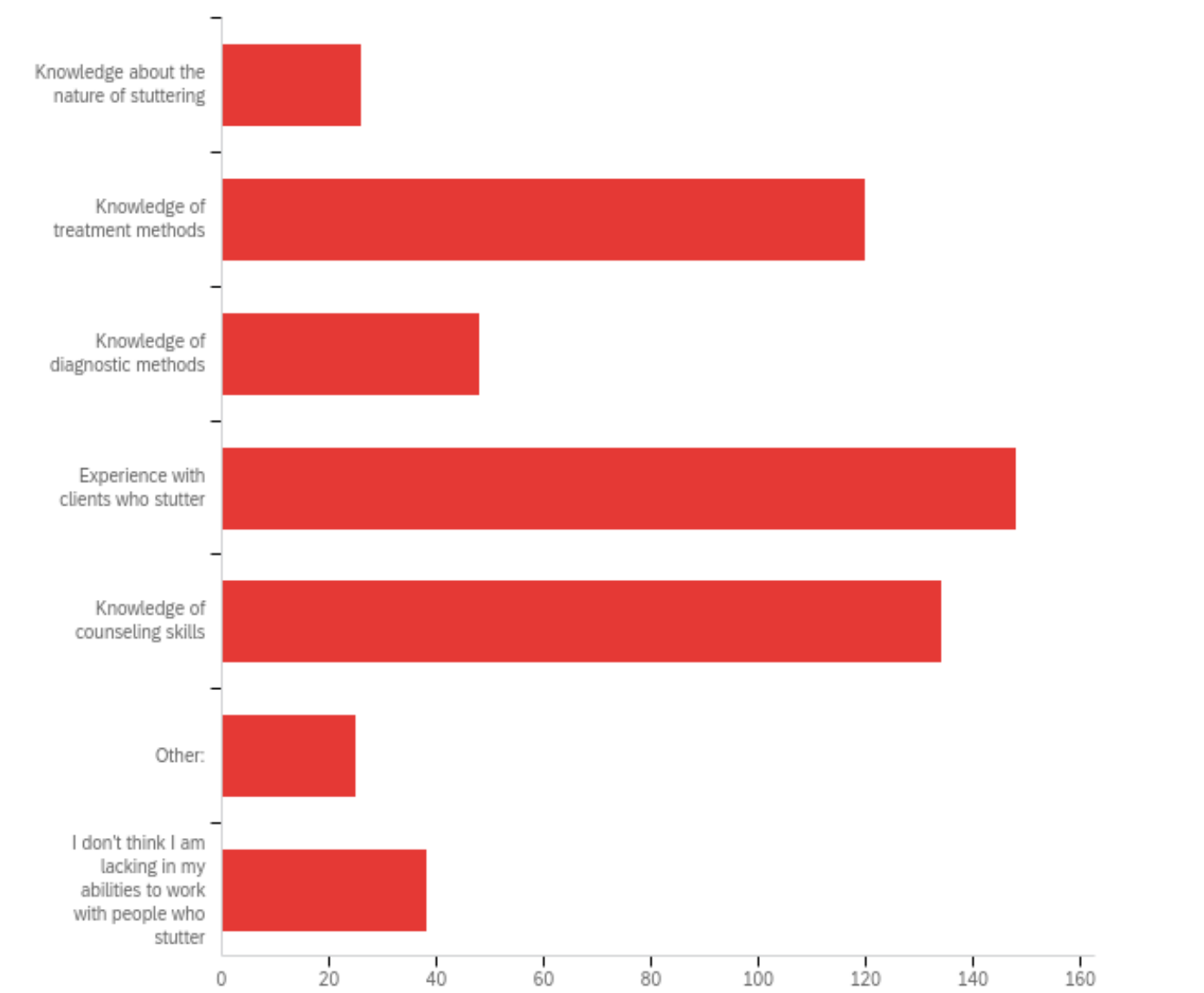


Supplemental Material S2.

Graph and table showing percentages of SLPs who agreed that they were lacking in their abilities to work with children who stutter. Note that percentages exceed 100% because respondents could select more than one response. The last section displays participants’ comments for “other” types of areas in which they felt they were lacking.



#	Answer	%	Count
1	Knowledge about the nature of stuttering	4.82%	26
2	Knowledge of treatment methods	22.26%	120

3	Knowledge of diagnostic methods	8.91%	48
4	Experience with clients who stutter	27.46%	148
5	Knowledge of counseling skills	24.86%	134
6	Other:	4.64%	25
7	I don't think I am lacking in my abilities to work with people who stutter	7.05%	38
	Total	100%	539

Other ways in which SLPs felt that they lacked in their abilities to work with children who stutter (participants had the options to select "other" and to type in their response).

I have all the knowledge and all the opportunities, but would like my results to reduce stuttering in my high schoolers. I end up with better attitudes and acceptance, but not that much reduction in stuttering. Very frustrating for me..

Specifically helping them accept the stutter vs. me trying to fix the stutter.

Want more variety when teaching fluency strategies

knowledge of progress measures. When it is not a "disorder" to treat. What plan to have in case with age there is regression of feeling, attitudes, increased disfluencies, etc.

Parent contact is not the level I would prefer it to be

I graduated a long time ago and feel that there have been changes in stuttering therapy and research that I am need updating. I also do not have very many cases and most of the cases have had an apraxic base.

I could always benefit from more training

Most of my students with fluency disorders quickly increase fluency in therapy and even across school environments, they do not stutter as much when I am around which decreases opportunities for self identification and implementing strategies...

I feel fairly confident but feel I can always use more experience as well as learning how to counsel

Flexibility with scheduling

Lack of varying diagnostic measures available in our district

I have not worked with stuttering in many years and have not stayed current on research and treatment methodology

Every time I get a stuttering client, I reeducate myself and make myself get comfortable again. But then 1 or more years may go by before I get another client and I feel that I don't remember a thing and need to reeducate again. I also wonder what is considered best practice now that an interim period has gone by.

Knowledge of knowing when to dismiss them as a school SLP

professionals who understand the nature and complexity of PWS

I think I could always improve my strategies

Working with Co-morbid dx, such as ADD/ADHD

It's been over a decade since I have had a fluency student on my caseload.

Not many on caseload

Unsure of when to qualify student for school based services vs. wait and see

I'm sure I could always improve and stay upmon current research but I participated as a clinician in graduate school in a stuttering modification programs for adults and adolescents who stutter and had a lot of hands on experience in this intensive program.

I work in a kindergarten center so lack of continuity

I always feel like there is more to learn about stuttering. While I have worked with many kids that stutter, each child is so different that they require different skill sets. Counseling is probably my weakest area

Confidence in counseling skills. I have had children who's communication abilities improved, but couldn't be sure they felt better about thr smallest dysfluency.

my grad school class on stuttering was terrible so I didn't learn what I needed to learn. I have only had one student in over 10 years that stuttered and he moved after 1 month of seeing him.