



Western Michigan University
ScholarWorks at WMU

Honors Theses

Lee Honors College

Spring 4-9-2007

Perceptions of Speech-Language Pathologists

Abby M. Spicko
Western Michigan University

Follow this and additional works at: https://scholarworks.wmich.edu/honors_theses



Part of the Speech Pathology and Audiology Commons

Recommended Citation

Spicko, Abby M., "Perceptions of Speech-Language Pathologists" (2007). *Honors Theses*. 550.
https://scholarworks.wmich.edu/honors_theses/550

This Honors Thesis-Open Access is brought to you for free and open access by the Lee Honors College at ScholarWorks at WMU. It has been accepted for inclusion in Honors Theses by an authorized administrator of ScholarWorks at WMU. For more information, please contact wmu-scholarworks@wmich.edu.





THE CARL AND WINIFRED LEE HONORS COLLEGE

CERTIFICATE OF ORAL DEFENSE OF HONORS THESIS

Abby M. Spicko, having been admitted to the Carl and Winifred Lee Honors College in Fall 2003, successfully presented the Lee Honors College Thesis on April 9, 2007.

The title of the paper is:

"Perceptions of Speech-Language Pathologists"

Mrs. Leslie Casadonte MS CCC-SLP

Mrs. Leslie Casadonte

Jan Bedrosian

Dr. Jan Bedrosian, Speech Pathology and Audiology

Running Head: PERCEPTIONS OF SPEECH

Perceptions of Speech-Language Pathologists

Abby Spicko

Western Michigan University

SPPA 4590

Spring 2007

Perceptions of Speech-Language Pathologists

According to the American Speech-Language Hearing Association, speech-language pathologists practice in a wide variety of work settings including schools, hospitals, clinics, private homes, nursing homes and more (ASHA, 2007). As a result of the diverse environments in which speech language pathologists, (SLPs) are employed, they work in collaboration with people from many other professions. The most common settings that employ SLPs are schools, hospitals, and clinics. While working in these settings SLPs interact with teachers, psychologists, doctors, nurses, social workers, and occupational and physical therapists. Every SLP shares information with clients and caregivers and therefore must form a working partnership with patients and family members as well. Since SLPs work in close collaboration with such a wide variety of individuals, it is important to understand the relationships between the practicing SLP and their co-workers. It is necessary to understand others' attitudes towards the profession and the practice of speech language pathology in order for successful professional relationships to grow. This paper will examine how those working with SLPs across various work settings, as well as the general public, perceive the profession of speech-language pathology and the roles of the SLP.

In a 2006 study, Greenwood, Wright, and Bithell raised several questions concerning the general public's knowledge of the field of speech-language pathology. Greenwood et al. sought to understand how the profession is perceived by the public and the effect these perceptions have on the field of speech-language pathology. Greenwood et al. (2006) studied students age 16 and older to determine their levels of knowledge about the profession. The research team visited schools and recruited students who were starting to further their education but had yet to decide upon a field of study. The team administered surveys to the students in order to uncover their perceptions of the field. Follow up interviews were conducted with a portion of the participants

in an effort to understand the survey findings. The survey results uncovered many damaging misconceptions. The first significant question Greenwood et al. (2006) addressed was students' familiarity with the discipline; the survey revealed the following:

Overall one-third of participants said they knew nothing about speech and language therapy. Male participants were significantly less familiar with speech and language therapy than females and were much more likely to say that they had either “never heard” of speech and language therapy or “knew nothing” about it. (p. 86-87).

Several other survey questions focused on the students considering speech-language pathology as a career choice. “Participants were asked to say whether they agreed or disagreed with the statement ‘*People like me don’t become speech and language therapists*’. The difference between males and females overall was statistically significant with two-thirds of males and just over one-third of females agreeing with the statement” (Greenwood et al., 2006, p. 90). A third portion of the Greenwood et al. (2006) student survey focused on perceptions of the field. The researchers discovered that very few people surveyed knew speech-language pathology was a field requiring a degree. Respondents also indicated they were unaware that the field was based in science.

The lack of knowledge about the field, and the low levels of males and minorities interested in pursuing a career in speech-language pathology, have harmful consequences on the future of the profession. “The research demonstrated that speech and language therapy was not well known amongst these students and without some knowledge of speech and language therapy, they cannot consider it as a career” (p. 92). The study showed that students, particularly minorities, valued a “scientific” field requiring a degree. This is in direct conflict with the students’ perceptions revealed by the study. Greenwood et al. (2006) summarized that the lack of

knowledge about the career led students to incorrectly believe that speech-language pathology was not a scientific field causing many of the students to dismiss it as a career choice. If awareness was raised about the scientific aspects of the field, such as its basis in anatomy and physiology, then perhaps interest in the field would rise. Greenwood et al. suggests increasing awareness of the career will increase interest in joining the field, leading to a stronger more diverse workforce.

A common workplace employing SLPs is a medical setting such as a hospital or nursing home. Here SLPs work with doctors, nurses, and other health professions to provide care for patients of all ages. Sullivan and Cleave (2003) sought to determine how those in other health care professions perceive SLPs. The researchers surveyed students to learn what is being taught about the profession of speech-language pathology in schools. Medical, nursing, occupational therapy, and physical therapy students were asked questions about what they thought to be the roles of SLPs. The study showed mixed results. Although many of the students had knowledge of the roles of an SLP, medical students as a whole knew the least about an SLP's function in a medical setting. The results of the survey illustrate that while many of the allied health professions are actively teaching their students about the roles and breadth of an SLP's practice, the medical profession has given their students very little exposure to the field.

A second element of the Sullivan and Cleave (2003) survey presented participants with 18 health cases and asked the participants to indicate the most important professionals to be involved. Results ranged greatly on this task. Participants were most likely to say a SLP was needed when the case directly involved speech production problems. The other cases that were frequently sighted as needing a SLP all contained the word speech in them. In cases where traumatic brain injury and Cerebral Palsy were involved few participants acknowledged a need

for a speech-language pathologist. This information led the authors to conclude that although the allied health professions are teaching students about the roles of a speech-language pathologist, some critical gaps still exist in their knowledge of the field. In other words, vital members of an interdisciplinary medical team are unaware of the services a SLP can provide patients.

In addition to hospitals and nursing homes, SLPs provide services in a hospice care setting. In palliative hospice care SLPs work with various medical professionals to improve the quality of remaining life for the terminally ill. Pollens (2004) described the role of the SLP in palliative hospice care as being multifaceted. In palliative care a physician and nurse are the main members of the core hospice team. Speech-language pathologists work in a secondary team that provides additional services to the patient. Pollens (2004) described the SLP's role as a member of a hospice team to include providing the other team members with findings and recommended services, educating team members with strategies for patient care, and receiving information about a care plan from the team and the patient's family. Pollens (2004) added "an additional role of the speech-language pathologist is to provide consultation for other members of the interdisciplinary hospice team and to receive clinical input from the team regarding the overall plan of care for the patient" (p. 701). Although a SLP may not be a core member of a hospice team, their role in hospice care is still important. Pollens' research suggested that an SLP's role in hospice care is focused on consultation. According to Pollens a SLP's suggestions are used to help the family increase communication with their loved one as well as help the core hospice team improve the patient's quality of remaining life.

While medical settings employ many SLPs the Bureau of Labor Statistics reports that close to 48,000, nearly half of all SLPs, are employed in a school setting. Within a school district SLPs work with a variety of professionals. "Indirect as well as direct approaches to providing

services typically involve parents, teachers, and other professionals acting as a team that participates in assessing, treating, and evaluating a treatment program” (Haynes, Moran, and Pindozola, 2006, p. 22). Several studies have examined how speech language pathologists are perceived in the educational setting.

In one study, Schaughnessy and Sanger (2005) surveyed 484 kindergarten teachers to determine educators’ perceptions of the SLP’s role in literacy and language development of students. The results revealed “more than 80% of the respondents were currently working with students verified for speech-language therapy” (Schaughnessy & Sanger, 2005, p. 71). This is a large percentage of teachers who have children in the classroom with speech and language problems requiring the aid of an SLP. As a result of the large numbers of students needing therapy, SLPs are working with the majority of the teachers to improve the language and literacy skills of students. The survey asked teachers to agree or disagree with 8 statements concerning an SLP’s roles and responsibilities. The 6 statements where teachers indicated strong agreement included items such as; an SLP are a source of suggestions regarding children with literacy and language problems, the SLP shares responsibility with the classroom teacher for serving children having trouble learning to read and write, and the SLP shares responsibility for serving students with oral language problems. Schaughnessy and Sanger (2005) summarized that “responses of agreement with items regarding SLP’s effective services, suggestions, and shared role in serving children with language problems suggest that teachers value clinicians’ contributions”(p. 11).

The results of Schaughnessy and Sanger’s 2005 study are encouraging. “Many of the teachers’ descriptive statements and ideas expressed praise for SLP’s knowledge and assistance...and findings suggest continued positive growth for the collaborative efforts of SLPs in language and literacy” (Schaughnessy and Sanger, 2005 p. 11). All teachers perceived a SLP

as a resource for addressing struggling students. The educators surveyed were able to clearly define the roles of a SLP in the development of language and literacy in struggling students.

A second research team, Sanger, Hux, and Griess (1995), looked at educators' opinions of the speech pathology services students receive in schools. The participants included K-6 teachers, principals, school psychologists, and special education teachers in four states. The researchers uncovered many positive perceptions. Sanger et al. (1995) found that most educators surveyed believed SLPs to be an important collaborator in regards to students with TBI and autism. The research also revealed that the majority of educators believed SLPs receive adequate education and training for the role of a school SLP. The researchers found areas of concern in some of the survey responses. Sanger et al. (1995) noted that many educators had confusion about the role of SLPs in treating voice disorders. This area received neutral responses on the survey. According to Sanger et al. (1995) "These neutral responses occurred despite speech-language pathologists' traditional involvement in the assessment and treatment of voice disorders, thus suggesting that educational professionals have limited awareness of this aspect of speech-language pathology training and expertise" (p. 80). The survey also showed similar results when educators were asked about an SLP's role in teaching English as a second language. The researchers conclude that although misconceptions about the roles of a speech-language pathologist in a school still exist, educators' opinions of the profession are very high.

Whether in a school, hospital or clinic, a SLP's main collaborator and the focus of their work is the patient. A 2006 study by Hand researched how effectively SLPs conveyed treatment information to clients and families. Hand discovered that clients often felt a lack of explanation from SLPs about the diagnosis and subsequent therapy they or their loved one were receiving.

Responses to Hand's survey revealed that patients felt SLPs provided too little information about the processes involved in assessment and treatment. Hand (2006) noted that:

No explanation of the overall event, prior to its unfolding, occurred. It was also common for the clinician to begin by settling the child at a task, or to launch straight into formal or informal assessment tasks with the child, and not introduce the purposes or practices that the session may be going to contain at all. (p. 247)

Lack of information sharing left many participants feeling confused about the status of therapy as well as what to expect in the future. This survey did show, however, that almost all SLPs felt it was an important part of the job to inform parents and clients of what to expect while receiving therapy. The researcher summarizes that although SLPs want to inform patients about the therapy process, more work needs to be done before the clients feel informed and knowledgeable.

In a similar study, Pershey and Reese (2002) surveyed clients who had formerly received services in university clinics. The researchers chose two popular university clinics in different parts of the country and mailed surveys to clients who had recently received services. In both universities, student clinicians provided the therapy that was studied. The researchers wished to examine patient's feelings regarding the therapy by student clinicians as well as patient's satisfaction with the help they received.

The survey exposed many positive perceptions of speech pathology services in university clinics. Pershey and Reese (2002) found that in both locations study participants reported being very satisfied with the services received, feeling that their communication skills had improved as a consequence of therapy. The findings regarding student clinicians were positive as well.

Pershey and Reese's (2002) survey found 76% of participants agreed that student clinicians were

experienced and knowledgeable; lacking only in the area of giving feedback on progress made in therapy. Participants also said their student clinicians arrived on time and were prepared for therapy sessions. In addition, participants noted that the clinic staff was accessible and that no problems were encountered in scheduling appointments or speaking with the proper staff. The cost of therapy was also noted as being reasonable and worth the services rendered. Pershey and Reese (2002) concluded that supervisors and student clinicians appeared knowledgeable and professional to clients and therapy goals at these clinics were met. Perhaps most importantly patients are seeing an improvement in their speech and communication, leaving them a sense of satisfaction and a positive perception of the field of speech-language pathology.

Similarly, a 1997 study by Griffer looked at families' perceptions of early intervention treatment received from university clinics. When Griffer (1997) examined traditional approaches to early intervention treatments she found valuable information from the study's 20 family participants. In a survey following therapy at the clinic, 17 out of 20 parents responded that they received no pre-assessment conference from the clinician and only 2 out of 20 families received a post-assessment conference. These figures show that student clinicians are not conducting conferences with parents of early intervention patients.

Like the participants in both the Hand (2006) and the Pershey and Reese (2002) study, the families interviewed for Griffer's (1997) study felt ill-informed of the details of their child's therapy. Due to the fact that patients are a SLP's frequent collaborator their opinions and needs are important to the profession. The researchers all concluded that improvement in information sharing would improve patient's perceptions of the field of speech-language pathology. "Such provision is likely to increase the parents' and others' understanding of what is happening and thence their confidence in the profession" (Hand, 2006, p. 264).

SLPs can be found in a wide array of work settings and must work in cooperation with countless individuals from a wide range of fields. In schools, hospitals, clinics, and nursing homes a SLP may encounter dozens of other professionals. In the eyes of colleagues the field of speech language pathology has many strengths. Teachers, a frequent collaborator, see SLPs as valuable information providers. Schaughnessy and Sanger (2005) found that, "Many of the teachers' descriptive statements and ideas expressed praise for the SLPs' knowledge and assistance" (p.11). Other health care professions working collaboratively with speech-language pathologists recognize an SLP's ability "...to provide consultation for other members of the interdisciplinary [hospice] team" (Pollens, 2004, p. 701).

Most importantly clients and families found satisfaction in the speech and language services received. Pershey and Reese's (2002) survey found patients were satisfied with the experience and knowledge levels of student clinicians. The same study also concluded that the vast majority of surveyed clients found therapy to be helpful in treating their communication disorder. It is clear from this information that other professions as well as patients hold positive perceptions of speech-language pathologists.

Future research should focus on several areas. To increase understanding of students' perceptions of the field, future research should focus on the effects of promoting the profession. Greenwood et al. (2006) recommends increasing awareness of speech and language therapy by visiting high schools and colleges to inform students of the career's existence, as well as its many work settings and competitive pay. The researchers also suggest increasing the public's knowledge that the field requires an advanced degree and is based in science. To increase other health professions' knowledge about the field of speech-language pathology, Sullivan and Cleave (2003) suggest that SLPs increase their involvement with other professions as well as

advocate for programs that would build awareness of the field. Sullivan and Cleave (2003), caution that although it is important for other professions to understand the roles of SLPs it is equally important that SLPs have an understanding of other professions' roles in providing services. When it comes to a client's perception of speech-language pathologists, Pershey and Reese (2002) suggest that future interviews "ask customers for suggestions on how to improve service delivery rather than to describe their degree of satisfaction" (p. 203). All of the studies agree that more research can be done to uncover commonly held perceptions of the field of speech-language pathology and that this information can be used by SLPs to improve others' opinions of the field.

References

- American Speech-Language-Hearing Association, (2007). Fact Sheet: Speech-Language Pathology. Retrieved February 18, 2007, from ASHA Web site:
<http://www.asha.org/students/professions/overview/slp.htm>
- Bureau of Labor Statistics, U.S. Department of Labor, (2007). Occupational outlook handbook: Speech-language pathologists. Retrieved April 12, 2007 from
<http://www.bls.gov/oco/ocos099.htm>
- Greenwood, N., Wright, J. A., & Bithell, C. (2006). Perceptions of speech and language therapy amongst UK and college students: Implications for recruitment [Electronic version].
International Journal of Language and Communication Disorders, 41(2), 83-94.
- Griffer, M., Mona, (1997). A competency-based approach to conducting family-centered assessments: Family perceptions of the speech-language clinical process in early intervention service delivery. *The Transdisciplinary Journal*, 7(1), 45-65.
- Hand, L. (2006). Clinicians as “information givers”: What communication access are clients given to speech-language pathology services. *Topics in Language Disorders*, 26(3), 240-265.
- Haynes, W.O., Moran, M.J., & Pindozola, R.H. (2006). *Communication disorders in the classroom: An introduction for professionals in school settings*. Sudbury, MA: Jones and Bartlett Publishers.
- Pershey, M.G., Reese, S. (2002). Consumer satisfaction with speech-language pathology services in university clinics: Implications for student supervision [Electronic version]. *The Clinical Supervisor*, 21(2), 185-205.

- Pollens, R. (2004). Role of the speech-language pathologist in palliative hospice care [Electronic version]. *Journal of Palliative Medicine*, 7 (3), 694-702.
- Sanger, D., Hux, K., & Griess, K. (1995). Educators' opinions about speech-language pathology services in schools. *Language, Speech, and Hearing Services in Schools*, 26(1), 75-85.
- Schaughnessy, A., & Sanger, D. (2005). Kindergarten teachers' perceptions of language and literacy development, speech-language pathologists, and language intervention [Electronic version]. *Communication Disorders Quarterly*, 26(2), 67-110.
- Sullivan, A., & Cleave, P. (2003). Knowledge of the roles of speech-language pathologists by students in other health care programs [Electronic version]. *Journal of Speech Language Pathology and Audiology*, 27(2), 98-107.

Survey of Educators' Attitudes towards School Speech-Language Pathologists

Please mark your response to each of the following questions.

- 1) What is your profession?
 - ☐ Teacher (regular education)
 - ☐ Special education teacher
 - ☐ Psychologist
 - ☐ Administrator
 - ☐ Other; Please specify _____

- 2) How many days per week was your previous speech-language pathologist present in your building?
 - ☐ 1-2 days
 - ☐ 3-4 days
 - ☐ 5 days

- 3) On average, how many times a month did you communicate with your school's previous speech-language pathologist?
 - ☐ 0
 - ☐ 1-5
 - ☐ 5-10
 - ☐ More than 10

- 4) When communicating with your school's speech-language pathologist, what was the primary mode of communication used?
 - ☐ Face to face
 - ☐ Written/email
 - ☐ Telephone

- 5) Which of the following models did your former speech-language pathologist use to deliver services (check all that apply)?
 - ☐ Consultation
 - ☐ Pull out
 - ☐ Co-teaching
 - ☐ Self-contained language room
 - ☐ Other

- 6) How would you describe your current level of experience with students receiving speech-language therapy?
 - ☐ I currently have students receiving therapy
 - ☐ I have had students who received therapy in the past
 - ☐ I have never had experience with students receiving therapy

Please rate your response to the following questions.

| Question Number | | Strongly Agree | Agree | N/A | Uncertain | Disagree | Strongly Disagree |
|-----------------|--|----------------|-------|-----|-----------|----------|-------------------|
| 7) | My overall knowledge of the field of speech-language pathology is adequate for my professional needs. | | | | | | |
| 8) | I would be open to communication with my school's speech-language pathologist about advice and information regarding my class. | | | | | | |
| 9) | Speech-language pathologists and classroom teachers should share responsibility for serving children with reading and writing problems. | | | | | | |
| 10) | Speech-language pathologists and classroom teachers should share responsibility for serving children with spoken production and/or comprehension difficulties. | | | | | | |
| 11) | I am open to co-teaching with a speech-language pathologist. | | | | | | |

Please answer the following question.

12) Do you have any suggestions for improving speech and language services in your school?

[illegible]

Appendix A

This survey was developed after researching the topic of others' perceptions of speech-language pathologists for my undergraduate senior thesis. My interest and background in elementary education lead me to question how teachers and other school personnel view speech-language pathologists and the services they provide students. While examining research on the topic I found two specific studies (Sanger, Hux, and Griess, 1995; Schaughnessy and Sanger, 2005) that sought to answer the very questions that had intrigued me. After examining the surveys used in these studies I created my own assessment tool for use by a speech-language pathologist in an educational setting. It was intended to be brief yet provide valuable insight to a speech-language pathologist upon entering a new school.

Appendix B

Three middle school teachers, 2 regular education teachers and a special education teacher, volunteered to take this survey. The results are displayed in the following tables.

| Question Number | Participant #1's Response | Participant #2's Response | Participant #3's Response |
|------------------------|--|--|--|
| 1 | Special Education Teacher | Regular Education Teacher | Regular Education Teacher |
| 2 | 3-4 days | 3-4 days | 3-4 days |
| 3 | More than 10 | 1-5 | 1-5 |
| 4 | Face to face | Email | Face to face |
| 5 | Pull Out | Pull Out | Pull Out |
| 6 | Students currently receiving therapy | I have had students who received therapy in the past | Students currently receiving therapy |
| 7 | Agree | Uncertain | Agree |
| 8 | Strongly Agree | Strongly Agree | Strongly Agree |
| 9 | Strongly Agree | Strongly Agree | Strongly Agree |
| 10 | Strongly Agree | Strongly Agree | Strongly Agree |
| 11 | Agree | Strongly Agree | Strongly Agree |
| 12 | More communication between the SLP and teacher, aligned lesson plans | More SLP presence and more work time for students | SLPs and teacher work together in making lesson plans for students receiving therapy |

Resources

- Sanger, D., Hux, K., & Griess, K. (1995). Educators' opinions about speech-language pathology services in schools. *Language, Speech, and Hearing Services in Schools, 26*(1), 75-85.
- Schaughnessy, A., & Sanger, D. (2005). Kindergarten teachers' perceptions of language and literacy development, speech-language pathologists, and language intervention [Electronic version]. *Communication Disorders Quarterly, 26*(2), 67-110.