

## Novel interventions to Increase the Self-Efficacy of Graduate Students Providing Treatment to Children Who Stutter

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## Introduction

- Stuttering is a speech disorder marked by repetitions, prolongations and hesitations in speech. Adolescents and adults who stutter report significant negative impacts in quality of life due to stuttering
- There is a great need in the area of fluency disorders to evaluate the teaching practices as Speech-Language pathologists SLPs) report feeling underprepared to serve children who stutter (CWS; Briley, 2018)
- Graduate students report a relative lack of confidence in their ability to explain the components of therapy to clients (Steyl et al, 2016) potentially detracting from the success of their future therapy in significant ways
- The World Health Organization-International Classification of Functioning is routinely used to frame treatment in a holistic approach. Given even in young clinicians report reduced confidence in treating stuttering, the current model may not be enough to support graduate students
- A new adaptation of the WHO-ICF specific to communication disorders was published (Baylor & Darling-White, 2020) and focuses intervention on treatments to increase participation (as opposed to an impairment focus)





Spring 2022 Semester Implementation Timeline



- A test-retest framework will be used to collect data
- To assess change in self-efficacy students will complete a unique selfefficacy scaling based on a framework presented in Beita-Ell & Boyle (2020)
- To assess change in treatment plan development students will create treatment plans for hypothetical children who stutter
- The intervention borrows from Transparent Design (Boye et al, 2019): Students will work in teams to identify treatment plans that unambiguously violate the Participation-Focused Intervention Framework

## Lessons Learned

- Clearly this is a work in progress. The Scholarship to teaching and Learning is an iterative and developmental process. I've learned a few things:
- This was originally meant to be completed in an online version of the CSD 752 in the fall of 2021. It was an abject failure!
- Despite learned resilience to online learning, I did not provide adequate instruction to my students. Only 25% of students completed the first selfefficacy questionnaire (COVID survey fatigue?). I allowed this to get in my head and decided to scrap the study. I shouldn't have: the treatment plan itself assignment was a success, but without the other components not very useful

References

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