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C hildren and adolescents who are involved in crime and school violence are of significant concern to citizens across the United States (Small & Dressler Tetrick, 2001). Violence refers to behaviors and actions that include the use of threats or intentional harm to individuals or property (Van Hasselt & Hersen, 1999). Youth between the ages of 15 and 19 who have been involved in violent crimes reached record highs in the second half of the 1980s and have continued to present major concerns for educators (National Center for Injury Prevention & Control [NCIPCA], 2002; Poe-Yamagata & Butts, 1996; U.S. Department of Justice, 2002). Although more recent statistics on the prevalence of school violence and adolescent homicide rates actually reflect a decline (Fox & Zawitz, 2001; NCIPCA, 2002; U.S. Department of Justice, 2002), there are mounting fears

ABSTRACT: **Purpose:** This study investigated the opinions of speech-language pathologists (SLPs) regarding their role, education, and training in serving students with communication disorders who have been involved in violence.
Method: A survey consisting of 26 items was given to 598 SLPs from eight states representing geographic regions of the United States.
Results: Participants acknowledged that violence is an increasing concern. They also recognized the valuable role they have in planning prevention programs and serving on multidisciplinary teams. In contrast, SLPs' opinions suggested that they did not feel well trained to deal with violence, nor did they feel that the role of communication in violence was understood by SLPs or educators. Comparisons between SLPs from different school and nonschool settings on their education and training and their role in serving this population were not significant. Participants with violence education and training responded significantly more favorably than those without such education and training on planning prevention programs; contributing important information to multidisciplinary teams in planning programs; and the impact of intervention on academics, behavior, and social interactions. Statistically significant findings indicated that both groups disagreed on understanding the role of communication in violence and being trained to provide services. However, findings need to be interpreted cautiously because both groups' means fell within the same categories of agreement/disagreement, and actual differences between groups were small. Quantitative and qualitative findings revealed that education and training are prevalent concerns of SLPs. Their written feedback suggested that SLPs provide critical information as we plan for this population.
Clinical Implications: Additional education and training are needed in areas such as the role of the SLP in communication and violence, intervention that addresses behavior management, and multicultural issues.

KEY WORDS: communication, education, violence, survey

concerning the numbers of children who are involved in crime and violence (Greene, 2001). These alarming trends have important implications for educators and raise questions about how speech-language pathologists (SLPs) view their role in serving students with communication disorders who have been involved in violence.

The prevalence of communication problems in populations of delinquent adolescents has been well documented. As early as 1966, Cozad and Rousey reported a high percentage of juvenile delinquents with speech, language, and hearing disorders. Today, from more than 35 years of research, it is known that as many as 19% to 84% of this population have communication disorders (Cozad & Rousey, 1966; Falconer & Cochran, 1989; Irwin, 1977; Sanger, Moore-Brown, Magnuson, & Svoboda, 2001; Taylor, 1969).

Since 1997, findings from other studies supplemented prevalence data with information on the types of language problems found among teenagers residing in a correctional facility. From testing a total of 173 adolescent females on both standardized and informal language measures, as many as 34 (19.65%) teenagers were identified with language, as well as academic, problems in school (Sanger, Creswell, Dworak, & Schultz, 2000; Sanger, Hux, & Belau, 1997; Sanger et al., 2001). The incidence of adolescents with communication disorders who have been involved in violence is alarming because SLPs could be three times more likely to encounter adolescents with communication disorders who have been involved in violence as compared to youth in the general population (Larson & McKinley, 1995).

Even though studies have described the prevalence and types of language problems that occur among adolescents who have been involved in violence, less is known about intervention with the population. Though researchers have indicated that speech and language intervention could be helpful for this population, only a few reports have addressed service delivery frameworks for SLPs who work with adolescents with communication problems who have been involved in violence. Suggestions including planning intervention with the student, establishing responsibility for the disorder, engaging the student as an active rather than a passive learner, and using cognitive learning principles (e.g., mediated learning and bridging) have been discussed (Sanger, Moore-Brown, Montgomery, & Lord Larson, 2002). Additionally, reports have suggested that multi-disciplinary intervention approaches focusing on aspects of reading, writing, listening, thinking, and speaking are important in planning treatment (Moore-Brown, Sanger, Montgomery, & Nishida 2002; Sanger et al., 2002). For example, SLPs could collaborate with educators and share ideas on how youth accept criticism, give compliments, negotiate, interact in conversations, listen effectively, use narratives, and understand expository text.

Although it is encouraging that topics on communication disorders and violence have appeared in workshops and convention programs, information remains scarce. For example, it has been almost 10 years since the findings investigating the possible relationship between communication disorders and behaviors in juveniles were published by the Workshop on Communication Disorders and Juvenile Behaviors (Aram & Ruben, 1994). At that workshop,

researchers concluded that more information on the identification and assessment of, and intervention for, students with communication disorders and behavior problems was needed.

It remains questionable whether challenges that SLPs experience with this population are sufficiently addressed in their education and training. It is not clear whether SLPs feel that they are sufficiently trained in assessment and intervention services to serve children and adolescents who have been involved in violence. Moreover, it is not known how SLPs view their role with this population. Understanding the opinions of SLPs and their role in providing services to students with communication disorders who have been involved in violence is important, as is knowing their views on their education and training. Knowing the opinions and perspectives of SLPs in this area is one way to contribute to improvements in assessments and interventions (Wilcox, Hadley, & Bacon, 1998).

The current study focused on SLPs who presently serve or have worked with students with communication disorders who have been involved in violence. This implies children and adolescents who were involved in school violence, as well as violent and nonviolent crimes in other settings. For this study, communication disorders refers to "an impairment in one or more of the processes of hearing, speech, or language that results in the inability to comprehend or express thoughts or concepts in oral, manual, or written form" (Ratner & Harris, 1994, p. 451). Throughout this study, the term *language disorders* will be used interchangeably with *language problems.*

The purpose of this survey study was twofold. First, it investigated the opinions of SLPs about their role and training in serving students with communication disorders who have been involved in violence. Second, it provided a means to compare opinions of SLPs who had received training in communication and violence to SLPs who had not received training in 10 areas: (a) understanding the role of communication and violence, (b) having training and education to provide services, (c) planning prevention programs, (d) contributing information to multidisciplinary teams to plan programs, (e) having sufficient training to collaborate and consult with other team members, (f) providing adequate services for children with communication disorders who have been involved in violence, (g) determining whether intervention for children's communication disorders affects their academic performance, (h) determining whether intervention for children's communication disorders affects their behavior, (i) determining whether intervention for children's communication disorders affects their social adjustment and interactions, and (j) addressing whether shortages of SLPs in school districts relates to large caseloads in providing services.

METHOD

Survey Development

A survey consisting of 26 items served as the basis for data collection (see Appendix). Several of the items contained multiple parts, and some questions could have

more than one response from the participant. First, eight items addressed respondents' professional backgrounds, educational histories, work settings, years of experience, caseloads, and geographic location. Second, three items solicited information about training, experiences, and providing services that related to communication and violence. Items contained questions about where training was received, services that were provided to students who had been involved in violence in the past year, and qualifications in serving those students. Background and education/experience in communication and violence items were in check-all-that-apply, fill-in, and yes/no formats.

The third section of the survey contained 14 Likert-type items accompanied by a 5-point scale ranging from "strongly agree" to "strongly disagree"; the midpoint of the scale corresponded with an "uncertain" response. These items pertained to SLPs' opinions on incidences of violence in school settings, needs of students on their caseloads, SLPs' and educators' understanding of the role of communication in violence, SLPs' training to provide services, SLPs' training in behavior management, multicultural issues, planning prevention programs, participation on multidisciplinary teams, and providing intervention services for students who have been involved in violence. The fourth and final section included one open-ended question about the primary concerns of SLPs who provide services to this population.

A draft survey was distributed to five speech-language pathologists for input concerning ambiguity, relevancy, completeness, and organization. Their feedback served as the basis for revisions. The revised survey was completed by 55 students and professionals attending a presentation ("Advancing the Discussion on Communication and Violence Issues," Sanger & Moore-Brown, 2000) at the 2000 American Speech-Language-Hearing Association (ASHA) convention. Feedback from these professionals served as the basis for additional revisions in developing the final version of the survey. Pilot participants encouraged researchers to include an open-ended question about SLPs' primary concerns in serving students with communication disorders who have been involved in violence and to survey a national sample of SLPs.

Participants and Procedures

In March 2001, surveys were mailed to a total of 1,200 certified SLPs who were members of ASHA in eight states (California, Florida, Nebraska, New York, Maryland, Texas, Utah, and Wisconsin). The states represented different geographic regions of the United States. For each state, 150 participants were selected randomly from a data file compiled by ASHA. A cover letter invited each participant to complete the questionnaire and to return it using a preaddressed, stamped envelope that was included in the packet. Nonrespondents received a follow-up mailing in May to encourage their participation in the study. The final number of participants in the study included 598 subjects (49.8% rate of return). Return rates for the individual states ranged from 35.3% to 66.7%.

RESULTS

Data Analysis

Some respondents did not answer all of the survey items; hence, the number of responses varied across questions. However, data were computed on the total number of questionnaires returned ($N = 598$), and "no responses" were considered in the calculations. Background information and items referring to experience and training were analyzed descriptively. For check-all-that-apply, fill-in, and yes/no questions, percentages provided information concerning the respondents.

Descriptive, parametric, and nonparametric statistics were used to analyze the data. First, on Likert-type items, overall means provided a general indication of agreement or disagreement with a survey statement on the opinions of SLPs concerning their role and training in communication and violence.

Second, parametric statistics involving principal axis factoring on a correlation matrix with varimax rotation was performed with the 19 Likert-type items (questions 8 and 13 have multiple items) on a sample of 545 SLPs without item nonresponses. Scree plots and the eigenvalues were examined to determine the criterion for the number of factors. The best fitting factor analysis extracted two factors with eigenvalues of 3 or higher and accounted for 29% of the common variance. Only items with loadings of .3 and greater were interpreted (Hair, Anderson, Tatham, & Black, 1998). As a consequence, the items pertaining to identification (i.e., item 8a, 8b, 8c, and 8d) and shortages of SLPs (i.e., item 14) were below the .3 criterion of factor loading and were not used to form the two subscales. Seven items (i.e., 1, 2, 9, 10, 13a, 13b, and 13c) comprised the factor for the subscale for role of the SLP in communication disorders and violence, and seven items (i.e., item 3, 4, 5, 6, 7, 11, and 12) comprised the factor for SLPs' educational training in communication disorders and violence.

The Cronbach alpha reliability coefficient for internal consistency on the two factors was .70 or higher. According to Cortina (1993), alpha levels are defined as a measure of the extent to which items in the scale have high communalities and are a function of interrelatedness. An alpha of .74 was computed for the subscale for role, and an alpha of .77 was computed for the subscale of training.

The development of subscales allowed for items to be grouped according to SLPs' opinions on their role and training. These subgroups permitted a more comprehensive analysis of these areas. Moreover, these subcategories allowed the data to be analyzed on a continuum and permitted use of parametric statistics. Two t tests were used to compare between-group differences of SLPs by job setting. Groups included SLPs working in public and private schools and those working in nonschool settings (e.g., university, correctional facility, and other settings). A Bonferroni adjustment was used to control for family-wise type 1 error rate on the t tests. Accordingly, each analysis was tested at a significant level of .025 (e.g., .05/2) (Anderson, 2001; Dunn, 1961).

Third, nonparametric statistics involving Mann-Whitney U tests were computed to compare SLPs who had received training in communication and violence to SLPs who had not received training on 10 Likert-type items. A Bonferroni adjustment of .005 (e.g., .05/10) significant level was used to control for family-wise type 1 error rate (Anderson, 2001; Dunn, 1961).

A summary of data from the final open-ended question was analyzed by a modified qualitative procedure reported by Moustakas (1994). First, two graduate students and one researcher read through the text of each answer to gain an understanding of the comments expressed. Notes were made in the margins of the survey to capture the main ideas expressed. Each response to the final question was analyzed by listing all of the descriptive statements/ideas contained within the SLPs' written comments. Second, from this information, redundant and similar responses were grouped together and categorized to develop a list of nonrepetitive statements. These nonrepetitive statements were referred to as significant statements or invariant constituents and were used to determine the core themes. These themes reflected the recurring ideas from the list of significant statements. Reliability was established by two graduate students independently analyzing descriptive and significant statements in order to determine the core themes. Consensus was then established among the students and the one researcher in determining themes.

The significant statements appear only once; however, many respondents wrote a similar comment (descriptive statement/idea) in responding to the final question. Frequency data on the descriptive statements/ideas according to the percentage of SLP *respondents* who commented about each theme are presented. Additionally, the percentage of *descriptive statements/ideas* included in each theme was calculated to determine the frequency with which they occurred among the total comments.

Background Information

Respondents included 598 school- and nonschool-based SLPs from eight states. The number of respondents ranged from a low in New York ($n = 53/150$, 35.33%) to a high in Nebraska ($n = 100/150$, 66.66%). As previously indicated, not all respondents answered every question on the survey. Hence, percentages reported were based on a consistent sample size of 598, which is the number of surveys returned by the SLPs. In the summary of descriptive demographic data presented in Table 1, "no responses" were reported. Note that in some cases, the sum is not equal to the total number of SLPs because multiple responses to questions were possible. Hence, in several examples, the percentages do not sum to 100.

Background information indicated that the majority of survey respondents had earned a master's degree (93.81%, $n = 561$) and had completed degrees between 1971 and 1990 (73.58%, $n = 440$). Approximately 82% ($n = 491$) of the respondents worked in public school settings. The remaining 17.89% ($n = 107$) worked in private schools, universities, correctional facilities, or other settings. Approximately one half (44.65%, $n = 267$) were employed in their setting for

Table 1. Summary of demographic information on speech-language pathology respondents ($N = 598$).

	Frequency	Percentage
Highest degree earned		
BA, BS	8	1.34
MA, MEd, MS	561	93.81
EdS, equivalent	10	1.67
EdD, PhD	15	2.51
No response	4	0.67
Date of completion of highest degree		
Before 1970	0	0.00
Between 1971 and 1990	440	73.58
Between 1991 and 2000	122	20.40
No response	36	6.02
Present work setting		
Public school	491	82.11
Private school	23	3.85
University	8	1.34
Correctional facility	3	0.50
Other	68	11.37
No response	5	0.84
Approximate number of years employed in current setting		
0–5 years	116	19.40
6–10 years	107	17.89
11–15 years	100	16.72
>15 years	267	44.65
No response	8	1.34
Service delivery		
Consultation model	393	65.72
Pull-out model	470	78.60
Co-teaching/collaboration model in the regular or special education classroom	328	54.85
Self-contained language classroom	99	16.56
Other	97	16.22
Caseload age/grade range		
Preschool	347	58.03
School age	484	80.94
Adult	46	7.70
Geographic location		
Rural	145	24.25
Urban	394	65.89
No response	59	9.87

Note. Sum of respondents may not total 598 due to the possibility of multiple responses for each item.

more than 15 years, but as many as 79% ($n = 474$) had been in their setting for 6 or more years.

More than 50% of the respondents delivered services through a pull-out model (78.60%, $n = 470$) and/or consultation (65.72%, $n = 393$). Other types of service delivery included co-teaching/collaboration (54.85%) and/or self-contained (16.56%). Other service delivery models represented 16.22% of respondents. Respondents' caseloads included a combination of school-age (80.94%, $n = 484$), preschool (58.03%, $n = 347$), and adult (7.70%, $n = 46$) clients. The majority of survey respondents were from urban settings (65.89%, $n = 394$), and 24.25% ($n = 145$) were from rural areas.

Training and Providing Services

Eighty percent (*n* = 476) of respondents reported that they did not receive specific training related to communication and violence issues. Table 2 shows that 18% of respondents (*n* = 107) indicated that they received training and where this occurred. Conferences, in-services, and workshops rather than college education or coursework taken after their degree represented where the majority of SLPs (*n* = 99) received their training.

Most SLPs (56.02%, *n* = 335) did not serve students who had been involved in violence in the past year on their caseloads. Of those responding to the question on providing services, 249 respondents (41.64%) served students who had been involved in violence in the past year. Nonetheless, 70.07% (*n* = 419) of the respondents indicated that they felt qualified to serve on a multidisciplinary team, whereas 9.53 % (*n* = 57) responded by indicating "no" they did not. Twenty percent of the participants (*n* = 122) did not respond to this item. Sixteen percent (*n* = 97) of the respondents felt qualified to provide educators with information about the role of communication and violence, whereas 62.87% did not feel prepared to provide information to this group. Approximately half (45.48%, n = 272) felt capable of providing assessment services and 38.96% (n = 233) of providing treatment for students with communication disorders who have been involved in violence. Conversely, 33.61% (*n* = 201) reported not feeling qualified to provide assessment services, and 40.13% (*n* = 240) did not feel qualified to provide intervention.

Opinions on Communication and Violence

SLP respondents provided their opinions about communication and violence. Overall means on Likert-type items provided a general indication of agreement or disagreement with a survey statement. Means ranging from 1.00 to 2.49 were interpreted as agreement with a given statement, means ranging from 2.50 to 3.50 were interpreted as uncertain responses, and means ranging from 3.51 to 5.00 were interpreted as disagreement with a survey statement.

(See the Appendix for the percentage of SLPs who responded to Likert-type items).

Table 3 shows a summary of the means and standard deviations of descriptive statistics on Likert-type items grouped according to categories of agreement, uncertainty, and disagreement. Mean findings indicated that SLPs responded with agreement on the following eight items: (a) violence in school settings is an increasing concern for clinicians (question 1); (b) there are challenges identifying students because they are viewed as behavioral problems, learning disabled, and so forth (question 8b); (c) SLPs should be involved in planning prevention programs (question 9); (d) SLPs' contributions to multidisciplinary teams are important (question 10); (e) speech-language intervention affects a student's academic performance (question 13a); (f) speech-language intervention affects a student's social interaction with peers (question 13b); (g) speech-language intervention affects a student's behavior (question 13c); and (h) there is a shortage of SLPs to serve students who have been involved in violence (question 14).

The data suggested some uncertainty by the respondents on six items, including (a) more concern about addressing the needs of children who have been involved in violence in recent years (question 2), (b) whether students' pragmatic behaviors relate to challenges in identifying them for services (question 8a), (c) concern that students are tested by SLPs but do not qualify for services (question 8c), (d) concern that students are not referred because they are considered a low priority by educators (question 8d), (e) concern whether SLPs have sufficient training to collaborate and consult with team members (question 11), and (f) concern whether SLPs provide adequate services for children with communication disorders who have been involved in violence (question 12).

Five items for which respondents disagreed included (a) whether the role of communication in violence was sufficiently understood by SLPs (question 3), (b) educators' awareness of the role of communication in violence (question 4), (c) whether SLPs have sufficient training to provide services for students who have been involved in violence (question 5), (d) if SLPs have adequate training in

Table 2. Percentage of speech-language pathologists who received training in communication and violence (*n* = 107) and where training occurred.

	Respondents replying yes	
Where training occurred	*Frequency*	*Percentage*
Training in undergraduate or graduate education	10	9.35
College course/s on violence	4	3.74
Perform clinical practica with students involved in violence	5	4.67
University courses taken after degree	11	10.30
Training through conferences, in-services, workshops, etc.	99	92.52
Location of training (e.g., poster sessions, technical sessions, in-services)	33	30.84
Time spent in training (e.g., half-day conference)	72	67.29

Note. Number of respondents for training in undergraduate or graduate education does not sum to 10 because 1 participant did not specify where training occurred. Also, other numbers may not equal the sum of 107 SLPs because of the possibility for multiple responses to questions.

Table 3. Means and standard deviations for speech-language pathologists' Likert responses on communication disorders and violence according to categories of agreement, uncertainty, or disagreement (*N* = 598).

Likert-type items	Strongly agree/ agree		Uncertain		Disagree/strongly disagree	
	M	SD	M	SD	M	SD
1. Violence in school settings is increasingly a concern of speech-language pathologists.	2.20	0.85				
8b. It is challenging to identify children for language services who have been involved in violence because students are viewed as behavioral problems, learning disabled, etc., but are not consistently referred to the speech-language pathologist.	2.45	1.05				
9. Speech-language pathologists should be involved with educational efforts to plan *prevention* programs for children with communication disorders who are involved in violence.	2.10	0.83				
10. The speech-language pathologist contributes important information to multidisciplinary teams when planning programs for children with communication disorders who are involved in violence.	2.02	0.80				
13a. Speech-language intervention for children with communication disorders who are involved in violence affects a student's academic performance.	1.87	0.67				
13b. Speech-language intervention for children with communication disorders who are involved in violence affects a student's social adjustment and interaction with peers.	1.78	0.65				
13c. Speech-language intervention for children with communication disorders who are involved in violence affects a student's behavior.	1.90	0.72				
14. There is a shortage of speech-language pathologists in school districts to serve children with communication disorders who are involved in violence. This shortage relates to the large size of existing caseloads.	1.95	0.94				
2. During the past 5 years, I have been more concerned about addressing the needs of children on my caseload who are involved in violence.			2.91	1.14		
8a. It is challenging to identify children for language services who have been involved in violence because many students do not follow rules to politely interact in conversations. Therefore, it is difficult to know which students to assess for language and communication disorders.			2.89	0.97		
8c. It is challenging to identify children for language services who have been involved in violence because often students are tested by speech-language pathologists but do not qualify for language services.			2.58	0.93		
8d. It is challenging to identify children for language services who have been involved in violence because they are not referred or assessed for language and communication disorders, because those services are considered low priority.			3.02	1.09		
11. Speech-language pathologists have sufficient background training to collaborate and consult with other team members for children with communication disorders who are involved in violence.			3.07	0.98		
12. Speech-language pathologists provide adequate services for children with communication disorders who are involved in violence.			3.24	0.79		
3. The role of communication in violence is sufficiently understood by speech-language pathologists.					3.84	0.85
4. In my present job setting, professionals including teachers, principals, and other special educators are aware of the role of communication in violence.					3.67	0.96
5. Speech-language pathologists are sufficiently trained to provide services for students with communication disorders who are involved in violence.					3.93	0.87
6. Speech-language pathologists have adequate training in behavior management to address the needs of children with communication disorders who are involved in violence.					3.74	0.90
7. Speech-language pathologists' knowledge about multicultural issues is sufficient to address the needs of children with communication disorders who are involved in violence.					3.69	0.85

behavior management (question 6), and (e) if SLPs have sufficient training about multicultural issues (question 7).

A Comparison Between SLPs in Job Settings on Role and Training

On the two subscales pertaining to SLPs' role and educational training, computation of *t* tests by job setting was computed with a Bonferroni alpha adjustment, resulting in $p < .025$. Only SLPs who answered all seven items for each subscale were included in these analyses. Respondents who worked in public and private school settings ($n = 500$) and those who worked in universities, correctional facilities, and other settings ($n = 70$) were not significantly different on SLPs' role in communication and violence. Likewise, group means from respondents who worked in schools ($n = 508$) and those who worked in other settings ($n = 68$) were not significantly different on the subscale of education and training (see Table 4). Comparisons between group means on both subscales (i.e., role and training) were in the same categories of agreement or disagreement. Group means indicated agreement on SLPs' role in communication and violence and disagreement on SLPs' educational training being sufficient to address the needs of students with communication disorders who have been involved in violence. The effect size of the difference computed by Cohen's *d* on role was $d = 0.268$, and for the factor of training, it was $d = -0.004$. According to researchers, the effect size provides information about the strength of the differences (Robinson & Levin, 1997). Effect sizes around .2 are considered to be small. Accordingly, although study findings have statistical significance, they are not considered to be practically significant (Thompson, 2002).

A Comparison Between SLPs Who Did and Did Not Receive Training in Communication and Violence

Nonparametric statistics involving Mann-Whitney U tests were calculated to compare SLPs who had received education and training in communication and violence ($n = 107$) to SLPs who had not received education and training ($n = 474$) on 10 Likert-type items. Mann-Whitney U tests were statistically significant for question 3, whether the role of communication in violence is understood by SLPs

($z = -3.09$, $p = .002$); question 5, that SLPs are sufficiently trained to provide services ($z = -2.80$, $p = .005$); question 9, that SLPs should be involved in planning prevention programs ($z = -5.13$, $p < .001$); question 10, that SLPs contribute important information to multidisciplinary teams when planning programs ($z = -4.88$, $p < .001$); question 13a, that speech-language intervention affects students' academic performance ($z = -4.86$, $p < .001$); question 13b, that intervention affects social adjustment and interactions with peers ($z = -5.08$, $p < .001$); and question 13c, that intervention affects students' behavior ($z = -5.31$, $p < .001$). However, question 11, that SLPs have sufficient background training to collaborate and work with team members ($z = -2.26$, $p = .024$); question 12, that SLPs provide adequate services for students who have been involved in violence ($z = -0.42$, $p = .677$); and question 14, that the shortage of SLPs to serve this population is related to large caseloads ($z = -2.39$, $p = .017$) were not significant at the .005 Bonferroni adjustment level.

Though findings of Mann-Whitney U tests in Table 5 indicate statistically significant differences when the two groups were compared on 7 of 10 Likert-type scale items, actual differences were small. The group means tended to fall within the same category of agreement or disagreement, suggesting cautious interpretation. Note that the mean scores for respondents in the group who received training showed a stronger indication of agreement on questions (9) involvement in planning prevention programs, (10) contribution of information to multidisciplinary teams for planning programs, (13a) speech-language intervention effects on students' academic performance, (13b) speech-language intervention effects on students' social interaction with peers, and (13c) speech-language intervention effects on students' behavior. On the question pertaining to (3) understanding the role of communication and violence as well as (5) sufficient training to provide services, both groups' mean scores indicated disagreement.

Findings From the Open-Ended Question

Five themes emerged from the information that was provided by 269 SLPs responding to the open-ended question about their major concerns on serving students with communication disorders who have been involved in violence. Themes included (a) training, (b) the role of the SLP in communication and violence, (c) intervention, (d)

Table 4. Group differences for speech-language pathologists according to job settings on subscales pertaining to role and training.

	School			Nonschool						
	n	M	SD	n	M	SD	t	df	p	Cohen's d
Role	500	2.13	0.52	70	1.99	0.47	2.026	568	.043	0.14
Training	508	3.60	0.58	68	3.61	0.58	–0.030	574	.976	0.08

Note. School settings included speech-language pathologists working in public and private settings; nonschool settings included speech-language pathologists working in universities, correctional facilities, and other settings.
$p < .025$

Table 5. Group differences for speech-language pathologists who did or did not receive training in communication and violence on 10 Likert items.

Likert-type items	Respondents who received training			Respondents who did not receive training			U	z
	n	M	SD	n	M	SD		
3. Role of communication in violence is sufficiently understood by SLPs.	107	3.61	0.88	474	3.89	0.84	20924.5	–3.094*
5. SLPs are sufficiently trained to provide services for students with communication disorders involved in violence.	106	3.70	0.95	473	3.98	0.85	21063.0	–2.803*
9. SLPs should be involved in planning prevention programs.	105	1.75	0.74	474	2.18	0.83	17687.0	–5.127*
10. SLPs contribute important multi-disciplinary information to plan programs.	107	1.71	0.76	473	2.09	0.79	18338.5	–4.880*
11. SLPs have sufficient training to collaborate with team members.	106	2.85	1.09	473	3.12	0.96	21699.0	–2.262
12. SLPs provide adequate services for children involved in violence.	106	3.26	0.90	471	3.23	0.76	24371.0	–0.417
13a. Speech-language intervention for children with communication disorders involved in violence affects academic performance.	106	1.61	0.68	471	1.93	0.65	18311.0	–4.861*
13b. Speech-language intervention affects social interactions with peers.	106	1.50	0.56	472	1.85	0.66	18006.0	–5.083*
13c. Speech-language intervention affects students' behavior.	106	1.57	0.60	471	1.97	0.72	17487.0	–5.306*
14. Shortage of SLPs to serve this population is related to large caseloads.	104	1.79	0.98	471	1.98	0.92	21040.5	–2.388

Note. Number of respondents who received training and those who did not receive training do not equal the sum of participants ($n = 598$) due to nonrespondents.

*$p < .005$

caseload, and (e) assessment. A total of 695 descriptive statements were analyzed and are represented by the significant statements and themes in Table 6. Reoccurring comments from the themes indicated that SLPs were concerned about the need for additional training in behavior management and about educating professionals about the SLP's role in communication and violence.

Descriptive data revealed that the number of comments from SLPs varied among the five themes. Results indicated that the highest percentage of clinicians wrote information on training (69.5%), followed by intervention (26.7%), their role in communication and violence (25.2%), caseload (15.2%), and assessment (12.6%). Likewise, similar information was found when the amount and percentage of descriptive statements/ideas were computed according to each theme. Hence, as depicted in Table 7, the majority of comments from SLPs were about issues pertaining to training (37.1%). This was followed by 22.6% on intervention, 21.4% on role, 9.6% on caseloads, and 9.2% on assessments.

DISCUSSION

Two purposes of the study were (a) to investigate the opinions of SLPs regarding their role and education/training in serving children with communication disorders who have

been involved in violence, and (b) to compare the opinions of SLPs who had received training in communication and violence to those who had not received training in these areas. Serving children and adolescents with communication disorders who have been involved in violence is an increasing concern of SLPs. Current findings suggest that this is a topic that SLPs in various settings view as important as well as challenging. Though SLPs recognize the valuable role they have in serving students with communication disorders who have been involved in violence, shortages of SLPs, high caseloads, scope of practice, and a need for training are just a few of the obstacles they confront as they plan for this population. Interestingly, findings from the Workshop on Communication Disorders and Juvenile Behaviors (Aram & Ruben, 1994) stressed the need for training opportunities for serving children and adolescents with communication problems almost 10 years ago. The current findings indicate that education/training continues to be a concern of SLPs.

Background and Training

The majority of survey participants earned a master's degree (94%), worked in public school settings (82%), and earned their degrees between 1971 and 1990 (74%). Most (80%) had not received training regarding communication disorders and violence. Though statistics still reflect a high

Table 6. Participants' (*N* = 269) significant statements categorized by five themes on speech-language pathologists' major concerns about children and adolescents with communication disorders who have been Involved in violence.

Training
- SLPs have a good foundation for serving the language needs of children. Extra training in behavior management may be necessary when working with students involved in violence.
- A primary concern is education of personnel about communication, violence, and academic programming for these students.
- Received minimal training in violence.
- Need to educate other professionals about the importance of students with communication disorders involved in violence.
- Educational background did not prepare me for what I'm trying to address and resolve. Everything I have learned has come from my own need to seek out this type of information.
- Need for additional training in behavior management.
- Need more training and research in the area to make a difference in students' lives and communities. This information should be shared with other professions and parents.
- Totally unaware of how communication impairments relate to violence.
- Need training on collaboration with social workers and other professionals.

Intervention
- Service delivery model should include more intensive ongoing therapy and more collaboration with classroom teachers.
- Service delivery model in secondary education is overlooked.
- I'm short on ability to select intervention targets to replace violent behaviors with appropriate language skills as well as implement therapy intervention.
- The main obstacle is utilization of a service delivery model that facilitates intense intervention needed to make a difference in children's lives.
- Is violence and serving violent students in our scope of practice?
- I was often included on a team as a last resort.

Role
- The role of the SLP is not fully understood by other professionals dealing with these children.
- SLPs are excluded from addressing the needs of these students. Team members overlook the importance of communication in violence.
- Are we broadening the profession too far?
- Schools are just beginning to address the issue. It's important that SLP's be part of improvement plans relating to communication and violence.
- People do not realize how much a language disorder can contribute to violence.

Caseload
- We are asked to do too much; we cannot be experts at everything; our caseloads are large and paperwork is an increasing concern.
- Am often able to identify students but there is minimal time to spend with students due to large caseloads.
- Caseloads do not allow for students who could benefit from therapy but do not meet verification guidelines to qualify for services.
- Caseloads for students involved in violence are already so high that including another type of service delivery model would be the last straw.
- Already struggle with a caseload of 75% more than I should carry.
- This is another issue that would be more adequately addressed if caseloads could be reasonably controlled.
- SLPs are already suffering overload and burnout.

Assessment
- It is difficult to determine whether students' needs are language based, social–emotional or a combination.
- Pragmatic disorders that lead to violence are not recognized as language impairments by our school system.
- Concerned about availability of assessment tools that adequately identify the needs of students whose communication disorders are related to violent behaviors.
- Collaboration with other educators is needed.
- Lack of referrals.
- Eligibility issues are a concern.

incidence of school violence and homicide rates for adolescents (Fox & Zawitz, 2001; NCIPCA, 2002; U.S. Department of Justice, 2002), the connections among communication, language, behavior, and violence may not have been major issues for educators in schools. Hence, as suggested by SLPs, educators may not be aware of the role of communication in violence. Also, when survey participants earned their degrees, it is possible that training programs in higher education provided valuable information about the scope of practice for speech-language

Table 7. Percentage of participants (*N* = 269) who responded to the open-ended question about speech-language pathologists' concerns on communication disorders and violence. Percentage of descriptive statements (*N* = 695) from 269 speech-language pathologists according to five themes.

	Frequency and percentage of SLPs who responded with descriptive statements *according to theme*		*Frequency and percentage of* descriptive statements *according to theme*	
Theme	n	%	n	%
Training	187	69.5	258	37.1
Intervention	72	26.7	157	22.6
Role	68	25.2	149	21.4
Caseload	41	15.2	67	9.6
Assessment	34	12.6	64	9.2

pathologists, but may have offered limited education/training regarding the provision of services for children and adolescents with communication disorders who have been involved in violence. Yet, survey findings suggest that SLPs from different work settings and those with and without education/training agree that they should be involved in planning prevention programs and that they could provide important information to multidisciplinary teams for children with communication disorders who have been involved in violence.

A Comparison Between SLPs in Job Settings on Role and Training

Regardless of job settings, there were not statistically significant differences between SLPs who worked in school and nonschool settings. Hence, work setting did not appear to be a factor influencing the responses of SLPs on either their role in communication and violence or training. In general, this finding was interpreted to suggest that SLPs tend to have similar views about survey items regardless of whether they worked in schools or other settings such as universities and/or correctional facilities.

A Comparison Between SLPs Who Did and Did Not Receive Training in Communication and Violence

Statistical tests comparing SLPs who had specific training on communication and violence with those who did not were statistically significant on seven Likert-type items. However, because group means fell within the same categories of the Likert scale, and differences were small, findings should be interpreted cautiously. Researchers have suggested that although differences are statistically significant, they may not warrant practical or population-level significance and should be carefully considered in how results are applied (Robinson & Levin, 1997; Thompson, 2002).

Considering that only 18% of the SLPs indicated that they had received training in communication and violence, it may appear contradictory to find that 46% of SLPs who

had not received training felt prepared to provide assessment and 39% felt qualified to provide intervention services. However, given that 79% of study participants were employed for 6 or more years in their same setting, one possible interpretation suggests that many had learned valuable information through work experiences, in-services, and collaboration with team members. Also, even though Mann-Whitney U tests were statistically significant, those SLPs reporting that they had received formal education or training compared to those not having training responded to survey items in a similar manner. Hence, both groups agreed that they should be involved in planning prevention programs and that they provide important information to multidisciplinary teams. They are aware of the impact of intervention services on students' academic performance, behavior, and social interactions. Moreover, quantitative as well as qualitative findings from analyzing the open-ended question led the researchers to speculate that SLPs' experiences are as important as education and training in serving children who have been involved in violence.

Findings between SLPs with and without training should not be interpreted to imply that education and training are unnecessary. In fact, the need for additional training was one of the most prevalent concerns that emerged from analyzing both the quantitative and the qualitative findings. However, to be most beneficial, SLPs' feedback suggests that training should be paired with experience—a point that has been reinforced by other researchers (Bromme & Tillema, 1995; Caudron, 2000).

In view of this, it will be important to provide newly hired SLPs and future graduate students with theoretical information and clinical opportunities as they begin their first job or complete their clinical practice externships. This consideration is congruent with clinicians' comments: "Some training comes from working on the job. Students coming out of college will not have the experiences to deal with these issues without receiving background information during their degree program."

Potentially Conflicting Opinions of SLPs on Communication and Violence

Findings indicated potentially conflicting responses on some of the Likert items, which causes concern for interpretation of the results. For example, SLPs responded that they agreed that they had an important role in serving children and adolescents with communication disorders who have been involved in violence. Moreover, they recognized their valuable role in contributing information on multidisciplinary teams, and also acknowledged how speech and language services can positively impact academics, behavior, and social interactions. Yet, they disagreed that the role of communication and violence is understood by SLPs. Moreover, they disagreed that they were sufficiently trained to provide services for students with communication disorders who have been involved in violence.

Two explanations are offered for the seemingly conflicting findings. First, it may be that the terminology on several survey questions was somewhat broad and that

SLPs were not clear what researchers meant by the terms "communication" and "violence." Hence, they disagreed that the role of communication is sufficiently understood by SLPs. The second possibility is that the areas of communication disorders and violence might have been under-emphasized in training programs. This could explain the SLP's seemingly contradictory responses on the connection between communication and violence. The conflicting findings were not interpreted to mean that SLPs lacked the knowledge or skills to perform adequate services. In fact, the qualitative findings suggest that service delivery models are important considerations in planning for this population. Findings also support the need for training in behavior management. As one SLP noted, SLPs need help in "selecting intervention targets to replace violent behaviors with appropriate language skills." Conflicting findings were not interpreted as "casting doubt" on the services performed by SLPs with this population.

SLPs' Written Comments From the Open-Ended Question

Though only one question asked participants for their written responses, analysis of this information was valuable and extended interpretation of the survey findings. Almost half of the survey sample (45%) provided important feedback that was used to form the emerging themes of training, the role of the SLP in communication and violence, intervention, caseload, and assessment (Table 6). Perhaps to fully understand the views from the perspective of SLPs, one needs to read comments representative of their written responses.

- Students I have worked with who have violent episodes need psychological counseling before they can benefit from my services.
- Other team members do not take communication deficits seriously in terms of their effect on students' behavior and social adjustment.
- It boils down to watered-down services and weak relationships between the student and SLP. Students involved with violence need us the most.
- Transitioning students is a concern. Many schools need to provide alternative education before letting them go back to school or home.
- My concerns are how to involve and reach families and professionals in my community to better serve these students.

Statements from the open-ended question confirm that SLPs are involved with the complex interwoven problems of children with communication disorders who have been involved in violence. The information from SLPs' past experiences (see Table 6) can provide researchers as well as multidisciplinary team members with valuable ideas in planning for the needs of this population (cf. Larson & McKinley, 2003). Though clinicians value their involvement with this population, many have questions concerning their training. Qualitative findings indicate that they struggle with the availability of time in their busy workloads to address these individuals sufficiently. Similarly, they perceive that the existing shortages of SLPs limit the availability of needed services. Hence, as our profession considers the role of communication and violence and the call for additional training in this area, it may be necessary for policymakers and administrators to reexamine and carefully consider SLPs' workloads.

CONCLUSION

Though study findings concerning SLPs' opinions on communication and violence are important, several limitations should be considered in interpreting the results. First, respondents from eight states were included in the sample. Though states were randomly selected to represent different geographic regions of the United States, future studies should consider more criteria in selecting the sample of study participants. Second, although significant differences were found on the subscale of training, findings between groups were small and suggest concerns about practical significance. Third, potentially conflicting findings on the Likert-type items lend support for further research on SLPs' opinions about serving students who have been involved in violence.

As early as 1995, the American Speech-Language-Hearing Association (ASHA) published a comprehensive review of literature on communication disorders and violence, recognizing that the area was overlooked and understudied. That report described violence as an interwoven web of factors requiring multidisciplinary action in assessment, planning, and intervention. Though researchers have discussed programs for youth in special education who have been involved in violence (Foley, 2001; Winters, 1997), information concerning communication disorders has been limited. Literature reviews have addressed important links among language, learning, and behavior in children with emotional and behavioral disorders (Benner, Nelson, & Epstein, 2002; Hyter, Rogers-Adkinson, Self, Simmons, & Jantz, 2001), yet few researchers have discussed these connections in studies focusing on communication disorders and violence.

The findings of this study indicate that SLPs would like to receive additional education regarding communication disorders and violence. Perhaps it is time to consider innovative and cost-effective means of providing distance education. The time demands associated with attending workshops or professional meetings may be significant barriers to reaching the largest number of professionals. Even though in-services, workshops, and conferences are valuable ways to gain continuing education, technology is another important learning tool that is worthy of consideration.

There are no easy answers to address the challenges facing SLPs in serving students with communication disorders who have been involved in violence. Though the present study provides information concerning the opinions of SLPs, research on intervention and outcome data about the effectiveness of their services are also important considerations. Planning future research, heightening the

awareness of the role of the SLP in communication and violence, and providing more training opportunities will be helpful as SLPs serve this population.

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APPENDIX. SURVEY ON THE ROLE OF COMMUNICATION IN VIOLENCE

State _____

The Role of Communication in Violence
Dixie Sanger, Barbara Moore-Brown, & Judy K. Montgomery

All responses will be confidential and will be reported only as group data.

Background Information

1. Profession:
   _____ speech-language pathologist
   _____ special educator
   _____ other (please specify)

2. Highest degree earned:
   _____ B.A., B.S.
   _____ M.A., M.Ed., M.S.
   _____ Ed.S., or equivalent
   _____ Ed.D., Ph.D.
   _____ other

3. Date of completion of highest degree:
   _____ before 1970
   _____ between 1971 and 1990
   _____ between 1991 and 2000

4. Present work setting:
   _____ public school
   _____ private school
   _____ university
   _____ correctional facility
   _____ other (please specify)

5. Approximate number of years employed in current setting:
   _____ 0–5 years
   _____ 6–10 years
   _____ 11–15 years
   _____ >15 years

6. (Check all that apply) In my current job setting I deliver services through a:
   _____ consultation model
   _____ pull-out model
   _____ co-teaching/collaboration model in the regular or special education classroom
   _____ self-contained language classroom
   _____ other

7. Caseload age/grade range:
   _____ preschool,   age _____ to age _____
   _____ school-age,   age _____ to age _____
   _____ adults

8. Geographic location:
   _____ rural
   _____ urban

Experience With Issues Concerning Communication and Violence

1. Have you had specific training related to communication and violence issues?   YES   NO
   If NO, go to question 2.
   If YES, did the training occur: (check all that apply)
   _____ as part of your undergraduate or graduate education (go to A)
   _____ through in-services, courses, workshops, conferences, seminars, etc. (go to B)
   A. Did you take one or more college courses devoted *primarily* to the topic of violence?   YES   NO
   Did you perform clinical practica with people involved in violence?   YES   NO

   B. Which categories best describe where you received your training?
   _____ poster sessions, technical sessions, mini-seminars, or short in-services
   _____ half-day or full-day conferences such as short courses, seminars, or workshops
   _____ university courses taken after completion of your degree

2. Have you served students involved with violence this past year?   YES   NO
   If NO, go to question 3.
   If YES, could you please estimate number and percent of caseload involved with violence .

3. Which of the following do you feel qualified to do at the present time? (check all that apply)
   _____ Be part of a multidisciplinary team serving a student with a communication disorder who is involved with violence.
   _____ Provide educators with information about the role of communication in violence.
   _____ Provide *assessment* services for students with communication disorders who are involved with violence.
   _____ Provide *treatment* services for students with communication disorders who are involved with violence.

Communication and Violence

The following statements are generalizations about children and adolescents who have communication problems and are involved in violence. Although the information refers to children, you can generalize the statements to also include adolescents. Please indicate the strength of your agreement or disagreement with each statement as a generalization. If you are uncertain or do not have sufficient information to provide an opinion about a given statement, mark "Uncertain."

SA = Strongly Agree   D = Disagree
A = Agree   SD = Strongly Disagree
U = Uncertain

SA	A	U	D	SD		
18.7	50.0	22.1	7.9	0.3	1.	Violence in school settings is increasingly a concern of speech-language pathologists.
9.7	32.1	18.7	29.9	6.4	2.	During the past 5 years, I have been more concerned about addressing the needs of children on my caseload who are involved in violence.
1.2	6.0	19.7	52.5	19.6	3.	The role of communication in violence is sufficiently understood by speech-language pathologists.
1.3	12.5	20.6	45.8	17.6	4.	In my present job setting, professionals including teachers, principals, and other special educators are aware of the role of communication in violence.
1.0	6.5	15.6	51.2	24.4	5.	Speech-language pathologists are sufficiently trained to provide services for students with communication disorders who are involved in violence.
0.5	12.0	16.4	53.2	16.7	6.	Speech-language pathologists have adequate training in behavior management to address the needs of children with communication disorders who are involved in violence.
0.3	11.2	19.9	54.2	12.9	7.	Speech-language pathologists' knowledge about multicultural issues is sufficient to address the needs of children with communication disorders who are involved in violence.
					8.	It is challenging to identify children for language services who have been involved in violence because:
3.5	38.3	24.9	27.6	3.3		a. many students do not follow rules to politely interact in conversations. Therefore, it is difficult to know which students to assess for language and communication disorders.
14.2	51.0	10.0	21.1	2.2		b. students are viewed as behavioral problems, learning disabled, and so forth, but are not consistently referred to the speech-language pathologist.
7.2	49.5	20.4	20.6	0.8		c. often students are tested by speech-language pathologists but do not qualify for language services.
7.4	30.1	19.6	35.6	5.5		d. they are not referred or assessed for language and communication disorders, because those services are considered low priority.
21.1	54.2	17.4	4.8	1.2	9.	Speech-language pathologists should be involved with educational efforts to plan *prevention* programs for children with communication disorders who are involved in violence.
24.6	52.3	17.4	4.0	0.5	10.	The speech-language pathologist contributes important information to multidisciplinary teams when planning programs for children with communication disorders who are involved in violence.
4.3	26.8	30.3	32.4	4.8	11.	Speech-language pathologists have sufficient background training to collaborate and consult with other team members for children with communication disorders who are involved in violence.
1.2	13.2	49.8	29.3	4.8	12.	Speech-language pathologists provide adequate services for children with communication disorders who are involved in violence.
					13.	Speech-language intervention for children with communication disorders who are involved in violence affects a student's:
27.3	57.4	12.9	0.5	0.3		a. academic performance.
32.8	55.2	9.9	0.5	0.2		b. social adjustment and interaction with peers.
29.1	51.7	16.2	1.2	0.2		c. behavior.
37.5	35.6	18.9	4.7	1.3	14.	There is a shortage of speech-language pathologists in school districts to serve children with communication disorders who are involved in violence. This shortage relates to the large size of existing caseloads.

Comments and Concerns (Optional)

What are your primary concerns (e.g., identification and assessment, service delivery models, literacy, behavior management, personal continuing education needs, academic programming for students, education of school personnel about communication and violence, transitioning students from correctional facilities to schools) about providing services for children and adolescents with communication disorders who are involved in violence?