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Specialty Recognition in Fluency Disorders: Challenges for the Second Decade

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Abstract

Fluency clinicians pioneered the concept of specialty recognition more than a decade ago. Today, board recognition in fluency disorders is gaining traction among clinicians and consumers, but its impact has been limited by the small size of the specialist community. This article reviews trends in specialty recognition and highlights the work currently in progress to streamline the recognition process and attract more specialists.

History of the Specialty

The idea of a fluency specialty program originally was championed by the American Speech-Language-Hearing Association's Special Interest Division 4, Fluency and Fluency Disorders, with support from the National Stuttering Association and the Stuttering Foundation of America. Some of the key people involved included Eugene and Crystal Cooper, Hugo and Carolyn Gregory, Oliver Bloodstein, Glyndon and Jeanna Riley, and Dean Williams. Fluency became the first specialty recognition program to be approved by ASHA in 1998. The members of the founding Specialty Commission on Fluency Disorders (later the Specialty Board on Fluency Disorders [SBFD]) were Cooper (chair), Walter Manning, Nan Bernstein Ratner, C. Woodruff Starkweather, and Jennifer Watson.

ASHA approved the concept of specialty recognition for two compelling reasons. First, there was a clear need for and desire by consumers to have access to professionals with advanced knowledge and skills in the treatment of stuttering or fluency disorders. Second, a mechanism was needed to enable professionals to develop specialized knowledge and skills beyond the entry level CCC, and to go through a voluntary peer review.

The SBFD brought the specialty into being by appointing an initial cadre of about 300 established clinicians whose qualifications were reviewed by the board. The board then developed a specialty recognition process for new specialists and approved the first candidates in 2001. In the intervening years, the number of specialists declined to around 200 as

members of the initial cadre retired and is now beginning to increase slowly as new specialists complete the recognition process.

Today, fluency disorders is one of three specialty programs within ASHA, along with the Child Language and Swallowing and Swallowing Disorders specialties.

The Specialty Board on Fluency Disorders

The SBFD consists of five board recognized fluency specialists who set standards for specialty recognition and renewal, approve candidates and administer the specialty. Current members are Dale Williams (chair), Kevin Eldridge (vice chair), Chamonix Olsen (specialty recognition program coordinator), Nancy Ribbler (secretary), and Elise Kaufman (technology coordinator). The board also includes a consumer representative, James McClure. Board members are elected by specialists and serve staggered terms. Board terms recently were increased from 3 years to four to provide more continuity on the board. The board is assisted by two volunteers: Lizanne Blake (office manager) and Lee Reeves (treasurer).

The SBFD is an independent board with not-for-profit status that operates under the oversight of ASHA's Council on Clinical Specialty Recognition and is closely affiliated with Special Interest Division 4. Fees paid by specialists support the board's operation. The board meets monthly by conference call and conducts in-person meetings twice a year. Much of the board's work entails reviewing the plans and portfolios of candidates for specialty recognition and administering the examination.

In addition to ASHA's Certificate of Clinical Competence, candidates must have at least 2 years of full-time clinical experience and must have completed a graduate fluency course with a grade of B or better. Working under the guidance of a mentor, candidates must complete 100 hours of continuing education in fluency disorders, 25 hours of observation, and 75 hours of supervised clinical practice with persons who stutter. They must submit a portfolio of clinical work for approval by the specialty board and must pass a written examination. Candidates have up to 5 years to complete the process.

In order to maintain board recognized specialist status, clinicians must obtain 45 hours of continuing education over a 3-year period and maintain an active clinical practice in stuttering. Credentials are submitted to the board for review every 3 years.

Detailed requirements for specialty recognition and renewal are available on the SBFD's Web site, www.StutteringSpecialists.org.

Specialists' Views on Board Recognition

In May 2008, the SBFD conducted an online survey of specialists, former specialists, and candidates for board recognition. The board invited 266 people to participate in the survey and 114 (43%) responded.

What Specialists Do

Survey respondents work primarily in private practice (48%), college and university (36%) and school (17%) settings.

Only a little more than half of those surveyed reported that they spend 50% or more of their time on fluency versus other speech and language disorders. More than one-fourth of survey participants said they spend more than 75% of their time treating disorders other than fluency.

Although BRS-FD is primarily a clinical specialty, high percentages of specialists also are involved in teaching at the university level (49%), presenting workshops (68%), research (33%), and participating in stuttering support organizations (61%). Nearly 8 out of 10 help other speech-language pathologists (SLPs) in their organizations with fluency issues, 25%

mentor prospective fluency specialists, and 17% work with other SLPs as paid consultants on fluency disorders.

Value of Board Recognition

Eighty-two percent of those surveyed consider proficiency in clinical practice a very important benefit of board recognition, followed closely by personal satisfaction (75%). Ability to attract new clients (46%), peer recognition (42%) and career advancement (17%) were considered less important. Ability to attract new clients was slightly more important to specialists who were not in the initial cadre.

The majority of specialists use the BRS-FD title in advertising themselves. More than 70% have found board recognition somewhat helpful or very helpful in attracting new clients and referrals. Specialists who were not in the initial cadre are more likely to find specialty recognition helpful in attracting new clients, which is not surprising given that new specialists are more likely to be building their practices.

About half of those surveyed (including 87% of those who were not in the initial cadre) report that the SBFD Web site, www.StutteringSpecialists.org, has helped them attract new clients.

Considering the benefits of recognition and the work required, 6 out of 10 specialists consider board recognition a very worthwhile investment.

Recognition and Renewal Processes

Specialists who had gone through the initial specialty recognition process and candidates currently preparing for board recognition said that the requirements for continuing education and finding a mentor were not very difficult. About 4 out of 10 found the guided clinical practice and portfolio of case studies challenging. Roughly half found the board's instructions difficult to understand for guided clinical practice and the portfolio of case studies.

Requirements for 3-year renewal were considered "not very difficult" by 7 out of 10 specialists, but there are some significant differences between members of the initial cadre and newer specialists. Virtually all of the new (non-initial cadre) specialists found little difficulty with the professional clinical activity requirement, but one-fourth of the initial cadre found this challenging. The continuing education requirement was challenging for four out of 10 new specialists, but 72% of the initial cadre found this not very difficult. All of the new specialists said the board's instructions were clear and understandable, but only a little more than half of the initial cadre agreed. Numerous verbatim comments on this question—nearly all from members of the initial cadre—cited continuing education unit (CEU) issues, the difficulty posed by lack of clients, and conflict with teaching and other activities.

Seven survey respondents chose not to renew their specialty recognition. Reasons included retirement and career shifts away from clinical work or fluency work, and difficulty in meeting continuing education and clinical requirements.

Issues Important to Specialists

Increasing awareness of board recognition was the most important issue specialists believe the SBFD should address: 75% said it was very important, and another 24% said it was somewhat important. Specialists say that a little more than half of their clients were aware of the BRS-FD specialty. Awareness is slightly higher among SLPs they work with, but non-SLPs such as school administrators are largely unaware that the specialty exists.

Forty-six percent said recruiting more fluency specialists was very important, and 48% said this was somewhat important. These issues were even more important to newer specialists.

Process Improvements

In response to the survey and other feedback from specialists, the SBFD has been working to streamline the specialty recognition process without diminishing the high standards expected of specialists.

One significant change was reducing the requirement for video samples of assessment and treatment case studies. Previously, this was an open-ended requirement, and many candidates for board recognition spent hours compiling and editing video recordings. Candidates now need to submit only five three-minute video clips to demonstrate their mastery of specific areas of assessment and treatment.

The requirement for observing therapy sessions of experienced clinicians is now more flexible, allowing candidates to supplement live observation with video recordings or live videoconferencing. Since 2007, all specialists whose recognition status is current may serve as mentors to candidates. The board also has developed a mentor packet to help mentors better understand their roles and guide candidates more effectively.

The above changes are incorporated in revised material on the SBFD Web site.

A Clinician's Perspective (Chamonix Olsen)

I was one of the first few to go through the specialty recognition process after the initial cadre was approved in 2001. Going through the process helped me to evolve as a clinician and thrive at my job. Although I already work solely with children and adults who stutter at the American Institute for Stuttering in New York City, the specialization process gave me a chance to assess myself and the type of therapy I give. I was able to assess the progress of my clients in a unique way and, ultimately, my clients now receive a more knowledgeable, well rounded, and up-to-date clinician working with them. The specialty recognition process is a structured format to learn multiple assessment and treatment approaches. Obtaining CEUs from a variety of sources gave me a broadened perspective and expanded my knowledge of current research. I now seek out new research to read and I have a passion to consume this knowledge.

Meeting with my mentor opened discussions that guided me to more effectively assess and treat the cognitive, affective, and physical aspects of stuttering. It is the only ASHA established process to further one's clinical credentials that a clinician can engage in after receiving their CCCs. You have an opportunity to observe other clinicians and to be mentored and guided in a structured format. Going through the process definitely made me a better and more confident clinician. My therapy has changed and continues to evolve as I add to my repertoire, and maintaining my BRS-FD every 3 years keeps me up to date on research as well as assessment and therapeutic advances in the field. My clients benefit because I share the knowledge and information I have obtained with them, and they now receive a vast array of treatment approaches and options when they work with me. Clients can rest in the knowledge that they are working with a well-trained experienced professional and are in good hands.

After having successfully gone through the process, I highly value the BRS-FD after my name. I'm identified as someone who has expertise in the area of fluency disorders and of having my credentials, knowledge, and therapy peer reviewed. New and potential clients are confident in knowing that I have special training and recognition in the area of fluency disorders. Having a list of professionals on the Web site who have met the board recognition criteria and continue to maintain it also has immense value, because I can refer clients to other BRS-FD clinicians with confidence and obtain referrals myself.

Consumer Perspective (James McClure)

Consumers were among the early supporters of the fluency specialty, because the vast majority of SLPs receive little training and experience in treating stuttering and other fluency disorders.

Dissatisfaction with traditional speech therapy for stuttering has fueled an unregulated market for commercial programs and alternative treatments that promise, but rarely deliver, quick or lasting results.

The shortage of qualified clinicians continues to be an issue. In 2002, Yaruss and Quesal found that academic training in fluency disorders has diminished. A survey of school SLPs by Tellis, Bressler, and Emerick (2008) found that most lacked basic knowledge and skills in assessing and treating stuttering. Forty percent had not attended a workshop on stuttering since graduating from college, and nearly half were not comfortable working with children who stutter. The majority of those surveyed was unfamiliar with current stuttering treatment techniques and did not know how to contact a fluency specialist or stuttering support group.

The good news is that board recognized specialists are delivering more effective therapy. A 2009 survey by the National Stuttering Association showed that adults and children who worked with a board recognized specialist were significantly more likely to consider their therapy successful than were those who worked with SLPs who were not specialists. Children whose clinicians were specialists were less likely to avoid speaking situations and feel embarrassed about their stuttering. In this respect, board recognition is fulfilling its promise of giving consumers a way to identify clinicians who can deliver knowledgeable, capable therapy.

Unfortunately, we do not yet have enough board recognized specialists to significantly change the marketplace for consumers. In the United States, 21 states have only one or two specialists, and four states have none at all. While many SLPs who are not board recognized specialists are well versed in stuttering and provide effective therapy—including affiliates of Division 4—the burden is on consumers to evaluate clinicians' qualifications when no specialist is available. Both the National Stuttering Association and the Stuttering Foundation of America encourage consumers to seek out experienced SLPs and screen them carefully.

Future Directions

The Specialty Board on Fluency Disorders is working to increase the number of board recognized specialists and their impact on the profession. In addition to streamlining the recognition process, the board is raising the awareness of the specialty among SLPs, both to recruit new specialist candidates and to encourage generalist clinicians to call upon board recognized specialists as consultants to aid them in providing more effective treatment. The board also is exploring initiatives to attract more school-based clinicians to the specialty.

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