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A Survey of Speech-Language Pathologists on Facilitating Support Groups for those with Communication Disorders

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A Survey of Speech-Language Pathologists on Facilitating Support Groups for those with Communication Disorders
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Abstract

Support groups are used in a variety of settings and can be helpful for group members to develop coping strategies. This research aims to evaluate Ohio Speech-Language Pathologists’ perceived knowledge of planning and implementing support groups. Another goal for this research is to gain information on how many Speech-Language Pathologists are using this knowledge to conduct a support group, what type of populations are benefiting, and in what setting type utilizes support groups.

Keywords: Support Groups, Ohio Speech-Language Pathologists
A Survey of Speech-Language Pathologists on Facilitating Support Groups for those With Communication Disorders

Introduction

The concept of support groups was introduced to America in 1935 when the first, and largest to date, self-help group was formed, Alcoholics Anonymous (AA). AA became a model for many other self-help groups that dealt with personal recovery in a series of steps. In the 1970s, research by Dr. David Spiegel who led a number of therapeutic or encounter groups for women with breast cancer, increased the demand for support groups as he found that these meetings greatly improved the patient’s quality of life throughout treatment (Spiegel, Bloom, Kraemer 1981).

Support groups are typically small groups that meet on a scheduled day and are facilitated by a leader that sets guidelines such as a notion of group confidentiality. They are not covered by medical insurance and are typically offered free of charge to the community. It is very important to acknowledge that support groups are not formal therapy groups. Therapy groups are led by a professional psychologist or psychiatrist. In a session participants are typically expected to answer all questions asked by the professional, and the professional provides guidance to the client. In support groups; however, participants are free to express whatever they feel without judgment or advice from the group. Members can verbalize if they have been in similar situations, how they responded, and what the outcome may have been, but the different views are for reflection not for advice. Support groups discuss the expected outcomes of experiencing a communication disorder and act as a way to supplement counseling. Under the American Speech-Language and Hearing Association’s preferred practice patterns, it is a Speech-Language Pathologists duty to provide counseling to help the (re)habilitation process to the individuals in treatment as well as their families and caregivers. With the expected outcome: “to result in improved
abilities, functioning, participation, and contextual facilitators” (ASHA 2004). Without counseling, a clinician is not providing a complete treatment.

Speech-Language Pathologists treat a broad range of communication disorders. Those with communication disorders withstand many changes in family and community relationships and may feel a variety of emotions with the limited ability to discuss their emotions. Some of the emotions highlighted in, “Counseling the Communicatively Disordered and Their Families” were grief, denial, anger, unfulfilled expectations, and guilt. Other common emotions are feelings of vulnerability, inadequacy, and confusion related to the diagnosis or treatment of the disorder.

Support groups can provide an educational component to give information regarding the disorder and an emotional component to handle the variety of expected emotions involved. Those who participate can be positively impacted by the experience.

*Brief Literature Review*

The National Stuttering Association has established the largest self-help groups for those who stutter in the United States. Their goals were to help others be able to communicate in a safe place their feelings and if they wish to, apply therapeutic techniques in conversations. A study published by the Journal of Fluency Disorders evaluated the experiences of National Stuttering Association members on speech treatment and support groups. The research found that many of the members that attended a support group reported a positive change in self-image and acceptance. Only 12.7% of the respondents thought that Speech-Language Pathologists should lead the support group, but surprisingly 79.4% believed the SLP should be involved with the support group meetings. This could be related to the fact that 47.6% of the group members believed that SLP’s need better training to provide services for those
who stutter. It is important to note that respondents reported the same benefits from formal treatment as in support groups when it came to learning to cope with stuttering (Yaruss, Quesal, Reeves 2002).

Another example of clientele Speech-Language Pathologists work with and would benefit from support groups are stroke victims. In 2009, a case study support group was conducted by several different professionals such as therapists (speech and recreational), social workers, Ph.D.’s. This support group even included support from volunteers and other stroke survivors. The activities ranged from music, crafts, exercise, discussion, socializing, field trips, and guest speakers. The group saw the largest benefit in the social aspects of acceptance and friendship from peers (mean rating ranked 4.69 out of 5). This group also saw improvement in overall communication skills and gave them a sense of confidence when speaking (mean rating of 4.3 out of 5). (Simon-Weiner, Jackson, 2009)

Although the stroke survivors support group format was much different from the National Stuttering Association’s format, the outcomes were quite similar when it came to improving self-image and confidence in communication skills.

Methods of Research

After the Institutional Review Board at the University of Akron approved this research, a survey link was sent through email to Speech-Language Pathologists practicing in the state of Ohio. The survey was composed of 19 questions for those who have not conducted a support group in the past and 28 for those who identified they have conducted support groups. A total of 2,701 surveys were sent out with 124 responses received. Two different groups of emails were sent. The first group was directly to Speech-Language Pathologists (193 contacted) and the second group was composed of school contacts that were asked to be sent to their districts SLP (2,508 districts contacted).
For the purpose of this study Dr. K. Todd Houston and Danielle Hower had participants understand their definition of a support group. It was defined as:

“A small group that meets periodically. The individuals share common experiences or concerns with the other group members. The group must be facilitated by a leader that sets guidelines, such as group confidentiality policies and discussion topics. The group can have an educational, emotional, social component, or a combination of all three. The goal of the group is to provide encouragement and support to other group members.”

The participant had to acknowledge that they had read the definition and then accept before continuing to the questions. Participation in the survey was voluntary. The survey was open for participants for a month long period.

Demographics

All participants practice Speech-Language Pathology in the State of Ohio. Of the 124 participants that responded the majority work in a school setting. This is followed by those working in a University clinic, private clinic, and those who specified other such as a hospital/rehabilitation center (Figure 1). The majority of respondent’s caseloads were focused on language and social communication disorders (Figure 2).

Limitations

The Speech-Language Pathologists in this study earned their master’s degree in a variety of years thus possibly affecting the results on receiving additional coursework or graduate education on support groups. Those who chose to specify indicated in the results as forty-eight participants obtained their masters education from the years 1960-1999, twenty-eight in the years 2000-2010, and twelve from
2011-2015. The data regarding the amount of graduate coursework on counseling cannot be conclusive, considering participants earned their master’s degree in varying years and earned from different programs.

This survey also did not require a response for every question, so respondents could choose to leave questions unanswered.

Results

A surprising number of Speech-Language Pathologists surveyed had not participated in planning or implementing support groups. Participants were asked, “Does your work setting provide support groups for those with communication disorders?” and “Does your work setting provide support groups for any other populations?” Of these respectively 71.43% and 73.20% answered “No” (Figure 3 and 4).

This could be a result of Speech-Language Pathologists not feeling professionally adequate to conduct support groups. Of those surveyed on a scale of 1 (not confident) to 5 (very confident) in 10 questions on aspects of facilitating a support group, the average did not exceed a mean of 3 on the confidence scale. For example when asked how they felt evaluating the effects of communication disorders on the clients’ emotional/social life the weighted average was 2.95 (Figure 5). When asked their confidence in assessing group conversation and goals the weighted average was 2.60. For helping children develop coping skills the average on the confidence scale was 2.77 and for helping adults develop coping skills the average was 2.11 (Figure 6 and 7).

It is also important to recognize very few professionals surveyed (24.49%) have received any training or professional development on the topic of facilitating support groups from conferences, research, or university courses (Figure 8). This is of interest, as 26.80% of participants have conducted a support group, almost exactly corresponding to the number who have received past training (Figure 9).
Those who chose to specify the type of training they have received education from workshops, webinars, and from graduate coursework on counseling.

Of those who have conducted support groups the most common were for stuttering, social communication/Autism, and Aphasia. The majority of the support groups conducted focused on supporting the client/patient, followed by focusing on the family, and then finally parent support (Figure 10). Almost all of the support groups had an educational component (Figure 11) and a focus on emotional support (Figure 12). Many respondents co-facilitated support groups with other professionals (78.26%) including School Psychologists, Occupational Therapists, other Speech-Language Pathologists, social workers, and nurses (Figure 13). The average age range that the support group focused on varied greatly. The most popular age groups (Figure 14) were 6-13 year olds (41.67%), 50-74 year olds (25%), 18-25 year olds (20.83%), and 26-49 year olds (20.83%). The majority of the support groups were ongoing (no set end date) and open to new members during any group session (Figure 15). The frequency of meetings (Figure 16) was greatest for weekly meetings (47.37%) and monthly meetings (42.11%). Also when asked if their support group has a social aspect such as group outings, dinners, or community events 60.87% answered yes (Figure 17).

Conclusion

This study found that very few Speech-Language Pathologists in Ohio are facilitating support groups. It was also found that those surveyed are not confident in conducting, planning, or implementing support groups. Many schools, private clinics, and medical facilities are not utilizing support groups for not only those with communication disorders, but are not holding support groups of any capacity. It is difficult to understand all the implications as to why support groups are not being facilitated by Speech-


Language Pathologists in the state of Ohio, further research needs to be conducted. For example, a respondent replied with the comment,

“I think it would be very beneficial to have support groups for students with disabilities in the school setting. I introduced the topic once with my Director of Pupil Services and was not encouraged to pursue it for reasons I didn't fully understand. I do my best to support the students' emotional needs in a small group setting during therapy or privately throughout the day when needed.”

Another possible reason is in a study conducted in 1986 by McCarthy, Culperer, and Lucks surveyed accredited American Speech-Language and Hearing Association programs and found that only 40% offered a course in counseling within the department and 12% of the students felt the training was effective. Only 24.49% of those in this survey received any training or professional development on the topic of facilitating support groups from conferences, research, or university courses.

This has future research implications, focusing on if rise in training in the area would lead to an increase in support group use and effectiveness. It is also important for our field to have adequate opportunities to develop counseling skills so they do feel more confident in helping adults and children cope with their communication disorder.

It is important Speech-Language Pathologists are facilitating conversation in regards to the emotional and social needs, but as expressed earlier in this research, it is also beneficial to have these conversations in a group setting and to meet others who may have experienced the same challenges.

In healthcare, informational counseling is an important role of treatment, but is not the sole type of counseling that should be used. As Dr. Robin Youngson describes in her book, *Time to Care*, the focus of healthcare is no longer on the overall being of the individual, but on the disease itself. In some instances, the social and emotional aspects of the communication disorders maybe completely
overlooked by a Speech-Language Pathologist that only focuses on correcting the disorder. To provide the best service for those with communication disorders, Speech-Language Pathologists must feel confident in their counseling skills to discuss expected emotions with a client and in the future utilize support groups as a way to help the client develop coping strategies.
References


http://www.asha.org/policy/PP2004-00191/#sec1.3.6


Youngson, R. (2012). Burnout. Time to Care: How to Love your patients and your job (pp. 5-7). RebelHeart.
Figures

Figure 1. Work Setting Demographics

Q3 In what type of therapy setting do you work?

Note: Other Specifications: Skilled nursing facilities, nonprofit speech and hearing clinic, and researchers.

Figure 2. Population Demographics

Q5 With what type of populations do you most commonly work? (Choose all that apply)
Figure 3. Work settings providing support groups for communication disorders

Q6 Does your work setting provide support groups for clients with communication disorders?

Answered: 98   Skipped: 76

Yes

No

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Figure 4. Work settings providing support groups for other populations

Q7 Does your work setting provide support groups for any other populations?

Answered: 91   Skipped: 21

Yes

No

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Figure 5. *Confidence Scale: evaluating emotional/social life effects*

**Q19 Evaluating the effects of communication disorders on the clients' emotional/social life**

Answered: 93   Skipped: 31

Figure 6. *Confidence Scale: helping children develop coping skills*

**Q27 Helping children develop coping skills**

Answered: 93   Skipped: 31
**Figure 7.** Confidence Scale: helping adults develop coping skills

**Figure 8.** Professionals’ development courses on support groups

**Q8** Have you received any training or professional development on the topic of facilitating a support group from conferences, research, or university courses?

Answered: 98   Skipped: 26

Yes

No
**Figure 9.** SLP’s conducting support groups

Q9 Have you ever conducted a support group?

Answered: 9  Skipped: 2

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**Figure 10.** Focus on client, family, or parent

Q12 Was the support group client/patient, parent, or family focused? You may choose more than one answer.

Answered: 24  Skipped: 100

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**Figure 11.** Focus on educational component

**Q15** Does your support group include an educational component?

Answered: 23  Skipped: 101

- Yes
- No

**Figure 12.** Focus on emotional support

**Q16** Does your support group include a focus on emotional support?

Answered: 23  Skipped: 101

- Yes
- No
Figure 13. Co-facilitation of support groups

Q17 Did the support group include other professionals to co-facilitate or plan?

Answered: 23  Skipped: 101

Yes

No

Figure 14. Average age of support group members

Q10 What was the average age of members participating in your support group?

Answered: 24  Skipped: 199

6-13

14-17

18-25

26-49

50-64

75+
**Figure 15. Format of support group**

Q13 What format was the support group?

![Format of support group chart](chart15)

**Figure 16. Frequency of support group**

Q14 How often does your support group meet?

![Frequency of support group chart](chart16)
Figure 17. Group outings with support group

Q18 Does your support group have a social aspect such as group outings, dinners, or community events?

Answered: 23   Skipped: 101

- Yes
- No