



12-1-1974

## A Profile of Clinical Supervisors in College and University Speech and Hearing Training Programs

Carole J. Aitchison

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A PROFILE OF CLINICAL SUPERVISORS IN COLLEGE  
AND UNIVERSITY SPEECH AND HEARING TRAINING  
PROGRAMS

by  
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Bachelor of Arts, University of North Dakota, 1973

A Thesis  
Submitted to the Graduate Faculty  
of the  
University of North Dakota  
in partial fulfillment of the requirements  
for the degree of  
Master of Arts

Grand Forks, North Dakota

December  
1974





This thesis submitted by Carole J. Aitchison in partial fulfillment of the requirements for the Degree of Master of Arts from the University of North Dakota is hereby approved by the Faculty Advisory Committee under whom the work has been done.

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Permission

Title A Profile of Clinical Supervisors in College and  
University Speech and Hearing Training Programs

Department Speech Pathology and Audiology

Degree Master of Arts

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Date December 3, 1974

## ACKNOWLEDGEMENTS

The author wishes to express her sincere appreciation to Dr. Dean C. Engel, Committee Chairman, and to Dr. Mary Lindquist, Committee Member, for their assistance in the preparation of this thesis. A special thank-you is extended to Dr. George W. Schubert, Committee Member, for his guidance throughout both my undergraduate and graduate training.

Finally, an immeasurable amount of appreciation is extended to my husband and children for their continual encouragement and understanding.

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## ABSTRACT

The purpose of this study was to accumulate current information which would provide a description of the training, present status, and perceived role of clinical supervisors in college and university speech and hearing training programs.

A questionnaire was prepared that was designed to provide the required information. Of the 1,170 questionnaires mailed to the Chairpersons of 208 Speech and Hearing programs, 501 completed questionnaires (43 percent of the total questionnaires) were returned, from 151 programs (70 percent of the total programs sampled). The data were analyzed in terms of total number of responses and total percentages of the entire sample. In addition, comparison was made between male and female respondents on certain items and between respondents from accredited and non-accredited programs on certain items.

Results obtained indicated that there are variations between male and female supervisors in total number, age, number of years of employment, gross salary per year, academic degree held, and tenure status. There were virtually no differences indicated between accredited and non-accredited programs with the exception that accredited programs are more likely to offer the doctorate degree.

Supervisory procedures listed from greatest to least usage were: 1) post therapy conferences, 2) lesson plans, 3) objective evaluation systems, 4) videotape, 5) audiotape, and 6) other. It was evident from

the responses to the various questions concerning methods of clinical supervision that a large variation exists in procedures used throughout the country.

## CHAPTER I

### INTRODUCTION AND REVIEW OF THE LITERATURE

At the 1963 Highland Park conference pertaining to graduate education in Speech Pathology and Audiology, considerable attention was given to the definition of the field and to the roles of workers in it (Darley, 1963). The following resolutions were an outgrowth from the conference:

WHEREAS the clinical application of the body of knowledge of our field is of prime importance, and  
WHEREAS the clinical teacher plays a vital role in graduate programs,  
RESOLVED that the conference recommend that every program offering professional education should include on its faculty one or more members primarily concerned with clinical endeavors who have themselves achieved a high level of clinical competence.  
RESOLVED that the conference recommend that the clinical teacher should be accorded recognition in the form of academic appointment, remuneration, and advancement comparable to recognition accorded faculty in other aspects of the teaching and research program.  
RESOLVED that the conference recommend that direct clinical activities of faculty be considered parallel to teaching and research in the determination of total academic load.

In 1964 the American Speech and Hearing Association held a seminar concerning guidelines for supervision of clinical practicum in training programs. At that seminar it was stated that establishment of certain guidelines for supervised clinical practicum in speech pathology and audiology is a most important step in improving the educational programs which will participate in the preparation of clinicians (Villareal, 1964). The report of the conference also stated

that objective evidence of the validity of criteria for evaluation of clinical competence is severely limited. There is an urgent need for a systematic appraisal of objective guidelines for the evaluation of the effectiveness of clinical training. Until objective guidelines become available, however, reliance must be placed on the professional judgement of the experienced clinical supervisors.

According to Anderson (1974) the profession is still looking for those guidelines and still depending upon the professional and subjective judgement of the experienced or inexperienced clinical supervisor.

Miner (1967), in one of the most comprehensive reports on clinical supervision to be found in the literature, stated:

In university training programs it is the quality of supervision which enables the young clinician to master the necessary skills of practicum, of evaluation, and of human relationships, and further motivates him to a constant self-appraisal of his clinical competency and a search for additional knowledge which will improve his competence.

However, Schubert (1974a) stated that too often the clinical supervisor in a college or university where the main function is to train speech, language, and hearing clinicians has the least amount of clinical experience of anyone on the department faculty, has a limited number of clinical contact hours, and almost always has the fewest years of formal education. In essence, according to Schubert, the clinical supervisor is often the poorest equipped person on the departmental faculty to handle the important job of clinical supervision.

Supervision of Speech and Hearing Clinicians in  
Public Schools

Supervision of speech, language, and hearing clinicians has come under scrutiny in the public schools as well as in the universities. Black et al. (1961) conducted a survey and found that practices followed nationally in the supervision of public school speech and hearing programs were widely varied. They discovered that the individuals who supervised public school clinicians were called supervisors, consultants, coordinators, directors and heads of special education, or of speech and hearing. Regarding training, 75 percent of supervisors had worked beyond the master's degree and 12 percent had completed the doctorate degree. The average supervisor had compiled professional experience totalling 15.6 years, with an average of almost five years as a public school clinician. The majority of the supervisors were over 40 years of age, and their salaries varied from \$6,000 to over \$10,000 per year. These researchers suggested that advantages might result from including in training programs greater stress on procedures in supervision and administration.

Anderson (1974, p. 7) stated that as the role of supervisor of speech, hearing and language programs in the schools emerges, it is imperative that the profession of speech pathology and audiology assumes the following responsibilities:

1. Support the need for supervision of school programs for communicatively handicapped children and communicate to school administrators the contribution a supervisor can make to such programs.
2. Take the initiative in defining the role of the supervisor of speech, hearing, and language programs in the schools.

3. Identify the components of the supervisory process and the competencies of supervisors, particularly those who work in the schools.
4. Establish training programs for supervisors, with special emphasis on leadership in school programs.

Faculty Supervision of College or University Students Engaged in Clinical Practicum in the Public Schools

Supervisors employed by universities are often responsible for supervising student clinicians engaged in practicum work in the public schools. A survey conducted in California and reported by Rees and Smith (1967) found that supervision by college supervisors was judged to be the most unsatisfactory aspect of the supervised school experience of student clinicians and the aspect most in need of improvement. Rees and Smith (1968) later reported that in an ideal program of supervised school experience, the teaching assignment of college supervisors should be in speech and hearing. They further stated that the ASHA Certificate of Clinical Competence in Speech Pathology should be required and also that college supervisors should have had prior public school employment in speech and hearing.

The Conference on Standards for Supervised Experience for Speech and Hearing Specialists in Public Schools conducted in Orange County, California, Wagner (1969, p. 47) specified the following qualifications for the college supervisor.

1. Professional Qualifications
  - a. A master's degree in Speech Pathology or a related area.
  - b. Additional recent academic work in the field.
  - c. A valid credential in Speech and Hearing awarded by a state department of education.
  - d. The ASHA Certificate of Clinical Competence in Speech Pathology.

2. Experiential Qualifications
  - a. Experience as a school clinician.
  - b. Experience teaching in college courses.
  - c. Experience working in the college clinic.
  - d. Clinical experience with a wide variety of children with speech, language, and hearing disorders.
  - e. Clinical experience with children of various ages, from preschool at least through junior high school. (Experience with high school students would also be desirable.)
  
3. Personal Qualifications
  - a. Flexibility.
  - b. Tolerance for differences of opinion.
  - c. Clinical expertise.
  - d. Respect for the public school as a setting for speech and hearing services.
  - e. Understanding and respect for the roles of school personnel: administrators, teachers, specialists, etc.
  - f. Willingness to learn and to change opinions of the nature of educational and therapeutic processes.
  - g. High degree of interest in the growth of the student.

#### Supervision in Private Speech and Hearing Centers

Supervision in private speech and hearing centers has also been studied. The results of a survey done by Stace and Drexler (1969) concerning private speech and hearing centers across the nation suggested the following: (1) the concepts of what constitutes special preparation for supervisors are not clear; (2) only 30 percent of the private centers responding had anyone who had received special preparation to be a supervisor; (3) sixty-two percent of those centers thought special preparation for supervisors was necessary; (4) the suggestions for improvement in special preparation, although somewhat vague, seemed to be related to learning more about working with people by using experience-based learning activities.

#### Supervision in College or University Speech and Hearing Centers

Several researchers in recent years have undertaken studies of supervisory practices in university or college speech and hearing

centers. Many have made recommendations for the improvement of the qualifications and also the status of the clinical supervisors in these centers (Ventry, Newman and Johnson, 1964; Halfond, 1964; Van Riper, 1965; Ward and Webster, 1965; Matthews, 1966; Miner, 1967; Kunze, 1967; Brown, 1967; Darley, 1969; Nelson, 1972, 1973; Anderson, 1973; Schubert, 1974a).

The results of a survey conducted by Ventry, Newman and Johnson (1964) led to the conclusion that individuals who perform or supervise clinical services in the academic setting generally have a master's degree or less, hold low academic rank, and have 10 or fewer years of paid professional experience. In addition, they reported that nearly one-half of the supervisors either have no ASHA certification or hold only the basic certificate. Finally, the clinical service category contained proportionately more females than found in other job task categories. All these factors, according to the authors, probably contribute to the low salary status held by individuals who performed or supervised clinical services in college and university speech and hearing programs.

Halfond (1964, p. 441) stated that one outstanding lack in training is in the supervisory aspect of the clinical practicum. Supervision, according to that writer, "is either downgraded or neglected, and while we attempt to upgrade the profession, we do not require special competence and training of our supervisory personnel."

Van Riper (1965, p. 77) and Ward and Webster (1965) attempted to stimulate research in the area of clinical supervision. Van Riper stated:



. . . We discern a general tendency in our field to view supervision of clinical practice as being of much less importance than research. If so, this is a tragic situation since our profession rests upon a broad foundation of casework. . . Our major purpose is to train our students to be clinicians. We will be measured ultimately by our success in helping those who cannot talk normally.

Matthews (1966), in reporting the essentials of an acceptable program of training for speech pathologists and audiologists stated that one of the attributes of the faculty conducting the training program was that it must include competent persons, with experience both in case management and in student supervision, whose responsibility it is to conduct the institution's program in student practicum and professional service. Matthews stated that the supervisor should observe therapy sessions frequently enough to be fully acquainted with the problems presented, the capabilities of the student, and the progress made.

Miner (1967, p. 471) set forth eight guidelines for quality supervision. These were:

1. Understanding and utilizing the dynamics of human relationships which promote the growth of the student clinician.
2. Establishing realistic goals with the student clinician which are clearly understood by both student and supervisor.
3. Observing and analyzing the teaching-learning act involved in the therapy procedures.
4. Providing the student with the necessary "feedback" which will enable him to become increasingly self-analytical.
5. Knowing and using a variety of materials, methods, and techniques which are based on sound theory, successful practice, or documented research.
6. Recognizing and setting aside the supervisor's personal prejudices and biases which influence perception and develop rigidity in order that the subjective task of evaluation may become as objective as possible.

7. Challenging and motivating the student clinician to strengthen his clinical competency without the supervisor's assistance.
8. Appreciating the individual differences among student clinicians to such an extent that supervisory programs and practices may be radically altered to suit his needs.

Kunze (1967) stated that it was his contention that techniques in the observation of communicative behavior should be systematically taught as the first step in clinical training programs and that the student should have attained observational skill before he faces his first practicum assignment.

Brown (1967) stated that if one of our important professional goals is to turn out competent speech clinicians prepared to render a service to the public, we must provide these people with competent clinical supervision to prepare them for their clinical role. She further stated that this means providing every training setting with a clinical professor who has the background, the personality, the experience and the prestige, title and salary commensurate with the responsibility he must assume. This, according to Brown, does not mean a young, inexperienced teaching assistant who is barely a year beyond the students he is meant to supervise.

Darley (1969, p. 147) claimed that there are people abroad in the land who are doing clinical work every day. "Somehow, in our training programs," he stated, "we must exploit their skills by offering them enough money and equal opportunities for promotion to lure them into educational institutions or by getting our students out into some kind of off-campus practicum in the settings where these people are working."

In a supplement to the guidelines for accreditation distributed by the American Boards of Examiners in Speech Pathology and Audiology, American Speech and Hearing Association, the following statement was made (1969, p. 5):

The supervision of the students' clinical practice should be carried out by clinically certified faculty. It is certainly desirable that the specific supervisory responsibilities reflect the special experience of the faculty assigned to them. It is appropriate to provide supervisory experiences for advanced students (past the Master's degree) who may not yet have completed all the formalities of certification, but if this is done, proper monitoring of these students is imperative. This monitoring system should be devised in such a way as to insure that the faculty supervisor is not too far removed from the direct responsibility for the client. It is also important that clinically certified staff provide diagnosis and therapy for demonstration purposes. It is unfortunate when students have primarily other students to observe for their models of clinical practice.

Nelson (1972) described a program of "supervised training in clinical supervision" implemented at the University of Michigan. She discussed the important elements of the program, the dynamics of the three-way interaction among student clinicians, student supervisors, and staff supervisors, problems encountered by the beginners, student evaluation, and overall effectiveness of the program. Nelson concluded that it is vitally important to begin training clinical supervisors through guided experience; just as researchers, teachers, and clinicians are trained.

Nelson (1973), in another paper, reviewed both personal and situational causes for the low status of clinical supervisors. Personal causes included qualifications and credentials (less qualified than other staff members, fewer with the Ph.D.) and motivation (lacking drive to develop new ideas). Situational causes include: absence of training in supervision, too-heavy workload, downward pressures of the

job market (cramped budgets of universities create incentive for administrators to hire people at the lowest possible salary), and non-existent or limited career ladders for the master's level persons. All of these factors, according to Nelson, lead to derogation for the supervisor from other faculty members. Nelson (1973, p. 6) stated that training for future clinical supervisors should follow these guidelines:

1. The supervisor should successfully complete a training program that stresses competence (output) rather than merely completing certain kinds of experiences (input).
2. Internships under experienced supervisors.
3. Professional experience with a variety of speech and language disorders.
4. Training in clinical research skills.

Nelson believes that those presently engaged in clinical supervision should be rewarded for attending inservice training workshops, and for learning the skills of research design and methodology. She also believes that clinical supervisors can be rewarded for updating their supervisory techniques and for completing additional coursework.

Anderson (1973) presented several issues in supervision of speech pathology that she considered pertinent at the time. These were: (1) the understanding of the clinical process and our procedures for analyzing and evaluating that process leave much to be desired; (2) the need to look at two kinds of competencies--competencies of clinicians and competencies of supervisors; (3) the need to prepare supervisees to work with supervisors; (4) the supervision of clinicians in training and in the employment setting is too important to be left to trial and error methods; and (5) the profession must encourage the employment of supervisors in work settings where clinicians are

### Methods of Supervision

In addition to descriptions of supervisors and their roles, some researchers have turned their attention to specific methods of supervision. Brooks and Hannah (1966) described a system whereby the supervisor can communicate with the clinician from behind a one-way mirror. Using an induction loop, and a hearing aid receiver, the supervisor can provide immediate feedback to the clinician without alerting the client to the interaction.

Diedrich (1966) and Irwin and Nickles (1970) described the use of videotape in teaching clinical skills. Andrews (1971) described the use of operationally written therapy goals (ones which describe what the client will do to demonstrate that he has mastered the desired skill or understanding) in supervised clinical practicum. This manner of structuring the clinical experience can be utilized to make evaluation of the student's clinical performance more objective, to provide a framework for the supervisor to use in teaching the student clinician, and to provide the student with a method for evaluating his client's progress after he leaves the training institution.

Schalk and Peroff (1972) described an objective method of measuring student performance in clinical practice. Their study indicated an apparent inconsistency of supervisory evaluations from one supervisor to another. They made the following two recommendations: (1) to provide inservice training for supervisors and to give special emphasis to establishing a common reference point from which student performance in therapy could be judged; and (2) to continue research on objectifying rating scales by identifying more explicit kinds of behaviors.

employed. Anderson also described the current situation of supervision in Speech Pathology and presented a model for supervision.

Schubert (1974a) hypothesized several reasons for the clinical supervisor often being the most poorly equipped person on the departmental faculty to handle the important job of clinical supervision. These included low salaries for persons with master's degrees, doctoral level people preferring to devote their time to research and publication, a dislike of supervising because of a lack of objective procedures, and lack of formal training in supervision.

Schubert (1974a, p. 305) suggested the following minimum requirements for a person to serve as a clinical supervisor:

1. A master's degree in the subject area in which supervision will be administered.
2. Certificate of Clinical Competence in the subject area in which supervision will be administered.
3. Two hundred hours (internship) of practicum in supervision under the direction of a certified and experienced supervisor. The practicum should be with a wide variety of clinicians.
4. Practicum experience as a supervisor, involving supervision of a wide range of clients with different disorders.
5. Two years of paid professional experience following the completion of the Clinical Fellowship Year.
6. Knowledge of and experience with a wide variety of diagnostic tests and instruments within the subject area or areas in which supervision is to be administered.
7. Basic knowledge in scientific methodology. Be able to plan, supervise, evaluate systematic controlled clinical research.
8. Six credit hours of academic coursework specifically designed to prepare students to work actively as a clinical supervisor.

Boone and Prescott (1972) described their 10-category analysis system that allows for quantifiable description of the events contained in the therapy session studied. Using videotape, the clinician may use self-evaluation, or the system may be used by the clinical supervisor.

According to Schubert and Glick (1973), with the use of a scoring system, it is possible to categorize the behavior of both the clinician and the client. The events of therapy may be placed in the sequential order in which they occurred.

Roth (1973, p. 29) described clinical accountability as a synonym for the systematic analysis of behavior interactions. She maintained that:

As a profession it is now incumbent upon us to define the constraints and the alternatives to effective therapeutic interaction; but, whatever the constraints and alternatives may be, however the clinical process is described, relative value will depend upon identifying measurable and definable variables which can be used to train effective behavior change agents--the clinical supervisor and the clinician. What we are describing then, is not how to supervise, or how to be a clinician, but what procedures are necessary to change behavior.

Schubert (1974b) published The Analysis of Behavior of Clinicians (ABC) System. This system is aimed at identifying specifically the recurring behavioral patterns which take place during the time the clinician is trying to change the client's speech patterns and to analyzing these behaviors in terms of their effectiveness. According to Schubert, supervisors should be able to help the inexperienced clinician recognize his progress toward his goal of clinical competency.

#### Purpose of the Study

The purpose of this study was to accumulate current information which would provide a description of the training, present status, and

perceived role of clinical supervisors in colleges and university speech and hearing training programs. Although it is recognized that people in the field provide supervision for paid professional staff members, "supervisor," for this study, was defined as a non-student staff member who observes students in the process of administering speech or language therapy, and then makes recommendations.



## CHAPTER II

### PROCEDURE

A questionnaire (Appendix A) was prepared that was designed to provide information concerning the purpose of the study. Completion of the questionnaire entailed checking appropriate responses to 66 questions.

The questionnaire was then mailed to 85 university training programs accredited by the Education and Training Board of the American Boards of Examiners in Speech Pathology, American Speech and Hearing Association (ASHA); and to 123 non-accredited university programs.

Programs receiving questionnaires were selected as follows. All programs accredited in Speech Pathology or in both Speech Pathology and Audiology received questionnaires. Only those programs offering master's degrees are eligible for accreditation. Non-accredited programs were included if they offered the master's degree. Selections were made from a 1974 pamphlet distributed by the American Speech and Hearing Association, entitled College and University Programs, Speech Pathology and Audiology. This publication lists all college and university training programs in Speech Pathology and Audiology, specifies those that are accredited, and also the degrees offered by each institution.

Without contacting each institution, it was impossible to determine the exact number of clinical supervisors on each faculty.

Therefore, that number was estimated as follows. The 1972-73 American Speech and Hearing Association Guide to Graduate Education in Speech Pathology and Audiology was used to obtain the number of staff and faculty members at each institution holding the ASHA Certificate of Clinical Competence in Speech Pathology or in both Speech Pathology and Audiology. A questionnaire for each of these people was then mailed to the chairperson of each department, with the request that the forms be distributed to each clinical supervisor in the program (Appendix B).

Each questionnaire was identified by number for purposes of follow-up. A follow-up letter (Appendix C) was mailed to 91 institutions who had not responded four weeks after the original mailing date. A cut-off date for inclusion of data obtained from the questionnaire was set 40 days following the original mailing date.

Following return of the response forms, each was analyzed as follows. Each item on the questionnaire was tallied in terms of the actual number of persons who responded to each answer choice and this frequency was also converted to a percentage of the total. In addition, comparison was made between male and female respondents on items A 1, 3, 4, 5, 6, 7, 8; B 11; C 3, 6; and D 12, 13, 14, 20 and 21 and between respondents from accredited and non-accredited programs on items A 2, 6, 7, 8; B 3, 5; C 1; D 1, 2, 3, 4, 6, 7, 10, 11, 16 and 19.

## CHAPTER III

### RESULTS AND DISCUSSION

A cut-off date for receiving completed questionnaires was set for 40 days following the original mailing date of all questionnaires. On that date, of the 1,170 questionnaires mailed, 501 were returned completed. In addition, two programs (18 questionnaires) replied that they did not offer clinical training, and two more programs (10 questionnaires), upon receipt of the follow-up letter, replied that they had not received the questionnaires. The number of responses used in the study, therefore, was 43 percent of the potential respondents. It must be noted, however, questionnaires were sent for all certified faculty in each institution and it is unlikely that all of them are engaged in clinical supervision.

Perhaps a more meaningful method of reporting the number of responses received is by noting the number of programs involved. A total of 204 (208 minus the above four) program chairpersons received the questionnaire. Of these, responses were received from 151 or 79 percent of the programs.

Geographically, the majority of the states were represented. Of the 50 states and the District of Columbia, only Alaska and New Hampshire did not have programs eligible for inclusion in the study. Responses were received from 45 states and the District of Columbia. Replies were not received from Arkansas, Hawaii, and Rhode Island.

The questionnaire was designed to investigate four specific areas: 1) Personal Information (biographical), 2) Information Concerning Preparation for Supervisory Position, 3) Information Regarding Present Professional Position and 4) Information Concerning Actual Supervision. In addition to the investigation of the aforementioned areas, comparisons were made between male and female supervisors and between accredited and non-accredited programs.

The data obtained from the questionnaire follows. Explanations are included where necessary for clarification.

#### I. Results Obtained from Total Questionnaire

##### A. PERSONAL INFORMATION

	<u>Number</u>	<u>Percentage</u>
1. Age		
0. No response	0	0.00
1. Under 25	15	2.99
2. 26 - 32	191	38.12
3. 33 - 39	110	21.96
4. 40 - 45	90	17.96
5. Over 45	95	18.96
2. Sex		
0. No response	0	0.00
1. Male	185	36.93
2. Female	316	63.07
3. For how many years have you been employed in your present position?		
0. No response	3	0.60
1. Less than 1 year	82	16.37
2. 1 - 3 years	153	30.54
3. 4 - 6 years	117	23.35
4. More than 6 years	146	29.14
4. Is your professional position:		
0. No response	1	0.20
1. Less than one-half time	17	3.39
2. Approximately one-half time	32	6.39
3. More than one-half, less than full-time	18	3.59
4. Full-time	433	86.43

	<u>Number</u>	<u>Percentage</u>
5. Upon how many months employment per year is your salary based?		
0. No response	0	0.00
1. 3 or under	5	1.00
2. 4 - 8	14	2.79
3. 9 - 10	311	62.08
4. 11 - 12	171	34.13
6. What is your present gross salary per year?		
0. No response	5	1.00
1. Under \$5,000	22	4.39
2. \$5,000 - 8,000	37	7.39
3. \$9,000 - 12,000	192	38.32
4. \$13,000 - 16,000	139	27.74
5. \$17,000 - 20,000	70	13.79
6. Over \$20,000	36	7.19
7. What is your highest academic degree?		
0. No response	2	0.40
1. B.S. (B.A., B.Ed.)	13	2.59
2. M.S. (M.A., M.Ed.)	301	60.08
3. Ph.D. (Ed.D., M.D.)	185	36.93
8. Do you have an ASHA Certificate of Clinical Competence in:		
0. No response	1	0.20
1. Speech Pathology and Audiology	71	14.17
2. Speech Pathology	362	72.26
3. Audiology	36	7.19
4. Presently involved in Clinical Fellowship Year	17	3.39
5. None	14	2.79

B. INFORMATION CONCERNING PREPARATION FOR SUPERVISORY POSITION

	<u>Number</u>	<u>Percentage</u>
1. How much paid professional experience as a clinician did you have before becoming a supervisor?		
0. No response	0	0.00
1. 0 years	58	11.58
2. 1 - 2 years	140	27.94
3. 3 - 5 years	169	33.73
4. 6 - 8 years	75	14.97
5. 9 - 11 years	26	5.19
6. More than 11 years	33	6.59

	<u>Number</u>	<u>Percentage</u>
2. How much paid professional experience as an instructor in Speech Pathology and Audiology did you have before your first assignment as a supervisor?		
0. No response	3	0.60
1. 0 years	301	60.08
2. 1 - 2 years	118	23.55
3. 3 - 5 years	51	10.18
4. 6 - 8 years	10	2.00
5. 9 - 11 years	12	2.40
6. More than 11 years	6	1.20
3. How much academic coursework have you completed which was directed to the supervisory process as opposed to the evaluation and management of the disorders themselves?		
0. No response	14	2.79
1. 1 - 3 semester hrs. (2/3 - 2 quarter hrs.)	92	18.36
2. 4 - 6 semester hrs. (2 2/3 - 4 quarter hrs.)	43	8.58
3. 7 - 10 semester hrs. (4 2/3 - 6 2/3 quarter hrs.)	17	3.39
4. More than 7 - 10 semester hrs. (4 2/3 - 6 2/3 quarter hrs.)	12	2.40
5. None	323	64.47
4. Do you think <del>specific</del> academic courses in the clinical supervision process would be important for someone preparing to be a supervisor?		
0. No response	19	3.79
1. Yes	416	83.03
2. No	66	13.17

In regard to the above question, several respondents stated that the response would depend entirely on the content of the course, and upon whom the instructor would be.

	<u>Number</u>	<u>Percentage</u>
5. Does the Department of Speech Pathology (Communication Disorders, etc.) at the Institution at which you are employed offer a course in clinical supervision?		

	<u>Number</u>	<u>Percentage</u>
0. No response	7	1.40
1. Yes	81	16.17
2. No	413	82.44
6. Do you think a course in clinical supervision would be helpful to you now?		
0. No response	12	2.40
1. Yes	321	64.07
2. No	168	33.53
7. When was your most recent attendance at a paper presentation on supervision at an ASHA convention?		
0. No response	14	2.79
1. 1973	123	24.55
2. 1972	87	17.37
3. 1971	42	8.38
4. 1970	14	2.79
5. 1969	7	1.40
6. Earlier than 1969	13	2.59
7. Never	201	40.12
8. When was your most recent attendance at a short course on supervision at an ASHA convention?		
0. No response	13	2.59
1. 1973	21	4.19
2. 1972	17	3.39
3. 1971	12	2.40
4. 1970	8	1.60
5. 1969	2	0.40
6. Earlier than 1969	4	0.80
7. Never	424	84.63
9. Do you belong to the Council of College and University Supervisors of Practicum in the Schools?		
0. No response	6	1.20
1. Yes	69	13.77
2. No	426	85.03
10. Do you belong to any other organization specifically designed to improve clinical supervisory skills?		
0. No response	9	1.80
1. Yes	45	8.98
2. No	447	89.22

The above question included space in which to specify the particular organization to which the respondent belongs. The majority of those listed were state groups, including: California Master Clinicians, California Speech and Hearing Association Ad Hoc Committee on Public School Practicum, Ohio State Organization, Illinois State Council of College and University Supervisors of Practicum in Schools (meets three times annually), Michigan Association of University Supervisors.

	<u>Number</u>	<u>Percentage</u>
11. Do you feel prepared to perform the supervisory tasks required of you?		
0. No response	8	1.60
1. Yes	458	91.42
2. No	35	6.99

C. INFORMATION REGARDING PRESENT PROFESSIONAL POSITION

	<u>Number</u>	<u>Percentage</u>
1. What is the highest degree in Speech Pathology and Audiology offered at the institution at which you are employed?		
0. No response	7	1.40
1. Master's	311	62.08
2. Doctorate	183	36.53
2. Is the professional education program in which you are employed accredited through the Education and Training Board of the American Boards of Examiners in Speech Pathology and Audiology?		
0. No response	20	3.99
1. Fully accredited	270	58.89
2. Presently preparing to become accredited	175	34.93
3. Not accredited	36	7.19



	<u>Number</u>	<u>Percentage</u>
3. Do you have tenure in your position?		
0. No response	5	1.00
1. Yes	163	32.53
2. No	333	66.47
4. Is it possible to receive tenure in your present capacity?		
0. No response	24	4.79
1. Yes	300	59.88
2. No	177	35.33
5. Are departmental decisions made by a departmental faculty vote?		
0. No response	24	4.79
1. Yes	434	86.63
2. No	43	8.58
6. Are you a voting member of your departmental faculty?		
0. No response	8	1.60
1. Yes	401	80.04
2. No	92	18.36

D. INFORMATION CONCERNING ACTUAL SUPERVISION

	<u>Number</u>	<u>Percentage</u>
1. <del>Do graduate students not</del> holding the ASHA Certificate of Clinical Competence assist in clinical supervision in your Speech and Hearing Clinic?		
0. No response	3	0.60
1. Yes	162	32.34
2. No	336	67.07
2. Do graduate students holding the ASHA Certificate of Clinical Competence assist in clinical supervision in your Speech and Hearing Clinic?		
0. No response	27	5.39
1. Yes	180	35.93
2. No	294	58.68

	<u>Number</u>	<u>Percentage</u>
3. Do you supervise students at all levels of their clinical practicum experience?		
0. No response	1	0.20
1. Yes	433	86.43
2. No	67	13.37
4. Do you supervise a variety of clients with different disorders?		
0. No response	5	1.00
1. Yes	435	86.83
2. No	61	12.18
5. Do you personally participate in therapy for demonstration purposes?		
0. No response	3	0.60
1. Yes	435	86.83
2. No	63	12.57
6. Do you carry a caseload of your own?		
0. No response	5	1.00
1. Yes	133	26.55
2. No	363	72.46
7. How many paid clinical supervisors are on your staff? (Exclude graduate assistants)		
0. No response	14	2.79
1. 0 - 1	58	11.58
2. 2 - 4	165	32.93
3. 5 - 7	140	27.94
4. 8 - 10	80	15.97
5. More than 10	44	8.78
8. Please estimate the average number of students (graduate and undergraduate) participating in clinical practice in your program per semester or quarter.		
0. No response	10	2.00
1. Under 20	56	11.18
2. 21 - 40	143	28.54
3. 41 - 60	136	27.15
4. 61 - 80	76	15.17
5. 81 - 100	39	7.78
6. Over 100	41	8.18
9. Please estimate how many clients (average) are enrolled for therapy provided by student clinicians each semester or quarter.		

	<u>Number</u>	<u>Percentage</u>
0. No response	20	3.99
1. Under 20	19	3.79
2. 21 - 40	59	11.78
3. 41 - 60	116	23.15
4. 81 - 100	116	23.15
5. Over 100	158	31.54
6. 61 - 80	13	2.59
10. On the average, how many different clients are you assigned to supervise per week?		
0. No response	23	4.59
1. 1 - 5	58	11.58
2. 6 - 10	114	22.75
3. 11 - 15	93	18.56
4. 16 - 20	82	16.37
5. 21 - 25	47	9.38
6. Over 25	84	16.77
11. On the average, how many student clinicians are you assigned to supervise each week?		
0. No response	9	1.80
1. 1 - 5	104	20.76
2. 6 - 10	169	33.73
3. 11 - 15	100	19.96
4. 16 - 20	62	12.38
5. 21 - 25	26	5.19
6. Over 25	31	6.19
12. Please estimate what percentage of your time is spent in the combined tasks of clinical supervision.		
0. No response	1	0.20
1. 0 - 20%	98	19.56
2. 21 - 40%	128	25.55
3. 41 - 60%	107	21.36
4. 61 - 80%	64	12.77
5. 81 - 100%	103	20.56
13. Please estimate what percentage of your time is spent teaching academic classes (including preparation).		
0. No response	3	0.60
1. 0 - 20%	208	41.52
2. 21 - 40%	122	24.35
3. 41 - 60%	115	22.95
4. 61 - 80%	51	10.18
5. 81 - 100%	2	0.40

	<u>Number</u>	<u>Percentage</u>
14. Please estimate what percentage of your time is spent in research.		
0. No response	8	1.60
1. 0 - 20%	455	90.82
2. 21 - 40%	32	6.39
3. 41 - 60%	6	1.20
4. 61 - 80%	0	0.00
5. 81 - 100%	0	0.00
15. Please estimate what percentage of your time is spent in administration. (Do not include activities directed at planning and coordinating your clinical supervision duties)		
0. No response	9	1.80
1. 0 - 20%	401	80.04
2. 21 - 40%	68	13.57
3. 41 - 60%	16	3.19
4. 61 - 80%	6	1.20
5. 81 - 100%	1	0.20
16. Which of the following supervisory procedures do you use?		
1. Videotape	336	67.07
2. Audiotape	311	62.08
3. Post therapy conferences	491	98.00
4. Lesson plans	457	91.22
5. Objective evaluation systems	365	72.85
6. Other	130	25.95

Item 17 requested the respondents to rank the supervisory procedures listed in question 16. In order from most to least effective, the following ranking was obtained: 1) post therapy conferences, 2) videotape, 3) other, 4) lesson plans, 5) objective evaluation systems and 6) audiotape.

Questions 16 and 17 included a space for respondents to specify other methods of supervision employed. Since, with few exceptions, the identical response was given to both questions, only question 17 has been reported in detail. The methods are listed in order from most to

least frequently used. The total number of times each item was listed is included in the brackets.

Other methods of supervision employed included: direct observation (61), group meetings or clinical conferences and staffings (37), written critiques (19), pre-therapy conferences (16), demonstration therapy (14), in-therapy supervision or co-therapy (12), role playing (4), therapy logs (3), and subjective evaluation (2).

Mentioned only one time were: talk back, peer evaluation, research project therapy, closed circuit television, departmental evaluation forms, list of behaviors clinicians should develop, verbal feedback, typed transcripts of therapy, and short wave instructions.

	<u>Number</u>	<u>Percentage</u>
18. Check the following clinician evaluation system(s) with which you are familiar.		
1. ABC (Analysis of Behavior of Clinicians System)	129	25.75
2. Boone-Prescott 10-Category System	258	51.50
3. Other	121	24.15
4. None	140	27.94
19. Check the system(s) that you actually employ.		
1. Boone-Prescott 10-Category System	115	22.95
2. ABC System	25	4.99
3. Other	211	42.12
4. None	131	26.15

Items 18 and 19 included a blank space to specify "other clinician evaluation system(s)." Again, responses to both questions were similar. Therefore, questions 18 and 19 have been combined to describe "other clinician evaluation system(s) used."

It was apparent from responses received to these questions that they were misinterpreted by most respondents. Both the ABC System and the Boone-Prescott Ten-Category System employ the concept of analysis of clinician-client interaction while therapy is on-going. Therefore, the supervisor is able to objectively identify behavior that has actually occurred and has concrete evidence from the notes taken. Most respondents evidently interpreted these questions as "any objective evaluation." Evidence of this supposition is provided by several clinic rating scales enclosed with questionnaire response sheets as well as by the answers written on the questionnaires.

Responses to "other system(s) employed" are given in order of most to least frequently used. The total number of times each item was listed is included.

Other system(s) employed included: department-designed (126), self-designed (24), Klevens-Volz (9), Wisconsin Procedure for Appraisal of Clinical Competence ~~all~~ were received from the State of Wisconsin (8), Diedrich-Johnson Category System (5), and Flanders Quick Analysis Scoring (3).

Those systems mentioned only once included: Martin Schultz, Our Lady of the Lake Harry Seesig Center Competency-Based Program, a cost-benefit system, contractual teaching, behavior oriented objective evaluation system using a 5-point continuum from outstanding to failure, Amidon's Interaction Analysis, Allen's microteaching, McCabe-Bradley Data Collection, System by Dr. Ashmore at the University of Texas, Cullota System, interaction analysis based on statement-rationale pattern, system designed by Los Angeles Schools, Grandstaff (Miami

University), 4-factor approach, Roth-Parks Interaction Analysis, Mowrer Approach to "precision therapy," Underwood, system periodically printed in ASHA, Adah Miner, Edwards Categories in video research.

	<u>Number</u>	<u>Percentage</u>
20. Do you consider clinical supervision to be a profession in itself (a separate entity)?		
0. No response	13	2.59
1. Yes	195	38.92
2. No	293	58.48
21. Considering everything, how do you compare your supervisory position to a teaching position?		
0. No response	26	5.19
1. Superior	31	6.19
2. Equal	391	78.04
3. Inferior	53	10.58

Although no space was provided specifically for comments concerning question 21, many respondents nonetheless chose to elaborate upon their responses. These comments are included verbatim for the purpose of providing further insight. Since these comments were easily divided into three different categories, they have been so categorized for reporting.

Category 1. Responses Generally Critical of the Position of Supervisor

1. Superior in terms of responsibility for student training and sheer work and personal dynamics needed (i.e.) juggling client-clinician interaction problems with students' knowledge of disorder (or lack of - typically) and being careful to maintain an attitude of which growth is the criterion, not absolute competence.

Equal in terms of familiarity with the literature and as a catalyst for stimulating students.

Inferior in the perception of the supervisory position by non-supervisors on the staff.

2. Superior--but it is judged inferior by the department head and teaching faculty.
3. Within many university systems the M.A. supervisor is truly a second-class citizen.
4. Supervising is generally not considered equal by the full faculty at this department.
5. Equal in importance. Inferior in status, academic rank, and salary.
6. I consider it equal. Others--inferior.
7. Inferior--primarily an economic inferiority as well as the non-tenured nature of the position.
8. I feel it is equal. At the institution it is inferior.
9. The department (and ASHA) by practice consider supervision to be inferior to 'teaching.'
10. I feel the majority of the staff regards it as inferior.
11. Should be equal. Do not feel that supervisors in our department are treated as equals by other staff members. Interesting to note, however, that students express that they learn a great amount of clinical skills in the practicum courses.
12. Equal, but not in pay.
13. Should be equal--is inferior, not in terms of responsibility, but rather in terms of the reality of the supervisor's role within the department.
14. Inferior because I'm not spending time keeping up on academic material. It's a step outside the mainstream of academic thinking. Too much of my time is scheduled in activities, not enough time to be creative, to explore new methodologies, interesting problems, etc.
15. I teach three courses, get a one course reduction (the fourth course) to supervise 16 clinicians seeing 50 clients per week. I'm doing a lousy job, I admit. I can't seem to convince anyone in the administration of this. Your questionnaire reflects concern about people in my particular position. My answer to the problem is a poor one. I plan to leave next year to complete the Ph.D. Then I'll refuse to carry this load when I return like the others do. That's not the proper procedure for remediation, but it's my personal answer for now.



16. Superior in impact on student's professional growth. Inferior in comparative number of hours spent on the job in opportunities to do research.

Category 2. Responses Equating Supervision with Teaching

1. Teaching and supervising are the same. (8 respondents)
2. I can't see how anyone can effectively separate the respective academic and practicum teaching and supervisory responsibilities. Each one breathes life into the other.
3. In this field, and at a university particularly, you truly cannot separate the clinical from teaching--aren't they inextricable and interwoven?
4. Basically one must be able to teach before one can supervise.
5. Teaching becomes meaningless without patient involvement.
6. Equal but different.
7. Both require good communication skills. Both require current knowledge of the field. Both require ability to relate theory to experience. I don't see the functions of teaching in a formal classroom or supervising on a 'tutorial' basis as very different.

Category 3. Responses Stating Opinions Concerning Supervision

1. As a supervisor I deal directly with each student in the therapy situation. It seems to be a more practical aspect than the theory, which is necessary previous to a practicum experience but is less personal.
2. . . . Supervision is more gratifying to me than teaching. The teaching of academic courses is a requisite. However, the demonstration of sound clinical skills complimented by good judgement is really the ultimate goal which we must impress upon students in our profession.
3. Teaching is most important. However, the therapy session is where your students begin to practice what you preach. Supervision is no more or less equal than teaching. They are different conceptually.
4. Supervisors should be highly selected for competency, maturity, knowledge, innovativeness, and above all--the Model.

5. Courses in supervision have been suggested by some of us for years. We have made little progress. Such courses should be for those holding a M.A. or enrolled for the doctorate.
6. My own bias is that in order to be a good supervisor one should maintain an active caseload in therapy. It is a circular process of constant learning.
7. Master teacher.

## II. Results Obtained Comparing Male to Female Supervisors

It has been suggested that one reason for the apparent low status of clinical supervisors is that there is a disproportionate number of females in those positions, and that the majority of the women hold only the master's degree. Therefore, it was considered relevant to make a comparison between male and female supervisors in several areas. Comparisons were made by analysis of the data obtained from the following questions: A 1, 3, 4, 5, 6, 7, 8; B 11; C 3, 6; and D 12, 13, 14, 20, 21. Results of the comparison are summarized in Table 1.

A total of 316 females and 185 males responded to the questionnaire. Table 1 indicates that there are several areas in which the difference between the two groups is sizable. In item 5 (age), large differences are shown at two age levels. Among the female respondents, 48.42 percent are between the ages of 26 - 32, while only 20.54 percent of the males fall within that category. However, 28.65 percent of the males and only 13.29 percent of the females are over age 45.

Item seven shows that men have been employed in their present positions for a greater length of time. A high percentage of both males (96.22) and females (80.70) are employed in full-time positions.

TABLE 1

## COMPARISON OF MALE TO FEMALE SUPERVISORS

Question	Male		Female	
	Number	Percentage	Number	Percentage
Part A				
1. Age:				
No response	0	0.00	0	0.00
Under 25	2	1.08	13	4.11
26 - 32	38	20.54	153	48.42
33 - 39	46	24.96	64	20.25
40 - 45	46	24.86	44	13.92
Over 45	53	28.65	42	13.29
3. Years employed in present position:				
No response	1	0.54	2	0.63
Less than 1 year	15	8.11	67	21.20
1 - 3 years	42	22.70	111	35.13
4 - 6 years	48	25.95	69	21.84
More than 6 years	79	42.70	67	21.20
4. Type of Position:				
No response	1	0.54	0	0.00
Less than one-half time	2	1.08	15	4.75
Approx. one-half time	3	1.62	29	9.18
More than one-half, but less than full-time	1	0.54	17	5.38
Full-time	178	96.22	255	80.70
5. Months employment per year upon which salary is based:				
No response	0	0.00	0	0.00
3 or under	0	0.00	5	1.58
4 - 8	4	2.16	10	3.16
9 - 10	131	70.81	180	56.96
11 - 12	50	27.03	121	38.29
6. Gross salary per year:				
No response	4	2.16	1	0.32
Under \$5,000	2	1.08	20	6.33
\$5,000 - 8,000	0	0.00	37	11.71
\$9,000 - 12,000	23	12.43	169	53.48
\$13,000 - 16,000	77	41.62	62	19.62
\$17,000 - 20,000	49	26.49	21	6.65
Over \$20,000	30	16.22	6	1.90

TABLE 1--Continued

Question	Male		Female	
	Number	Percentage	Number	Percentage
7. Highest academic degree:				
No response	1	0.54	1	0.32
B.S. (B.A., B.Ed.)	1	0.54	12	3.80
M.S. (M.A., M.Ed.)	51	27.57	250	79.11
Ph.D. (Ed.D., M.D.)	132	71.35	53	16.77
8. ASHA Certificate of Clinical Competence in:				
No response	0	0.00	1	0.32
Speech Pathology & Audiology	39	21.08	32	10.13
Speech Pathology	118	63.78	244	77.22
Audiology	22	11.89	14	4.43
Presently involved in Clinical Fellowship Year	3	1.62	14	4.43
None	3	1.62	11	3.48
Part B				
11. Do you feel prepared to perform the supervisory tasks required of you?				
No response	0	0.00	8	2.53
Yes	168	90.81	290	91.77
No	17	9.19	18	5.70
Part C				
3. Do you have tenure in your present position?				
No response	2	1.08	3	0.95
Yes	99	53.51	64	20.25
No	84	45.41	249	78.80
6. Are you a voting member of your departmental faculty?				
No response	4	2.16	4	1.27
Yes	170	91.89	231	73.10
No	11	5.95	81	25.63
12. Percentage of time spent in combined tasks of clinical supervision.				
No response	0	0.00	1	0.32
0 - 20%	67	36.22	31	9.81
21 - 40%	64	34.59	64	20.25
41 - 60%	36	19.46	71	22.47

TABLE 1--Continued

Question	Male		Female	
	Number	Percentage	Number	Percentage
61 - 80%	14	7.57	50	15.82
81 - 100%	4	2.16	99	31.33
13. Percentage of time spent in teaching academic courses.				
No response	1	0.54	2	0.63
0 - 20%	29	15.68	179	56.65
21 - 40%	55	29.73	67	21.20
41 - 60%	65	35.14	50	15.82
61 - 80%	34	18.38	17	5.38
81 - 100%	1	0.54	1	0.32
14. Percentage of time spent in research.				
No response	4	2.16	4	1.27
0 - 20%	161	87.03	294	93.04
21 - 40%	16	8.65	16	5.06
41 - 60%	4	2.16	2	5.06
61 - 80%	0	0.00	0	0.00
81 - 100%	0	0.00	0	0.00
15. Percentage of time spent in administration				
No response	3	1.62	6	1.90
0 - 20%	134	72.43	267	84.49
21 - 40%	36	19.46	32	10.13
41 - 60%	7	3.78	9	2.85
61 - 80%	5	2.70	1	0.32
81 - 100%	0	0.00	1	0.32
20. Do you consider clinical supervision to be a profession in itself?				
No response	5	2.70	8	2.53
Yes	44	23.78	151	47.78
No	136	73.51	157	49.68
21. Considering everything, how do you compare your supervisory position to a teaching position?				
No response	10	5.40	16	5.07
Superior	6	3.24	25	7.91
Equal	146	78.92	245	77.53
Inferior	23	12.43	30	9.49

A great discrepancy is noted between the two sexes in both gross salary per year and in highest academic degree obtained, which may possibly indicate a relationship between the two variables. The largest group of females (53.48 percent) fall into the salary category of \$9,000 - \$12,000 per year compared to only 12.43 percent of males in that group. The largest number of males (41.62 percent) fall into the category of \$13,000 - \$16,000 per year compared to only 19.62 percent of the females. Also notable is that 26.49 percent of the males earn between \$17,000 - \$20,000 per year, compared to only 6.65 percent of the females.

Concerning highest academic degree obtained, 79.11 percent of the females had master's degrees, compared to 27.57 percent of the males. Accordingly, 71.35 percent of the males had doctorate degrees, compared to only 16.77 percent of the females.

An extremely high percentage of both sexes (males: 98.38 percent; females: 97.52 percent) hold the ASHA Certificate of Clinical Competence in either Speech Pathology or Audiology or in both areas. Also most respondents (males: 90.81 percent; females: 91.77 percent) claimed that they felt prepared to perform the clinical supervisory tasks required of them.

Concerning tenure, more males (53.51 percent) than females (20.25 percent) hold this status in their present positions. This fact may also be related to the higher percentage of males holding the doctorate degree and also to their greater length of employment. Also, a greater number of males (91.89 percent) than females (73.10 percent) are voting members of their departmental faculties.

A greater number of females (47.78 percent) than males (23.78 percent) consider clinical supervision to be a profession in itself. Also, an almost equal percentage of males and females (males: 78.92 percent; females: 77.53 percent) consider their supervisory positions to be equal to a teaching position.

### III. Results Obtained from Comparison of Accredited to Non-Accredited Programs

The questionnaire designed for this study was sent to all programs in Speech Pathology and Audiology throughout the United States that were accredited through the Education and Training Board of the American Boards of Examiners in Speech Pathology, American Speech and Hearing Association; and to all programs offering master's degrees in Speech Pathology that were not accredited. It was, therefore, considered pertinent to compare the results obtained from each type of program. Therefore, accredited and non-accredited programs were compared on the following questions: A 2, 6, 7, 8; B 3, 5; C 1; D 1, 2, 3, 4, 6, 7, 10, 11, 16, and 19. Results obtained are summarized in Table 2.

A total of 289 responses were received from supervisors employed in fully accredited programs, while 212 were received from non-accredited programs.

Results obtained indicate that there are no sizable differences on the comparison questions with the exception of one item. That is, many more accredited programs offer a doctorate degree (49.13 percent) compared to non-accredited programs (19.34 percent).

TABLE 2

## COMPARISON BETWEEN ACCREDITED AND NON-ACCREDITED PROGRAMS

Question	Accredited		Non-Accredited	
	Number	Percentage	Number	Percentage
Part A				
2. Sex:				
No response	4	1.32	1	0.47
Male	103	35.64	79	37.26
Female	182	62.98	132	62.26
6. Gross Salary per year:				
No response	3	1.04	2	0.94
Under \$5,000	16	5.54	6	2.83
\$5,000 - 8,000	29	10.03	8	3.77
\$9,000 - 12,000	110	38.06	82	38.68
\$13,000 - 16,000	73	25.26	66	31.13
\$17,000 - 20,000	34	11.76	36	16.98
Over \$20,000	24	8.30	12	5.66
7. Highest academic degree:				
No response	0	0.00	2	0.94
B.S. (B.A., B.Ed.)	7	2.42	6	2.83
M.S. (M.A., M.Ed.)	182	62.98	119	56.13
Ph.D. (Ed.D., M.D.)	100	34.60	85	40.09
8. ASHA Certificate of Clinical Competence in:				
No response	1	0.32	0	0.00
Speech Pathology & Audiology	41	14.19	30	14.15
Speech Pathology	206	71.28	156	73.58
Audiology	24	8.30	12	5.66
Presently involved in Clinical Fellowship Year	8	2.77	9	4.25
None	9	3.11	5	2.36
Part B				
3. Academic coursework completed in supervisory process:				
No response	5	1.73	9	4.25
1 - 3 semester hours (2/3 - 2 quarter hours)	51	17.65	41	19.34
4 - 6 semester hours (2 2/3 - 4 quarter hours)	23	7.96	20	9.43
7 - 10 semester hours (4 2/3 - 6 2/3 quarter hours)	10	3.46	7	3.30



TABLE 2--Continued

Question	Accredited		Non-Accredited	
	Number	Percentage	Number	Percentage
More than 7 - 10 semester hours (more than 4 2/3 - 6 2/3 quarter hours)	3	1.04	9	4.25
None	197	68.17	126	59.43
5. Does the Speech Pathology department at your institution offer a course in the process of clinical supervision?				
No response	7	2.42	0	0.00
Yes	45	15.57	36	16.98
No	237	82.01	176	83.02
Part C				
1. Highest degree in Speech Pathology offered at your institution:				
No response	4	1.38	3	1.42
Master's	143	49.48	168	79.25
Doctorate	142	49.13	41	19.34
Part D				
1. Do non-certified graduate students assist in clinical supervision in your program?				
No response	3	1.04	0	0.00
Yes	91	31.49	71	33.49
No	195	64.47	141	66.51
2. Do certified graduate students assist in clinical supervision in your program?				
No response	12	4.51	15	7.07
Yes	118	40.83	62	29.25
No	159	55.02	135	63.68
3. Do you supervise students at all levels of their clinical practicum?				
No response	0	0.00	1	0.47
Yes	241	83.39	192	90.57
No	48	16.61	19	8.96

TABLE 2--Continued

Question	Accredited		Non-Accredited	
	Number	Percentage	Number	Percentage
4. Do you supervise a variety of clients with different disorders?				
No response	3	1.04	2	.094
Yes	241	83.39	194	91.51
No	45	15.57	16	7.55
6. Do you carry a caseload of your own?				
No response	3	1.04	2	0.94
Yes	84	29.07	49	23.11
No	202	69.90	161	75.94
10. On the average, how many different clients are you assigned to supervise each week?				
No response	12	4.15	11	5.19
1 - 5	37	12.80	21	9.91
6 - 10	67	23.18	47	22.17
11 - 15	55	19.03	38	17.92
16 - 20	48	16.61	34	16.04
21 - 25	22	7.61	25	11.79
Over 25	48	16.61	36	16.98
11. On the average, how many student clinicians are you assigned to supervise each week?				
No response	3	1.04	6	2.83
1 - 5	67	23.18	37	17.45
6 - 10	91	31.49	78	36.79
11 - 15	57	19.72	43	20.28
16 - 20	38	13.15	24	11.32
21 - 25	17	5.88	9	4.25
Over 25	16	5.54	15	7.08
16. Which of the following supervisory procedures do you use?				
1. Videotape	200	69.20	136	64.15
2. Audiotape	192	66.44	119	56.13
3. Post therapy conferences	283	97.92	208	98.11

TABLE 2--Continued

Question	Accredited		Non-Accredited	
	Number	Percentage	Number	Percentage
4. Lesson plans	260	89.97	197	92.92
5. Objective evaluation systems	217	75.09	148	69.81
6. Other	86	29.76	44	20.75
19. Check the clinician evaluation system(s) which you employ:				
1. Boone-Prescott Ten-Category System	79	27.34	36	16.98
2. Analysis of Behavior of Clinicians (ABC System)	14	4.84	11	5.19
3. Other	120	41.52	91	42.92
4. None	78	26.99	53	25.00

It is interesting to note that 82.01 percent of the accredited programs and 83.02 percent of the non-accredited programs do not offer a course directed at the supervisory progress itself. Also in both types of programs the majority report that graduate students, certified or non-certified, do not assist in clinical supervision. In addition, few clinical supervisors carry a caseload of their own.

It can be seen that in each type of program, approximately one-half of the respondents report supervising between one and 15 clients per week, and one-half between 16 and over 25 clients per week. However, approximately 80 percent report supervising between 1 - 15 student clinicians, and only approximately 20 percent between 16 and over 25 clinicians. No specific method of supervision was favored by the accredited as compared to the non-accredited programs.

## CHAPTER IV

### SUMMARY AND CONCLUSIONS

The purpose of this study was to accumulate current information which would provide a description of the training, present status, and perceived role of clinical supervisors in college and university speech and hearing training programs. A 66 item questionnaire was designed to gather the necessary information. Completion of the questionnaire involved checking appropriate responses.

A total of 501 responses were received from 151 speech and hearing training programs. Only five states (Alaska, New Hampshire, Arkansas, Hawaii, and Rhode Island) were not represented.

Data from the questionnaires were analyzed in the terms of total numbers and total percentages. In addition comparisons were made between male and female respondents and between responses received from accredited and non-accredited programs.

#### 1. Comparison Between Male and Female Respondents

From the data received it is possible to describe a representative female and a representative male clinical supervisor. It should be noted that female respondents greatly outnumbered male respondents (316 to 185).

A female clinical supervisor is most likely to be between the ages of 26 and 32 years, having been employed full-time in her present

position from one to three years. She is likely to hold a master's degree and earn between \$9,000 and \$12,000 per year, based on 9 - 10 months employment per year. She is likely to have the ASHA Certificate of Clinical Competence in Speech Pathology and to be a non-tenured but voting member of her departmental faculty.

A male clinical supervisor is most likely to be over 40 years old, having been employed full-time in his present position for more than six years. He is most likely to hold a doctorate degree and earn between \$13,000 and \$16,000 per year, based on 9 - 10 months employment. He will hold the ASHA Certificate of Clinical Competence in Speech Pathology and be a tenured, voting member of his departmental faculty.

It is also interesting to note that 47.78 percent of the females and only 23.78 percent of the males consider clinical supervision to be a profession in itself.

It can, therefore, be seen that there are discrepancies between male and female supervisors in number, in age, in years of employment, in gross salary per year, in academic degree held, and in tenure status. In addition, it can be hypothesized that there may be a direct relationship between academic degree held and gross salary per year, as well as between academic degree, number of years of employment, and tenure status.

## 2. Comparison Between Accredited and Non-Accredited Programs

Results obtained from the comparison questions indicated that there are virtually no sizable differences between the two types of programs with the exception that accredited programs are more likely to offer the doctorate degree, while the non-accredited programs tend to offer no higher than the master's degree.

The majority of both types of programs offer no academic course directed at the supervisory process itself. Also, usually graduate students do not assist in clinical supervision.

### 3. Familiarity With and Use of Methods of Clinical Supervision

The following supervisory procedures are listed in terms of greatest to least usage: 1) post therapy conferences, 2) lesson plans, 3) objective evaluation systems, 4) videotape, 5) audiotape, and 6) other.

In terms of effectiveness, the previous methods of supervision were ranked as follows: 1) post therapy conferences, 2) videotape, 3) other, 4) lesson plans, 5) objective evaluation systems, and 6) audiotape.

In terms of familiarity with and use of objective evaluation systems (i.e.) interaction analysis systems, the following was found:

#### A. Familiarity with:

1. ABC System: 25.75 percent
2. Boone-Prescott Ten-Category System: 51.50 percent
3. Other: 24.15 percent
4. None: 27.94 percent

#### B. Systems Employed:

1. ABC System: 4.99 percent
2. Boone-Prescott Ten-Category System: 22.95 percent
3. Other: 42.12 percent
4. None: 26.15 percent

It was evident from the responses to the various questions concerning methods of clinical supervision that a great variation exists in supervisory procedures used throughout the country. In addition, the term "objective evaluation system" was interpreted to include a wide variety of methods.

Therefore, it seems evident that it would be useful to gather together a description of the methods, materials, and procedures used for clinical supervision in the various speech and hearing training programs. An attempt could then be made to standardize these methods, materials, and procedures. Such research may serve to improve clinical supervision and also the status of the clinical supervisor in relationship to other positions in the college or university setting.

APPENDIX A

QUESTIONNAIRE



IT IS REQUESTED THAT THIS QUESTIONNAIRE BE COMPLETED BY NON-STUDENT STAFF MEMBERS WHO OBSERVE STUDENTS IN THE PROCESS OF SPEECH AND LANGUAGE THERAPY AND THEN MAKE RECOMMENDATIONS. COMPLETE ANONYMITY IS ASSURED. NEITHER YOUR NAME NOR THE NAME OF THE INSTITUTION AT WHICH YOU ARE EMPLOYED WILL EVER BE ASSOCIATED WITH THE INFORMATION YOU PROVIDE.

THE PURPOSE OF THIS STUDY IS TO ACCUMULATE CURRENT INFORMATION WHICH WILL PROVIDE A MORE DEFINITIVE DESCRIPTION OF TRAINING, PRESENT STATUS, AND THE PERCEIVED ROLE OF CLINICAL SUPERVISORS IN COLLEGE AND UNIVERSITY SPEECH AND HEARING PROGRAMS. YOUR COOPERATION IN COMPLETING THIS SURVEY WILL BE GREATLY APPRECIATED.

Total number of non-student staff members in your department \_\_\_\_  
Total number of non-student staff members who supervise students in the process of speech and language therapy \_\_\_\_

A. PERSONAL INFORMATION

- 1- 5. Age: Under 25  1 26-32  2 33-39  3 40-45  4  
Over 45  5
- 2- 6. Sex: Male  1 Female  2
- 3- 7. For how many years have you been employed in your present position? Less than 1 year  1 1-3 years  2  
4-6 years  3 More than 6 years  4
- 4- 8. Is your professional position: less than half-time  1  
approximately half-time  2 more than half, but less than  
full-time  3 full-time  4
- 5- 9. Upon how many months employment per year is your salary based?  
3 or under  1 4-8  2 9-10  3 11-12  4
- 6-10. What is your present gross salary per year?  
Under \$5,000  1 \$5,000-8,000  2 \$9,000-12,000  3  
\$13,000-16,000  4 \$17,000-20,000  5 Over \$20,000  6
- 7-11. What is your highest academic degree?  
B.S. (B.A., B.Ed.)  1 M.S. (M.A., M.Ed.)  2  
Ph.D. (Ed.D., M.D.)  3
- 8-12. Do you have an ASHA Certificate of Clinical Competence in:  
Speech Pathology and Audiology  1 Speech Pathology  2  
Audiology  3 Presently involved in the Clinical Fellowship  
Year  4 None  5

## B. INFORMATION CONCERNING PREPARATION FOR SUPERVISORY POSITION

- 1-13. How much paid professional experience as a clinician (providing direct therapy to clients more than half-time) did you have before becoming a supervisor? 0 years  1 1-2 years  2  
3-5 years  3 6-8 years  4 9-11 years  5 More than  
11 years  6
- 2-14. How much paid professional experience as an instructor in Speech Pathology and Audiology did you have before your first assignment as a supervisor? 0 years  1 1-2 years  2  
3-5 years  3 6-8 years  4 9-11 years  5 More than  
11 years  6
- 3-15. How much academic coursework have you completed which was directed to the supervisory process as opposed to evaluation and management of the disorders themselves? 1-3 semester hours (2/3 - 2 quarter hours)  1 4-6 semester hours (2 2/3 - 4 quarter hours)  2 7-10 semester hours (4 2/3 - 6 2/3 quarter hours)  3 more than 7-10 semester hours (4 2/3 - 6 2/3 quarter hours)  4 None  5
- 4-16. Do you think specific academic courses in the clinical supervision process would be important for someone preparing to be a supervisor? Yes  1 No  2
- 5-17. Does the Department of Speech Pathology (Communication Disorders, etc.) at the institution at which you are employed offer a course in clinical supervision? Yes  1 No  2
- 6-18. Do you think a course in Clinical Supervision would be helpful to you now? Yes  1 No  2
- 7-19. When is your most recent attendance at a paper presentation on supervision at an ASHA Convention? 1973  1 1972  2  
1971  3 1970  4 1969  5 Earlier than 1969  6  
Never  7
- 8-20. When is your most recent attendance at a short course on supervision at an ASHA Convention? 1973  1 1972  2  
1971  3 1970  4 1969  5 Earlier than 1969  6  
Never  7
- 9-21. Do you belong to the Council of College and University Supervisors of Practicum in the Schools? Yes  1 No  2
- 10-22. Do you belong to any organization specifically designed to improve clinical supervisory skills? Yes  1 No  2  
If yes, please specify \_\_\_\_\_

- 11-23. Do you feel prepared to perform the supervisory tasks required of you? Yes  1 No  2

C. INFORMATION REGARDING YOUR PRESENT PROFESSIONAL POSITION

- 1-24. What is the highest degree in Speech Pathology and Audiology offered at the institution at which you are employed?  
Master's  1 Doctorate  2
- 2-25. Is the professional education program in which you are employed accredited through the Education and Training Board of the American Boards of Examiners in Speech Pathology and Audiology?  
Fully accredited  1 Presently preparing to become accredited  2 Not accredited  3
- 3-26. Do you have tenure in your present position? Yes  1 No  2
- 4-27. Is it possible to receive tenure in your present capacity?  
Yes  1 No  2
- 5-28. Are departmental decisions made via a departmental faculty vote?  
Yes  1 No  2
- 6-29. Are you a voting member of your departmental faculty?  
Yes  1 No  2

D. INFORMATION CONCERNING ACTUAL SUPERVISION

- 1-30. Do graduate students not hold the ASHA Certificate of Clinical Competence assist in clinical supervision in your Speech and Hearing Clinic? Yes  1 No  2
- 2-31. Do graduate students holding the ASHA Certificate of Clinical Competence assist in clinical supervision in your Speech and Hearing Clinic? Yes  1 No  2
- 3-32. Do you supervise students at all levels of their clinical practicum experience? Yes  1 No  2
- 4-33. Do you supervise a variety of clients with different disorders?  
Yes  1 No  2
- 5-34. Do you personally participate in therapy for demonstration purposes? Yes  1 No  2
- 6-35. Do you carry a caseload of your own? Yes  1 No  2
- 7-36. How many paid clinical supervisors are on your staff? (Exclude graduate assistants) 0-1  1 2-4  2 5-7  3 8-10  4  
More than 10  5

- 8-37. Please estimate the average number of students (graduate and undergraduate) participating in clinical practice in your program per semester or quarter. Under 20  1 21-40  2  
41-60  3 61-80  4 81-100  5 Over 100  6
- 9-38. Please estimate how many clients (average) are enrolled for therapy provided by student clinicians each semester or quarter. Under 20  1 21-40  2 41-60  3 81-100  4  
Over 100  5
- 10-39. On the average how many different clients are you assigned to supervise per week? 1-5  1 6-10  2 11-15  3  
16-20  4 21-25  5 Over 25  6
- 11-40. On the average, how many student clinicians are you assigned to supervise each week? 1-5  1 6-10  2 11-15  3  
16-20  4 21-25  5 Over 25  6
- 12-41. Please estimate what percentage of your time is spent in the combined tasks of clinical supervision.  
0-20%  1 21-40%  2 41-60%  3 61-80%  4  
81-100%  5
- 13-42. Please estimate what percentage of your time is spent teaching academic classes (including preparation).  
0-20%  1 21-40%  2 41-60%  3 61-80%  4  
81-100%  5
- 14-43. Please estimate what percentage of your time is spent in research. 0-20%  1 21-40%  2 41-60%  3 61-80%  4  
81-100%  5
- 15-44. Please estimate what percentage of your time is spent in administration. (Do not include activities directed at planning and coordinating your clinical supervision duties. These should be included in number 12.) 0-20%  1  
21-40%  2 41-60%  3 61-80%  4 81-100%  5
- 16- Which of the following supervisory procedures do you use?
45. Videotape
46. Audiotape
47. Post therapy conferences
48. Lesson Plans
49. Objective Evaluation Systems
50. Other  Please Specify \_\_\_\_\_

- 17- Rank the following supervisory procedures in order from most to least effective where 1 equals most effective and 5 (or 6) equals least effective.
51. Videotape
52. Audiotape
53. Post therapy conferences
54. Lesson Plans
55. Objective Evaluation Systems
56. Other  Please Specify \_\_\_\_\_
- 18- Check the following clinician evaluation system(s) with which you are familiar.
57. ABC (Assessment of Behavior of Clinicians System)
58. Boone-Prescott Ten Category System
59. Other  Please Specify \_\_\_\_\_
60. None
- 19- Check the system(s) that you actually employ
61. Boone-Prescott Ten Category System
62. ABC System
63. Other  Please Specify \_\_\_\_\_
64. None
- 20-65. Do you consider Clinical Supervision to be a profession in itself (a separate entity)? Yes  1 No  2
- 21-66. Considering everything, how do you compare your supervisory position to a teaching position?  
Superior  1 Equal  2 Inferior  3

APPENDIX B

QUESTIONNAIRE ENCLOSURE LETTER

Dear Chairperson:

Enclosed is a questionnaire via which we hope to gain information concerning the present role and status of clinical supervisors in university Speech Pathology and Audiology training programs throughout the United States. We would be grateful if you would distribute these forms to the clinical supervisors on your staff. Clinical supervisor, for the purpose of this study, is defined as a non-student staff member who observes students in the process of administering speech and language therapy, and then makes recommendations. This includes staff members observing students in other locations such as public schools, etc.

Please be advised that complete anonymity is assured. Neither the supervisor's name, your name, nor the name of the institution at which you are employed will ever be associated with the information provided.

Thank you so much for your kind cooperation in the completion of this questionnaire. A summary of the results of this study will gladly be supplied upon request.

Sincerely,

Dean C. Engel, Ph.D.  
Chairman

George W. Schubert, Ph.D.  
Associate Chairman

Carole J. Aitchison, B.A.  
Graduate Teaching Assistant

APPENDIX C

FOLLOW-UP LETTER



UNIVERSITY OF NORTH DAKOTA  
Grand Forks, North Dakota  
Speech and Hearing Clinic

October 23, 1974

Dear Chairperson:

On September 30, 1974, we mailed a questionnaire to you to be distributed to the clinical supervisors in your department. Thus far we have received no response from them. We are anxious to complete our study as soon as possible and would appreciate your cooperation.

If the responses are already in the mail, we look forward to receiving them. Thank you very much for your help.

Sincerely,

Carole J. Aitchison  
Graduate Teaching Assistant

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