

# A Survey of Speech-Language Pathologists in the WI Birth-3 Program



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## Research Question

- Are speech-language pathologists (SLPs) in Birth-3 programs in Wisconsin serving children under age 3 solely for speech sound delays?

## Background

- Children with speech sound delays may have difficulty learning the speech sounds of a language, for example a child says “tat” for “cat.”
- Investigation of current national and state early intervention eligibility criteria revealed minimal evidence that speech sound deficits alone, in the absence of concomitant disorders, qualify a child under age 3 for early intervention programs.
- The American Speech-Language-Hearing Association’s (ASHA) *Roles and Responsibilities of SLPs in Early Intervention; Guidelines*, does not provide specific methods of intervention for children under age 3 with speech sound delays.
- The researchers’ goal was to discover whether SLPs working in Wisconsin Birth-3 programs serve children with speech sound delays.

## Procedures

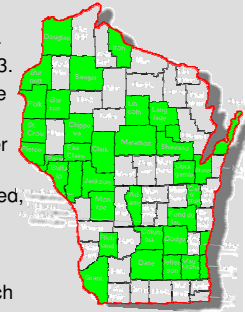
- A Qualtrics survey was developed to investigate current practices in Birth-3 programs.
- The Institutional Review Board approved the research plan.
- The Wisconsin Birth-3 program director provided contact information for regional coordinators.
- These coordinators disseminated the survey to Birth-3 SLPs in all 72 Wisconsin counties.

## Participants

- All are currently working in Birth-3 programs in Wisconsin.
- Have worked as an SLP an average of 27 years (range of 1-39 years)
- In addition to Birth-3 settings, they have worked in medical, school, home health, private practice, and other settings.
- Have work experience in the following states: WI, MN, IL, and CO.
- 49% currently work part-time, 51% currently work full-time.
- Caseloads average from 1 to 40 children per week.

## Results

- 63 surveys were completed by SLPs representing 37 counties.
- 95% provide speech sound intervention to children under age 3.
- The most common diagnostic labels given to these children are childhood apraxia of speech and developmental delay.
- Informal and formal assessments, as well as parental/caregiver concerns are used to support provision of intervention.
- A variety of intervention strategies are used including play based, routines based, teaching strategies to parents, and behavioral techniques.
- The tables below indicate the top factors which contribute to intervention and the top goals that are used for directing speech sound intervention.



Factors Contributing to Intervention	%*
Informal assessment by clinician	91%
Parental/caregiver concerns	83%
Standardized test results	52%
Normative data (e.g., Grunwell, Sanders, Stoel-Gammon)	45%

Goals Used for Directing Speech Sound Intervention	%*
Increase verbal imitation skills	96%
Increase phonetic repertoire	86%
Increase variety of syllable shapes	71%
Increase accurate production of phonemes already in phonetic repertoire	64%

\*percent of participants

*“It is rare in my experience that speech sound production is the primary reason I am seeing a child under 3, however it is frequently at least part of the reason.”*

-Survey Participant

## Discussion

- The survey reveals that children are being served in Birth-3 programs solely for speech sound delays. This is supported by the data; 52% of the SLPs surveyed dismissed children from services solely based on progress made in speech sound intervention.
- Based on the literature review of this study there was conflicting support for the practice of providing speech sound intervention to children under the age of 3.
- Some SLPs reported that provision of speech sound intervention does not fit within the Birth-3 program’s family centered approach.
- Further research should focus on the efficacy of speech sound intervention services for children under the age of 3.