3-18-1996

Parental Perceptions of Articulation Intervention Services Received at Portland State University

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THESIS APPROVAL

The abstract and thesis of Janet Ann Murphy for the Master of Science in Speech Communication: Speech and Hearing Sciences were presented March 18, 1996, and accepted by the thesis committee and the department.

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ABSTRACT

An abstract of the thesis of Janet Ann Murphy for the Master of Science in Speech Communication: Speech and Hearing Sciences presented March 18, 1996.

Title: Parental Perceptions of Articulation Intervention Services Received at Portland State University.

Now more than ever, speech clinicians are being required to justify the effectiveness of their work by showing results. There are different ways to measure outcomes. For example, outcomes may be measured by testing to determine if change has occurred regarding clinical goals, or by comparing the cost of the treatment to the benefit of the treatment to determine if the treatment was economically sound. Another type of measure is subjective outcomes, such as client satisfaction. Subjective outcomes are difficult to define and measure and few studies of this type have been reported in the literature. Because clinical outcome is dependent, at least to some extent, on client satisfaction (Williams, 1994), and because few studies have been reported in the literature regarding client satisfaction with speech and language services, this area became the focus of the current study.

This study sought to answer the following questions: (a) Did the parents think their child benefitted from the articulation intervention services received at the clinic? and (b) What were parents' attitudes regarding the clinical atmosphere and staff?

The Consumer Satisfaction Measure of the American Speech-Language-Hearing Association (ASHA) was used in this study because it is broad in scope and contains statements relating to the research questions of the current study. Answers to the research questions were derived from the responses to the survey that was mailed to the parents of 86 children who had received articulation services from the PSU Speech and Hearing Clinic.

Ninety-five percent of the parental responses regarding whether parents felt that their children benefited from services obtained at the PSU Speech and Hearing Clinic were positive, indicating that parents were satisfied with the services received. Ninety-one percent of the parental responses regarding parent's attitudes toward the clinical atmosphere and staff were positive. It appears that parents hold favorable views regarding the clinical atmosphere and staff and that they were satisfied with the services their children received at the PSU Speech and Hearing Clinic.

PARENTAL PERCEPTIONS OF ARTICULATION INTERVENTION SERVICES RECEIVED AT PORTLAND STATE UNIVERSITY

by

JANET ANN MURPHY

A thesis submitted in partial fulfillment of the
requirements for the degree of

MASTER OF SCIENCE
in
SPEECH COMMUNICATION:
SPEECH AND HEARING SCIENCES

Portland State University
1996

ACKNOWLEDGMENTS

I wish to extend my gratitude and appreciation to Joan McMahon, my original thesis advisor, for her guidance and instruction in coordinating all of the work that went into making this thesis possible. My thanks also to Mary Gordon-Brannan, my thesis advisor, for her comments and suggestions and for making the transition from one thesis advisor to another upon the retirement of Ms. McMahon, as easy as possible. I also wish to thank Mary T. Withers and Rolla Lewis, members of my thesis committee, and Doug Martin for their comments, suggestions and insight. Finally, I wish to thank my father, Frank Murphy, for typing a large portion of my thesis after a computer problem made it necessary to re-type it. I would like to dedicate this thesis to my parents Frank and Elinor who have encouraged me and have always had faith in me.

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CHAPTER I

INTRODUCTION AND PURPOSE

Introduction

The 1990s are becoming the decade of health care quality management with health care reform accelerating the developement of treatment outcome measures (Wojcik, 1993). Traditionally, health care providers have used treatment methods with which they are familiar, but increasingly they will need to know what works best (Wojcik, 1991). The move toward outcome measurement is largely due to cost containment measures (Frattali, 1990). As members in the field of health care providers, speech-language pathologists will be required to justify the necessity of their work by showing results.

Outcome measurement focuses on the results obtained (Kertesz, 1992). Frankel (as cited in Kertesz, 1992) believes that objective, subjective, and economic outcomes must be considered in evaluating the quality of the care a patient receives. Objective measures include test results, whereas subjective outcomes focus on client satisfaction and are often measured by client surveys. In addition, economic outcomes consider the cost in relation to the benefits of the care (Kertesz, 1992).

Objective outcomes, as measured by tests, are relatively easily defined and measured, and this type of outcome has been studied often. Economic outcomes relate the treatment gains obtained to the cost of the service. A university speech and hearing clinic provides many benefits. For example, the individuals receiving services benefit as does the community because many people who receive services through university programs

often cannot afford services elsewhere. Though these are valuable community benefits, determining their costs is beyond the scope of the current research project.

Because clients must be willing to follow the advice of the service provider, clinical outcome is dependent, at least to some extent, on client satisfaction (Williams, 1994). Press (1994) stated that client satisfaction is not just an indicator of quality care, but is actually a component of quality care. As such, client satisfaction should not be neglected. At the same time, subjective outcomes, such as client satisfaction, are more difficult to define and measure than objective and economic outcomes, and few studies have been reported in the literature. Because of the importance of client satisfaction and the fact that this component of quality care has been frequently overlooked in previous studies, client satisfaction was the focus of the current study.

Statement of Purpose

The purpose of this study was to assess, through a survey, parental perceptions of the effectiveness and quality of services received by their children who received articulation intervention services at the Portland State University (PSU) Speech and Hearing Clinic. The PSU Speech and Hearing Clinic has operated for over 30 years, but no consistent effort has been made to document treatment outcome from the parent's perspective after services have been discontinued. Faculty members at PSU wanted to begin systematic collection and analysis of data regarding parental perceptions of treatment outcomes.

The primary questions addressed in this study were: (a) Did the parents think their child benefited from the articulation intervention services received at the clinic? and (b) What were the parents' attitudes regarding the clinical atmosphere and staff? These research questions were explored via the Speech-Language Consumer Satisfaction Measure of the Amercian Speech-Language-Hearing Association (ASHA).

CHAPTER II

REVIEW OF THE LITERATURE

Press (1994) maintained that though there are many reasons to provide quality care, including the factors that clients will be better served, complain less, and be less likely to sue, it is "simply the right thing to do" (p. 60). Additionally, he believed that client satisfaction is more than just an indicator of quality care; it is also a component of quality care. Though client satisfaction is important, few studies pertaining to client satisfaction with articulation services received have been reported in the literature. This is most likely due to the fact that subjective outcomes may be influenced by many factors, making it difficult to determine which factors are relevant (Thoresen, 1969). For example, parental perceptions regarding the effectiveness of the articulation services their child received may be influenced by factors such as permanance of results, whether additional treatment was obtained, and their expectations. Even though client satisfaction may be difficult to measure, it is possible to assess it in a generalized manner and safeguards can be taken to reduce potential bias. Because so many variables may affect the overall level of satisfaction parents experience with their child's articulation treatment, and because so little is known about the overall level of satisfaction, the current study was intended to serve as a starting point for future research by asking a variety of questions regarding factors that may affect overall satisfaction with the outcome of articulation treatment.

Quality Assessment in Speech-Language Pathology

Though there are few studies of parental satisfaction with regard to speech and language treatment, one such study was found. In a study of speech-language pathology clinical procedures, Eisenstadt (1972) noted that parents of children who had completed treatment generally were favorably disposed toward the clinical program; however, many parents said that they were unsure of the role they should play at home. Additionally, parents frequently reported that they were told by the speech-language pathologist (SLP) that some regression might occur, but were not told what signs to look for and what amount of regression was acceptable (Eisenstadt, 1972). Though most speech-language clinicians are aware that the client's ability to communicate outside the clinical environment is an important aspect of the SLP's responsibility (Costello & Bosler, 1976), treatment gains do not always generalize to other settings (Koegel, Koegel, Voy, & Ingham, 1988). The fact that parents are concerned even after the completion of treatment indicates that perhaps SLPs have not completed their work.

Studies of Client Satisfaction with Articulation Treatment

Research outcomes of articulation treatment have typically focused on the effects of specific treatment approaches rather than the level of client satisfaction. For example, Koegel et al. (1988) studied the effects of self-monitoring of articulation both within the clinic and outside the clinic in a public school setting. Griffiths and Craighead (1972) studied generalization of operant speech techniques.

Because research regarding client satisfaction with articulation treatment is lacking, research from other areas including neurologic communicative disorders, stuttering, and the social sciences was used to provide a background for understanding the types and methods of satisfaction assessment. Though client satisfaction can be measured in various ways, studies using a survey approach were particularly relevant for the current study, in which this method of investigation was used.

Outcomes Assessment

Parameters of Perception of Satisfaction

Once a young client has been discharged from treatment, a variety of factors may influence the parent's level of satisfaction with the treatment outcome. Engel, Brandriet, Erickson, Gronhovd, and Gunderson (1966) suggested that the long-term results of articulation treatment may be affected by a variety of factors including attitudes and motivation of the client, and perceptions and attitudes of significant others. Brockner (1979) found that, in a variety of disorders, performance outcomes are affected by self-esteem. Craig and Calver (1991) studied perceptions of persons who stutter who had been released from treatment at least one year prior to their survey. They found that even when clients believed an acceptable level of performance had been attained, clients were not always satisfied with the outcome. Upon further investigation, they found that though the clients' level of performance was better than before treatment, they had relapsed somewhat, leading to dissatisfaction with the outcome.

Assessing Generalized Outcomes

Many factors are involved in research in the behavioral sciences. Thoresen (1969) said that measurement of relevant phenomena in the behavioral sciences is imprecise, uncertain, incomplete, and difficult. Mowrer (1971) warned that variables thought to be important based on clinical experience may "not stand up under the rigor of empirical investigation" (p, 441). Frequently, these variables, or clinical "hunches, " turn out to be irrelevant; however, they may serve as important starting points for empirical validation and testing. Scheier and Carver (1985) believed that when outcomes, or dependent variables, may be multiply determined, assessing generalized outcome is desirable.

Validity of Parental Report

Client satisfaction is frequently measured by questionnaire (Kertesz, 1992). When using parental reporting, it is necessary to address the issue of the accuracy of the information reported. In a study of parental report of children's language abilities, Dale (1991) found that the manner in which information is obtained affects validity. He found that using a recognition format rather than asking parents to recall information improved validity. A recognition format also helps parents organize their knowledge. Additionally, Dale recommended that current or newly acquired language behaviors be the focus when using parental reporting rather than requiring the parent to remember things that happened too far in the past. Parental survey has also been found to be useful across a wide range of socioeconomic classes (Dale, Bates, Reznick, & Morisset, 1989).

Survey Approach

Oppenheim (1966) stated that a survey is planned data collection "for the purpose of description or prediction as a guide to action or for the purpose of analyzing the relationships between certain variables . . ." (p.1). Before a survey can begin, Oppenheim suggested that investigators should know approximate answers to such question as how large the sample will be, the number of times each respondent will be approached, and what type of subject will be involved. Regarding type of subject, the researcher must know if the sample will be representative of the population or if the sample will include specific subsets of the population (e. g., children, adults, housewives, or corporate directors). Additionally, a number of decisions must be made before the first question can be written, including: (a) method of data collection, (b) question sequence, and (c) use of precoded versus free-response questions.

Oppenheim (1966) said that the mailed questionnaire needs to be simpler than interview questionnaires because no interviewer is present to explain, but that sampling by written surveys is often more accurate because a larger sample size can be used. Additionally, subject response rates are often only 40% to 60% and nonresponse is not random. The level of interest in a particular subject influences whether an individual subject will respond to a survey, but many other factors may also influence response. This cannot be overcome entirely, but sending several reminders, using stamped self-addressed return envelopes, and knowing the return date for every questionnaire will help in reducing and analyzing response bias.

Knowing the return date of each questionnaire is essential because respondents who send in their questionnaires very late are most similar to those who do not respond (Oppenheim, 1966). Knowing this information will allow inferences to be made about those who did not respond. Additionally, Oppenheim suggested that questionnaires should be assigned numbers so that respondent anonymity can be assured.

Consumer Satisfaction Measure

The American Speech-Language-Hearing Association (ASHA) developed a Consumer Satisfaction Measure that is intended to assess consumer satisfaction with speech-language pathology or audiology services (see Appendix A). The validity of ASHA's survey has not been established; however, it has several positive features for assessing parental perceptions regarding the services their children received at the clinic. The ASHA survey includes 21 statements regarding the quality of services received in speech-language pathology or audiology. The respondents are to indicate the level of agreement or disagreement by circling their responses on a five-point Likert scale.

Summary

Though there are many reasons to provide quality care, including the factors that clients will better be served, complain less, and be less likely to sue, it is "simply the right thing to do" (Press, 1994, p. 60). Additionally, clinical outcome is dependent, at least to some extent on client satisfaction, making client satisfaction an important component of quality care (Press, 1994; Williams, 1994). Many factors may influence perceptions of

satisfaction, making it difficult to measure. This has probably led to the fact that though client satisfaction is important, few studies pertaining to client satisfaction with articulation services received have been reported in the literature. Even though client satisfaction may be difficult to measure it is possible to assess it in a generalized manner and safegaurds can be taken to reduce potential bias.

CHAPTER III

METHOD

Subjects

Subjects for this survey were parents of 86 former articulation clients in the PSU Speech and Hearing Clinic. Criteria for selection of parents were:

1. Clients were enrolled in the PSU Speech and Hearing Clinic between January, 1987 and September, 1994.
2. Clients were discharged from the PSU Speech and Hearing Clinic prior to September, 1994.
3. Clients were enrolled in the PSU Clinic for a minimum of one term.
4. Clients were under 18 years of age.

Only those subjects who signed an informed consent form (see Appendix B) and returned the questionnaire were included in the study. Many factors including the subject's level of interest may have influenced which subjects were most likely to return the survey (Oppenheim, 1966). Because nonresponse may not be random, it was necessary to take precautions so that the survey would not be biased. The procedure to account for this will be discussed in the section on validity.

Instrumentation

The Speech-Language Consumer Satisfaction Measure (see Appendix A) developed by ASHA (1994) was used to assess parental perceptions of services received by their children at the PSU Speech and Hearing Clinic for articulation intervention. The questionnaire includes 21 questions regarding seven areas of clinical concern: (a) timeliness of

appointments, (b) perceptions of benefit from services, (c) willingness of staff to support the client and provide for special needs, (d) staff qualifications, (e) environment, (f) efficiency and comprehensiveness of services, and (g) comments. It is formatted as a five-point Likert scale with the five descriptors for rating each item being strongly agree, agree, neutral, disagree and strongly disagree. In all cases, strongly agree and agree are positive responses. A sixth possible response to each item was not applicable. Validity and reliability have not been established; however, ASHA published the results from 11 hospital/rehabilitation centers and 2 universities who used the survey (asha, 1995).

Procedures

The study was conducted by sending a self-mailing questionnaire (Appendix A), letter of introduction (Appendix B), and consent form (Appendix C) to the parents of all clients served for articulation disorders by the PSU Speech and Hearing Clinic between January, 1987 and September, 1994. Two weeks after the first questionnaire was returned, follow-up telephone calls were made to those who had not returned their questionnaires.

Respondents were to answer questions on the survey as per instructions included on the questionnaire. The instructions stated that the subject should read each item carefully and circle the one answer that is best for their child.

Validity

The recognition format of the ASHA survey lends itself particularly well to helping respondents organize their information as recommended by Dale (1991). The questionaire is one page in length. Directions are straightforward. This survey is broad in scope, addressing many factors that could affect consumer satisfaction. Additionally, it fulfills Oppenheim's (1966) requirement that a mailed survey be simple. ASHA's Consumer Satisfaction Measure is broad in scope, yet simple and straightforward. All of these factors serve to enhance the validity of the results obtained.

With regard to research utilizing surveys, Oppenheim (1966) said that the responses of those who return their surveys very late are most similar to those who do not respond. In order to be aware of potential bias, the return date of the questionnaire was recorded. Questionnaires that were mailed back early were compared to those that were mailed back late to determine if any trends existed. This was done for each question on the questionnaire.

Data Measurement and Analysis

Data Coding

Data were transfered from the questionnaire to a Window Works Spreadsheet 3.0 (Spinnaker Software Corporation, 1991) and the responses were recorded according to item and questionnaire number. Additionally. the date of receipt of each questionnaire was recorded.

Analysis of Data

Because the survey used a Likert rating scale, descriptive statistics were used. Data were analyzed and compared using descriptive statistics,

with the frequency distribution and mode being reported for each question. Additionally, strongly agree and agree responses were added together for each item so that the percentage of respondents who were satisfied regarding each item could be reported. Strongly disagree and disagree responses were added together for each item so that the percentage of respondents who were dissatisfied regarding each item could be reported. Not applicable responses were not counted when calculating percentages; thus percentage data were based on the agree, disagree, and neutral responses. From the results, overall satisfaction was ascertained.

CHAPTER IV

RESULTS AND DISCUSSION

Results

The purpose of the study was to assess parental perceptions of the effectiveness and quality of services received by their children who presented with articulation disorders at the PSU Speech and Hearing Clinic. A questionnaire was used to obtain the data for the study. Two research questions were asked: (a) Do parents believe their child benefited from the articulation intervention services received at the clinic? and (b) What are parents' attitudes regarding the clinical atmosphere and staff?

Thirty-four of the 86 questionnaires (40%) were returned. Of the 52 questionnaires not returned, 22 were undeliverable. Thirty-three of the returned questionnaires were used in the final tabulation of results; one was excluded because it was returned more than 6 weeks after the initial mailing and after the analysis of data had been completed. Two surveys included in the study contained multiple answers to one or more survey items or contained items in which it was unclear which response was circled. Unclear responses and multiple responses were eliminated in the tabulation of results for those survey items. Additionally, not applicable responses were not included in the computation of percentages. For the total number of responses for each sub-item, see Appendix D.

Demographic information for respondents and nonrespondents were compared to determine if trends affecting the return rate existed. Of the 34 questionnaires that were returned, the average age of children entering clinic was 4 years, 11 months for children receiving articulation intervention only,

and 4 years, 6 months for children receiving articulation and language intervention services. The average age of children at the time they were released from clinic was 6 years, 8 months for children receiving articulation intervention only, and 6 years, 2 months for children receiving articulation and language intervention services. The average length of time since treatment was discontinued was 3 years, 5 months for children receiving articulation intervention services only and 2 years, 8 months for children receiving articulation and language intervention services. See Appendix E for information pertaining to the range of ages for children at the time of entry to clinic and exit from clinic, range of length of time in clinic, and the averages for each.

Of the questionnaires that were not returned (excluding those that could not be delivered), the average age of children at the time they entered clinic was 5 years for children receiving articulation intervention only, and 4 years, 5 months for children receiving articulation and language intervention services. The average age of children at the time they were released from clinic was 6 years, 6 months for children receiving articulation intervention only, and 6 years, 1 month for children receiving both articulation and language intervention services. The average length of time since these children exited clinic was 2 years, 9 months for children receiving articulation intervention services only, and 4 years, 5 months for children receiving articulation and language intervention services.

It appears that the length of time since release from treatment was a more significant factor in the return rate of questionnaires for parents whose

children received both articulation and language intervention services than it was for those whose children received only articulation intervention services.

Ninety percent of the total responses were positive, whereas 4% were negative, and 6% were neutral (see Appendix D). For the analysis of data, all strongly agree and agree responses were collapsed into one category as were the strongly disagree and disagree responses.

Research Question 1

Survey item numbers 2 and 7 related to the first research question: Do parents believe their child benefited from the articulation intervention services received at the clinic? See Figure 1 for the frequency distribution for items pertaining to the first research question. Strongly agree was the modal response for survey items 2A and 2B. Survey item number 2 asked parents if they believe that their child was better because of the services received and if they believe their child benefited from services received. Unfortunately, the survey was flawed in that too many Likert scale response lines were available for the respondent to use for the two questions in item 2. This resulted in invalidating the response for this question because it was not always clear which response went with which survey item; however, it appeared that 84% (27/32) of the respondents agreed that their child was better because of the services received, while 3% (1/32) disagreed, and 13% (4/32) were neutral. Additionally, it appeared that 88% (22/25) of the respondents agreed that their child benefited from the services received, 4% (1/25) appeared to disagree, and 8% (2/25) appeared to indicate a neutral response.

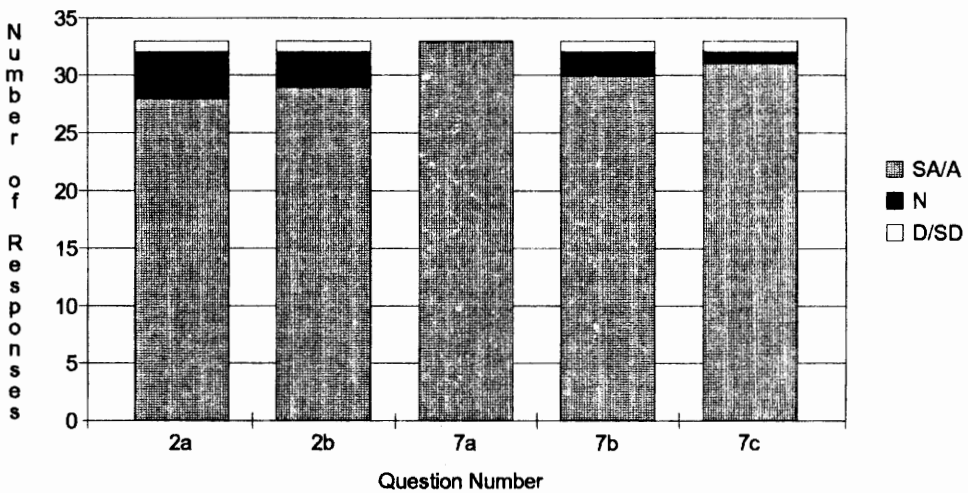

Figure 1. Frequency distribution for survey items related to research question 1: Did parents think their child benefitted from the articulation intervention services received at the clinic?

Survey item number 7 asked parents if the program services were satisfactory, whether services at the clinic would be sought again if needed, and whether parents would recommend the services of the clinic to others. One hundred percent (33/33) of the respondents indicated that they felt the services received were satisfactory. Ninety-one percent (30/33) of the respondents said they would seek PSU's services again if needed, whereas 3% (1/33) indicated the services of PSU would not be sought again if services were needed, and 6% (2/33) were neutral. Ninety-four percent (31/33) of the respondents indicated that they would recommend PSU's services to others, while 3% (1/33) would not recommend services to others, and 3% (1/33) were neutral. Strongly agree was the modal response for all sub-items relating to survey item number 7 (Figure 1).

Survey items 2 and 7 related to the first research question as to whether parents believe that their child benefited from the services received at the clinic. Overall, 95% (94/99) of the responses to survey item 7 were positive, 2% (2/99) were negative, and 3% (3/99) were neutral. Survey item 2 was not included when calculating these percentages because this survey item was flawed, resulting in invalidating it; however, because of the overwhelmingly positive results for questions 2 and 7, it appears that the answer to the first research question is yes.

Research Question 2

Survey items 1, 3, 4, 5, and 6 related to the second research question: What are parents' attitudes regarding the clinic atmosphere and staff? See Figure 2 for the frequency distribution for questions pertaining to

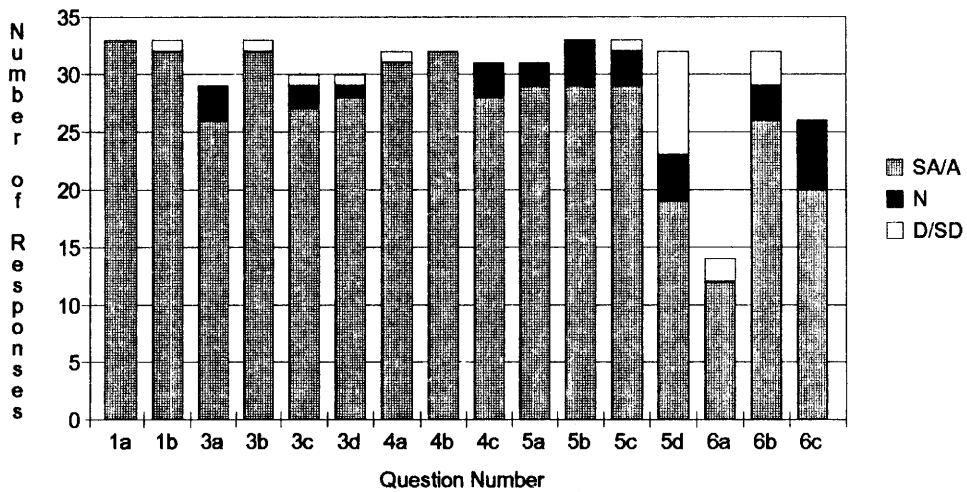

Figure 2. Frequency distribution for survey items related to research question 2: What were parents' attitudes regarding the clinical atmosphere and staff?

the second research question. The first survey item concerned timeliness of appointments. One hundred percent (33/33) of the respondents indicated that their appointments were scheduled within a reasonable period of time. Ninety-seven percent (32/33) agreed that their children were seen on time for scheduled appointments, while only 3% (1/33) disagreed with this statement. The modal response for survey items 1A and 1B was strongly agree.

The third survey item concerned staff considerations. Ninety percent (26/29) of the respondents indicated that the support staff were courteous and pleasant while 10% (3/29) of the respondents indicated a neutral answer. Ninety-seven percent (32/33) of the respondents agreed that the clinician was courteous and pleasant, whereas only 3% (1/33) disagreed with this statement. Ninety percent (27/30) of the respondents agreed that the staff considered any special needs, such as age, culture, education, or handicapping conditions, that the client might have had, whereas only 3% (1/30) disagreed with this statement and 7% (2/30) indicated a neutral answer. Ninety-three percent (28/30) of the respondents agreed that the staff included family members or other important persons in the services provided, whereas 3% (1/30) indicated disagreement with this statement, and 3% (1/30) indicated a neutral response (presence of rounding error led to total of 99%). The modal response for all sub-items relating to survey item number 3 was strongly agree.

The fourth question addressed the training and qualifications of the clinicians who served the children. Ninety-seven percent (31/32) of the

respondents agreed that their clinician was prepared and organized, while 3% (1/32) disagreed with this statement. One hundred percent (32/32) of the respondents agreed that the procedures were explained in a way that they could understand. Ninety percent (28/31) agreed that their clinician was experienced and knowledgeable, whereas 10% (3/31) indicated a neutral response. The modal response for survey items 4A and 4B was strongly agree. Survey item 4C had 2 modals: Strongly agree and agree.

The fifth question concerned a secure, comfortable, attractive, distraction-free, easy to reach environment. Ninety-four percent (29/31) of the respondents agreed that health and safety precautions were taken, whereas 6% (2/31) indicated a neutral response. Eighty-eight percent (29/33) indicated that the environment was clean and pleasant, whereas 12% (4/33) indicated a neutral response. Eighty-eight (29/33) percent of the subjects agreed that the environment was quiet and free of distractions, whereas 3% (1/33) disagreed with this statement, and 9% (3/33) indicated a neutral response. Fifty-nine percent (19/32) of the subjects agreed that the building and treatment areas were easy to reach, whereas 28% (9/32) disagreed with this statement, and 13% (4/32) indicated a neutral response. Survey items 5A, 5B, and 5D obtained modal responses of agree and survey item 5C received a modal response of strongly agree.

Survey item number 6 concerned how efficient and comprehensive the services were. The questionnaire was flawed for item 6 because a Likert scale was not included for sub-item 6A. Fourteen respondents wrote in a response to item 6A: I feel that the length and frequency of my service

program was appropriate. Eighty-six percent (12/14) of these responses for 6A were in agreement and 14% (2/14) were in disagreement. Eighty-one percent (26/32) of respondents indicated that the clinician planned ahead and provided sufficient instruction and education to help their child retain articulation skills after the program ended, 9% (3/32) disagreed, and 9% (3/32) indicated a neutral response (rounding error led to a total of only 99%). Seventy-seven percent (20/26) of the respondents indicated that they felt the program was well managed, involving other services when needed (i.e., teachers, dentist, physician), whereas 23% (6/26) indicated a neutral response. Because of the flaw in the questionnaire design for question 6, the question was eliminated when calculating overall percentages. The modal response for each sub-item for survey item number 6 was strongly agree.

Survey items 1, 3, 4, 5, and 6 related to the second question this study sought to answer; What are the parents' attitudes regarding the clinical atmosphere and staff? Ninety percent (335/372) of the total responses for items 1, 3, 4, and 5 were positive, whereas 4% (15/372) were negative, and 6% (22/372) were neutral. Survey item 6 was not included in these percentages because this survey item was flawed, resulting in invalidating it; however, the positive results for all items relating to the second research question indicate that parents were satisfied with the clinical atmosphere and staff.

Discussion

The overwhelming majority of responses (90%) were positive, indicating that parents are satisfied with the services their children presenting with articulation disorders received and with the clinical atmosphere and staff. Sub-items 5D, 6A, and 6B; The building and treatment areas were easy to get to, I feel that the length and frequency of my service program was appropriate, and My clinician planned ahead and provided sufficient instruction and education to help me retain my skills after my program ended respectively, were the only sub-items receiving more than one negative response. This indicates that dissatisfaction with clinical atmosphere, staff, and services received may primarily be related to the efficiency and comprehensiveness of services received (the location of the building notwithstanding) rather than generalized dissatisfaction.

In addition to the responses to the survey items, 28 parents wrote comments on the survey form. Comments centered around benefits received from the clinic, student clinicians and their supervisors, scheduling, parking, comparison to other programs, and referral of others (see Appendix F). In general these comments were positive. Examples of parents' comments include: "My son's verbal skills improved 100%"; "I can never repay your staff for teaching my son to communicate"; and "It made all the difference in the world for my child. Her speech improved 100% and in the process she felt good about herself." Negative comments tended to revolve around scheduling. For example, some parents indicated that starting each term with a new clinician resulted in short, choppy sessions.

Of the 86 questionaires mailed, 34 were mailed to the parents of children who received only articulation intervention services at the PSU Speech and Hearing Clinic, and 56 were mailed to the parents of children who had received both articulation intervention and language intervention services. It is interesting to note that 44% (15/34) of the questionnaires mailed to the parents of children who had only received articulation intervention were returned whereas only 34% (18/52) of the questionnaires mailed to the parents of children who had received both articulation and language intervention services were returned, resulting in an overall response rate of 40%. Interestingly, Anderson (1995) obtained an overall response rate of only 13% on a study identical to the current study, but using a population of parents of children who had received language intervention services at the PSU Speech and Hearing Clinic.

Comparison with ASHA's Results

The ASHA Task Force on Treatment Outcome and Cost Effectiveness sent letters to 102 purchasers of the Consumer Satisfaction Measure (ASHA, 1994) requesting that they share their survey results. Follow-up letters were mailed to purchasers who did not respond to the initial letter. Finally, a telephone call was made to those who did not respond to the letter. Asha did not report statistics regarding the populations served by those using the survey. Data were collected from 11 hospital/rehabilitation centers and 2 university programs that used the Consumer Satisfaction Measure (asha, 1995). ASHA reported that 10 sub-items received 95%-100% strongly agree or agree responses, 8 sub-items received 90%-94%

strongly agree or agree responses, and 3 sub-items received 85%-89% strongly agree or agree responses. For the current study, 6 sub-items received 95%-100% strongly agree or agree responses, 7 received 90%-94% strongly agree or agree responses, 5 received 85%-89% strongly agree or agree responses, and the remaining 3 sub-items received less than 85% stronly agree or agree responses. The largest difference in results between the two studies was for sub-item 5D; The building and treatment areas were easy to get to. ASHA reported 91% agreement with this item whereas the current study reported only 59% agreement. Sub-item 6C; I feel that my program was well managed, involving other services when needed received 93% agreement in the ASHA study and 77% agreement in the current study. Sub-item 5B; The environment was clean and pleasant received 95% agreement in the ASHA study and 88% agreement in the current study. Survey item 3A; The support staff who served me were courteous and pleasant received 96% agreement in the ASHA survey and 90% agreement in the current study. Survey item 4C; My clinician was experienced and knowledgeable received 96% agreement in the ASHA survey and 90% agreement in the current study. Item 6B; My clinician planned ahead and provided sufficient instruction and education to help me retain my skills after my program ended received 87% agreement in the ASHA study and 81% agreement in the current study. Finally, item 7B; I would seek your services again if needed received 96% agreement on the ASHA survey and 91% agreement on the current study.

A number of sub-items on the current survey received seemingly significant lower percentages of agreement than in the ASHA survey. ASHA's study surveyed only 2 university programs; the remainder of the service providers were hospitals or rehabilitation centers. This fact probably accounted for much of the difference in percentages because university student clinicians have less experience than practicing SLPs. Many of the questions, such as I feel my program was well mangaged, involving other services when needed, My clinician was experienced and knowledgeable, and My clinician planned ahead and provided sufficient instruction and education to help me retain my skills after my program ended, examine areas in which student clinicians obviously have less experience than practicing SLPs. Had the ASHA study surveyed a population of student clinicians, the percentages might have been different.

Originally, the responses of early responders and late responders were to be compared so that trends might be detected and potential bias could be noted (Oppenheim, 1966). Because of the relatively small sample size and the overwhelmingly positive response to all sub-items, no apparent difference between early responders and late responders could be detected.

The results of the current study are generally quite positive; however, parents did express some areas of concern in comments written on the surveys. Parents noted starting with a new clinician each term, the number of times their child was seen each week, and scheduling conflicts as areas of concern. Because of the relatively small sample size, each of these comments appeared only one time throughout the entire study so it appears

that dissatisfaction may be the result of isolated incidents; however, a replication of this study using a larger sample size or a different population, such as language, voice, fluency, or aural rehabilitation clients, may show a stronger pattern of response.

The results of the current study are in some ways similar to the results of an earlier study of clinical procedures (Eisenstadt, 1972). Eisenstadt found that parents generally held favorable views regarding their child's clinical experience; however, parents did have some areas of concern regarding their role at home, what to look for, and what amount of regression is normal. Though the areas of concern found in the current study are different than the areas of concern noted by Eisenstadt, parents in general, were positive about their child's clinical experience.

Though the PSU Speech and Hearing Clinic has collected data each term regarding parental satisfaction, they have not collected the data after the services have been terminated. The current study offers PSU a measure of accountability by providing documentation with which to justify their provision of services. It is hoped that the current study will serve as a starting point for future studies because this type of study is becoming increasingly important as health care reform continues to accelerate the development of treatment outcome measures (Wojcik, 1993).

CHAPTER V

SUMMARY AND IMPLICATIONS

Summary

Now more than ever, clinicians are being required to justify the effectiveness of their work by showing results. There are different ways to measure outcomes. For example, outcomes may be measured by testing to determine if change has occured regarding clinical goals, or by comparing the cost of the treatment to the benefit of the treatment to determine if the treatment was economically sound. Another type of measure is subjective outcomes, such as client satisfaction. Subjective outcomes are difficult to define and measure and few studies of this type have been reported in the literature. Because clinical outcome is dependent, at least to some extent, on client satisfaction (Williams, 1994), and because few studies have been reported in the literature regarding client satisfaction, this area became the focus of the current study.

This study sought to ascertain whether parents believe that their children benefited from articulation intervention services received at the PSU Speech and Hearing Clinic and what parental attitudes were regarding the clinical atmosphere and staff.

Measuring client satisfaction is difficult because many factors, such as attitudes and motivation of the client, and perceptions and attitudes of significant others may influence satisfaction (Engel et al., 1966). Even when acceptable speech has been acheived, clients are not always satisfied with the outcomes (Craig & Calver, 1991). Scheier and Carver, (1985) stated

that when outcomes may be influenced by multiple variables, assessing generalized outcomes is desirable.

The Speech-Language Pathology and/or Audiology Services--Treatment Consumer Satisfaction Measure of ASHA was used in this study because it is broad in scope and contains statements relating to the research questions of the current study. Answers to the research questions were derived from responses to the survey that was mailed to the parents of 86 children who had received articulation services from the PSU Speech and Hearing Clinic.

Forty percent (34/86) of questionaires mailed to parents were returned and 33 were used in tabulation of the results. Ninety-five percent of the parental responses regarding whether parents felt that their children benefited from services obtained at the PSU Speech and Hearing Clinic were positive indicating that parents were satisfied with the services received. Ninety percent of responses regarding parents' attitudes toward the clinical atmosphere and staff were positive.

In general, parental response was quite positive. In addition to responses to the 7 survey questions, many parents wrote comments on the survey expressing gratitude to the PSU Speech and Hearing Clinic (see Appendix F). Though parents generally held favorable views regarding their child's clinical experience, several parents indicated a number of areas of concern. Interestingly, comments written on the survey indicated that parents were concerned about (a) starting each term with a different clinician, (b) the number of times the child was seen each week, and (c)

scheduling conflicts (see Appendix F). Though parents frequently expressed feelings of gratefulness toward the PSU Speech and Hearing program, comments that could be used to strengthen the program showed no patterns (each comment was mentioned only one time throughout the entire survey). This most likely was due to the relatively small sample size.

Implications

Research Implications

Questionnaires such as the one used in this study often generate more questions than are answered (Polson, 1980). It is hoped that areas of concern discovered in this study could be used as starting points for future research. Further exploration of areas of concern such as starting with a new clinician each term and scheduling conflicts could lead to a better understanding of these concerns and ultimately lead to changes that could potentially improve the Speech and Hearing program. Data could continue to be collected on an annual basis, one year post treatment and the results could be compared to the current study. Additionally, replication of this study with other populations such as language, fluency, voice, and aural rehabilitation would yield data for comparison as would research in other settings, such as hospitals, clinics, and the private sector. It would be particularly useful to compare the results of the current study to the results obtained by other universities that have used the same questionnaire. Also, because most parents reported that they were satisfied with the services obtained, articulation testing could be done on the children involved in this study to determine objectively if parental satisfaction is due to actual

articulation benefits obtained. Research could also be conducted to determine if the number of sessions per week significantly impacts treatment gains obtained. Finally, follow-up surveys regarding the history in terms of additional treatment received in other settings and school success in reading, writing, and spelling would be of interest.

Clinical Implications

One area of concern was that each term the child had to start over with a new clinician. The parent felt that this led to a lack of progress. Perhaps university programs could be strengthened if clinicians were allowed to work with their clients for longer periods of time. Another area of concern had to do with the number of sessions each week. Because some children are only seen once or twice a week, perhaps better results could be obtained if children were seen more frequently. It is possible that more frequent sessions over fewer months would yield better results. The location and accessibility of the clinic were frequently mentioned as areas of concern. It would be difficult, if not impossible to change the location of the clinic due to cost constrains. It is hoped that parents will continue to feel that the benefits received at the clinic will more than offset the inconvienience of the location.

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APPENDIX A

Please complete this survey as if answering for your child.

Speech-Language Pathology and/or Audiology Services—Treatment

Consumer Satisfaction Measure

After answering all items, detach here and return

READ each item carefully and CIRCLE the one answer that is best for you

SA = Strongly Agree N = Neutral SD = Strongly Disagree
A = Agree D = Disagree NA = Not Applicable

1. It is important that we see you in a timely manner.						
A. My appointments were scheduled in a reasonable period of time.	SA	A	N	D	SD	NA
B. I was seen on time for my scheduled appointments.	SA	A	N	D	SD	NA
2. It is important that you benefit from Speech-Language Pathology and/or Audiology Services.	SA	A	N	D	SD	NA
A. I am better because I received these services.	SA	A	N	D	SD	NA
B. I feel I benefited from speech-language pathology and/or audiology services.	SA	A	N	D	SD	NA
3. You are important to us; we are here to work with you.						
A. The support staff (e.g., secretary, transporter, receptionist, assistant) who served me were courteous and pleasant.	SA	A	N	D	SD	NA
B. The clinician who served me was courteous and pleasant.	SA	A	N	D	SD	NA
C. Staff considered my special needs (age, culture, education, handicapping condition, eyesight, and hearing).	SA	A	N	D	SD	NA
D. Staff included my family or other persons important to me in the services provided.	SA	A	N	D	SD	NA
4. Our Speech-Language Pathology and Audiology staff are highly trained and qualified to serve you.						
A. My clinician was prepared and organized.	SA	A	N	D	SD	NA
B. The procedures were explained to me in a way that I could understand.	SA	A	N	D	SD	NA
C. My clinician was experienced and knowledgeable.	SA	A	N	D	SD	NA
5. It is important that our environment is secure, comfortable, attractive, distraction-free, and easy to reach.						
A. Health and safety precautions were taken when serving me.	SA	A	N	D	SD	NA
B. The environment was clean and pleasant.	SA	A	N	D	SD	NA
C. The environment was quiet and free of distractions.	SA	A	N	D	SD	NA
D. The building and treatment areas were easy to get to.	SA	A	N	D	SD	NA
6. It is important that we provide you with efficient and comprehensive services.						
A. I feel that the length and frequency of my service program was appropriate.						
B. My clinician planned ahead and provided sufficient instruction and education to help me retain my skills after my program ended.	SA	A	N	D	SD	NA
C. I feel that my program was well managed, involving other services when needed (i.e., teachers, dentist, physician).	SA	A	N	D	SD	NA
7. We respect and value your comments.						
A. Overall, the program services were satisfactory.	SA	A	N	D	SD	NA
B. I would seek your services again if needed.	SA	A	N	D	SD	NA
C. I would recommend your services to others.	SA	A	N	D	SD	NA

D. Check the services you received. ❑ Speech-Language Pathology ❑ Audiology

Comments: _____

_____

American Speech Language Hearing Association Quality Assurance

Thank you for your time.

CODE [ ] Please staple/seal the questionnaire so that the Center's address [illegible] the outside and return it to us.

SLP/Aud. Serv.—Treatment

APPENDIX B

Portland State University

P.O. Box 751, Portland, OR 97207-0751

Dear Parent/Guardian,

My name is Joan McMahon, Professor in the Speech and Hearing program at Portland State University. I am conducting a research project concerning parent perceptions of the effectiveness of services received by their children at Portland State University's (PSU) Speech and Language Clinic. I am attempting to determine whether parents believe their children benefited from the services received at PSU's clinic and what parents' overall attitudes are regarding the clinical atmosphere and staff. It is hoped that this study will lead to more specific measures of satisfaction and effectiveness and to the improvement of future clinical services at Portland State University.

I am sending a questionnaire to the parent/guardian of all children who received articulation services from PSU any time between January 1, 1987 and August 30, 1994. If you choose to participate in this study, you will need to complete the attached approval sheet and questionnaire. Neither your name nor your child's name will be used in reporting results.

If there are any questions or problems regarding any aspect of this study, please call Mary Gordon-Brannan at 725-3143. Additionally, if you have any problems associated with your involvement in this study, please contact the secretary of the Office of Research Sponsored Projects, Portland State University, P.O. Box 751, Portland, Oregon, 97297. They may be reached by telephone at 725-3417.

Please complete the attached approval sheet and return it along with your completed questionnaire in the self-addressed stamped envelope provided. Only those questionnaires accompanied by the approval form will be used in this study. Thank you for your help.

Joan McMahon, M.S.
Professor

_____I am interested in participating in your study.

_____I am not interested in participating in your study.

SIGNATURE:_____DATE:_____

CHILD'S NAME:_____

ADDRESS:_____

PHONE NUMBER:_____

College of Liberal Arts and Sciences Department of Speech Communication
Speech and Hearing Sciences Program 503/725-3533

APPENDIX C

INFORMED CONSENT FORM

I, _____, agree to take part in this research project on parental perceptions of the effectiveness of clinical services at Portland State University's Speech and Language Clinic.

I understand that the study involves filling out a questionnaire concerning my feelings about the clinical services provided to my child.

I understand, that because of this study, I will be required to spend a maximum of 10 minutes to fill out the survey.

Joan McMahon has told me that the purpose of the study is to learn how parents feel about the services provided by the Portland Stte University Speech and Language Clinic and to ask for my input on how to improve the services.

I may not receive any direct benefit from taking part in this study. But the study may help to increase knowledge that may help others in the future.

Joan McMahon has offered to answer any questions I have about the study and what I am expected to do.

She has promised that all information I give will be kept confidential to the extent permited by law, and that the responses of all people in the study will be kept confidential.

I understand that I do not have to take part in this study and that this will not affect any further relationship I or my family may have with the Portland State University Speech and Language Clinic.

I have read and understood the above information and agree to take part in this study.

Date:_____ Signature:_____

If you have concerns or questions about this study, please contact the Chair of the Human Subjects Research Review Committee, Office of Research and Sponsored Projects, 105 Neuberger Hall, Portland State University, 503-725-3417

APPENDIX D

TOTAL RESPONSES BY SURVEY ITEM

		SA	A	N	D	SD	NA	Total Responses
SURVEY ITEMS PERTAINING TO RESEARCH QUESTION 1:								
2.	It is important that you benefit from Speech-Language Pathology.							
A.	I am better because I received these services.	22	5	4	1			32
B.	I feel I benefited from speech-language pathology and/or audiology services.	16	6	2	1			25
7.	We respect and value your comments.							
A.	Overall, the program services were satisfactory.	24	9					33
B.	I would seek your services again if needed.	24	6	2	1			33
TOTALS FOR ITEMS PERTAINING TO RESEARCH QUESTION 1:		86	26	8	3	0	0	123
Percentage of Total Response for Items Pertaining to Research Question 1:		70%	21%	7%	2%	0%		

TOTAL RESPONSES BY SURVEY ITEM

		SA	A	N	D	SD	NA	Total Responses
SURVEY ITEMS PERTAINING TO RESEARCH QUESTION 2:								
1.	It is important that we see you in a timely manner.							
A.	My appointments were scheduled in a reasonable period of time.	22	11					33
B.	I was seen on time for my schedulted appointments.	23	9		1			33
3.	You are important to us; we are here to work with you.							
A.	The support staff (e.g., secretary, transporter, receptionist, assistant) who werved me were courteous and pleasant.	15	11	3			4	33
B.	The clinician who served me was courteous and pleasant.	25	7		1			33
C.	Staff considered my special needs (age, culture, education, handicapping conditions, eyesight, and hearing).	20	7	2	1		2	32
D.	Staff included my family or other persons important to me in the services provided.	22	6	1	1		2	32
4.	Our Speech-Language Pathology and Audiology staff are highly trained and qualified to serve you.							
A.	My clinician was prepared and organized.	18	13		1			32

		SA	A	N	D	SD	NA	Total Responses
B.	The procedures were explained to me in a way that I could understand.	22	10					32
C.	My clinician was experienced and knowledgeable.	14	14	3				31
5.	It is important that our environment is secure, comfortable attractive, distraction-free, and easy to get to.							
A.	Health and safety precautions were taken when serving me.	14	15	2			1	32
B.	The environment was clean and pleasant.	14	15	4				33
C.	The environment was quiet and free of distractions.	19	10	3	1			33
D.	The building and treatment areas were easy to get to.	7	12	4	7	2		32
6.	It is important that we provide you with efficient and comprehensive services.							
A.	I feel that the length and frequency of my service program was appropriate.	8	4		1	1		14
B.	My clinician planned ahead and provided sufficient instruction and education to help me retain my skills after my program ended.	16	10	3	2	1		32
C.	I feel that my program was well managed, involving other services when needed (i.e., teachers, dentist, physician).	11	9	6			7	33

	SA	A	N	D	SD	NA	Total Responses
TOTALS FOR ITEMS PERTAINING TO RESEARCH QUESTION 2:	270	163	31	16	4	16	500
Percentage of Total Response for Items Pertaining to Research Question 2.	56%	34%	6%	3%	1%		
GRAND TOTALS	356	189	39	19	4	16	623
Percentage of Total Response	59%	31%	6%	3%	1%		

Note: NA responses were not included in percentages

APPENDIX E

DEMOGRAPHIC DATA

Demographic data for children receiving articulation intervention services only (surveys returned):

Average age of child at entry into clinic: 4 years, 11 months
Average age of child at exit from clinic: 6 years, 8 months
Average time since exit from clinic: 3 years, 5 months

Range of ages at entry into clinic: 3 years, 4 months to 8 years, 4 months
Range of ages at exit from clinic: 4 years, 10 months to 12 years, 9 months
Range of time since exit from clinic: 1 year, 5 months to 6 years, 10 months

Demographic data for children receiving articulation intervention services only (surveys not returned):

Average age of child at entry into clinic: 5 years, 0 months
Average age of child at exit from clinic: 6 years, 6 months
Average time since exit from clinic: 2 years, 9 months

Range of ages at entry into clinic: 3 years, 4 months to 10 years, 3 months
Range of ages at exit from clinic: 4 years, 9 months to 10 years, 9 months
Range of time since exit from clinic: 1 year, 10 months to 6 years, 1 month

Demographic data for children receiving articulation and language intervention services (surveys returned):

Average age of child at entry into clinic: 4 years, 6 months
Average age of child at exit from clinic: 6 years, 2 months
Average time since exit from clinic: 2 years, 8 months

Range of ages at entry into clinic: 2 years, 4 months to 11 years, 6 months
Range of ages at exit from clinic: 2 years, 9 months to 13 years, 2 months
Range of time since exit from clinic: 4 months to 6 years, 8 months

Demographic data for children receiving articulation and language intervention services (surveys not returned):

Average age of child at entry into clinic: 4 years, 5 months
Average age of child at exit from clinic: 6 years, 1 month
Average time since exit from clinic: 4 years, 5 months

Range of ages at entry into clinic: 2 years, 9 months to 6 years, 4 months
Range of ages at exit from clinic: 3 years, 10 months to 9 years, 4 months
Range of time since exit from clinic: 1 year, 10 months to 8 years, 1 month

APPENDIX F

RESPONDENT COMMENTS

ATTITUDES REGARDING BENEFITS:
My son's verbal skills improved 100%.
(My son) benefited greatly from your program.
(My son) benefitted greatly
We were glad our son benefitted from extra work with the clinician.
My niece also went to PSU after my son and is doing great!
I don't feel my son's speech improved very much, but his therapist really tried. He was in therapy 3 years ago-He still really can't articulate "L"s and "R"s but we've gotten used to it; most people can understand him.
It made all the difference in the world for my child. He speech improved 100%.
We benefitted greatly.
(My son) made incredible improvements.
This program really helped me and my son. He is rapidly improving and catching up with others his age.
My son would not be where he is academically if he had not had the therapy he had nor had the therapy he received at PSU. We are very grateful. He is in the 5th grade and a 3.8 student!
We were very pleased with the services offered our daughter.
What your program did for my son was incredible. I can never repay your staff for teaching my son to communicate.
My child enjoyed coming to speech. He is in the 4th grade now, and he goes out of his way to tell people that he went to PSU for 2 terms while he was in kindergarten. Feel free to use our names.
. . . and in the process she felt good about herself. She really liked both students.
. . . we were very pleased with the program including the stuttering clinic.
PSU has made a positive difference in my son's life. Thanks!
This was so long ago-but to the best of my knowledge and memory-everyone was very helpful.
It was a very positive experience for (my son) me and the treatment was excellent.
(My child's) speech therapy was an entirely positive experience for all of us.
The entire experience was encouraging as well as benefitial, in what was an "uneasy" time with a 2 1/2 year old who didn't talk. Now he won't stop!
It was a good experience for us.
We loved the program!
Outstanding program!
(Our son) was too young to be cooperative with formal speech therapy. He was only 2 1/2.
The quality and quantity of therapy my son received was outstanding. Not only did it help with his speech, it also has helped him relate to adults and teachers. He is functioning very well in his first grade class. (He enjoys talking and verbalized his needs very well). In fact, his YMCA teacher describes my son as a "talker!" Thank you.

The treatment was a very positive experience. (My son) still talks of his time there and has benefited.
Thank you for the wonderful program!

STUDENT CLINICIANS/SUPERVISORS:
The clinican was excellent.
Students were well prepared and excited to teach.
. . . his therapist was the best.
. . . felt she was organized and prepared for her work, but felt lack of understanding re: stresses parents have when child has ADD.
The student's and their supervisor were very nice to me and very educational to me as well as my child.
All of his clinician's were caring, prepared, and helpful. (The supervisor) is one of the nicest people I've ever met.
(The supervisor) was wonderful.
I did like the students.
(The supervisor) was wonderful.

SCHEDULING:
Three days a week was very effective.
The first year (summer) (my son) went was 4 days a week. The second year (summer) he went only 2 which was not enough.
We discontinued your services due to scheduling conflicts.
(The students) worked well with my child, but couldn't make good progress with so many short, choppy sessions.
Each quarter they retested and started again with a new person. I felt like we were starting over and over again . . . was short and choppy.

COMPARED TO OTHER PROGRAMS:
Much better program than what I was paying extra for at a professional pathologist. Very affordable.
We followed up with (our child's) school program when he was released from your program. He was seen 20 minutes, twice a week. The school program, I feel is highly ineffective, however, he is now 8 years old and was just released from all his special help program. I wish he could have stayed with your program until he was finished.
. . . he now receives services at Emanuel Hospital and is doing very well. We have him there only due to changes in our insurance. The program at PSU was great.

REFERRALS:
I have referred others to your program.
We've referred others who have gone through the program.

PARKING:
Parking was a big problem.
Parking was a pain.
Parking is very inconvenient.

COST:
. . . and appreciated the low cost time with student therapists.

COMMUNICATION:
I was told I would be continuing in the Fall of 1994. I was never contacted and when my mother called and left messages, no one returned her calls.

Note: Names were deleted from comments and "my/our son/daughter/child" was substituted in parentheses.

All quotes from the surveys are included above; however, some sentences contained elements from more than one of the above categories making it necessary to place part of a sentence in one category and part in another category.