the Department
of Speech, College of Communication Arts, Michigan
State University, in partial fulfillment of the
requirements for the Master of Arts degree.

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ACKNOWLEDGMENT

This study was supported by a grant from
The Speech Foundation of America

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CHAPTER I

STATEMENT OF THE PROBLEM

Introduction

It has been estimated that there are approximately 500,000 school age children in the United States who stutter.¹ It might reasonably be assumed that only a small fraction of these children can be treated in college and community speech clinics. On the other hand, many public schools now employ speech correctionists. As a result speech correctionists now have the opportunity to treat stuttering children who otherwise might have been without specialized professional help.

It is generally accepted that many public school speech correctionists feel inadequate and even somewhat hesitant to work with stuttering children. There are probably a number of reasons for this feeling. One reason may be that their academic training has not prepared them well for this type of responsibility.

James F. Curtis, in his 1962 presidential address to the American Speech and Hearing Association, stated: "Ours

¹Charles Van Riper (ed.), Treatment of the Young stut-
ter in the School, (Memphis, Tennessee: Speech Foundation
of America, 1964), p. 15.

is a relatively young field, without established traditions, with no uniformity of curricula or courses, and with little in the way of standards of any kind, save for those we have invented as we went along."¹

It appears there is a need to explore the course of study required of one to qualify as a speech and hearing clinician in the public schools. Perhaps the public school speech clinicians themselves are in the best position to do this. By objectively analyzing their academic training in light of what has been expected of them, they should be able to make valid evaluations and recommendations for improving future training. In the present investigation public school speech clinicians were asked to examine their training and competencies in the area of stuttering. This was done by surveying a random sample of clinicians employed in a public school setting.

Statement of Purposes of Study

The purposes of this study were to explore public school speech clinicians' evaluations of their academic and clinical training in the area of stuttering and to obtain their recommendations for improving that training. The

¹James F. Curtis, "Size, Diversification and Unity," ASHA, V, (January, 1963), pp. 471-473.

investigation was undertaken in an attempt to obtain answers to the following questions:

1. How much training has the typical public school clinician had in stuttering theory and therapy?
2. How does the public school clinician view his ability to counsel parents and teachers of stuttering children?
3. How does the public school clinician view the adequacy of his academic and clinical training in the area of stuttering?
4. How well does the public school clinician feel his training has prepared him to work with stutterers in the various stages of the disorder?
5. At what stages of the training program should various degrees of clinical responsibility be assumed?
6. What textbooks and pamphlets on stuttering has the clinician found to be the most helpful in his training?

Importance of Study

There is an increasing realization of the urgent need to upgrade the professional standards within the fields of speech pathology and audiology. Investigations carried out

by Mackie and Johnson¹, Steer², and the American Speech and Hearing Association³ were attempts to illustrate the need to improve the training and competencies of speech and hearing clinicians. The discussions reported upon in the A.S.H.A. study indicated that "there was general agreement that present methods of educating and training clinically oriented personnel require improvement but that there was no great agreement about the proper means of accomplishing the desired improvement."⁴

These reports reveal the need for a closer examination and evaluation of academic training programs. There would seem to be a need to establish general guidelines for the training of the speech clinician. This can be done, in part,

¹R. P. Mackie and W. Johnson, Speech Correctionists: The Competencies They Need for the Work They Do, Office of Education Bulletin, XIX, (1954).

²M. D. Steer, Project Director, "Public School Speech and Hearing Services," Journal of Speech and Hearing Disorders, Monograph Supplement Number VIII, (1961).

³American Speech and Hearing Association, Graduate Education in Speech Pathology and Audiology, A Report of a National Conference in Highland Park, Illinois Prepared by the Conference Editorial Committee (Washington, D. C.: American Speech and Hearing Association, 1963).

⁴Ibid., p. 58.

by outlining the minimum academic preparation necessary to assure proficiency in each of the four major categories of speech disorders.¹ This study is an attempt to help establish the basic guidelines in the area of stuttering.

Definition of Terms

For the purpose of this study, the terms used are defined in the following manner:

Public school clinicians. -- Persons certified by the various state departments of public instruction to render speech correction services in an elementary or secondary school setting.

Academic training. -- Course work in the area of stuttering theories and therapies.

Clinical training. -- The supervised practicum with stutterers. This includes experience in a college clinic and student teaching.

The booklet Stuttering Words² was used as a guide for defining all other terms pertaining to stuttering.

¹Charles Van Riper, Speech Correction: Principles and Methods, (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1963), pp. 18-19.

²Stuttering Words, (Memphis, Tennessee: Speech Foundation of America, 1963).

Organization of the Thesis

Chapter I has contained a statement of the purposes of this study, a discussion of its importance, and definitions of important terms which will be used. Chapter II contains a review of relevant literature. Methods and procedures used are described in Chapter III. Chapter IV consists of a report and discussion of the results, and Chapter V contains a summary and the conclusions of the study.

CHAPTER II

REVIEW OF THE LITERATURE

Certification Requirements for Public School Speech Clinicians

State requirements for public school speech clinicians vary widely. Of the 30 states requiring certification in 1954, 17 required the Bachelors Degree. The number of hours required in speech and related areas varied from 4 to 46.¹ Haines reported in 1965 that the number of states requiring certification had increased from 30 to 45. Thirty-one of these 45 states were judged to have requirements equivalent to the 1964 American Speech and Hearing Association standards for basic clinical certification.²

Requirements for Clinical Certification

On January 1, 1965, the American Speech and Hearing Association changed its clinical certification requirements from dual basic and advanced levels to a one level degree of clinical competence. The requirements for a basic certificate in speech prior to 1965 were a Bachelor's Degree,

¹R. P. Mackie and L. M. Dunn, "Certification Requirements for Teachers of Exceptional Children," Office of Education Bulletin, I (1954), p. 27.

²Harold H. Haines, "Trends in Public School Speech Therapy," ASHA, VII, (June, 1965), pp. 187-190.

twelve semester hours in speech pathology, three semester hours in audiology, nine semester hours in related areas, and 200 clock hours of clinical practice. In fulfillment of the 12 semester hours in speech pathology "at least two courses in speech correction and/or speech pathology" were required.¹ A course in stuttering was listed as an elective.

The requirements for the present Certificate of Clinical Competence are "the Master's Degree, or Equivalent"² and 42 semester hours in courses that provide information about and training in the management of speech, hearing, and language disorders, and that provide information supplementary to these fields. Two hundred seventy-five clock hours of clinical practice are required.³ A course in stuttering is not required.

Training of the Clinician

In the Presidential address delivered to the American Speech and Hearing Association convention in 1955, Bloomer stated, "we need above all, I believe, to re-evaluate and re-define standards of professional training, in order that we may better serve students and clients. The college and

¹Kenneth O. Johnson, (ed.), Directory, American Speech and Hearing Association, (Washington, D. C.: American Speech and Hearing Association, 1963), p. xxiv.

²Ibid.

³American Speech and Hearing Association. "Requirements for the Certificate of Clinical Competence", ASHA, VI (May 1964), pp. 162-164.

university student entering the profession has a right to expect training which will develop his clinical competency."¹ He went on to say that although there is constant surveillance of professional problems, few would say that programs of professional education have reached the point that we can be satisfied with them.

The literature shows numerous evidences to substantiate Bloomer's remarks. Most of these studies speak in vague and general terms when referring to the minimum course requirements in specialized areas.

Bloodstein states that "the best indication that a person is qualified as a speech therapist is the fact that he holds clinical certification in the American Speech and Hearing Association."² It has been pointed out that an individual may obtain this certification without completing a course in the theories and therapies of stuttering.

Mackie and Johnson list six kinds of knowledge and related skills all speech clinicians should possess. Listed as area number one in Knowledge was: knowledge

¹H. Harlan Bloomer, "Professional Training in Speech Correction and Clinical Audiology", Journal of Speech and Hearing Disorders, XXI (March 1956), pp. 5-11.

²Oliver Bloodstein, Stuttering for Professional Workers (Chicago, National Society for Crippled Children and Adults, Inc., 1959), p. 81.

"of the different types, causes, and accepted remedial procedures for the correction or maximal alleviation of speech handicaps, such as functional articulatory disorders, stuttering, voice problems, delayed speech, and speech disorders associated with organic impairments, such as cleft palate and cerebral palsy, and with impaired hearing."¹

Listed as number one in Skills was the following: skill "in giving and evaluating individual diagnostic speech and hearing tests; in appraising the need for referral to medical, educational, recreational, and other specialists; in adapting speech reading, auditory training, and speech correction methods to the needs of individual children; and in interpreting the diagnostic speech and hearing evaluations to parents and teachers in order to bring about appropriate activities in the home and the classroom and the necessary follow-up referrals."²

Clinicians queried by Steer and his associates indicated there was a need for additional instruction in clinical practice in the areas of voice disorders, organic disorders, and stuttering. Among 168 training institutions surveyed, 24% of them did not offer a course in voice disorders, 15%

¹Mackie and Johnson, op. cit., p. 26.

²Ibid.

had no courses in organic disorders, and 18% had none in stuttering.¹

There was recognition of the importance of clinical training in the American Speech and Hearing Association study. "The clinical function should be acknowledged as the basic reason for our field, and professional staffs should reflect the highest level of competence."²

One publication that did list the basic qualifications needed to work with stutterers was Treatment of the Young Stutterer in the Schools. In this booklet the basic qualifications have been listed as "supervised clinical experience in working with the problem of stuttering, with at least one course which deals specifically or substantially with stuttering therapy, and with child therapy."³

In preparing for its 1963 conference on stuttering therapy in the schools, the Speech Foundation of America mailed questionnaires to approximately 300 public school clinicians. One of the questions asked was "what are your main difficulties in trying to help elementary school age

¹Steer, op. cit., p. 100.

²"Graduate Education in Speech Pathology and Audiology." op. cit., p. 63.

³Charles Van Riper (ed.), Treatment of the Young Stutterer in the School (Memphis, Tennessee: Speech Foundation of America, 1964), p. 18.

stutterers?"¹ The following response was typical: "a general lack of background in basic techniques that can be effectively used with the young child. It is my feeling that the training institutions, at least the ones I attended, do not give the student adequate experience and information regarding therapy techniques with the young child."²

Some disturbing findings were disclosed in a recent study by Sheehan and Martyn. These authors studied spontaneous recovery from stuttering. Their findings, in part, disclosed that "those who persist are likely to have been severe stutterers and are likely to have received speech therapy. However, the indications are that receiving public school speech therapy, in itself, had negative effects."³

The authors reported that the accounts of both the recovered and the active stutters' experiences in the public schools reflected a feeling of vague uneasiness and confusion

¹Stanley Ainsworth (Chairman) Speech Foundation of America Conference on Stuttering therapy in the Schools, (Unpublished manuscript, December 1963).

²Ibid.

³Joseph G. Sheehan and Margaret M. Martyn, "Spontaneous Recovery From Stuttering, "Journal of Speech and Hearing Research, IX (March 1966), p. 129.

as to the goals of the therapy and their relationship to the methods.

Examples of therapy experiences reported to the authors included, "we read stories", or 'we played speech games', or 'we just talked'. The sheer irrelevance of such techniques served chiefly to heighten the stutterer's apprehension that there was something unmentionably wrong with him that could not be dealt with directly. The feedback upon the self-concept of such feeling would obviously be destructive, and foster the persistence of stuttering. The experience of many was that by being singled out to take part in speech class, they were made to feel different; since they were offered no competent therapy which might conceivably have compensated for the heightened feeling of difference, the impact was distinctly negative."¹

This review of the literature on the training of the speech and hearing clinician has disclosed numerous studies reporting the changing standards in training and certification requirements. The studies have been general in their approach to the problem and point up the need for specific investigations into the various competencies needed by the speech and hearing clinician.

¹Ibid.

CHAPTER III

METHODS AND PROCEDURES

Method of Research

This research was undertaken in four steps consisting of (1) a review of the literature on stuttering, (2) Constructing a questionnaire, (3) testing a trial draft of the questionnaire, and (4) sending the questionnaire to a random sampling of 1,000 public school clinicians.

It was felt that the most efficient method to collect opinion data from a large sampling of the population was in the form of a questionnaire. It was not feasible because of geographical spread, monetary consideration, and time limits to interview personally a large enough segment of the population to make this study reliable. Since much of the information sought in this study deals with the respondent's opinion regarding his adequacy as a clinician, anonymity of the response was important.

Organization of the Questionnaire

The questionnaire was designed to cover six areas thought to be of importance in the training of the public school clinician. Some of the areas explored dealt with academic and clinical experiences applicable to all disorders of speech. Others pertained exclusively to stuttering.

A copy of the cover letter and a copy of the questionnaire appear in Appendix A.

The following is a list of the six areas and a discussion of the questions.

Area I - Amount of training the clinician has received in stuttering theory and therapy.

1. What is the highest degree you hold?

Bachelors?	Bachelors +	Masters +	Ph.D. or
	graduate hrs.?	graduate hrs.?	equivalent?

This question was designed to obtain information on the total amount of academic training the clinician has received. It gave a picture of the range of education of the respondents and helped to make some conclusion possible on the adequacy of Bachelor Degree clinicians as compared to that of clinicians with graduate degrees.

2. how many years experience have you had in public school speech correction?

The primary purpose of this question was to add to the information gained in question one in building a profile of the average respondent.

3. How many semester hours have you had in stuttering theory and therapy?

It has been stated earlier in this study that it is possible to obtain clinical certification without a course in stuttering theory and therapy. This question was designed to learn what percentage of respondents have had academic training in this disorder.

4. How many clock hours of clinical practicum have you had working with stutterers?

Question three was designed to give information on the academic training in the area of stuttering, whereas this question revealed the same information on clinical experience in the area of stuttering.

5. What percent of your clinical practicum was with stutterers of elementary or high school age?

One of the major criticisms heard from clinicians who have clinical experience with stutterers is that most of the stutterers with whom they worked were of college age or older. The therapy for an adult stutterer differs from that of a stutterer of elementary school age. This question revealed what percent of the respondents clinical practicum was with school age stutterers.

6. Do you work with stutterers at the:

(a) Elementary level? (b) High School level? (c) Both? (d) Neither?

- 6a. If your answer to question #6 is neither, please state why.

Question six was designed to yield information concerning the grade level at which the public school clinician works with stuttering children; also, what percent of the respondents work with stutterers. Question 6a revealed reasons why the remaining percentage does not.

Area II - Abilities to counsel parents and teachers.

7. Do you work with parent groups of stuttering children:

(a) Regularly? (b) Infrequently? (c) Never have?

7a. If you do not work with parent groups, please state why.

The parent is an important member of the problem when the stutterer is of elementary school age. Parent groups are an effective method of transmitting information about stuttering and in motivating parents to assist in the therapeutic process. The ability to work effectively with parents requires skills in counselling and group leadership. This question was an attempt to explore the clinician's activities in these areas.

8. I believe my training in counselling parents of stuttering children was:

(a) Excellent (b) Good (c) Fair (d) Poor

This question asked the clinician to make a direct evaluation of his training in working with the parents of the stuttering child. Authorities generally agree this is an important skill in stuttering therapy. One author states, "there is hardly a single qualification for stuttering therapy which is more vital for the speech clinician to possess than a thorough knowledge of counselling techniques."¹

¹Bloodstein, op. cit., p. 83.

9. Should a course in counseling techniques be required for speech correction majors?

Yes

No

10. Should a part of the clinical practicum consist of supervised experiences in counseling parents and individuals with speech problems?

Yes

No

The purpose of these two questions was to learn the feelings of public school clinicians regarding the importance of counseling skills. Is it important enough to require a course and specific training in clinical practicum?

11. I feel my ability to discuss stuttering therapy with classroom teachers is:

(a) Excellent (b) Good (c) Fair (d) Poor

The ability to relate the goals of therapy to the child's teacher should consist of more than giving her a mimeographed list of "do's" and "don'ts" for the stuttering child. The purpose of this question was to discover how adequate the public school clinician feels in this relationship.

Area III - Adequacy of academic and clinical training.

12. Do you feel a therapist should have a Master's Degree or the equivalent before working with stutterers?

Yes

No

Under the present A.S.H.A. standards, the clinician must hold the Master's Degree or equivalent before he is qualified for membership. The object of this question was

to determine what the public school clinician feels about this as a requirement to be met before working with stutterers.

13. At the institution(s) from which you received your degree(s) was a course in stuttering:

(a) Required? (b) An elective? (c) Not offered to your knowledge?

This question was developed to determine the availability of a course in stuttering and the importance placed upon training in this disorder.

14. Have you found courses which you have had outside the speech pathology curriculum that have helped you measurably in working with stutterers?

Yes

No

- 14a. If your answer to question #14 is yes, what were these courses?

The speech pathology curriculum is not an island unto itself. Courses in psychology, education, and social work, to name but a few areas, may have value for the clinician. These questions surveyed briefly these other disciplines for courses of value to the speech clinician.

15. I believe my academic preparation in stuttering therapy for adults was:

(a) Excellent (b) Good (c) Fair (d) Poor

16. I believe my academic preparation in stuttering therapy for children was:

(a) Excellent (b) Good (c) Fair (d) Poor

17. I believe my clinical practicum in stuttering therapy for adults was:
- (a) Excellent (b) Good (c) Fair (d) Poor
18. I believe my clinical practicum in stuttering therapy for children was:
- (a) Excellent (b) Good (c) Fair (d) Poor

These four questions surveyed the adequacy of academic and clinical training for adult stutterers and for child stutterers. As stated earlier, the approach with the adult may, and often should, differ from that for the child.

19. I believe my clinical supervision was:
- (a) Excellent (b) Good (c) Fair (d) Poor

Good clinical practicum is generally thought to include a variety of cases and supervision by someone who has the knowledge, skills and available time to devote to supervision duties. This question has explored the respondents evaluation of their clinical supervision.

Area IV - Adequacy to work effectively with stutterers in various stages of the disorder.

20. I believe my training to determine the severity of a given stuttering problem as a beginning step in planning therapy was:
- (a) Excellent (b) Good (c) Fair (d) Poor
21. I believe my training to plan therapy for the child with excessive repetitions, but who does not show signs of reacting to them was:
- (a) Excellent (b) Good (c) Fair (d) Poor

22. I believe my training to plan therapy for the child who shows signs of frustration because of his stuttering problem, but who does not force or avoid speech was:

(a) Excellent (b) Good (c) Fair (d) Poor
23. I believe my training to plan therapy for the child who struggles or shows signs of tremor in his blocks was:

(a) Excellent (b) Good (c) Fair (d) Poor
24. I believe my training to plan therapy for the child who fears words and situations and exhibits avoidance behavior was:

(a) Excellent (b) Good (c) Fair (d) Poor

Questions twenty through twenty-four surveyed the clinician's feelings of adequacy to work with stutters in the various stages of the disorder. The four phase theory as advocated by Bloodstein¹ and Luper and mulder² was used in the development of these questions.

Area V - The stages of training at which various degrees of clinical responsibility should be assumed.

There is some disagreement as to when the student clinician should begin his clinical practice. Steer

¹Oliver Bloodstein, "The Development of Stuttering: II. Developmental Phases," Journal of Speech and Hearing Disorders, XXV (November 1960) pp. 366-376.

²Harold L. Luper and Robert L. Mulder, Stuttering: Therapy for Children (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1964) pp. 36-171.

reported that 63% of the colleges and universities surveyed began clinical practicum for students during their junior year, 26% of the institutions delayed practicum until the senior year, and only 8% had the student's experience begin during the sophomore year.¹

25. When would the speech correction major benefit from assignment as an observer in the clinical therapy of a stutterer?

Freshman Sophomore Junior Senior Graduate

- 25a. Should the student have courses in stuttering before he is given this assignment? ____ If so, how many semester hours? ____

26. When would the speech correction major benefit from some responsibility for the therapy of a stutterer in the clinic? For example, accompanying the stutterer on outside speech assignments and helping the stutterer in his evaluation of the assignment?

Freshman Sophomore Junior Senior Graduate

- 26a. Should the student have courses in stuttering before he is given this assignment? ____ If so, how many semester hours? ____

27. When should the speech correction major, under supervision, be assigned the major responsibility for planning and carrying out the therapy for a stutterer in the clinic?

Freshman Sophomore Junior Senior Graduate

- 27a. Should the student have courses in stuttering before he is given this assignment? ____ If so, how many semester hours? ____

¹Steer, op. cit., p. 98.

Questions twenty-five through twenty-seven surveyed public school clinicians concerning their recommendations as to when various clinical responsibilities should be assumed and the amount of academic training the student should have before assuming the various stages of clinical responsibility.

Area VI - Literature of most value to the student clinician.

The final page of the questionnaire consisted of a listing of twenty-two textbooks, booklets and pamphlets on the subject of stuttering. The respondents were requested to check the publications they had read. They were then instructed to rate the publications they had read for their value to the student speech clinician.

A trial draft of the questionnaire was submitted to a group of students enrolled in a graduate course in stuttering at Michigan State University with the following instructions: "Answer the questions to the best of your ability. If you feel any question is unclear, ambiguous, repetitious, or irrelevant, please say so after your answer. If you can think of any additional questions you feel should be included in this questionnaire, please outline them in the space provided."

The questionnaire was then redrafted and submitted to the directors of three university clinics. All three of

these persons had contributed to the literature in the area of stuttering. Many of their suggestions were incorporated into the final draft of the questionnaire.

Subjects

This study was limited to public school speech clinicians. The clinician in the public school works with a wide variety of disorders, often under the most adverse conditions, and often with the least amount of training. It was felt, therefore, that the need to study this population was critical.

An effort was made to obtain the names and addresses of all the public school speech clinicians in the forty-eight contiguous states. A list of the chief school officer in each state was obtained from the Michigan Department of Education. A personal letter was mailed to the head of each state department requesting a copy of the most recent listing of all public school speech clinicians employed in that state. Two more requests were sent to those that did not reply. In the cases where no reply was received or no list was available, a request was mailed to the state speech and hearing association requesting a copy of their current directory. Through these two methods lists were recieved from forty-three states. The remaining five states either did not reply or replied that such information was not available. These states were Louisiana, New Hampshire,

New Jersey, Tennessee and Washington.

Method of Selection

A total of 6,851 names was received. It is believed that this number represented a large proportion of the public school clinicians in the forty-three states that responded to the request for a mailing list.

The lists from the forty-three states were placed in a pile in no particular order. The first name on the first list was assigned the number one, the second name was assigned the number two and so forth until the last name on the final list was assigned the number 6,851. A list of numbers from 1 to 6,851 was prepared and a table of random numbers¹ was used to select the 1,000 names to be used in the mailing.

Method of Mailing and Follow-up

A total of 1500 questionnaires was printed. One thousand were used in the initial mailing. The one thousand names were typed on sheets of gummed addressing labels and on a master list. One carbon copy of the addressing labels was made. Each of the questionnaires used in the initial mailing was coded and the code number entered next to the name on the master list. This code number was used solely for the purpose of mailing a second questionnaire. A pos-

¹Hubert M. Blalock, Social Statistics, (New York: McGraw-Hill Company, Inc., 1960), pp. 437-440.

tage paid envelope was enclosed with each questionnaire mailed.

The remaining 500 questionnaires were sent to that many persons not responding to the initial correspondence. Three weeks after the first mailing, the code numbers on the returned questionnaires were noted and the carbon copy of the mailing label for each returned questionnaire was destroyed. Five hundred of the remaining labels were randomly drawn to be used for the second mailing. This consisted of a complete copy of the questionnaire and a second return envelope.

CHAPTER IV

RESULTS AND DISCUSSION

Of the 1,000 questionnaires mailed, 510 replies were received. This return of 51% was thought to be representative of the population being surveyed. According to Mulgrave and Baker, a 50% reply to a questionnaire is acceptable and any percentage above 50% further insures the representativeness of the findings.¹

For the purpose of examining closely all of the implications of the investigation, the 510 questionnaires were sorted according to academic level of the respondents. All who replied had earned a Bachelor's Degree. Some had, in addition, acquired a Master's Degree and a few a Doctorate. Many had credit hours beyond their highest earned degree. The questionnaires were divided into two groups, one made up of persons who had earned graduate degrees and the other of those who had earned Bachelor's Degrees but no graduate degree. Of the 510 respondents, 185 or 36%, had at least a Master's Degree and 325, or 64% had earned less than a Master's Degree. These two groups were then sub-divided

¹Dorothy I. Mulgrave and Elemer E. Baker, "The Survey Approach," An Introduction to Graduate Study in Speech and Theatre, ed. Clyde W. Dow (East Lansing, Michigan: Michigan State University Press, 1961), p. 241.

into four classifications. These classifications were:

1. Respondents with four or more semester hours of course work in the area of stuttering, plus twenty-six or more clock hours of clinical practicum working with stutterers.
2. Respondents with four or more semester hours of course work, but less than twenty-six clock hours of clinical practicum.
3. Respondents with twenty-six or more hours of clinical practicum, but less than four semester hours of academic course work in the area of stuttering.
4. Respondents with less than twenty-six clock hours of practicum, and less than four semester hours of course work.

Responses to questions that required a value judgement of "excellent", "good", "fair" or "poor" were sorted according to academic degree as well as by amount of academic and clinical training of the respondent. In an attempt to better analyze the responses to these questions dealing directly with the respondents' academic and clinical training, they were further sub-divided by the number of academic and clinical hours the respondents have had. A trial survey of 100 returned questionnaires disclosed what appeared to be a natural division between three and four semester hours of academic work and between twenty-five and twenty-six

clock hours of clinical practicum.

Answers to the remaining questions were sorted only on the basis of academic degree. The questions and the respondents' replies are discussed in numerical order and in their relationship to the six areas presented in Chapter III.

Area I - Amount of training the clinician has received in stuttering theory and therapy. This area surveys the respondents academic and clinical background and employment experiences.

Question 1. What is the highest degree you hold?

Of the 510 clinicians answering this question, 27% had a Bachelor's Degree, 37% had a Bachelor's Degree plus graduate hours, 23% had a Master's Degree, 12% had a Master's plus thirty hours, and 1% reported having a Ph.D. or equivalent.¹

Question 2. How many years experience have you had in public school speech correction?

The clinicians' experience ranged from less than one year to over twenty years. The largest percentage of undergraduate degree clinicians had from two to three years experience. The largest percentage of clinicians with a

¹All percentages reported in this study have been rounded to the nearest whole number.

graduate degree reported from seven to ten years experience.

Question 3. How many semester hours have you had in stuttering theory and therapy?

Most of the clinicians reported having at least one course in stuttering. Only 8% reported they had no academic hours in this area. The percentage of clinicians reporting one to three hours and the percentage reporting four to six hours was almost equally divided for the undergraduate degree clinicians with 39% having had one to three semester hours and 35% having had four to six semester hours. The totals for graduate degree clinicians were 30% reporting they had from one to three semester hours and 37% reporting they had from four to six semester hours.

Question 4. How many clock hours of clinical practicum have you had working with stutterers?

As would be expected, the clinicians with the greatest amount of education have also had more hours of clinical practicum with stutterers. The largest percentage of clinicians with graduate degrees, 51%, reported having had from eleven to fifty hours. The largest percentage of clinicians with less than a Master's Degree, 45%, also reported having had between eleven and fifty clock hours of practicum with stutterers. Of all the clinicians responding, 20% reported they had no clinical practicum with stutterers. The percentage of undergraduate degree respondents in this group was greater with 23% whereas 15% of the graduate

degree respondents reported no hours of clinical practicum with stutterers.

Question 5. What percentage of your clinical practicum was with stutterers of elementary or high school age?

It is reasonable to assume that the student speech clinician who is planning to work in the schools should have as a major emphasis in his clinical practicum work with children of elementary or secondary school age. As far as stuttering practicum was concerned, this was not true of the clinicians surveyed. The largest percentage, 65%, reported that ten percent or less of their clinical practicum in stuttering was with children of elementary or secondary school age. Only eleven percent of the respondents reported that the major part of their clinical practicum in stuttering had been with children of school age.

Question 6. Do you work with stutterers at the:
(a) Elementary level? (b) High School level?
(c) Both? (d) Neither?

The largest percentage of both graduate degree and undergraduate degree clinicians, 46% and 53% respectively, reported that they worked with stutterers at both the elementary and high school levels. Forty-three percent of the clinicians work exclusively with stutterers at the elementary level. Only five percent of the clinicians

reported they did not work with stutterers.

Question 6a. If your answer to question #6 is neither, please state why.

Of the twenty-five respondents reporting they did not work with stutterers, 76% reported there were no stutterers in the schools in which they were employed. Lack of training was given as a reason by 12%. The remaining 12% stated a lack of interest in working with stutterers. These twenty-five clinicians constitute less than five percent of the clinicians responding to the questionnaire.

Questions one through six have given information on the amount of training the public school clinicians surveyed have had. The typical clinician has graduate credits beyond the Bachelor's Degree and has had two to three years experience in the schools. His college preparation in the area of stuttering consisted of from four to six semester hours of academic training and twenty-six to fifty hours of clinical practicum working with stutterers. Although he is employed in a public school setting, ninety percent of his clinical practicum with stutterers was with individuals not of school age. He is responsible for and works with stutterers in both elementary and secondary schools.

Area II - The questions in this area dealt with the

respondent's opinions on his training to counsel parents and teachers of stuttering children. It also surveyed his opinions regarding the training of clinicians in these skills.

Question 7. Do you work with parent groups of stuttering children?

(a) Regularly? (b) Infrequently? (c) Never have?

There was less than a three percent difference between the responses of clinicians with graduate degree and those with undergraduate degrees to this question. Only 14% of all clinicians reported that they worked regularly with parent groups. The responses to the other two choices were highly similar to one another, with 41% reporting they worked infrequently with parent groups and 45% reported that they never had worked with parent groups.

Question 7a. If you do not work with parent groups, please state why.

The reasons given by the clinicians who reported they never had worked with parent groups fell into five categories. The largest percentage, 59%, stated they preferred to work with individual parents. Other reasons given were lack of training, 9%; lack of time, 14%; lack of cases, 16%; and lack of parental interest, 2%.

Question 8. I believe my training in counseling parents of stuttering children was:

(a) Excellent (b) Good (c) Fair (d) Poor

The highest percentage of clinicians, 36% reported their training in this area was "fair", while 27% judged their training as having been "poor". For the other 37% of the respondents, 6% reported their training was "excellent" and 31% reported their training was "good". The largest percentage of clinicians reporting their training to be "excellent" or "good" were those with the greatest number of clinical practicum hours. A larger percentage of graduate degree clinicians, 45%, reported their training to be "excellent" or "good". The total for undergraduate degree clinicians was 33%. Table one gives a detailed breakdown of the respondents' replies to question eight.

Question 9. Should a course in counseling techniques be required for speech correction majors?

The majority of respondents answered this question in the affirmative. Only 4% of the clinicians felt such a course should not be required.

Question 10. Should a part of the clinical practicum consist of supervised experiences in counseling parents and individuals with speech problems?

Once again the response was affirmative, with 95% of all clinicians answering "yes".

Question 11. I feel my ability to discuss stuttering therapy with classroom teachers is:
(a) Excellent (b) Good (c) Fair (d) Poor

TABLE 1. FIDELITIES OF UNDERGRADUATE AND GRADUATE DEGREE CLINICIANS' RESPONSES TO QUESTION 8 REGARDING TRAINING IN COUNSELLING PARENTS OF STUTTERING CHILDREN.

Undergraduate Degree Clinicians					Graduate Degree Clinicians			
Group*	Excel- lent	Good	Fair	Poor	Excel- lent	Good	Fair	Poor
a	17	36	35	12	11	51	33	5
b	2	23	46	29	0	34	44	22
c	0	34	33	33	4	46	38	12
d	3	20	29	48	3	26	38	33
All Groups	6	27	35	32	5	40	38	17
Combined Percentages for all Respondents					6	31	36	27

*The four sub-divisions of academic and clinical training are: (a) Four or more semester hours and 26 or more clinical clock hours in stuttering; (b) Four or more semester hours but less than 26 clock hours in stuttering; (c) Less than four semester but 26 or more clock hours in stuttering; (d) Less than four semester hours and less than 26 clock hours in stuttering.

The largest percentage of respondents believed their ability to discuss stuttering with classroom teachers was "good". A combined percentage of 71% of the clinicians rated their ability in this area as being "good" or "excellent". Table two summarizes the respondents' replies to question eleven.

The typical public school clinician seldom, if ever, works with parent groups of stuttering children. He feels his training to counsel parents of stuttering children was "fair" and that a course in counseling techniques should be required for speech correction majors. He also believes part of the clinical practicum should consist of supervised experiences in counseling parents and individuals with speech problems. He feels his ability to discuss stuttering therapy with teachers is adequate.

Area III - The questions in this area deal with the respondent's academic and clinical training in stuttering. These questions have been sub-divided by the amount of academic and clinical training the respondent has received. A detailed table is given for each question that called for a value judgement of "excellent", "good", "fair" or "poor".

Question 12. Do you feel a therapist should have a Master's Degree or the equivalent before working with stutterers?

TABLE 2. PERCENTAGES OF UNDERGRADUATE AND GRADUATE DEGREE CLINICIANS' RESPONSES TO QUESTION 11 REGARDING THEIR ABILITY TO DISCUSS STUTTERING THERAPY WITH CLASSROOM TEACHERS.

Undergraduate Degree Clinicians					Graduate Degree Clinicians			
Group*	Excel- lent	Good	Fair	Poor	Excel- lent	Good	Fair	Poor
a	24	59	17	0	30	55	12	3
b	8	66	25	1	17	65	17	2
c	13	56	28	3	25	50	21	4
d	2	47	43	8	8	61	28	2
All Groups	11	56	30	3	21	59	18	3
Combined Percentages for all Respondents					14	57	25	3

*The four sub-divisions of academic and clinical training are: (a) Four or more semester hours and 26 or more clinical clock hours in stuttering; (b) Four or more semester hours but less than 26 clock hours in stuttering; (c) Less than four semester but 26 or more clock hours in stuttering; (d) Less than four semester hours and less than 26 clock hours in stuttering.

Analysis of the replies to this question disclosed that 82% of the undergraduate degree clinicians and 54% of the graduate degree clinicians answered this question negatively. The combined total was 72% "no" and 28% "yes".

Question 13. At the institution(s) from which you received your degree(s) was a course in stuttering:
(a) Required? (b) An elective? (c) Not offered?

A high percentage, 72%, of the undergraduate degree clinicians and a majority, 58%, of the graduate degree clinicians surveyed reported a course in stuttering was required during their academic training. Only 13% of the respondents reported that they had no opportunity to take a course in stuttering.

Question 14. Have you found courses which you have had outside the speech pathology curriculum that have helped you measurably in working with stutterers?

A majority of the respondents, 67%, indicated there were courses outside the speech pathology curriculum that did help them measurably. Table three lists in rank order the courses the respondents listed as the most valuable.

Question 15. I believe my academic preparation in stuttering therapy for adults was:
(a) Excellent (b) Good (c) Fair (d) Poor

Question 16. I believe my academic preparation in stuttering therapy for children was:
(a) Excellent (b) Good (c) Fair (d) Poor

TABLE 3. RANK ORDERING OF COURSES OUTSIDE THE SPEECH PATH-
 OLOGY CURRICULUM RESPONDENTS LISTED AS BEING THE MOST HELPFUL.

Course	% of Clinicians
1. Child or Adolescent Psychology	55
2. Child Growth and Development	49
3. Abnormal Psychology	38
4. Educational Psychology	32
5. Counseling	32
6. Interviewing Techniques	12
7. Mental Hygiene	3

Questions fifteen and sixteen which surveyed the clinicians' opinions of their academic training to work with adult and child stutterers revealed similar responses. The results disclosed that the largest percentage of clinicians rated their academic training as being "fair". This was followed by "good", "poor" and "excellent" in that order. In all instances, clinicians with four or more semester hours of coursework and twenty-six or more clock hours of clinical practicum rated their training higher than did any other sub-group. A larger percentage of graduate degree clinicians rated their training to work with child stutterers higher than their ability to work with adult stutterers, with 48% reporting their training as having been "excellent" or "good" for child stutterers and 38% reporting "excellent" or "good" for adult stutterers. Tables four and five give a breakdown of the respondents' replies to questions fifteen and sixteen.

TABLE 4. PERCENTAGES OF UNDERGRADUATE AND GRADUATE DEGREE CLINICIANS' RESPONSES TO QUESTION 15 REGARDING THEIR ACADEMIC TRAINING IN STUTTERING THERAPY FOR ADULTS.

Undergraduate Degree Clinicians					Graduate Degree Clinicians			
Group*	Excel- lent	Good	Fair	Poor	Excel- lent	Good	Fair	Poor
a	15	45	26	14	11	42	36	11
b	4	30	34	32	11	22	50	17
c	8	43	32	16	18	22	48	11
d	2	14	45	39	0	14	28	57
All Groups	7	30	35	28	10	28	40	22
Combined Percentages for all Respondents					8	29	37	25

*The four sub-divisions of academic and clinical training are: (a) Four or more semester hours and 26 or more clinical clock hours in stuttering; (b) Four or more semester hours but less than 26 clock hours in stuttering; (c) Less than four semester but 26 or more clock hours in stuttering; (d) Less than four semester hours and less than 26 clock hours in stuttering.

TABLE 5. PERCENTAGES OF UNDERGRADUATE AND GRADUATE DEGREE CLINICIANS' RESPONSES TO QUESTION 16 REGARDING THEIR ACADEMIC TRAINING IN STUTTERING THERAPY FOR CHILDREN.

Undergraduate Degree Clinicians					Graduate Degree Clinicians			
Group*	Excel- lent	Good	Fair	Poor	Excel- lent	Good	Fair	Poor
a	19	38	36	7	5	59	26	9
b	2	32	43	23	4	34	41	21
c	8	32	40	19	8	58	21	12
d	2	18	50	30	0	26	43	31
All Groups	8	28	43	21	4	44	34	18
Combined Percentages for all Respondents					6	34	40	19

*The four sub-divisions of academic and clinical training are: (a) Four or more semester hours and 26 or more clinical clock hours in stuttering; (b) Four or more semester hours but less than 26 clock hours in stuttering; (c) Less than four semester but 26 or more clock hours in stuttering; (d) Less than four semester hours and less than 26 clock hours in stuttering.

Question 17. I believe my clinical practicum in stuttering therapy for adults was:

(a) Excellent (b) Good (c) Fair (d) Poor

Question 18. I believe my clinical practicum in stuttering therapy for children was:

(a) Excellent (b) Good (c) Fair (d) Poor

The responses to questions seventeen and eighteen dealing with clinical practicum also revealed similar results for both the undergraduate degree and the graduate degree clinicians. For these two questions the largest percentage of clinicians, 48% for question seventeen and 38% for question eighteen, rated their training as "poor". This was followed by "fair", "good", and "excellent" in that order.

Examination of the sub-group responses to questions seventeen and eighteen revealed that the respondents with the greatest number of academic and clinical hours rated their training higher in most cases. The sub-group with less than four semester hours, but twenty-six or more clinical hours was the second highest group in rating their clinical practicum. The amount of clinical practicum appears to be the important factor. The greater the number of hours the respondents have had, the higher they rate their practicum. Tables six and seven give a breakdown of responses to these two questions.

TABLE 6. PERCENTAGES OF UNDERGRADUATE AND GRADUATE DEGREE CLINICIANS' RESPONSES TO QUESTION 17 REGARDING THEIR CLINICAL PRACTICUM IN STUTTERING THERAPY FOR ADULTS.

Undergraduate Degree Clinicians					Graduate Degree Clinicians			
Group*	Excel- lent	Good	Fair	Poor	Excel- lent	Good	Fair	Poor
a	14	27	32	26	8	34	31	26
b	2	13	24	61	6	21	23	51
c	5	30	32	32	21	21	21	37
d	0	10	23	67	0	5	29	66
All Groups	5	18	27	50	7	22	27	43
Combined Percentages for all Respondents					6	19	27	48

*The four sub-divisions of academic and clinical training are: (a) Four or more semester hours and 26 or more clinical clock hours in stuttering; (b) Four or more semester hours but less than 26 clock hours in stuttering; (c) Less than four semester but 26 or more clock hours in stuttering; (d) Less than four semester hours and less than 26 clock hours in stuttering.

TABLE 7. PERCENTAGES OF UNDERGRADUATE AND GRADUATE DEGREE CLINICIANS' RESPONSES TO QUESTION 18 REGARDING THEIR CLINICAL PRACTICUM IN STUTTERING THERAPY FOR CHILDREN.

Undergraduate Degree Clinicians					Graduate Degree Clinicians			
Group*	Excel- lent	Good	Fair	Poor	Excel- lent	Good	Fair	Poor
a	14	33	37	16	12	47	25	16
b	2	18	25	54	0	17	36	46
c	3	32	40	24	8	50	25	17
d	3	10	27	60	0	18	42	39
All Groups	6	21	31	42	6	32	32	30
Combined Percentages for all Respondents					6	25	31	38

*The four sub-divisions of academic and clinical training are: (a) Four or more semester hours and 26 or more clinical clock hours in stuttering; (b) Four or more semester hours but less than 26 clock hours in stuttering; (c) Less than four semester but 26 or more clock hours in stuttering; (d) Less than four semester hours and less than 26 clock hours in stuttering.

Question 19. I believe my clinical supervision was:
 (a) Excellent (b) Good (c) Fair (d) Poor

The clinicians surveyed rated their clinical supervision higher than any aspect of training surveyed. The largest percentage, 31%, of the undergraduate degree clinicians and 36% of the graduate degree clinicians rated their clinical practicum "good". Examination of the data reveals that the more hours of clinical practicum the clinician has had, the higher he rates his clinical supervision. The responses to question nineteen are summarized in table eight.

Question 20. I believe my training to determine the severity of a given stuttering problem as a beginning step in planning therapy was:
 (a) Excellent (b) Good (c) Fair (d) Poor

There was little difference between the undergraduate degree clinicians' and graduate degree clinicians' rating of their training to diagnose the severity of a given stuttering problem. The largest percentage of both, 42% of the undergraduate degree clinicians and 40% of the graduate degree clinicians, rated their training in this area as having been "good". The combined totals for all respondents was: "excellent" 10%, "good" 41%, "fair" 35% and "poor" 13%. The sub-group to rate its training the highest was the group with the greatest number of both semester hours and clock hours in stuttering. Once again, this was followed by the group with less than four semester hours,

TABLE 8. PERCENTAGES OF UNDERGRADUATE AND GRADUATE DEGREE CLINICIANS' RESPONSES TO QUESTION 19 REGARDING THEIR CLINICAL SUPERVISION.

Undergraduate Degree Clinicians					Graduate Degree Clinicians			
Group*	Excel- lent	Good	Fair	Poor	Excel- lent	Good	Fair	Poor
a	27	36	32	5	23	48	19	9
b	15	34	35	15	11	32	26	30
c	27	30	24	19	29	29	33	8
d	17	25	27	31	8	26	34	31
All Groups	21	31	30	18	17	36	26	20
Combined Percentages for all Respondents					19	33	29	19

*The four sub-divisions of academic and clinical training are: (a) Four or more semester hours and 26 or more clinical clock hours in stuttering; (b) Four or more semester hours but less than 26 clock hours in stuttering; (c) Less than four semester but 26 or more clock hours in stuttering; (d) Less than four semester hours and less than 26 clock hours in stuttering.

but twenty-six or more clock hours. Table nine gives a breakdown of the data for question twenty.

Question 21. I believe my training to plan therapy for the child with excessive repetitions, but who does not show signs of reacting to them was:

(a) Excellent (b) Good (c) Fair (d) Poor

The majority of the respondents rated their training to plan therapy for the phase one or beginning stutterer to have been "fair". This was true of both the undergraduate degree clinicians and those with a graduate degree. It is interesting to note that the only sub-group to rate their training higher than "fair" were the undergraduate degree clinicians with twenty-six or more clock hours of practicum, but less than four semester hours of coursework. Although the majority of all other sub-groups rated their training as "fair", the amount of academic and clinical training did disclose some difference in the percentages. The totals for "good" and "fair" were closer together for the respondents with the most academic and/or clinical hours than for the other sub-groups. Table ten summarizes the replies to question twenty-one.

Question 22. I believe my training to plan therapy for the child who shows signs of frustration because of his stuttering problem, but who does not force or avoid speech was:

(a) Excellent (b) Good (c) Fair (d) Poor

The majority of clinicians responding to this question

TABLE 9. PERCENTAGES OF UNDERGRADUATE AND GRADUATE DEGREE CLINICIANS' RESPONSES TO QUESTION 20 REGARDING THEIR TRAINING TO DIAGNOSE THE SEVERITY OF A STUTTERING PROBLEM.

Undergraduate Degree Clinicians					Graduate Degree Clinicians			
Group*	Excel- lent	Good	Fair	Poor	Excel- lent	Good	Fair	Poor
a	24	40	28	7	15	47	35	3
b	8	41	40	11	4	33	49	14
c	3	60	26	10	17	42	33	8
d	4	38	34	23	5	35	35	24
All Groups	10	42	33	14	10	39	39	11
Combined Percentages for all Respondents					10	41	35	13

*The four sub-divisions of academic and clinical training are: (a) Four or more semester hours and 26 or more clinical clock hours in stuttering; (b) Four or more semester hours but less than 26 clock hours in stuttering; (c) Less than four semester but 26 or more clock hours in stuttering; (d) Less than four semester hours and less than 26 clock hours in stuttering.

TABLE 10. PERCENTAGES OF UNDERGRADUATE AND GRADUATE DEGREE CLINICIANS' RESPONSES TO QUESTION 21 REGARDING THEIR TRAINING TO PLAN THERAPY FOR THE PHASE ONE STUTTERER.

Undergraduate Degree Clinicians					Graduate Degree Clinicians				
Group*	Excel- lent	Good	Fair	Poor	Excel- lent	Good	Fair	Poor	
a	12	37	38	12	6	42	44	7	
b	5	33	38	23	4	27	43	25	
c	5	33	38	23	4	27	43	25	
d	3	24	41	32	0	24	51	24	
All Groups	6	32	39	23	4	33	44	18	
Combined Percentages for all Respondents					5	32	41	21	

*The four sub-divisions of academic and clinical training are: (a) Four or more semester hours and 26 or more clinical clock hours in stuttering; (b) Four or more semester hours but less than 26 clock hours in stuttering; (c) Less than four semester but 26 or more clock hours in stuttering; (d) Less than four semester hours and less than 26 clock hours in stuttering.

rated their training to work with the phase two stutterer as "fair". This was followed by "good", "poor" and "excellent" in that order.

Here also, the amount of academic and clinical training appears to make some difference. The majority of the respondents with four or more semester hours and twenty-six or more clock hours, rated their training as "good". For the undergraduate degree clinicians in this sub-group there was an eleven percent difference between "good" and "fair". For the graduate degree clinicians in this sub-group there was a twenty-six percent difference between "good" and "fair". Table eleven gives a breakdown of the percentages for question twenty-two.

Question 23. I believe my training to plan therapy for the child who struggles or shows signs of tremor in his blocks was:

(a) Excellent (b) Good (c) Fair (d) Poor

The clinicians' responses to this question regarding their training to plan therapy for the phase three stutterer were similar to those of the previous question. The majority of both undergraduate degree clinicians and graduate degree clinicians rated their training as "fair", followed by "good", "poor" and "excellent". The clinicians having had four or more clock hours in stuttering were the only ones in which a larger percentage rated their training as "good". Fifty-nine percent of the graduate degree respondents in this sub-group rated their training as either

TABLE 11. PERCENTAGES OF UNDERGRADUATE AND GRADUATE DEGREE CLINICIANS' RESPONSES TO QUESTION 22 REGARDING THEIR TRAINING TO PLAN THERAPY FOR THE PHASE TWO STUTTERER.

Undergraduate Degree Clinicians					Graduate Degree Clinicians			
Group*	Excel- lent	Good	Fair	Poor	Excel- lent	Good	Fair	Poor
a	12	44	33	11	3	56	30	11
b	2	23	49	26	2	23	53	21
c	2	42	42	14	0	26	69	4
d	1	18	46	35	3	18	53	26
All Groups	4	29	43	24	2	35	47	16
Combined Percentages for all Respondents					4	31	44	21

*The four sub-divisions of academic and clinical training are: (a) Four or more semester hours and 26 or more clinical clock hours in stuttering; (b) Four or more semester hours but less than 26 clock hours in stuttering; (c) Less than four semester but 26 or more clock hours in stuttering; (d) Less than four semester hours and less than 26 clock hours in stuttering.

"excellent" or "good". This was true for fifty-six percent of the undergraduate clinicians in this sub-group. Table twelve gives a summary of the responses to question twenty-three.

Question 24. I believe my training to plan therapy for the child who fears words and situations and exhibits avoidance behavior was:
(a) Excellent (b) Good (c) Fair (d) Poor

The majority of clinicians responding to this question rated their training to work with the phase four or secondary stutterer as having been "fair". There was a tie for the graduate degree clinicians with 39% rating their training as "good" and 39% rating their training as "fair".

The responses to this question were similar to those of the previous questions. The sub-group having had the most academic and clinical training was the only one in which the majority of respondents rated their training as "good" or "excellent". Table thirteen gives a breakdown of the responses to question twenty-four.

The typical clinician is apparently not convinced that the Master's Degree is a necessary requirement to work with the problem of stuttering. A course in stuttering was required during his training, and he feels his academic training in this area was "fair". Although he feels his clinical supervision was "good", he rates his clinical practicum as having been "poor". He feels there are courses outside the speech pathology curriculum that have helped

TABLE 12. PERCENTAGES OF UNDERGRADUATE AND GRADUATE DEGREE CLINICIANS' RESPONSES TO QUESTION 23 REGARDING THEIR TRAINING TO PLAN THERAPY FOR THE PHASE THREE STUTTERER.

Undergraduate Degree Clinicians					Graduate Degree Clinicians			
Group*	Excel- lent	Good	Fair	Poor	Excel- lent	Good	Fair	Poor
a	18	36	34	11	3	51	38	7
b	1	28	46	24	0	33	41	25
c	8	31	46	15	4	37	54	4
d	3	17	45	34	0	22	49	30
All Groups	7	26	43	24	2	38	43	17
Combined Percentages for all Respondents					5	30	43	21

*The four sub-divisions of academic and clinical training are: (a) Four or more semester hours and 26 or more clinical clock hours in stuttering; (b) Four or more semester hours but less than 26 clock hours in stuttering; (c) Less than four semester but 26 or more clock hours in stuttering; (d) Less than four semester hours and less than 26 clock hours in stuttering.

measurably in working with stutterers. Most of these courses were in the area of psychology. He feels his ability to diagnose the severity of a given stuttering problem is "good". On the other hand, he rates his training to plan therapy for the four phases of stuttering as "fair".

Area V - These questions surveyed the public school clinicians' opinions concerning the stages of training at which the student should assume various degrees of clinical responsibility. The responses will be divided between undergraduate degree clinicians and graduate degree clinicians.

Question 25. When would the speech correction major benefit from assignment as an observer in the clinical therapy of a stutterer?

Freshman Sophomore Junior Senior Graduate

Question 25a. Should the student have courses in stuttering before he is given this assignment? If so, how many semester hours?

There was a difference of opinion between the undergraduate degree clinician and the graduate degree clinician as to when the student should start his clinical practicum in stuttering. The highest percentage of undergraduate degree clinicians, 42%, expressed the view that the student should start observing therapy during his sophomore year. The highest percentage of graduate degree clinicians, 48%, stated the student's clinical practicum should begin during the junior year. Responses to the other choices were as follows. For the undergraduate degree respondents, 9% felt

the student should begin observation during the freshman year, 39% indicated it should start during the junior year, 9% stated the student should be a senior, and 1%, or three respondents, believed the student should be in graduate school. For the graduate degree clinicians, 8% stated the student should start during the freshman year, 26% during the sophomore year, 15% during the senior year and 2% or four graduate degree respondents felt the student should be in graduate school. Both undergraduate degree clinicians, 61% and graduate degree clinicians, 51% indicated the student should have from three to five semester hours of academic coursework before being assigned as an observer in the clinical therapy of a stutterer.

Question 26. When would the speech correction major benefit from some responsibility for the therapy of a stutterer in the clinic?
For example, accompanying the stutterer on outside speech assignments and helping him in his evaluation of the assignment?

Freshman Sophomore Junior Senior Graduate

Question 26a. Should the student have courses in stuttering before he is given this assignment?
If so, how many semester hours?

Once again the undergraduate degree clinicians and the graduate degree clinicians were one year apart in their opinions. The largest percentage of undergraduate degree clinicians, 49% indicated the student should accept some responsibility for the therapy of the stutterer during

the student's junior year. The largest percentage of the graduate degree clinicians, 52%, reported they believed the student speech clinician should not be given this responsibility until the senior year.

The percentages of responses to this question for the undergraduate degree clinicians were sophomore, 7%; junior, 49%; senior, 42%; graduate, 2%. None of the undergraduate degree clinicians indicated the student should be given this assignment during the freshman year. The percentages of responses for the graduate degree clinicians were sophomore, 3%; junior, 38%; senior, 52%; graduate, 5%. One graduate degree respondent indicated the student should be given this assignment during the freshman year.

The largest percentage of both the undergraduate degree clinicians, 46%, and the graduate degree clinicians, 51%, felt the student should have from three to five semester hours of course work in stuttering before he is given this assignment.

The belief that the student should have six to nine semester hours of stuttering theory before this assignment was expressed by 37% of the undergraduate degree respondents and by 32% of the graduate degree respondents.

Question 27. When should the speech correction major, under supervision, be assigned the major responsibility for planning and carrying out the therapy for a stutterer in the clinic?

Freshman Sophomore Junior Senior Graduate

Question 27a. Should the student have courses in stuttering before he is given this assignment? If so, how many semester hours?

The respondents did agree at what point the student should be given the major responsibility for planning therapy for the stutterer. The majority of both groups, 74%, of the undergraduate degree clinicians and 60% of the graduate degree clinicians, indicated the student should be given this assignment during his senior year.

Over twice as many of the graduate degree clinicians believed the student should not be given this assignment until the fifth year. The remaining percentages for both groups, 15% of the undergraduate respondents and 11% of the graduate degree respondents, felt the student should assume the major responsibility of therapy for the stutterer during the junior year.

The majority of respondents agreed that the student should have from six to nine semester hours of coursework in stuttering before being given this responsibility.

Questions 25 through 27a have surveyed the respondents' opinions concerning the year in the student's training he should assume various degrees of clinical responsibility and the amount of academic background he should have before assuming each stage of responsibility.

The typical public school clinician believes the student majoring in speech pathology should begin observing

stuttering therapy during his junior year. The student should have at least one course, three to five semester hours, of theory before this assignment. The student should be given the major responsibility for therapy of a stutterer during his senior year, but not before he has had at least two courses, six to nine semester hours, in stuttering theory.

Area VI - This area surveys the literature on stuttering that the respondents rated as of most value to the student. The final page of the questionnaire consisted of a listing of twenty-two textbooks and booklets on stuttering. The respondents were requested to check on the left side of the page the textbooks and booklets they had read. On the right side they were asked to rate in numerical order the ones they had read for their value to the student speech therapist. Few of the respondents followed the directions for rating the publications they had read. Some rated them on a 1 and 2 or a 1, 2, 3 rating scale. Others simply checked the publications they recommended. Because of these discrepancies, it was decided that the best way to list the publications would be a rank ordering with the publication most often rated listed first. In the case of ties, the publications receiving the same number of ratings have been given the same number in the rank ordering.

TABLE 14. RANK ORDERING OF PUBLICATIONS IN THE AREA OF STUTTERING THE RESPONDENTS FELT WOULD BE THE MOST HELPFUL TO THE STUDENT SPEECH CLINICIAN.

1. Van Riper, Charles, Speech Correction: Principles and Methods. (4th ed.). Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1963.
2. Berry, Mildred F., and Eisenson, Joh. Speech Disorders: Principles and Practices of Therapy. New York: Appleton-Century-Crofts, Inc., 1956.
3. Johnson, W., Brown, S. F., Curtis, J. F., Edney, C. W., and Keaster, Jacqueline. Speech Handicapped School Children (rev. ed.). New York: Harper and Brothers., 1956.
3. Travis, Lee Edward. Handbook of Speech Pathology. New York: Appleton-Century-Crofts, Inc., 1957.
4. Bryngelson, B., Chapman, Myfanwy E., and Hansen, Orvetta K. Know Yourself: A Workbook for Those Who Stutter. Minneapolis: Burgess., 1944.
5. Eisenson, Jon (ed.). Stuttering: A Symposium. New York: Harper and Brothers., 1958.
6. West, Robert, Ansberry, Merle and Carr, Anna, The Rehabilitation of Speech (3rd. ed.). New York: Harper and Brothers., 1957.
7. Johnson, W. (ed.). Stuttering in Children and Adults. Minneapolis: University of Minnesota Press., 1955.
8. Johnson, W., Stuttering and What You Can Do About It. Minneapolis: University of Minnesota Press., 1961.
9. Van Riper, Charles (ed.). Treatment of The Young Stutterer in The School. Memphis, Tennessee: Speech Foundation of America., 1964.
10. Hahn, Eugene F. Stuttering: Significant Theories and Therapies. Stanford, Calif.: Stanford University Press., 1943.

11. Van Riper, Charles and Gruber, Leslie. A Case Book in Stuttering. New York: Harper and Brothers., 1957.
12. Luper, H. L. and Mulder, Robert. Stuttering: Therapy for Children. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1964.
12. On Stuttering and Its Treatment. Memphis, Tennessee: Speech Foundation of America., 1960.
13. Bleumel, Charles S., The Riddle of Stuttering. Springfield, Illinois: The Interstate Printers and Publishers, Inc., 1957.
14. Bloodstein, Oliver. Stuttering: for Professional workers. Chicago: National Society for Crippled Children and Adults., 1959.
15. Murphy, A. T. (ed.). Stuttering: Its Prevention. Memphis, Tennessee: Speech Foundation of America., 1962.
16. Barbara, Dominick A., Stuttering: A Psychodynamic Approach to Its Understanding. New York: Julian Press, Inc., 1954.
17. Robinson, F. B. Introduction to Stuttering. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1964.
18. Murphy, A. T. and Fitz-Simons, R.M. Stuttering and Personality Dynamics. New York: The Ronald Press., 1960.
19. Stuttering Words (rev. ed.). Memphis, Tennessee: Speech Foundation of America., 1963.
20. Bogue, Benjamin, Stammering: Its Cause and Cure. Indianapolis: Bogue Institute. 1924.

CHAPTER V

SUMMARY AND CONCLUSIONS

Summary

There are many statements in the literature which point out the need to improve the professional training of the speech and hearing clinician. There have been numerous articles of a general nature offering suggestions to improve the academic training in this field. Studies that have surveyed the needs and made recommendations to improve the training in the area of specific disorders are almost nonexistent. The disorder of stuttering is a good example. One does not need to search the literature on stuttering very long to find such statements as these: "many speech therapists working in our schools feel that they are inadequately prepared to cope with the baffling problems they encounter in working with the stutterer, "to put it bluntly, far too many of our therapists who must work with stuttering feel that their training was grossly limited", and "in the area of stuttering a substantial percentage report that their supervised clinical practice was deficient".

The purposes of this study were to explore public school speech clinicians' evaluations of their academic and clinical training in the area of stuttering and to obtain their recommendations for improving that training.

A questionnaire was constructed and mailed to a random sampling of one thousand public school speech clinicians throughout the forty-eight contiguous states. A fifty-one percent return was received, and these five hundred and ten questionnaires were categorized by academic degree, number of academic hours the respondent received in stuttering theory and therapy, and the number of clock hours of clinical practicum in the area of stuttering.

Conclusions

The results of this study disclosed that the typical respondent has had at least one course in the area of stuttering and has had between eleven and fifty clock hours of practicum working with stutterers. Most of the clinical practicum the respondents had was with clients of different age ranges than they work with in the public schools.

Counseling parents and teachers of stuttering children is usually thought to be an important aspect of the public school speech clinician's duties. Few of the respondents work regularly with parent groups. Although they feel their ability to discuss stuttering with the child's teacher is good, they feel they were inadequately trained to properly

counsel parents. A large majority felt a course in counseling techniques should be made a requirement for students majoring in speech correction. Training in counseling techniques should be extended to the clinical practicum, also.

The new membership requirements of the American Speech and Hearing Association require the Master's Degree or equivalent. The majority of both undergraduate degree and graduate degree respondents did not think that this was a necessary requirement to meet before working with stutterers. One reason given by the respondents, who added comments to their reply to this question, was that course content was more important than the number of courses. Further studies are needed to discover the feelings and reasoning of public school clinicians in this area.

Many of the respondents felt courses outside the speech pathology curriculum have helped them measurably in working with stutterers. Most of the courses listed were in the area of psychology. The area most often listed was coursework in child or adolescent psychology.

The majority of both undergraduate degree and graduate degree respondents rated their academic training and their clinical practicum in stuttering therapy as "fair" or "poor". This was true of their training for adult stutterers as well as for the child stutterer. There was one sub-group

exception. The respondents having four or more semester hours of coursework in stuttering and twenty-six or more clock hours of clinical practicum with stutterers rated their academic training as being "good". Graduate degree clinicians in this sub-group rated their clinical training with childhood stutterers as "good". Although they rated their practicum as "fair" or "poor", they felt their clinical supervision had been "good". Since the reasons for these seemingly inconsistent findings are beyond the scope of this study, one can only guess at the reason or reasons. The fact that the majority of the respondents' practicum was with clients other than those of school age may, in part, account for this inconsistency.

The results of the questions pertaining to the diagnosis of the severity of a stuttering problem and the respondents' training to work with various phases of stuttering, revealed that the clinicians responding indicated their training to diagnose had been "good". On the other hand, they rated their training to work with stutterers in all of the four phases as "fair" or "poor". The one exception was the graduate degree clinicians' ratings of their training to work with the phase four stutterer. An equal percentage of these clinicians rated their training "good" and "fair".

Recommendations and Implications for
Further Research

It appears that one problem in the preparation of the speech clinician to work in the public schools is the lack of clinical experiences available with school age children. Although the causes for this shortage are outside the scope of this study, the researcher feels, from his own clinical experiences and informal conversations with other clinicians, that the growth of public school speech therapy programs have reduced the number of school age children available for the student speech clinician. Another deficiency reported by the respondents in this study is in the area of counseling techniques. There are studies reported in the literature on the use of video tape in the training of counseling majors.^{1, 2, 3} The cost of this equipment has become more reasonable in the last few years and should be

¹Garry R. Walz and Joseph A. Johnston, "Counselors Look at Themselves on Video Tape," Journal of Counseling Psychology, X (Fall, 1963) pp. 232-236.

²W. Kagan, D. R. Krathwohl and R. Miller, "Simulated Recall in Therapy Using Video Tape - A Case Study," Journal of Counseling Psychology, X (Fall, 1963) pp. 237-243.

³Robert H. Woody, "Teaching Hypnosis with Video Tape," American Journal of Clinical Hypnosis, VIII (October, 1965), pp. 111-113.

investigated for use in the training of speech pathology majors.

Films and video tapes of master clinicians working with school age stutterers and counseling parents could be used in stuttering courses. Video tapes of the students' counseling sessions and therapy could be replayed immediately following the therapy session. The supervisor could point out to the student his strengths and his weaknesses during the re-run of the video tape.

Universities training public school clinicians should investigate the possibilities of offering in-service training programs to the clinicians already employed in the schools. If there is a shortage of school age children with speech problems in the university clinics, there is no shortage of them in the public schools.

Further studies of this type should be conducted in the areas of articulation disorders, voice disorders and language disorders. These studies should be conducted in the public schools as well as in other settings where members of our profession are employed.

APPENDICES

SURVEY OF ACADEMIC AND CLINICAL TRAINING
IN THE AREA OF STUTTERING

Co-sponsored by
Speech Foundation of America - - - Michigan State University

The information obtained from this questionnaire will be used in a research study to determine the adequacy of the academic and clinical training of public school speech clinicians in the area of stuttering. Your name was chosen through a method of random sampling. Your name is being used only to facilitate mailing, and complete anonymity of your response is guaranteed. A return postpaid envelope is enclosed for your confidence. Please take a few minutes of your time and fill out the questionnaire. If we are to upgrade the professional standards within our field we must upgrade the quality as well as the quantity of professional preparation.

DIRECTIONS: Please answer every question.
Most of the questions are multiple-choice.
On these questions please circle your answer. In some cases an "other" alternative is offered. If you need to amplify a response, feel free to write in the margins or on the reverse side of the questionnaire pages. If you do write on the reverse sides, please indicate the question number you are answering.

Your prompt return of this questionnaire will be appreciated.

1. What is the highest degree you hold?

Bachelors	Bachelors +	Masters	Masters +	Ph.D. or
	graduate hrs.		30 hrs.	equivalent

2. How many years experience have you had in public school speech correction? _____
3. How many semester hours have you had in stuttering theory and therapy? _____
4. How many clock hours of clinical practicum have you had working with stutterers? _____
5. What percent of your clinical practicum was with stutterers of elementary and high school age? _____
6. Do you work with stutterers at the:
(a) Elementary level (b) High School level (c) Both (d) Neither
- 6a. If your answer to question #6 is neither please state why.
-

7. Do you work with parent groups of stuttering children?

(a) Regularly (b) Infrequently (c) Never have

- 7a. If you do not work with parent groups, please state why.
-

8. I believe my training in counseling parents of stuttering children was:

(a) Excellent (b) Good (c) Fair (d) Poor

9. Should a course in counseling techniques be required for speech correction majors?

Yes No

10. Should a part of the clinical practicum consist of supervised experiences in counseling parents and individuals with speech problems?

Yes No

11. I feel my ability to discuss stuttering therapy with classroom teachers is:

(a) Excellent (b) Good (c) Fair (d) Poor

12. Do you feel a therapist should have a Masters degree or the equivalent before working with stutterers?
Yes No
13. At the institution(s) from which you received your degree(s) was a course in stuttering:
(a) Required (b) an elective (c) Not offered to your knowledge
14. Have you found courses which you have had outside the speech pathology curriculum have helped you measurably in working with stutterers?
Yes No
- 14a. If your answer to question #14 is yes, what were these courses?

Child or Adolescent Psychology	Interviewing Techniques
Educational Psychology	Other
Child Growth and Development	_____
Abnormal Psychology	_____
Counseling	_____

PLEASE RATE YOUR COLLEGE TRAINING IN THE FOLLOWING AREAS BY CIRCLING ONE OF THE FOUR POSSIBLE ANSWERS.

15. I believe my academic preparation in stuttering therapy for adults was:
(a) Excellent (b) Good (c) Fair (d) Good
16. I believe my academic preparation in stuttering therapy for children was:
(a) Excellent (b) Good (c) Fair (d) Poor
17. I believe my clinical practicum in stuttering therapy for adults was:
(a) Excellent (b) Good (c) Fair (d) Poor
18. I believe my clinical practicum in stuttering therapy for children was:
(a) Excellent (b) Good (c) Fair (d) Poor
19. I believe my clinical supervision was:
(a) Excellent (b) Good (c) Fair (d) Poor

20. I believe my training to determine the severity of a given stuttering problem as a beginning step in planning therapy was:
(a) Excellent (b) Good (c) Fair (d) Poor
21. I believe my training to plan therapy for the child with excessive repetitions, but who does not show signs of reacting to them was:
(a) Excellent (b) Good (c) Fair (d) Poor
22. I believe my training to plan therapy for the child who shows signs of frustration because of his stuttering problem, but who does not force or avoid speech was:
(a) Excellent (b) Good (c) Fair (d) Poor
23. I believe my training to plan therapy for the child who struggles or shows signs of tremor in his blocks was:
(a) Excellent (b) Good (c) Fair (d) Poor
24. I believe my training to plan therapy for the child who fears words and situations and exhibits avoidance behavior was:
(a) Excellent (b) Good (c) Fair (d) Poor

THE FOLLOWING QUESTIONS PERTAIN TO WHEN CLINICAL PRACTICUM SHOULD BECOME A PART OF THE STUDENT'S TRAINING.

25. When would the speech correction major benefit from assignment as an observer in the clinical therapy of a stutterer?
Freshman Sophomore Junior Senior Graduate
- 25a. Should the student have courses in stuttering before he is given this assignment? ____ If so, how many semester hours? ____
26. When would the speech correction major benefit from some responsibility for the therapy of a stutterer in the clinic? For example, accompanying the stutterer on outside speech assignments and helping him in his evaluation of the assignment?
Freshman Sophomore Junior Senior Graduate
- 26a. Should the student have courses in stuttering before he is given this assignment? ____ If so, how many semester hours? ____
27. When should the speech correction major, under supervision, be assigned the major responsibility for planning and carrying out the therapy for a stutterer in the clinic?
Freshman Sophomore Junior Senior Graduate
- 27a. Should the student have courses in stuttering before he is given this assignment? ____ If so, how many semester hours? ____

Below is a list of textbooks, booklets and pamphlets pertaining to stuttering. On the left side of the page check the ones you have read. On the right side of the page rate the ones you have read for their value to the STUDENT SPEECH THERAPIST. Use the numeral 1 for the publication you would rate the highest, 2 for the next highest, and so on. Add and rate any publications you feel are of value that are not included in this list.

<u> </u>	Barbara, D., <u>STUTTERING</u>	<u> </u>
<u> </u>	Berry & Eisenson, <u>SPEECH DISORDERS</u>	<u> </u>
<u> </u>	Bloodstein, O., <u>STUTTERING FOR PROFESSIONAL WORKERS</u>	<u> </u>
<u> </u>	Bluemel, C., <u>THE RIDDLE OF STUTTERING</u>	<u> </u>
<u> </u>	Bogue, B., <u>STAMMERING: ITS CAUSE AND CURE</u>	<u> </u>
<u> </u>	Bryngelson, B. <u>KNOW YOURSELF - A WORKBOOK FOR THOSE WHO STUTTERER</u>	<u> </u>
<u> </u>	Eisenson, J., (ed.) <u>STUTTERING: A SYMPOSIUM</u>	<u> </u>
<u> </u>	Johnson, W., <u>SPEECH HANDICAPPED SCHOOL CHILDREN</u>	<u> </u>
<u> </u>	Johnson, W., <u>STUTTERING AND WHAT YOU CAN DO ABOUT IT</u>	<u> </u>
<u> </u>	Johnson, W., <u>STUTTERING IN CHILDREN AND ADULTS</u>	<u> </u>
<u> </u>	Hahn, E. F., <u>STUTTERING: SIGNIFICANT THEORIES</u>	<u> </u>
<u> </u>	Luper, H. Mulder, R., <u>STUTTERING: THERAPY FOR CHILDREN</u>	<u> </u>
<u> </u>	Murphy, A. Fitzsimons, R., <u>STUTTERING & PERSONALITY DYNAMICS</u>	<u> </u>
<u> </u>	Robinson, F., <u>INTRODUCTION TO STUTTERING</u>	<u> </u>
<u> </u>	Speech Foundation of America, <u>STUTTERING WORDS</u>	<u> </u>
<u> </u>	S.F.A. <u>STUTTERING: ITS PREVENTION</u>	<u> </u>
<u> </u>	S.F.A. <u>ON STUTTERING AND ITS TREATMENT</u>	<u> </u>
<u> </u>	S.F.A. <u>STUTTERING: TREATMENT OF THE YOUNG STUTTERER</u> <u>IN THE SCHOOL</u>	<u> </u>
<u> </u>	Travis, L., (ed.) <u>HANDBOOK OF SPEECH PATHOLOGY</u>	<u> </u>
<u> </u>	Van Riper, C., <u>SPEECH CORRECTION</u>	<u> </u>
<u> </u>	Van Riper, C., <u>A CASEBOOK IN STUTTERING</u>	<u> </u>
<u> </u>	West, Annsberry, Carr, <u>THE REHABILITATION OF SPEECH</u>	<u> </u>

APPENDIX B

TOTAL NUMERICAL RESPONSE
TO EACH QUESTION

1. What is the highest degree you hold?

Bachelors	Bachelors & graduate hrs.	Masters	Masters + 30 hrs.	Ph.D. or equivalent
136	189	117	63	5

2. How many years experience have you had in public school speech correction?

(a) 0-1	(b) 2-3	(c) 4-6	(d) 7-10	(e) 11-20	(f) 21-
78	145	122	94	59	8

3. How many semester hours have you had in stuttering theory and therapy?

(a) 0	(b) 1-3	(c) 4-6	(d) 7-10	(e) 11-15	(f) 16-
30	126	114	33	17	5

4. How many clock hours of clinical practicum have you had working with stutterers?

(a) 0	(b) 1-10	(c) 11-25	(d) 26-50	(e) 51-75	(f) 76-
101	67	116	117	34	58

5. What percent of your clinical practicum was with stutterers of elementary and high school age?

(a) 0	(b) 1-10	(c) 11-25	(d) 26-50	(e) 51-
99	130	51	37	39

6. Do you work with stutterers at the:

(a) Elementary level?	(b) High School level?	(c) Both?	(d) Neither?
219	20	245	25

7. Do you work with parent groups of stuttering children:

(a) Regularly?	(b) Infrequently?	(c) Never have?
71	206	224

8. I believe my training in counseling parents of stuttering children was:
- | | | | |
|---------------|----------|----------|----------|
| (a) Excellent | (b) Good | (c) Fair | (d) Poor |
| 30 | 160 | 185 | 135 |
9. Should a course in counseling techniques be required for speech correction majors?
- | | |
|-----|----|
| Yes | No |
| 491 | 19 |
10. Should a part of the clinical practicum consist of supervised experiences in counseling parents and individuals with speech problems?
- | | |
|-----|----|
| Yes | No |
| 487 | 23 |
11. I feel my ability to discuss stuttering therapy with classroom teachers is:
- | | | | |
|---------------|----------|----------|----------|
| (a) Excellent | (b) Good | (c) Fair | (d) Poor |
| 73 | 290 | 130 | 16 |
12. Do you feel a therapist should have a Masters Degree or the equivalent before working with stutterers?
- | | |
|-----|-----|
| Yes | No |
| 138 | 350 |
13. At the institution(s) from which you received your degree(s) was a course in stuttering:
- | | | |
|---------------|------------------|------------------|
| (a) Required? | (b) An elective? | (c) Not offered? |
| 329 | 99 | 66 |
14. Have you found courses which you have had outside the speech pathology curriculum that have helped you measurably in working with stutterers?
- | | |
|-----|-----|
| Yes | No |
| 380 | 130 |
- 14a. If your answer to question #14 is yes, what were these courses?
- | | | | |
|-----------------------------|-----|----------------|-----|
| Child/Adolescent Psychology | 209 | Counseling | 144 |
| Child Growth | 186 | Interviewing | 45 |
| Abnormal Psychology | 144 | Mental Hygiene | 11 |
| Educational Psychology | 122 | | |
15. I believe my academic preparation in stuttering therapy for adults was:
- | | | | |
|---------------|----------|----------|----------|
| (a) Excellent | (b) Good | (c) Fair | (d) Poor |
| 39 | 145 | 185 | 126 |

16. I believe my academic preparation in stuttering therapy for children was:
 (a) Excellent 31 (b) Good 170 (c) Fair 197 (d) Poor 97
17. I believe my clinical practicum in stuttering therapy for adults was:
 (a) Excellent 29 (b) Good 96 (c) Fair 132 (d) Poor 235
18. I believe my clinical practicum in stuttering therapy for children was:
 (a) Excellent 28 (b) Good 124 (c) Fair 154 (d) Poor 186
19. I believe my clinical supervision was:
 (a) Excellent 96 (b) Good 162 (c) Fair 142 (d) Poor 93
20. I believe my training to determine the severity of a given stuttering problem as a beginning step in planning therapy was:
 (a) Excellent 50 (b) Good 205 (c) Fair 174 (d) Poor 66
21. I believe my training to plan therapy for the child with excessive repetitions, but who does not show signs of reacting to them was:
 (a) Excellent 27 (b) Good 162 (c) Fair 203 (d) Poor 105
22. I believe my training to plan therapy for the child who shows signs of frustration because of his stuttering problem, but who does not force or avoid speech was:
 (a) Excellent 18 (b) Good 156 (c) Fair 221 (d) Poor 105
23. I believe my training to plan therapy for the child who struggles or shows signs of tremor in his blocks was:
 (a) Excellent 26 (b) Good 152 (c) Fair 215 (d) Poor 106
24. I believe my training to plan therapy for the child who fears words and situations and exhibits avoidance behavior was:
 (a) Excellent 36 (b) Good 158 (c) Fair 185 (d) Poor 114

25. When would the speech correction major benefit from assignment as an observer in the clinical therapy of a stutterer?

Freshman	Sophomore	Junior	Senior	Graduate
44	177	209	54	7

- 25a. Should the student have courses in stuttering before he is given this assignment? If so, how many semester hours?

0-2	3-5	6-9	10-15	Undecided	None
41	273	43	6	54	58

26. When would the speech correction major benefit from some responsibility for the therapy of a stutterer in the clinic? For example, accompanying the stutterer on outside speech assignments and helping him in his evaluation of the assignment?

Freshman	Sophomore	Junior	Senior	Graduate
1	28	220	224	18

- 26a. Should the student have courses in stuttering before he is given this assignment? If so, how many semester hours?

0-2	3-5	6-9	10-15	Undecided	None
17	235	174	15	50	0

27. When should the speech correction major, under supervision, be assigned the major responsibility for planning and carrying out the therapy for a stutterer in the clinic?

Freshman	Sophomore	Junior	Senior	Graduate
0	1	67	343	86

- 27a. Should the student have courses in stuttering before he is given this assignment? If so, how many semester hours?

0-2	3-5	6-9	10-15	Undecided	None
12	118	242	64	61	0

Below is a list of textbooks, booklets, and pamphlets pertaining to stuttering. Rate the ones you have read for their value to the student speech therapist.

Barbara, D. <u>Stuttering</u>	76
Berry & Eisenson, <u>Speech Disorders</u>	380
Bloodstein, O. <u>Stuttering for Professional Workers</u>	120

Bluemel, C. <u>The Riddle of Stuttering</u>	140
Bogue, B. <u>Stammering: Its Cause and Cure</u>	37
Bryngelson, B. <u>Know Yourself: A Workbook for those Who Stutterer</u>	344
Eisenson, Jon <u>Stuttering: A Symposium</u>	292
Johnson, W. <u>Speech Handicapped School Children</u>	356
Johnson, W. <u>Stuttering and What You Can Do About It</u>	183
Johnson, W. <u>Stuttering In Children and Adults</u>	189
Hahn, E. F. <u>Stuttering: Significant Theories</u>	164
Luper, H. & Mulder, R. <u>Stuttering: Therapy for Children</u>	152
Murphy, A. & FitzSimons, R. <u>Stuttering and Personality Dynamics</u>	56
Robinson, F. <u>Introduction to Stuttering</u>	68
Speech Foundation of America, <u>Stuttering Words</u>	124
S.F.A., <u>Stuttering: Its Prevention</u>	116
S.F.A., <u>Stuttering and Its Treatment</u>	152
S.F.A., <u>Treatment of the Young Stutterer In The School</u>	180
Travis, L. <u>Handbook of Speech Pathology</u>	356
Van Riper, C. <u>Speech Correction</u>	464
Van Riper, C. <u>A Casebook In Stuttering</u>	156
West, Annsberry, Carr, <u>The Rehabilitation of Speech</u>	244

BIBLIOGRAPHY

Books

- Barbara, Dominick A. Stuttering: A Psychodynamic Approach to Its Understanding. New York: Julian Press, Inc., 1954.
- Berry, Mildred F., and Eisenson, Jon. Speech Disorders: Principles and Practices of Therapy. New York: Appleton-Century-Crofts, Inc., 1956.
- Blalock, Hurbert M. Jr. Social Statistics. New York: McGraw-Hill Book Company, Inc., 1960.
- Bogue, Benjamin. Stammering: Its Cause and Cure. Indianapolis: Bogue Institute. 1924.
- Eisenson, Jon (ed.). Stuttering: A Symposium. New York: Harper and Brothers., 1958.
- Hahn, Eugene F. Stuttering: Significant Theories and Therapies. Stanford, Calif: Stanford University Press., 1943.
- Johnson, W., Brown, S. F., Curtis, J. F., Edney, C. W. and Keaster, Jacqueline. Speech Handicapped School Children (rev. ed.). New York: Harper and Brothers., 1956.
- Johnson, W. (ed.). Stuttering in Children and Adults. Minneapolis: University of Minnesota Press., 1955.
- Johnson, W. Stuttering and What You Can Do About It. Minneapolis: University of Minnesota Press., 1961.
- Luper, Harold L. and Hulder, Robert L. Stuttering: Therapy for Children. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1964.
- Mulgrave, Dorothy I. and Baker, Elmer E. "The Survey Approach," An Introduction To Graduate Study in Speech Theatre ed. Clyde W. Dow. East Lansing, Michigan: Michigan State Univeristy Press., 1961.

- Murphy, Albert T. and Fitz-Simons, Ruth M. Stuttering and Personality Dynamics. New York: The Roland Press., 1960.
- Robinson, Frank B. Introduction to Stuttering. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1964.
- Travis, Lee Edward. Handbook of Speech Pathology. New York: Appleton-Century-Crofts., 1957.
- Van Riper, Charles, and Gruber, Leslie. A Case Book in Stuttering. New York: Harper and Brothers., 1957.
- Van Riper, Charles. Speech Correction: Principles and Methods (4th ed.). Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1963.
- West, Robert W., Ansberry, Merle and Carr, Anna. The Rehabilitation of Speech (3rd. ed.). New York: Harper and Brothers., 1957.

Booklets

- American Speech and Hearing Association. Graduate Education in Speech Pathology and Audiology. A Report of a National Conference in Highland Park, Illinois Prepared by the Conference Editorial Committee. Washington, D. C.: American Speech and Hearing Association. 1963.
- Bloodstein, Oliver. Stuttering for Professional Workers. Chicago: National Society for Chrippled Children and Adults., 1959.
- Bleumel, Charles S. The Riddle of Stuttering. Springfield, Illinois: The Interstate Printers and Publishers, Inc., 1957.
- Bryngelson, B., Chapman, Myfanwy E., and Hansen, Orvetta K. Know Yourself: A Workbook for Those Who Stutterer. Minneapolis: Burgess., 1944.
- Johnson, Kenneth O. (ed.). Directory American Speech and Hearing Association. Washington, D. C.: American Speech and Hearing Association., 1963.

Mackie, R. P. and Dunn, L. M. Certification Requirements for Teachers of Exceptional Children. Washington, D. C.: Office of Education., 1954.

Mackie, R. P. and Johnson, W. Speech Correctionists: The Competencies They Need for the Work They Do. Washington, D. C.: Office of Education., 1954.

Murphy, Albert T. (ed.). Stuttering: Its Prevention. Memphis, Tennessee: Speech Foundation of America., 1962.

On Stuttering and Its Treatment. Memphis, Tennessee: Speech Foundation of America., 1960.

Stuttering Words(rev. ed.). Memphis Tennessee: Speech Foundation of America., 1963.

Van Riper, Charles (ed.). Treatment of The Young Stutterer In The School. Memphis, Tennessee: Speech Foundation of America., 1964.

Articles and Periodicals

Ainsworth, Stanley H. (Chairman). "Speech Foundation of America Conference on Stuttering Therapy in the Schools," (Unpublished Manuscript December 1963).

American Speech and Hearing Association, "Requirements for the Certificate of Clinical Competence," ASHA VI (May 1964) pp. 162-164.

Bloodstein, Oliver, "The Development of Stuttering: II Developmental Phases," Journal of Speech and Hearing Disorders, XXV(November 1960) pp. 366-376.

Bloomer, H. H., "Professional Training in Speech Correction and Clinical Audiology," Journal of Speech and Hearing Disorders, XXI (March 1956), pp. 5-11.

Curtis, James F., "Size, Diversification and Unity," ASHA VII (January 1963), pp. 471-473.

- Haines, Harold H., "Trends in Public School Speech Therapy," ASHA VII (June 1965), pp. 187-190.
- Kagen, Norman Krathwohl, David and Miller, R. "Stimulated Recall in Therapy Using Video Tape - A Case Study," Journal of Counseling Psychology X (Fall 1963), pp. 237-243.
- Sheehan, Joseph G. and Martyn, Margaret M. "Spontaneous Recovery From Stuttering," Journal of Speech and Hearing Research, IX (March 1966), pp. 121-135.
- Steer, Max D. "Public School Speech and Hearing Services," Monograph Supplement Number VIII (1961).
- Walz, Garry R. and Johnston, Joseph A. "Counselors Look at Themselves on Video Tape," Journal of Counseling Psychology X (Fall 1963), pp. 232-236.
- Woody, Robert H. "Teaching Hypnosis with Video Tape," American Journal of Clinical Hypnosis VII (October 1965), pp. 111-113.

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