History of Speech-Language Pathology and Audiology in Canada:
Our First Fifty Years

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“Unlike psychologists, linguists or deaf educators, those in the field of speech-language pathology have tended to ignore their historical origins. This historical near-sightedness can lead to a lack of appreciation of how much therapeutic practices depend upon the times in which they originate. We can see from the evaluation of Melville Bell’s notation system that knowledge and practices that are taken as established today may either be forgotten or have lasting relevance to later generations…

“Knowing which of Melville’s contributions lasted and which ones did not has significance to us today. It not only helps us to learn about the origins of current practices but it also helps us understand why the tools and practices considered to be the best in one generation of practitioners may not fit the next. Perhaps the most important lesson to be learned from history is humility.”

INTRODUCTION

The professions of speech-language pathology and audiology in Canada have contributed to the quality of life for those we serve for over seventy years. During this time the professions have grown and changed in numbers, educational requirements, knowledge base, research contributions, work settings, terminology, scope of practice and in the knowledge and skills of the practitioners.

The history illustrates that the professions in Canada are different from the professions in other countries:

- The professions were later becoming established;
- The development was unique;
- Because the educational programs began over twenty years after services began, all early professionals were recruited from other countries.

The development of the professions in Canada was different from its North American counterpart in the U.S. and from its British roots. Various influences in Canada contributed to its development being unique. The professions were later in beginning and later in becoming established. In addition, the professionals who initially were all educated in other countries were by their very nature mobile. Most had professional ties in the countries where they received their professional education. This mobility influenced both continuity of services and the initiation and stability of the professional associations.

Difficult caseloads, isolated work settings and availability of jobs contributed to the mobility. These mobile professionals had professional and personal ties outside of Canada. Even when educational programs were available in Canada there were not enough spaces for all who were planning careers. Many attended educational programs in other countries; many still do.

The mobility is clearly illustrated by the members of the Executive of the Canadian Speech and Hearing Association (CSHA). Two of the founding members on the first 1964 Executive served only one year; neither is listed in the next Directory in 1971. In addition, only two of the five executives in 1968-69 are listed as a member in the first, 1965 Directory. Only one of the 1969-70 Executive was a member in 1965. Maintaining continuity and mentoring would have been difficult.

In 1968, the President of the Manitoba Speech and Hearing Association was quoted in a newspaper: “In Manitoba all but one of therapists are trained in the U.S. or Europe. We have some from Australia, Holland and the U.S. And the people who come from other countries don’t remain with us long. They are out to see the world and they only stay here for a year or so and then move on.”

Professional identity and professional identification is based on knowledge of the professions’ history. All of us but especially our students and young professionals should be aware of the issues from the past. Not only to appreciate the development but also to have the background to better evaluate current issues.

We need to look at the history with its various influences to analyze how the professions developed. Then we can better determine how we want our professions to develop in the future. We need to work toward changes that will better serve those with communicative disorders in Canada.

Recalling Shakespeare’s line from The Tempest, “What is past is prologue,” let’s look at the history. How did the professions develop in Canada? Since its development here is significantly different from the development in other
countries, all professionals, especially new ones, need to be familiar with where we have been, to be better able to evaluate the present and to plan knowledgeably for the future.

**Historical Information Available for Researchers**

Most of the early professionals did not take time to document their activities. A few did. We are indebted to them. Some are still available for information. The early practitioners were busy with clinical work, continuing education and organizing the professional associations. Most did not have the motivation, energy nor the time to document developments. Hence, information is limited and sporadic. What is available is in scattered sources.

There were differences and divisions among professionals. Many were mobile and moved to various locations and settings. This document is an attempt to present the information currently available. The author has documented the published and some unpublished sources in the Bibliography for future researchers.

Documenting the history of the professions in Canada as distinguished from the history of professional associations is limited by scattered sources, few archives, the mobility of early professionals and distances. The published histories are more focused on the provincial and national associations’ milestones than to services. The association histories are important but not complete. Professional associations in Canada started years—more than 30 years in some instances—after services began. In addition, there are significant differences among the various provinces and territories in the history and development of services and professional associations.

The following material has been researched and documented as carefully as possible. Some documentation is conflicting, some is ambiguous, some is oral history, and some are “estimates” and/or educated guesses.

The author hopes that this compilation of historical material will contribute to the knowledge base of the history and engender interest to collect and preserve additional material. She welcomes comments, additions and corrections. Contact her at gmar7tin@mymts.net.

**Other factors in the History**

In addition to the reasons listed above, the development of the professions has reflected the changes in the culture and social aspects of the country and of each province.

“The women would come home from a full day of clinical practice, put on their hats and gloves, and go down to the legislative building to talk to the Members of the Legislative Assembly of Manitoba about the importance of the legislation to regulate the practice of speech and hearing therapy.”

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1 Excluded from this discussion are the “speech correctionists,” teachers with extra courses who worked in Ontario and the Maritimes for many years. Another exclusion is a description of the contributions of many service and charitable organizations (especially the Elks) to services and the professionals. The author hopes these can be included in a later edition and/or by another researcher.

The date was 1961. There were, it is estimated, between 100 and 120 “speech therapists and audiologists” practicing in all of Canada.\(^3\) There were only two educational programs—both had started less than five years before.\(^4\) The women were members of the then three year-old Manitoba Speech and Hearing Association. They assessed each of the about 12 members (the membership varied) forty dollars for expenses and voted unanimously to initiate legislation to regulate practice.

Determined and single-minded, professionally dedicated, the women led by Isabel Richard celebrated the passage of the first legislation to regulate the professions in all of North America in 1961. The legislation required all practicing in the province to be registered by the association. In 2011 the bill is still in force (although new umbrella legislation is being implemented). The “petitioners” on the legislation were Idell Neville Brady, Mary Jane Sterling Cairns, Muriel Lyons Meadows, Angela Shirtliff Murphy and Isabel French Richard.

When and how did the clinical, educational and associations’ programs, start? And how have each developed?

There were no provincial associations until the mid 1950s and no Canadian national association until 1964. The national association was not firmly established until the late 1970s. As late as 1983, the national association did not represent a majority of the professionals working in Canada. In 2005, there were 7,572 speech-language pathologists and audiologists practicing in Canada, an increase of 119% from 1996.\(^5\)

There is almost thirty years difference among the provinces in the establishment of clinical services; in 2009 there are still provinces without legislation to regulate the professions—although the first was passed in 1961 in Manitoba.

The professions have experienced many and vast changes: Expansion of the knowledge base, in the work settings, in the terminology and in the scope of practice for both professions. Legislation regulating the professions has been implemented and changed in most provinces. For speech-language pathology even the very name of the professionals has changed. The names of most of the professional associations have changed too.

This history will review the decades in three periods starting with the nineteen thirties and forties when clinical services began in Canada, then the fifties and sixties, and the seventies and eighties.

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\(^3\) Hall, E. *The Royal Commission on Health Services*, Vol. 2. Queen’s Printer Ottawa.


\(^5\) *Canadian Institute for Health Information*, website
The settings for clinical programs developed differently in different provinces. There were no educational programs in Canada. All the clinicians working in Canada in the 1930s and 1940s and into the fifties were educated in other countries. Currently, those educated in other countries are primarily from the United States although a few still come from the United Kingdom.

While the variety of backgrounds made for a lively exchange, many of the early professionals who came to work in Canada were by nature mobile. Many moved on to other locations in Canada and/or returned to their country of origin. The shortage of qualified personnel and the availability of jobs contributed to the mobility. The changing staff, unfilled positions and mobility of many individuals delayed and limited the formation of professional associations. Mentoring of professionals as well as continuity of programs was interrupted.

Reviewing the development in most provinces, it emerges that the professions and its associations were dependent on a few women leaders who were established in one province and mentored the changing personnel. Examples are Isabel Richard in Manitoba, and both Ruth Lewis and Donalda McGeachy in Ontario. These three had earlier careers in another related profession. Each chose to change and enter the new profession by seeking professional education outside Canada early on. (See individual profiles)

New staff during this period was faced with sporadic record keeping because of changing personnel, large caseloads and limited access to related professionals. Working in isolation with little support increased the mobility of staff. Moves were made easier because of unfilled positions. Because most of the professionals were women, the influence of women’s role in the culture also contributed to the changes in staff and open positions. See box, opposite.

Commenting on the profession in the United States, Charles Van Riper, in his 1989, “Recollections from a Pioneer” asks: “What other profession has changed its sex. When I entered our field our membership was

Gender influences: Throughout the history of services in Canada, a majority of those practicing in the professions were women. Because until recently, many women discontinued or interrupted their career when they married and/or when they had children, the continuity of services was affected. Because many women changed their names on marriage, tracking individuals is made more difficult. Typically a woman moved when her husband/partner did which added to the mobility.

Up to the mid 1960s women in newspaper articles used their husbands’ name. Hence, Mrs. Marcel Richard was listed as an officer of the Manitoba Speech and Hearing Association in 1961. In 1964 when she was president of the Canadian Speech and Hearing Association, she was listed as Mrs. Isabel Richard. At the first meeting of the Manitoba Speech and Hearing Association in 1958, the minutes recorded that coffee and one item of food would be served at meetings. Clearly, these professional women did not want a social meeting or competition around the food. The most recent large-scale demographic report for CASLPA by Rhonda Rubin in 1989 found that in Canada speech-language pathologists were 93% female and audiologists were 71% female.
Ruth Lewis was a psychologist awarded a master’s degree in 1930 from the University of Toronto. With a province of Ontario traveling diagnostic team in the 1930s, she became aware of the need for help for children with speech disorders. She went to London, England for study. Because of her psychology education, she completed the three-year Licentiate of the College of Speech Therapists in two years.

She returned to Toronto and started the program at the Hospital for Sick Children. Later in the 1950s, she worked at the hospital part time and had a private practice. She functioned as both a psychologist and a speech therapist for the clinic. She continued working until into the 1970s but left the hospital some time earlier. Ruth is listed in the 1965 and 1971 CSHA Directories. She is not listed in the 1973 one. She was one of eight founders of the Ontario Association and its first president in 1958. She was also a founder of the Ontario Psychological Association. The first Ontario Speech and Hearing Association Conference was held in 1959 at the hospital. She published articles in the British journal.

In her work in the clinics, she became aware of the lack of services for children with speech disorders, and so went to England for speech therapy training. During her education in London, she was asked, on her return to Canada,
to start a program at the Toronto Hospital for Sick Children. No date is documented but it was most likely in 1937. Ruth was a founder and first president of the Ontario association in 1958 and a charter member of CSHA.\textsuperscript{12}

Ruth Lewis published the first contemporary case history from practice in Canada. Her article titled “An unusual case of speech defect showing the complexity of factors which may enter into diagnosis” was published in the \textit{Journal of the British Society of Speech Therapists} in October 1938. She also published “Stuttering and the Preschool Child” in the same journal in 1942 as well as “Survey of the Intelligence of Cleft-Lip and Cleft-Palate Children in Ontario” in the \textit{British Journal of Disorders of Communication} in 1971. The survey however was done earlier from January 1955 to December 1958. In 1937 a class in Calgary, Alberta was started with a teacher of the deaf who did “speech correction.”

In 1938 the first continuous school program started in Manitoba in Winnipeg. Phyllis Middleton\textsuperscript{13} began as a “teacher of speech correction and lip reading” for the Winnipeg School Division. In 1942, a second “teacher,” Isabel French Richard was hired. (see her profile)

In 1950 when Miss Middleton retired, Isabel Richard became head of “speech therapy” and remained in the department until she retired in 1972.\textsuperscript{14} She would have an influential effect on the professions in Canada.

In 1939 Marie Crickmay\textsuperscript{15}, an LCST from England, was visiting relatives in British Columbia. When World War II started, she was unable to return home. There were no services in B.C. at the time. After a year of other employment, she was able to convince the school board to hire her part time (no date is documented but it would have been about 1940). She said in 1989, about the status of the professions in 1939, “…there was no speech therapy training, no other qualified speech therapists, no jobs and at least on the West Coast, complete ignorance of the role speech therapy could play in the lives of children and adults with speech and language difficulties.”

Later Marie returned to London to study the Bobath method. She learned how the approach could be used in speech therapy: “…I wrote a book on the subject.”\textsuperscript{16} She continued to practice in B.C. until the mid 70s. As late as 1975 she reviewed a book for the CSHA publication, \textit{Human Communication}. In the 1973 CSHA Directory she is listed as speech therapist, Gorge Road Rehabilitation Hospital, Victoria.

In 1989, she said: “It was not until the 1950s that a trickle of qualified British speech therapists started to arrive in all parts of Canada, a trickle that steadily increased until the 1960s when Canada at last started to train her own therapists. She reports, “In the late 1960s and early 1970s a new need became apparent – to introduce speech therapy to the rehabilitation programs of dysphasic stroke patients. At first this was resisted…stubbornly by the doctors and administrators…In fact the only way I could prove that stroke patients could be helped was by working many months without pay in the local rehabilitation hospital.”

\begin{flushleft}
\textsuperscript{12} Martin, V. (2010) Ruth Lewis, Pioneer in the profession in Ontario. \textit{OSLA Connection}. March \\
\textsuperscript{13} Martin, V. (1998) Phyllis Middleton, Pioneer in School Practice. \textit{JSLP}.4, 19, 2, June; 124-125. Middleton’s contributions were recognized in 2010 when the Manitoba Speech and Hearing Association awarded her the honours of the association, posthumously. \\
\textsuperscript{15} Crickmay, Marie (1989) Memoirs of a Founding Professional. \textit{Communiqué}. October \\
\end{flushleft}
Marie (Mollie) Crickmay

Marie Crickmay came to Victoria, British Columbia in 1939 on a visit holding an LCST from London. Unable to return home, she had to support herself. After a year she convinced the Victoria School Board to hire her for three months. She recalled in 1989: “...The schools were widely scattered, I bought a $12 bicycle and pedaled as hard as I could from school to school. As a result of my previous experience, I was able to select those children who, in all probability, were likely to respond best. They did and the three months were extended to another three and so on until I was finally offered a part time job in the schools.”

Later in the public library Mollie found a copy of Charles Van Riper’s Speech Correction: Principles and Methods. “I had never heard of Van Riper but his treatment of stuttering electrified me.” I wrote to him and was invited to attend a summer speech clinic at Western Michigan University (WMU). “It was at once obvious to me that the field of speech pathology in the states was in advance of that in Britain and I learned a great deal...I became a close friend of Van Riper and his wife.”

She received a master’s degree from WMU in 1956. She later said “Throughout my career he gave the support and help I needed in my pioneering efforts in B.C.”

Mollie was a founder of B.C. association. She is a charter member of CSHA and attended the founding meeting in 1964. In 1965, she was listed in the CSHA Directory as working at the Victoria School Board and at Gorge Road Hospital. She retired to England at age 71 and died there in May 2004. She summarized her career in her 1989 article “Looking back I realize my good fortune in having been the first in the field in a new and developing country, and so able to make a contribution towards establishing such a wonderful and worthwhile profession.”

In the province of Saskatchewan, Dorothy Washington, began services began in 1949 at the Mental Health Clinic in Regina. She received a bachelor’s degree from Western Michigan University in 1949 and a master’s degree in 1953 from Western Reserve University, both in the United States. She moved to BC about 1955.

An innovative outreach program was initiated in 1946 by the Montreal Children’s Hospital. A summer camp was started which enrolled children with cleft palate. The camp provided therapy for those who lived outside Montreal, Toronto, Ottawa and New Brunswick for whom Montreal was a cleft palate centre. The speech camp continued for 37 years in different locations.

The program at Montreal Children’s Hospital illustrated some of the innovative funding in early programs. From 1939, the therapist was “assisted” by volunteers from the Junior League. The League also supported additional study for the therapist. This was the beginning of contributions by many other service organizations including the Elks who provided support to services across Canada. Later in the forties, a department secretary was provided by the Canadian Red Cross and the Women’s Auxiliary.

No other programs in Canada are currently documented during these decades. There were no educational programs and no organized professional associations.

Informal gatherings of professionals occurred. In Winnipeg when one of the professionals attended a conference or seminar, the others would meet to hear a report on what had been learned and the latest research. Reportedly, in

the 1940s professionals in Vancouver gathered to exchange ideas. Informal exchanges probably took place in other provinces as well but the meetings were not documented.

There were no audiologists documented as practicing during this time although it is possible some were.

Figure 1 - Beginning of Service Programs in Each Province

<table>
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<tr>
<th>Year</th>
<th>Province</th>
<th>Professional Education</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1933</td>
<td>Québec</td>
<td>Mary Wiseman U.S. Masters degree,</td>
<td>Montreal Children's Hospital</td>
</tr>
<tr>
<td>1937</td>
<td>Ontario</td>
<td>Ruth Lewis, LCST</td>
<td>Hospital for Sick Children, Toronto</td>
</tr>
<tr>
<td>1938</td>
<td>Manitoba</td>
<td>Phyllis Middleton</td>
<td>Winnipeg School Division</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teacher with courses in speech correction</td>
<td></td>
</tr>
<tr>
<td>1940</td>
<td>British Columbia (BC)</td>
<td>Marie Crickmay, LCST</td>
<td>Victoria Schools</td>
</tr>
<tr>
<td>1949</td>
<td>Saskatchewan</td>
<td>Dorothy Washington, Bachelor's degree, US</td>
<td>Mental Health Clinic, Regina</td>
</tr>
<tr>
<td>1950</td>
<td>Alberta</td>
<td>Hilda Fisher Mitchelree, LCST</td>
<td>Private Practice, Calgary</td>
</tr>
<tr>
<td>1952</td>
<td>Nova Scotia</td>
<td>Miss M. Rudd, LCST</td>
<td>Dalhousie Public Health Clinic</td>
</tr>
<tr>
<td>1953</td>
<td>BC</td>
<td>Allen Clemons, Audiologist PhD (U.S.),</td>
<td>G.F. Strong Rehabilitation Centre,</td>
</tr>
<tr>
<td>1960</td>
<td>Newfoundland</td>
<td>Individual not documented</td>
<td>Department of Health, Speech Therapy Division, St. John's</td>
</tr>
<tr>
<td>Early 60s</td>
<td>PEI</td>
<td>Not documented; possibly Fidele DesRoches, Post graduate Diploma, University of Toronto</td>
<td></td>
</tr>
<tr>
<td>About late 50s early 60s?</td>
<td>New Brunswick</td>
<td>Probably Marian Munro, U.S. M.S.</td>
<td></td>
</tr>
<tr>
<td>Early 1960s</td>
<td>Nova Scotia</td>
<td>Adam Sortini PhD, US audiologist</td>
<td>Hearing and Speech Clinic, Halifax</td>
</tr>
<tr>
<td>1967</td>
<td>Manitoba</td>
<td>J. Brayton Person, MA US Audiologist,</td>
<td>Manitoba Rehabilitation Hospital</td>
</tr>
<tr>
<td>1967</td>
<td>Newfoundland</td>
<td>Audiologist (not documented)</td>
<td></td>
</tr>
<tr>
<td>1979</td>
<td>PEI</td>
<td>Reg Dunphy, First full time audiologist,</td>
<td>Department of Health and Social Services</td>
</tr>
</tbody>
</table>

18 There are various sources for these dates: Eldridge, personal correspondence and conversations, articles both published and unpublished.
Isabel French Richard

Isabel French Richard was a pioneer in the profession and a founder of the Manitoba Speech and Hearing Association (MSHA) and the Canadian Speech and Hearing Association (CSHA, now CASLPA). Initially a teacher, in 1942 she began as a “teacher of speech correction and lip-reading” in the Winnipeg Schools. As well as being a founder of MSHA, she was the driving force behind the 1961 legislation in Manitoba, the first legislation regulating the professions in North America. In 1952 she organized the first meeting of professionals working in Canada, at a convention of the American Speech and Hearing Association (ASHA, now the American Speech-Language-Hearing Association). In 1964 the twelve attending founded the CSHA. Isabel was first president of CSHA and editor of its 1965 directory.

Bilingual, she ensured the CSHA constitution and bylaws were in both official languages. In 1984, her message to CSHA at its 20th anniversary, in part was, “…It is rewarding for me as a founder and first president to view the growth and strength of the organization as it exists today. Your achievement reflects some of the zeal and intent of purpose demonstrated by the founding members who worked for 12 years to achieve their goal in establishing the Canadian Association.”

She continued as head of the Speech and Hearing Department at the Child Guidance Clinic of Greater Winnipeg (CGC) until her retirement in 1972. During that time she recruited many new professionals, and supervised and inspired her department. Those of us who worked with her recall her high ethical standards, her commitment, her support of continuing education and her encouragement – often insistence - that all staff contribute to professional organizations. In the 1965 CSHA Directory the largest number of members at one agency was at CGC. She expected her staff to join and all did!

Honours: In 1967 she was awarded a Centennial Medal. In 1981 Isabel, along with the second and third presidents of CSHA, received its Medal for Outstanding Professional Achievement. MSHA presented her with a Special Award as founder in 1987. The Isabel Richard Student Paper award, given annually by CASLPA is a fitting reminder of her many contributions to the professions over her career.

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Clinical Services

Services began in Alberta, Nova Scotia, and Newfoundland during this time period and expanded in all the provinces. For example in British Columbia in 1954, there were ten therapists and by 1966 fourteen. In Manitoba, there were 12 in 1961, and 27 by 1969. In 1967, there were departments in all Québec hospitals. By 1968, there were an estimated 200 working in the country, still far below the estimated need.

In 1953, formal rehabilitation services began in British Columbia when Allen and Elaine Clemons came to start the first program at the G.F. Strong Rehabilitation Centre in Vancouver. Allen held a PhD from the University of Iowa. He held qualifications in both audiology and speech therapy. He was invited to B.C. to provide a therapy program and prepare a proposal for an educational program in the professions at the University of British Columbia (UBC). With changes at the medical school, the program was not started. Elaine was also educated in the US with a bachelor's degree from Stanford University. She continued to work in BC. Both were founders of the B.C. Association. She was the first to work in the Vancouver Schools.

Expansion of services at the Hospital for Sick Children in Toronto: Ruth Lewis worked alone as both speech therapist and psychologist at the Speech Clinic at the Hospital for Sick Children in Toronto until 1949 when she was joined by Elizabeth Bowie, who held an LCST from Scotland, most likely from the Glasgow School of Speech Therapy. Elizabeth continued her professional education and received a master's degree from the University of Michigan in 1959. Later Anthony Bowie also joined the staff. No date is documented but probably after he received an MA from Wayne State University in Michigan in 1951. Sometime in the mid fifties, Ruth Lewis joined the cleft palate research team at the hospital. Elizabeth became head of the Speech Clinic at the hospital.

Allen Clemons

Allen Clemons is an example of the mobility of many of the early clinicians in Canada. He received a PhD from the University of Iowa and was qualified in both speech therapy and audiology. Hence, the first audiologist documented to practice in BC. In 1942 he was a lecturer in Logopedics at the University of Wittersrand in South Africa. By 1950 he was working at the Toronto General Hospital. In 1953, he came to British Columbia to develop a proposal for an educational program at UBC; with changes at the medical school, the program was not started then. One of the founders of the B.C. Speech and Hearing Association in 1957, he died in 1963.
In 1952 Isabel French Richard received her master’s degree from Kent State University of Ohio. She had been working for ten years in Winnipeg Schools. She was the first with a graduate degree to work in Manitoba. She also convened the first documented meeting of professionals working in Canada in 1952 at the convention of the American Speech and Hearing Association (ASHA).

In 1954, Margaret Hunter, who held an LCST from the Glasgow School of Speech Therapy started services at the provincial ‘Restoration Centre’ in Regina, Saskatchewan. She established the service for both children and adults. She is a founder and served as president of the Saskatchewan Speech and Hearing Association and a charter member of CSHA.

Although services and associations were established later in Canada than in other countries, the professions were still considered new. As late as 1961 in a U.S. textbook: “…. Speech therapy is a very new professional field.” The authors go on to say: “Our purpose (in this book) has been to organize this information so that our students who will determine the future of our profession may know what we do and do not know.”

Service programs continued to be established in other locations in the provinces. In 1958 there was one audiologist at the founding meeting of the Ontario Association. The first audiologist was registered in Manitoba in 1967.

In the 1965 Directory of the CSHA, there were a total of 18 audiologists listed as members. Of these ten were audiologists and eight self-identified as both audiology and speech pathology (or the French terms, orthophoniste et audiologiste). Almost all of the audiologists would have been educated in the U.S. or Canada. In the United Kingdom, audiology and speech therapy were separate professions and had separate professional organizations.

In 1969 in Kuttner’s report (data only from those who were members of provincial associations) several provincial associations including Manitoba and Saskatchewan reported that because of the shortage of qualified staff, many speech therapists also provided hearing testing. The report from the Manitoba association stated that most of the speech therapists employed in Manitoba offer limited audiological services as part of their function as speech and hearing clinicians. Saskatchewan specified that: “most clinicians perform the combined function of

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Elaine Clemons

Elaine Clemons received a BA from Stanford University in 1939 and an MA from UBC in 1964. There is no record of her earlier employment in Canada but in the 1965 Directory she is listed as a “speech consultant” for the Vancouver School Board. She was one of the founders of the BC Speech and Hearing Association in 1956. She was a charter member and at the founding meeting of CSHA in San Francisco in 1964. Elaine remained a member until 1979.

She was interested in the history of the professions in British Columbia, collected information and wrote about the milestones. Her history is on the website of the BC professional association.

The Margaret Elaine Clemons Award, a scholarship at the University of British Columbia, given annually to students who demonstrate both academic and clinical excellence, remembers her contributions.

A description of the scholarship states “…one of the first speech-language pathologists in Vancouver. She set an outstanding example for all her colleagues through her theoretical knowledge, her clinical expertise, her empathy for her clients and her encouragement and support of others in her field.”

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25 Personal correspondence from a family member.
27 Kuttner, Paul (1969) Speech Pathology and Audiology in Canada. Institute of Otolaryngology of McGill University and Royal Victoria Hospital. Montreal, Canada
speech and hearing”. At Montreal Children’s Hospital the early speech therapists did hearing testing. Ontario reported audiology and speech therapy are usually separate functions but owing to the shortage of qualified personnel, both services are often administered by the same person.

There were many others practicing in Canada who were not members of Canadian provincial or national associations. The directory of the American Speech and Hearing Association (ASHA) for 1965 lists 81 ASHA members who were working in Canada. Only thirty-one of these were listed in both the 1965 and 1972 CSHA Directories. It is also likely that there were others working in Canada who were members of neither the American nor Canadian national association and/or were members of College of Speech Therapists (London).

The surveys and directories during this period listed only those who were members of the national and/or provincial associations. It is difficult to know in what ways these numbers are representative of those practicing in Canada. If a professional were not a member of a Canadian or American professional association, the practitioner would not have been documented. The author continues to cross-reference names from the 1960s ASHA directories with names in the CSHA directories to determine the relative numbers and to obtain additional information on individuals.

Because those educated in the U.S. often belonged to ASHA and those coming from the United Kingdom (UK) were members of the British College of Speech Therapists, some did not recognize the need for Canadian professional associations. Many did not join even when the Canadian provincial and the national associations were organized. Preliminary data from the ASHA directories illustrates this.

Compiling directories is a difficult and painstaking task. Examining early directories, mistakes, inconsistencies and misspellings are obvious.

Until the mid fifties there were no educational programs in Canada. All of the service providers were educated in other countries, primarily in the U.S. or the U.S. influenced program in South Africa, or in the United Kingdom or U.K. influenced program in Australia.

The 1965 Directory of the Canadian Speech and Hearing Association (CSHA now The Canadian Association of Speech-Language Pathologists and Audiologists, CASLPA) is the first listing of professionals working in Canada. Excluding students and of those who listed a professional education, 33% were from the United Kingdom educational institutions and 41% held U.S. degrees. Twenty-two percent were graduates of Canadian educational programs. These numbers reflected the individuals who had jointed the recently formed voluntary national association, not all those working in Canada. Since graduates of Canadian educational programs were probably more likely to join a Canadian association, their numbers are likely over represented compared with the numbers working.

At the founding meeting of the CSHA in 1964, only one of the twelve attending had a professional degree from a Canadian university. Margaret Mitchell had graduated from the postgraduate diploma program at the University of Toronto in 1963. The proportions of each type of educational background varied by province and varied over time.

28 The author’s attempts to document members of CST working in Canada were unsuccessful. The Royal College of Speech–Language Therapists originally did not respond to requests for information from non-members. More recently some information on Ruth Lewis was received by the author.

Services began in most other provinces by the early 1960s (see Figure 1 - Beginning of Service Programs in Each Province, page 5). By 1973 there were two speech pathologists and one part time audiologist working in PEI.

Number of Professionals Working In Canada

The Hall Report estimated that in 1961 there were between 100 and 125 speech therapists and audiologists practicing in Canada. The report also stated that the two Canadian educational programs were inadequate to meet the existing demand with about 12 graduates each year. Another 10-12 came from the U.S. or the U.K. The total additional need was estimated at 400-500. The Report recommended the establishment of additional educational programs.

By 1968 the estimate of 200 speech therapists and audiologists working in Canada was still far below the earlier estimated need. The data did not differentiate numbers of speech therapists and audiologists. In 1973 the estimate by the Canadian Speech and Hearing Association (CSHA) was 359.

To compare with current numbers, The Canadian Institute for Health Information, on their website states in 2005, there were 1,241 audiologists and 6,331 speech-language pathologists working in Canada for a total of 7,572. There were an average of 4 audiologists per 100,000 population and 20 speech-language pathologists.

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30 For a more complete discussion of the numbers in Canada see Appendix V of this document
32 Personnel in Canada (1973) Human Communication Canada, Number 2, Autumn.
The Professions in the 1960s: 
Government of Canada Brochures

A description of the professions in Canada in the 1960s is found in two brochures from the Government of Canada. Both were titled: Speech Therapists and Audiologists. The total numbers given did not differentiate the two professions. The first brochure in 1963 was forward looking in including language. It began, “Speech therapy deals with the evaluation and re-education of those suffering from communication disorders which affect comprehension and expression of language. The disability may exist in the field of speech, writing or hearing and in various degrees affects 5% of the general population.”

Both brochures defined the professions and addressed the nature of the work, education required, employment locations, qualifications, bursaries and educational institutions.

The 1968 brochure had a section “for prospective immigrants” which said “University facilities… are not yet extensive enough to educate sufficient speech therapists and audiologists to meet the demand and many positions are filled by persons educated in other countries.”

The “immigration” paragraph goes on to list resources, and ends “The association representative is in a position to supply information on employment prospects and to give other advice”

The 1963 brochure said, “Personal qualifications needed are intelligence, the desire to help others and to work with people who have a disability. These professions are open equally to men and women.”

Terminology

That the names of the professions were changing was acknowledged in the later publication with “Since speech therapy and audiology are comparatively new professions it is understandable that these titles have not yet become uniform. Speech therapists are now becoming known as speech pathologists or speech clinicians.”

The 1968 brochure description was “Audiologists are often referred to as clinical audiologists to distinguish them from Certified Hearing Aid Audiologists who are primarily concerned with the dispensing of hearing aids.”

Employment

The 1963 publication said “There are many more employment opportunities available than there are qualified therapists to fill them...(there are) a wide choice of jobs and excellent prospects of advancement for years to come…Salaries range from $4,500 to $12,000 per annum depending upon the range of experience, the extent of postgraduate education and the administrative responsibilities assumed. Opportunities for advanced training are available at universities in the United States and England which can further enhance the therapist’s qualifications.”

By 1968, “…Students who have accepted financial assistance usually obtain employment with the sponsoring agency or government department. Since the demand for graduates greatly exceeds the supply, others can usually obtain their first position through university placement facilities.” And more cautiously, “Advancement is most frequently the result of experience and proven ability.”

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34 Government of Canada, (1963) Speech Therapists and Audiologists in Canada, Medical Rehabilitation Division, Department of Health and Welfare.
Education

In 1963 two universities in Canada were listed as offering professional education but added was that “Many American universities offer comprehensive post-graduate training… in speech pathology and audiology.” The two programs were at the Universities of Toronto (English) and of Montreal (French).

By 1968 McGill University was added. And “it is expected that others will…within a few years” offer these courses. Actually by 1969 both The Universities of British Columbia and Alberta had programs in the professions.

“Government bursaries plus allowances for books, necessary travel and tuition may be provided through use of Dominion-Provincial Health Grants if the individual is prepared to provide an agreed return of service.”

Legislation

(See Figure 3 - Chronology of Legislation to Regulate the Professions in Canada)

Legislation was not mentioned in the 1963 brochure but by 1968, Manitoba (1961) and Québec (1964) were specified with legislation regulating the professions. Subsequently New Brunswick, Saskatchewan, Ontario, Alberta and British Columbia have legislation. Several other provincial associations are currently working towards legal regulation.

Professional Associations: Provincial

The British Columbia, Saskatchewan, Manitoba, Ontario and Québec speech and hearing associations are listed in the earlier brochure as sources of information. By 1968 the Alberta and Atlantic Provinces associations were added. In 1978, the Atlantic Association was dissolved and the provinces each formed a separate association.

(See Figure 4, Chronology of Provincial/Territorial Associations)

Professional Association: National

When the 1963 brochure states at least five provinces have professional associations, it adds, “…A national organization will probably be formed in the near future.” Indeed, in 1964 the national organization The Canadian Speech and Hearing Association (CSHA) now The Canadian Association of Speech-Language Pathologists and Audiologists, (CASLPA) was founded. Its first publication in June 1965 was a directory. There were 149 members listed representing a significant increase from the original 12 at the founding meeting in San Francisco.

The 1963 brochure added, “These groups are attempting to establish standards for membership and in other ways to promote the occupational improvement of members.”

The CASLPA Certification program began in 1985 over twenty years later. Originally any graduate of a Canadian educational program including those holding bachelor’s degrees were eligible. It was not until 1993 that the qualifications for CASLPA certification specified graduate level education.

36 The first doctoral degree was awarded by McGill in 1966. UBC also offered a doctoral program. The Universities of Toronto and of Montreal offer doctoral programs under “a different mechanism.” From 1985 Task Force Report: Certification of speech-language pathologists and audiologists in Canada.

37 The program at the University of Alberta initially was a bachelor degree program. The last Alberta bachelor degree was granted in 1993. Originally the University of Western Ontario also offered a Bachelor Degree. Currently all Canadian educational programs in the professions are at the graduate level.

**Personal Qualities 1968**

Aspirants to a career in speech therapy or audiology should possess certain qualities, foremost being a genuine interest and desire to help persons in need of treatment. A warm friendly nature is also required in order to inspire confidence in those who, because of their disability, may be withdrawn. A sense of humour, imagination, patience, perseverance and understanding are also needed. The work is very demanding so good physical and mental health are required...

Above average intelligence, sufficient to complete university studies at the graduate level, is a basic requirement. Intellectual curiosity is necessary since speech therapists and audiologists must continually study new techniques and scientific advances...

**Clinical Practice**

There are only three contemporary documented records of clinical practice in Canada during this period. One is the thesis of Isabel Richard written for her MA degree received in 1952: *Handbook for Speech and Hearing Therapists in the Winnipeg Public Schools*. The document details a careful description of then current practice. Her thesis was dated from Kent State University in Ohio after she had already been working for ten years in Winnipeg.

The thesis gives a unique look at clinical practice. She states in the preface: “The procedures have been tried and practiced by the writer and they have proved practical in relation to the department as a whole and the allied clinical personnel.”

The setting: At the time there were five women working as speech and hearing therapists for the Child Guidance Clinic of Greater Winnipeg. The speech therapists had joined the clinic with other disciplines in 1950. The clinic was innovative in its multidiscipline setting and in its emphasis on involving the parents and teachers of the children.

The six chapters are headed: The speech correction program, the testing program, the recording system, criteria for placement in a speech class, an orientation to the types of disorders and suggestions for parents and teachers.

The use of the term “speech correction” program under the title term, Speech and Hearing Therapist is a reflection of the changing terminology.

In her description of diagnostics, the only published test listed is the Wepman Auditory Discrimination Test. For ‘articulation’ testing, there are lists of words and sentences. In 1952, the therapists constructed tests with appropriate words illustrated with pictures typically either hand drawn, or cut from magazines or picture books.

When she describes the testing program, she advises, “…an articulation test chosen according to the age and performance level of the child should next be administered.” The test should include “reading, naming, and propositional speech.” The word and sentence lists have consonant sounds in each of the initial, medial and final position. Some examples: “Put the apples on top of the parcel. The girl likes to carry an umbrella. Show me how to wash the dishes, and Thank her for putting the toothbrush by the bath.”

39 Government of Canada (1968) *Speech therapists and audiologists in Canada* Canadian Occupations, Occupational Research Section, Department of Manpower and Immigration.
She clearly appreciated the importance of hearing testing. The appendix includes a form for reporting the hearing test results. Her practical experience working in schools is reflected in her advice that the therapist should “Notify the janitor and secure his help in maintaining quietness in the building.”

She recommends that a disc type recorder be used for making permanent records of all “cases of severe speech disorders.” Under criteria her recommended caseload “should not exceed 75-100 depending on the severity of the handicap.” Her practical experience also probably influences her addition: “The therapist must use judgment and intelligence in the selection…an overload may ruin the possibility of success…each case should be considered carefully before placement is made. The administrators, school personnel and parents must be educated to accept the therapist’s basis for selection.” Current professionals will understand the intent of the last sentence and the criteria that the clinician should resist pressure to select others’ choices for therapy.

The orientation to types of disorders does not list “Language.” In her thesis, Mrs. Richard was forward looking when she discussed multidisciplinary co-operation, and working with parents and teachers, recording and maintaining individual and departmental statistics. The currently unused laterality testing, group hearing tests, references to “intelligence” as well as her one page of references (nine books and three articles) date the thesis.

The second, published nine years later in Modern Medicine of Canada, April 1961, by Donalda J. McGeachy42. The title is “Speech therapy in a general hospital” although in the body the author uses the term, speech pathologist, and defines it as “…a person who is qualified to examine, diagnose and treat disorders of speech, voice and language in all age groups”. She discusses the roles in the hospital, emphasizes teamwork, diagnosis and treatment. In her setting, the Toronto Western Hospital, her role was academic as well as clinical. For medical and nursing students, the speech pathologist gives lectures and clinics. Both inpatient and out patient clients are described.

The article is remarkably modern in tone and philosophy. The first sentence is ‘Man is a talking animal. Without communication, there is no true rehabilitation.” Her differential diagnosis description is clear, especially between apraxia and dysarthria. She ends the article with “…in the years since our Department of Speech Pathology was set up, seventy five percent of patients seen and treated have recovered speech and language which is functional. The percentage recovery of those patients who have been referred to Outpatients’ Clinic from other centres and therefore at a later date, is very much lower. Such results are not achieved easily. They come only after the continued efforts of a group of highly trained specialists in the field of ‘rehabilitation’–of which the speech pathologist is only one. To this end, all members of the medical team are dedicated-to heal the sick. Let them also be dedicated to the belief that the sick, once healed, shall be restored to the world again—that they shall indeed be rehabilitated. Man is a talking animal—and each person has the inalienable right to communicate with his fellow man.”

The article was reviewed by a current speech-language pathologist working with adults in 2010 and was judged contemporary in its views. Especially notable is the emphasis on multi-disciplinary teamwork.

42 Donalda McGeachy, for more information on her career see Martin (2011) Donalda Jean McGeachy. The OSLA Connection, winter
Donalda McGeachy

Donalda McGeachy, like several of the early pioneers in the professions, had an earlier career. During her work as a nurse she became interested in aphasia. She attended the University of Minnesota. After completing her BA, she continued on her master’s degree at Iowa University. After her graduation, Donalda became director of speech pathology at Toronto Western Hospital.

She was also an early member of both the Ontario and Canadian Speech and Hearing Associations and served as president of both. She was instrumental in the establishment of the first English educational program in speech pathology in Canada at the University of Toronto. She served as a lecturer in aphasia in the program. She inspired a number of students.

In addition to her contributions to the profession in Canada, Donalda is the only one of the early pioneers in the professions in Canada to be involved internationally. Donalda was one of the founders of the Academy of Aphasia and was on its Board of Directors, for its first five years. She organized the 1968 and 1969 CSHA conferences. The prominent speakers at these meetings were all colleagues of hers in the Academy of Aphasia. She is also the first in our professions working in Canada to be honoured with a fellowship in the American Speech and Hearing Association. The award was presented at the 1966 ASHA Convention.

She was the only one in the 1973 Directory of Personnel Working in Canada who was a member of the International Association of Phoniatrics and Logopedics.

Donalda was the author of the first general article on the role of the professions published in Canada: “Speech Therapy in a General Hospital” in the April 1961 issue of Modern Medicine of Canada.

Along with the first and third presidents of CSHA she received its Award for Outstanding Professional Achievement at the 1981 Convention. Her contributions are remembered in the Donalda McGeachy Scholarship funds and the Donalda McGeachy Memorial Lectures at the University of Toronto. The Annual Scholarship is awarded primarily on the criteria of academic excellence. The lectures occur on a semi regular schedule and are open to the wider professional community.

The third publication, by Ruth Lewis was published later in 1970 but described a study done in the 1950s. The study reported on assessments of children with cleft palate in Ontario. The children were from all over Ontario and were seen between January 1955 and December 1958. There was a follow up study in 1960. Among the findings was that no significant differences could be shown among the mean Intelligent Quotients for the different types of cleft palate and cleft lip. The study was an innovative and significant piece of research early in the professions in Canada.

Some of the issues for clinicians working in this period are described in an article on services in Prince Edward Island. The first bursary student to return to PEI in 1969, Gordon McKay, was initially the only practicing speech therapist in the province. One day a week of his practice was devoted to schools. “…school consolidation…was incomplete and many visits included one room schools located within regional communities. Mr. MacKay’s early efforts at service delivery were frequently thwarted by unpaved roads, difficulty finding location of schools and atypical test sites including the school porch or Mr. MacKay’s car…early intervention for preschoolers and individuals with a less favourable prognosis for remediation could not be entertained due to extensive caseload size…” The mildness of this wording still portrays the dedication and frustrations of many early therapists.

Services in P.E.I. were said to be “transitory” in the late 50s and early 60s.

The Beginnings of a National Organization

In November 1952, a few months after Isabel Richard received her graduate degree, she convened the first meeting of professionals working in Canada at the Convention of the American Speech and Hearing Association. She joined the American association in 1952 and maintained her membership until after her retirement. The formal recorded founding of CSHA would take twelve more years of effort. She was elected the first president of CSHA (see box on page 6).

The 1964 founding of the national association after years of effort marked a significant milestone in the professions’ development in Canada. As Betty Byers Brown and John Gilbert said: “As soon as the total role of the professional is perceived to include the care of the individual, the shaping of the system and the education of the community, it becomes apparent that a professional organization is needed.”

See the Appendix for additional information about the founding of the CSHA now CASLPA

On University Programs

Figure 2 - Educational Programs - Chronology of Educational Programs in Canada

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<td>1976 Dalhousie University educational program began</td>
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<td>1993 University of Ottawa/Laurentian University Program began</td>
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<td>Note: Subsequent to the publication of this 2003 04 article, an educational program was established at Laval University in 2001</td>
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44 Elsinger, Dimphy. Speech and hearing-then and now (in PEI) unpublished article written on services in PEI to mark the 25th anniversary of CASLPA.
The first educational program was started in 1956 in Montreal, followed in 1958 at the University of Toronto. (See chart above)

“We should immediately recognize that the seven Canadian programs are, by and large, quite different from their counterparts either in the USA or Europe. They are all in, or closely associated with, Faculties of Medicine.” John Gilbert, who was then director of a Canadian program at the University of British Columbia (UBC), said in a 1979 discussion of “the contributions the Canadian University training programs have made to the professions.”

Because virtually all the faculty members received their education outside of Canada, he judged that the professions in Canada were in “the late stages of professional colonialism.” He went on to say that of the then seven Canadian training programs, four offer only master’s degrees, one only undergraduate, the others both. The programs, he estimated, graduate between 150 and 160 professionals per year. He estimated in 1979 that there were approximately 850 Canadian educated speech-language pathologists and audiologists.

In 1974, the following question was asked by a staff member of Human Communication: “In Canada we have six university programs in speech pathology-audiology: two undergraduate, one combination of undergraduate and graduate work, two master’s only, one of which will accept no student with a bachelors’ diploma. Do you think it is desirable for so few Canadian programs to have so many variations? (Would you prefer a more standard approach to training?)” In 1974 several educational programs in the professions in Canada still offered bachelor’s degrees. At that time, the degrees were recognized in most provinces and accepted for CSHA membership.

The educational institutions, although with limited spaces, very gradually developed a cadre of Canadian educated clinicians. However, during this time the majority of clinicians still came from the U.S. and the U.K. as did the university faculty.

The LCST And The U.S. Degree

Because the training programs in Canada were limited with limited registration spots, and since the educational programs began more than twenty years after the first services, all of the early and many of the later professionals received their professional education in other countries, primarily in the U.S. and the U.K.

According to Jeanette King Rosen “differing philosophies of training have led to conflict within the profession in Canada with strong British influence before World War II, gradually being superseded by American influences.”

Rosen’s description appears to be influenced by Eldridge but neither reflects that there were a significant number of British educated professionals with the Licentiate of the College of Speech Therapists (LCST) working in Canada in the sixties and seventies and some are still active. (Until 1978, the program at the University of Toronto granted a “diploma,” although it was a two year postgraduate program.)

The LCSTs from the United Kingdom were recruited to work in Canada. Some found after arrival that their qualifications were not respected. Many worked very hard to establish services in sole charge positions and/or

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47 The staff member was probably Russell Malone, the editor. The interview with two directors of Canadian Educational programs was published in 1975, Number 4, Spring. The two directors were Jean Ward (now Walker) Division of Speech Pathology and Audiology, Department of Rehabilitation Medicine, Faculty of Medicine, University of Toronto and Einer Boberg, Division of Speech Pathology and Audiology, School of Rehabilitation Medicine, University of Alberta, Edmonton.
49 Rosen, Jeanette King. (1971) Comparative professional preparation for speech pathology and audiology in English speaking countries. Published by J. Rosen, Sidney, Australia.
under difficult conditions. The divisions delayed the formation of professional associations and caused difficulties for the unity of the professions.

Divisions and difficulties because of the mobility, the differing backgrounds, and the professional disagreements – plus geographic distances and sole charge positions contributing to the isolation – all contributed to the lack of common efforts and the late establishment of the national association. As late as 1974 in answer to the question, “What do you feel is the major problem facing the profession in Canada today?” Einar Boberg (then Director of the educational program at the University of Alberta) responded, “There are many problems and it is difficult to rate them in importance. Perhaps the most important is to decrease the squabbling and move toward a sense of common purpose. This would appear to be a prerequisite to having a significant impact on provincial and national policies which affect us and the communicatively handicapped.”

Jean Ward (now Jean F. Walker, then head of the program at the University of Toronto) replied, “The one I consider to be of particular importance at the present time is that relating to professional unity. There is a need for better communication, understanding and cooperation to develop the cohesion and identity necessary for professional growth and development.”

The early professionals from the U.K. held the Licentiate of the College Of Speech Therapists (London), LCST. This credential was obtained by successfully completing a written and clinical examination set by the College of Speech Therapists. Individuals took the examination after three years of training in special schools of speech therapy. The schools were not, until the 1970s part of universities and colleges. (Beginning in the 1970s the schools gradually became part of universities and colleges and degrees were granted.)

The Schools of Speech Therapy according to Rosen in 1971, “are conducted either independently by non-profit boards of governors or as part of larger institutions under the sponsorship of local education authorities, frequently in technical or polytechnic institutions of higher learning.”

Australia followed the British model and granted the Licentiate of the Australian College of Speech Therapists (LACST). In the United Kingdom, speech therapy and audiology were considered separate professions and some early LCSTs did not have separate course work in audiology. The LCSTs had extensive clinical training and experience.

In an interview in Human Communication (No 2. 1973) John Gilbert, who was chair of the graduate program at UBC, said, “…My clinical bias comes from the tremendous amount of clinical exposure I had as an LCST student. There is no doubt that whatever is wrong with the LCST, there are some very good things about it. One of them is that you get good clinical exposure. It is often boasted abroad that the LCST is a much better clinician than the American. I don’t think that is necessarily true. But they do get a lot more clinical exposure…”

The Schools of Speech Therapy typically had a prescribed curriculum and no electives. The professional education was uniform across the UK. The professionals educated in the U.S. had either a Bachelor’s or a Master’s Degree from colleges or universities with some general academic background in addition to specialized courses. In addition to the differences between the undergraduate and graduate degrees, there were many other significant differences among the many programs in U.S. universities.

Typically, the Canadian student who went to the U.S. for professional education held a bachelor’s degree from a Canadian University – as did Isabel Richard, the influential founder and first president of CSHA – before going to

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50 The staff member was probably Russell Malone, the Editor. His interview was with Jean Ward, the director of the educational program at the University of Toronto and Einar Boberg, the Director of the program at the University of Alberta.
the U.S. for her graduate degree. The speech therapists educated in the U.S. had introductory course work in audiology. Until 1965, Rosen says, “graduates of the British and Australian training schools were professionally recognized and accepted for membership and employment by the American Speech and Hearing Association.”

The difference between the U.S. degree and the U.K. diploma education of professionals was once an issue for the professions in Canada. Betty Byers Brown, who held an MCST (Member of the College of Speech Therapists, a higher qualification from the College of Speech Therapists than the LCST, obtained by submitting an original research project and writing an examination) worked educating professionals both in the United Kingdom and in the United States. In 1971, she described the differences she observed: “The American and the British systems seemed to be in direct contrast to each other regarding emphasis. In Britain you were trained as a therapist and taught by demonstration and by practice how to treat patients. In the States you were required to study the theory of your subject as an academic discipline and to pursue that study as far as possible.”

“It is significant that in Britain the student rarely conducted any piece of work that could be called research and equally significant that in the states a mark given for the student’s practical work rarely influenced the quality of his degree. British students have been far too limited intellectually and Americans have not all been taught how to become skilful clinicians.” 51 She goes on to say: “This is now a matter of historical rather than continuing validity.”

Starting in the 1970s all the UK professional programs became university degree programs.

Another early professional said “I think the issue was degree versus diploma. With many LCSTs insisting the diploma was the equivalent of the degree. I also think that the strong reliance on ‘testing’ by many American trained clinicians rather than the systematic observation towards diagnosis caused some of the mutual discomfort.”

Because both qualifications were initially recognized, both were pioneers in the establishment of services. For example, the first qualified speech therapist in Alberta was British trained. A British trained therapist also started the first speech therapy program in Nova Scotia. An individual with a U.S. degree started the first program in Saskatchewan.

In the first directory of the CSHA published in 1965, of those who listed their education about one third were originally educated in Europe, mostly in the United Kingdom. The first (1966) Bylaws of CSHA defined the eligibility for membership: “(It) shall be restricted to any person who holds a master’s degree, or doctor’s degree or post graduate diploma in speech pathology, audiology or speech and hearing science or in such allied professional disciplines as may be recognized and approved by the executive council...” There were, however, exceptions and a “grandfathering” period allowed. The Executive Council could approve applications for those not otherwise eligible (and obviously did) if submitted within one year of the adoption of the bylaws. Those listed in the 1965 Directory would have met that deadline.

A 1971 bylaw change indicates that the one-year of “grandfathering” was not sufficient. The change was that until 31 Dec. 1973, there were six criteria for eligibility for membership. One was to hold “Licenced (sic) College Speech Therapy and...Licentiate Australian College Speech Therapy.” After 1973 specific semester hours of course work were defined with a majority required at the graduate level.

In 1971 the second CSHA directory was published. Of the 204 listings, 170 specified education. Of these, almost 28% held a diploma, primarily from England and Scotland but two from Australia, and three from the Netherlands. One listed a degree from South Africa.

The South African educational program was influenced by a staff member who was a U.S. graduate. Rosen states in South Africa, although initially a two year diploma course, “...Since 1942...close correlation has been maintained with the professional requirements of ASHA.” and in 1946, degree status was awarded for a four year training course in logopedics.

There were significant differences in the proportions of U.S and U.K. educated therapists in various provinces. In Kuttner’s 1969 survey of members of provincial associations, the B.C. Association reported their membership consisted of 31% American trained, 5% Canadian trained and the rest from Britain, the Netherlands and Australia. In the Alberta association reported Kuttner, “Canadian and American trained therapists most possess at least a bachelor’s degree and the Commonwealth Licentiate is also accepted.” At the time, 65% of practicing Alberta association members were trained in England, Australia, and South Africa, 25% in the U.S. and 10% in Canada.

The Saskatchewan association recognized both members of the American Speech and Hearing Association and the British College of Speech Therapists. Of its ten members, half were educated in the U.S. and the other half in Britain or New Zealand.

In contrast, Kuttner’s 1969 data noted only 16% of those working in Manitoba held diplomas (primarily from Australia) and 77% were trained in the U.S. Two of the 27 then employed in Manitoba were educated in Canada. The Québec Association did not recognize the training from the British Commonwealth and required an M.Sc. or Diploma from the University of Toronto. The Ontario Association reported 30% of its members were educated in Canada, 37% in the U.S. and 33% Britain. Later, in 1978 it was estimated that 80% of the work force in B.C. was “comprised of immigrants”, country of origin not specified, according to an article by Fleming in 1982.

By 1969 in Kuttner’s report, all the provincial associations except Saskatchewan and Québec listed a bachelor’s degree as minimum membership requirements. Québec required an M.Sc. or University of Toronto Diploma and Saskatchewan reported “by individual consideration.”

Because the early educational programs were in Ontario and Quebec, and many of its graduates were employed in the province where they received their professional education, it follows that those two provinces would have a majority of Canadian educated professionals.

**Individuals**

The first two qualified speech therapists in Toronto at the Hospital for Sick Children held an LCST and were both educated in The United Kingdom. Dorothy Washington, the first to provide services in Saskatchewan, initially held a bachelor’s from Western Michigan and four years later obtained a master’s degree from Western Reserve University in Ohio. The first person to hold a graduate degree in Manitoba, Isabel Richard attended Kent State University in Ohio.

The professional education of the twelve founders of the Canadian Speech and Hearing Association (CSHA now CASLPA) in 1964: Six held degrees from the U.S.; two with an LCST from the United Kingdom and three with both an LCST and a graduate degree from the United States. One graduated from a Canadian University.

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52 This was probably Allen Clemons who later came to Canada and worked in Toronto and Vancouver.
54 Although this is the only demographic data available for 1969, it is limited in only reporting on members of provincial associations. Membership was voluntary in all provinces except Manitoba and Quebec.
Professional Associations

The influence of the U.S. and U.K. training programs extended to and influenced the professional organizations in Canada. Efforts to establish a Canadian National Association continued for 12 years before the formal establishment in 1964 of The Canadian Speech and Hearing Association. Graduates of U.S. programs were often members of the American Association and those from the U.K. were members of the College of Speech Therapists (London).

In fact, the 12 preliminary meetings, the 1964 founding meeting and the subsequent two meetings of professionals working in Canada, were held in conjunction with Annual Conventions of the American Speech and Hearing Association (ASHA). In 1966, the group attending decided to hold future meetings in Canada. Isabel Richard, the first president viewed this decision as significant in the development of the association.56

The first CSHA meeting in Canada was held in 1967 at Expo in conjunction with the Ontario and Québec associations. The total attendance was 152. The vast majority, 125, was from Ontario and Québec and only 16 clinicians were from other areas of Canada. (Data from notes in Isabel Richard’s handwriting on her convention program in the Archives of MSHA) Held May 25-27, The Speech and Hearing Society of Québec, the Ontario Speech and Hearing Association and CSHA held their joint meeting in Pavilion DuPont, Isle Verde. The president of SHSQ was Mary Cardozo, of OSLA, Karen Trotter and of CSHA, Donalda McGeachy. The CSHA keynote speaker was Wilder Penfield. His topic: Second Languages and Brain Capacity.

There were two more independent CSHA meetings, one held in Toronto, 1968, and another in Montreal, 1969. These two meetings were probably organized by the second president of CSHA, Donalda McGeachy. Donalda was a founder of the Academy of Aphasia. The major speakers at both meetings were all prominent names in the Academy. In 1968, October 25-26, Hildred Schuell, and Norman Geschwind presented “A stimulating and high level seminar in basic sciences.” 57 The honorarium for the guest speakers was an anonymous donation “in the name of Donalda and in memory of the donor’s father who was intensely interested in our work and in Miss McGeachy’s career”.

The 1969 meeting was held in Montreal, October 24th and 25th. Dr. Harold Goodglass, Director, Psychology Research, Veterans’ Administration Hospital Boston, gave an in depth seminar on “Psycholinguistics”. A panel consisting of staff members of McGill University and the University of Montreal discussed current research in Psycholinguistics. This would have been a cutting edge topic in 1969.

Later, from 1970 until 1975, the CSHA meetings were held in conjunction with provincial meetings. The next independent CSHA conference was held in 1976 in Halifax but ‘sponsored’ by the Atlantic Speech and Hearing Association.

The struggles to establish to continue and to support the Canadian Speech and Hearing Association continued until the late 1970s and into the 1980s. In 1975 in Human Communication (HC) ten years after CSHA began, the comment “…less than half the persons working in Canada join CSHA and that more persons working in Canada join ASHA and the College of Speech Therapy than join CSHA” was stated in an interview by HC Staff, unidentified.58

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57 President’s Newsletter, The Canadian Speech and Hearing Association Nov. 1968
58 Human Communication Staff (1975) Insight. Human Communication A questionnaire designed by H.C. staff with answers from two of Canada’s speech and audiology departments. Number 4, Spring 1975, p.31
As late as 1982 the then president of CSHA Bernard O’Keefe said in an interview in ASHA magazine59, “…CSHA represents less than 50% of all the professionals in the country.”

An example of the efforts of the association to serve the professions is that in November 1968, in her President’s Newsletter Mary Cardozo wrote. “Many requests for personnel to fill positions have been referred to my office. Rather than list them all in detail …I would suggest that anyone interested write. A full job listing and descriptions will be sent to you. Please enclose a stamped self addressed envelope.”

Many LCSTs working in Canada obtained additional graduate training in the states, as did Elaine Heaton, CSHA president in 1973-74 who later served on several task forces and as Editor of Human Communication. She was the founding editor of HearHere, the first national newsletter (see Box on Elaine Heaton).

There is no published record of the issues surrounding LCST and graduate education in CSHA although the 1971 bylaw change reflects a serious discussion. The issue caused divisions in Ontario where two early members of the Ontario Association resigned in the first year over the issue of recognizing the LCST. These two were adamant that only a master’s degree be acceptable. The division was later healed and the two members rejoined.60

The profession in Canada has benefited from the exchange of ideas among clinicians with varied backgrounds, familiar with different techniques and materials. Discussion of professional issues, training and values strengthen the individuals and the professions as a whole. The varied professional backgrounds made for a more cosmopolitan group familiar with a wide variety of professional ideas. The practicing clinicians benefited from discussions reflecting different points of view.

The history of professions in Canada must acknowledge the influence of the different philosophies of education and the many significant contributions of professionals from all backgrounds.

**Legislation to Regulate the Professions**

The first legislation to regulate the professions was passed in Manitoba in 1961. The bill was unique. Not only was it the first legislation to regulate the professions of “speech and hearing therapy” in North America; all practice in all settings was regulated. The early legislation in the United States primarily regulated those in private practice. The second legislation in Canada was passed in Québec in 1964.

Legislation came later in the other provinces. The struggle to obtain legislation in some provinces has gone on for years. Under the section “Provincial News” in HearHere (the CSHA newsletter) in 1979, the Alberta report stated, “…the potential of legislation relating to the practice of speech pathology and audiology is looming closer. The Association has been asked to develop statements regarding our role and area of professional competence.” However, the Alberta legislation was not passed until 2002.

The B.C. association reported in 1973 that members voted to proceed with legislation. Over thirty years later, BCASLPA finally attained regulatory legislation that was implemented in 2010.

Currently in 2009, Manitoba61, New Brunswick, and Saskatchewan have one association for both professional and regulatory functions. In Ontario, there are separate associations: one for the profession and another for regulation- the College. British Columbia will have an association and a college. Alberta has a “College” with one

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61 In Manitoba umbrella legislation is being implemented. But it is not yet in force, July 2011.
association but with two branches, one for professional concerns and the other for legal regulation. Most of the other provinces are working towards legislation.

Since legislation regarding health and education is at the provincial level, each province has separate legislation. In 2001, an “Agreement Respecting Interprovincial Mobility of Speech-Language Pathologists and Audiologists” was signed among provinces with legislation and voluntary associations in the other provinces which allows professionals to move from one province to another more easily. The agreement was continued and amended in 2005.

Figure 3 - Chronology of Legislation to Regulate the Professions in Canada

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1961</td>
<td>Legislation regulating the professions passed in Manitoba</td>
</tr>
<tr>
<td>1964</td>
<td>Legislation regulating the professions passed in Quebec</td>
</tr>
<tr>
<td>1989</td>
<td>Legislation regulating the professions passed in New Brunswick</td>
</tr>
<tr>
<td>1992</td>
<td>Legislation regulating the professions passed in Saskatchewan</td>
</tr>
<tr>
<td>1994</td>
<td>Legislation regulating the professions in Ontario</td>
</tr>
<tr>
<td></td>
<td>College of Audiologists and Speech-Language Pathologists of Ontario founded</td>
</tr>
<tr>
<td>2002</td>
<td>Legislation regulating the professions in Alberta,</td>
</tr>
<tr>
<td></td>
<td>The Alberta College of Speech-Language Pathology and Audiology founded</td>
</tr>
<tr>
<td>2009</td>
<td>Legislation regulating the professions in British Columbia</td>
</tr>
<tr>
<td></td>
<td>College of Speech and Hearing Professionals of British Columbia</td>
</tr>
<tr>
<td></td>
<td>implemented in 2010. Includes Hearing Instrument practice</td>
</tr>
</tbody>
</table>

Professional Meetings

Although the Manitoba Speech and Hearing association was founded in 1958, the first seminar with an out of town speaker was not held until 1964. The Ontario Association, founded in 1958 held its first conference the following year. Fifty-nine professionals attended the first OSHA conference held at Toronto Hospital for Sick Children.

Geographic distances and location of professional education influenced attendance at professional meetings. Professionals who were educated in the U.S. or the U.K. had professional and sometimes family ties and attended national meetings there. For professionals working in Canada, the U.S. state and national meetings were often a shorter distance than meetings across Canada.

For example, The Manitoba Speech and Hearing Association maintains a conference rate agreement with the North Dakota Association. A member of one is given member rates at the other’s conference. For professionals in Northwestern Ontario, Winnipeg is closer than Toronto.

After its first meetings in Canada in 1967, 1968 and 1969, CSHA meetings were held in conjunction with provincial meetings. The Executive waited until there was an invitation from a provincial association to schedule its meeting. Reviewing the dates and location, it appears that the province of one of the current executive often issued the “invitation.”

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63 Although the first recorded meeting appears to be the spring one at Expo, there is also an unconfirmed report of an Executive meeting in Manitoba earlier that year, probably in January with the MSHA conference.
Not until 1976, did CSHA again hold it first stand-alone convention. Held in May, it was “sponsored” by the Atlantic Speech and Hearing Association.

At the plenary session Dr. Kenneth Johnson presented an address “Reviewing the Role of National Associations and their Relationships to Provincial or State Associations,” followed by a panel discussion with representatives from various provinces: Christine Rickard, Larry Weber, Louise Getty and Virginia Martin.

Typically, the province where the CASLPA conference is held does not hold a provincial conference that year. The “sponsorship” of a provincial association continued until 1988 when the policy was changed.

**National Publications**

There were sporadic “President’s Newsletters” before the first national newsletter began in 1976. Until 1976, CSHA was dependent on provincial newsletters to distribute its news and announcements. Provincial newsletters have always and still publish the reports from the CASLPA Board members (previously named provincial representatives.) Since not all provincial association members are CASLPA members, this is additional publicity for the national association.

**Employment Settings**

When Kuttner in his 1969 survey of provincial associations’ members lists employment settings, there are significant differences among provinces.

In 1969, the percentage of those working in medical settings ranged from 80% in Québec to 30% in Manitoba. School employment settings ranged from 63% in Manitoba to 11% in B.C. and 6% in Québec. Ontario had the largest percentage in private practice (18%) with none in Saskatchewan. The membership in professional associations represented all the professionals working in the province only in Manitoba and Québec, the two provinces with legislation regulating the profession and with compulsory membership in the association.

The history of the professions differed in each province and territory depending on the agencies, the sites of services, the educational background and mobility of the professionals, as well as the status of provincial legislation regulating the professions. See the References for a list of specific information on the various provinces.

**Relationship Among National and Provincial Associations**

Most of the provincial associations were established before the national association. The national association was dependent on the provincial associations for invitations to hold meetings and for distributing information via provincial newsletters. Hence, provincial membership was larger, more integrated and stronger than the national association in the early years.

In a survey reported in 1982, more professionals were members of provincial associations than the national association. In 1981 there were 712 CSHA members and 798 who were members of their respective provincial speech and hearing organization but not CSHA members.

(The relationships again changed when CASLPA started its campaign for “joint membership” in 1994. The joint membership agreements changed into the “joint alliance” in 2004, and the Pan Canadian Alliance in 2006.)

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65 See information on CSHA-CASLPA’s history for more detail.
**Provincial Professional Associations**

The beginnings of the provincial associations were in this time period (*see Figure 4 - Chronology of Provincial/Territorial Associations, below*). Initially, the first professional association in the Maritimes was a combined one, The Atlantic Provinces Speech and Hearing Association.

On the founding of the associations, two “pioneers” in the profession wrote on the 25th anniversary of the founding of CASLPA: “It became apparent in reading the association histories that for many, including CASLPA, the major accomplishment was forming and maintaining an organization at all against such formidable odds. The vast distances among members, the small number of professionals available for organization, the lack of public awareness of our profession, the differences of opinion concerning standards and form of organization not to mention the weather, all combined would have thwarted a less hardy and determined group.”

For more information on the history of the various provincial associations, see the bibliography for articles on specific provinces.

**Figure 4 - Chronology of Provincial/Territorial Associations**

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1955</td>
<td>La Corporation Professionnelle Des Orthophonistes et Audiologistes du Québec began (now the Ordre des orthophonistes et audiologistes du Québec)</td>
</tr>
<tr>
<td>1957</td>
<td>British Columbia Speech and Hearing Association (now B.C. Association of Speech-Language Pathologists and Audiologists)</td>
</tr>
<tr>
<td>1958</td>
<td>Manitoba Speech and Hearing Association, Saskatchewan Speech and Hearing Association (now the SK Association of Speech-Language Pathologist and Audiologists), Ontario Speech and Hearing Association (now Ontario Association of Speech-Language Pathologists and Audiologists)</td>
</tr>
<tr>
<td>1963</td>
<td>Atlantic Provinces Speech and Hearing Association</td>
</tr>
<tr>
<td>1964</td>
<td>Speech and Hearing Association of Alberta (Later the Speech-Language-Hearing Association of Alberta, now the Alberta College of Speech-Language Pathologists and Audiologists)</td>
</tr>
<tr>
<td>1964</td>
<td>Founding meeting, the Canadian Speech and Hearing Association, San Francisco during ASHA meeting (Now the Canadian Association of Speech-Language Pathologists and Audiologists)</td>
</tr>
<tr>
<td>1970</td>
<td>TASK formed, later 1978, became New Brunswick Speech and Hearing Association</td>
</tr>
<tr>
<td>1978</td>
<td>Atlantic Provinces Association dissolved and each province to form its own association, Newfoundland Speech and Hearing Association (Now the Newfoundland and Labrador Association of Speech-Language Pathologists and Audiologists), Speech Hearing Association of Nova Scotia, New Brunswick Speech and Hearing Association (evolved from TASK) (Now the N.B. Association of Speech-Language Pathologists and Audiologists)</td>
</tr>
<tr>
<td>1979</td>
<td>Prince Edward Island Speech and Hearing Association</td>
</tr>
<tr>
<td>1994</td>
<td>Yukon Speech-Language Pathology and Audiology Association</td>
</tr>
<tr>
<td>1996</td>
<td>Association Québécoise des Orthophonistes et des Audiologistes</td>
</tr>
<tr>
<td>2000</td>
<td>Association of Northwest Territorial Speech-Language Pathologists and Audiologists</td>
</tr>
</tbody>
</table>

*Chart Excerpted from* 67 *with later additions:*

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National Professional Organization: CSHA Later CASLPA

“Why do we need a Canadian Association? We have ASHA?” reportedly was asked at the founding meeting of the Canadian Speech and Hearing Association in San Francisco in 1964.

At the founding meeting there were 12 documented in attendance. (One report said 14 but two did not join. The names of the negative voters are lost to history.)

The group met at the convention of the American Speech and Hearing Association (now the American Speech-Language-Hearing Association). At the first formal founding meeting were three from Manitoba, two each from Ontario and Alberta, four from B.C. and one from Nova Scotia.

Only one, Margaret Mitchell from Manitoba, was a graduate of a Canadian educational program. She had received a postgraduate diploma from the University of Toronto in 1963. Six of the twelve held U.S. degrees. Five were initially educated in the U.K and held LCSTs. Three of the individuals holding an LCST also held additional U.S. graduate degrees.

At the 1965 meeting, it was reported: “The concept of the Canadian Speech and Hearing Association should be big, broad, and general, and viewed in terms of the future.” Hence:

<table>
<thead>
<tr>
<th>Goals of the National Association: Changes in Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>The first bylaws of the Canadian Speech and Hearing Association were adopted in 1966. In the bylaws:</td>
</tr>
<tr>
<td>Article II. Purpose: The objectives of the Association shall be to promote by study, research, discussion and dissemination of information, the advancement in scientific study of the processes of individual human communication in speech and hearing: to forward investigation in to speech and hearing disorders and to encourage improvement in the diagnosis and treatment of these disorders.”</td>
</tr>
<tr>
<td>The current CASLPA’s Mission Statement from Communiqué Winter 2005:</td>
</tr>
<tr>
<td>Is “…to champion and support the professional needs and development of speech-language pathologists and audiologists, to facilitate the growth and development of our members thereby maximizing the communication potential of Canadians.”</td>
</tr>
</tbody>
</table>
Founding Dates of International and National Associations

<table>
<thead>
<tr>
<th>Year</th>
<th>Association/Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1924</td>
<td>International Association of Logopedics and Phoniatrics</td>
</tr>
<tr>
<td>1944</td>
<td>College of Speech Therapists (London)</td>
</tr>
<tr>
<td>1964</td>
<td>Canadian Speech and Hearing Association (CSHA)</td>
</tr>
</tbody>
</table>

Figure 5 – Founding Dates of International and National Associations

As late as 1969 in Kuttner’s report’s statement of purpose, he said: “Speech Pathology and Audiology are relatively new professions in Canada. Although speech pathologists have been employed by hospital clinics for many years, these services are branching out into other fields as the frequency of defects and need for correction becomes better known.”70 The terms “defect” and ‘correction’ would not be used today.

The Profession of Audiology Begins In Canada

“…exactly what is this (a)morphous identity we call a Canadian Audiologist?” Donald Hood asked. Then he said “Our European and U.S. counterparts have just a few years on most of us and are our professional parents…” 72

In the 1950s and 1960s the first documented audiologists were practicing in Canada. There were some listed in the 1965 Directory of CSHA. Audiology services were listed as well. Of the 149 members listed in the Directory, there were 16 who described themselves as audiologists and nine as both audiologists and speech pathologists. Since it was not until 1947 that the American Speech and Hearing Association added ‘hearing’ to its former name, The American Speech Correction Association, it would appear that audiology came soon after to Canada.

The first in Manitoba was registered in 1967. By the early sixties there was one in Nova Scotia; in 1953 another one in Vancouver. At the founding meeting of the Ontario association in 1958, there was one audiologist, a researcher.

Kuttner in his report dated 1969 but reflecting data collected in 1968 states for several provinces that because of the shortage of personnel, many in Manitoba, Saskatchewan, and Ontario performed both functions. There were no members in the Atlantic Provinces association who provided combined services: “Audiologists are employed only in government supported clinics and the Interprovincial School for the Deaf” The Ontario association reported that, “audiology and speech therapy are usually separate functions but owing to the shortage of qualified personnel both services are often administered by the same person.”

In Manitoba there were 27 registered members: “…most offer limited audiological services as part of their function as speech and hearing clinicians. Two persons are…audiologists and one provides both services.” In BC: “…audiology and speech therapy are usually filled by separate persons.” Except in Manitoba and québec,

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69 Rosen, Jeanette King. (1971) Comparative professional preparation for speech pathology and audiology in English speaking countries. Published by J. Rosen, Sydney Australia.
70 Kuttner (1969) Speech Pathology and Audiology in Canada. Institute of Otolaryngology, McGill University and Royal Victoria Hospital.
71 Notable that the name change to the American Speech and Hearing Association, adding hearing from The American Speech Correction Association was not until 1947.
membership in provincial associations was voluntary so the data reflect only members. There would have been a significant number of professionals providing services in both professions who were not members.

The number of audiologists expanded as services did. From the manpower reports done by the national association and published in the newsletter, the number of audiologists was reported as follows: The interpretation of these is limited because the numbers were compiled from members in Canadian professional associations when membership was voluntary in the national and all the provinces except for Québec and Manitoba.

**1978 From Provincial Association Members (Québec Not Included.)**
- 705 Speech Pathologists (84%)
- 96 Audiologists (12%)

Of these:
- 30% belonged to ASHA
- 46% to CSHA
- 2% College of Speech Therapists (London)

In **1979 from CSHA members who responded: 540**
- 75% Speech Pathologists
- 16% Audiologists
- 5% both

The 1984 Manpower (sic) survey on salaries did not differentiate the two professions.

The 1989 demographic study listed “what do we do?” For audiologists as follows:
- 98% Diagnostic Audiology,
- 68% Aural Rehabilitation,
- 46% Evoked Response Audiometry,
- 22% Vestibular testing and
- 15% other.

In 1970 the first audiologist was added to the staff of the clinic at Toronto Hospital for Sick Children. By 1973 there were two full-time audiologists there. In 1974, OSLA sent its position paper on the role and scope of audiologists to the Minister of Health, Otolaryngologists and Family Physicians.

In North America, both professions belong to the speech and hearing associations–provincial, state and national. However, there are also specific audiology associations in both the U.S. and in Canada. In the United Kingdom the two professions are considered separate professions and have separate professional associations.
Describing the Professions of Speech-Language Pathology and Audiology in Canada

In a 1985 publication Einer Boberg wrote an overview of the professions at the time. He said: “Professionals in speech-language pathology and audiology are concerned with the prevention, diagnosis and treatment of human communication disorders. More specifically speech-language pathologists diagnose and treat children and adults who suffer from communication disorders of language, articulation, stuttering and voice as well as those communication disorders associated with other conditions such as cerebral palsy, mental retardation, cleft palate and hearing loss.”

“Audiologists administer a variety of audiometric tests to determine hearing efficiency and coordinate these results with medical, social, behavioural and other diagnostic data. They may plan, direct, and participate in rehabilitation programs for the hard of hearing and act as consultants to industry and professional groups in medicine and education. Professionals in both these connected areas may also provide counselling to the families, teachers and employers of the communicatively handicapped and participate as members of interdisciplinary rehabilitation teams in a variety of settings.”

“While speech-language pathologists and audiologists sometimes practice separately, they share a common historical development, training, professional organization and scientific/clinical interest in human communication and its disorders…”

(Today) “…Some of the many issues important to this young profession are the development of standards for training and practice, statutory regulation of the professions and relationships with speech aids and hearing aid dealers. Many members are also trying to expand research programs, to improve the opportunities for advanced graduate education, to increase public awareness and concern for early identification of communication disorders and, finally, to promote continuing education designed to help the professionals improve their service to the communicatively impaired.”

There have been significant changes in the professions including changes in the scope of practice and in the very names of the profession and in the names of the professional associations. The founding names of professional associations were “speech and hearing associations.” Later in the 1980s the names of the national association and most provincial associations changed to Associations of Speech-Language Pathologists and Audiologists. The American and British Associations added “language” to their names (see Figure 5, Founding dates of International and National Associations, page27).

Language Disorders

One of the major influences on the expansion of the knowledge base was the introduction of the terminology and research around language, language development, and language disorders.

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73 Campbell, Duncan D. and Emilia Pasemki (1985) Developing continuing professional education in physical therapy, occupational therapy and speech-language pathology and audiology. Faculty of Extension, University of Alberta pp 83-85
In the beginnings of the professions and up to the 1970s, the diagnostic categories did not include language disorders or even language delay. In early American texts, and in Richard’s thesis, language disorders were not listed as a category. Van Riper speaks of delayed speech, and childhood aphasia. His 1947 text *Speech Correction: Principles and Methods* does not have “language” as an entry in the index. Yet he does have a section on helping a child gain vocabulary. “Delayed speech” is a chapter. He stated, “The problem of delayed speech, however is more than that of a severe articulation defect. These children are also handicapped linguistically and semantically. They often do not comprehend the language of others nor are they particularly interested in vocal symbols even when they can understand them” (p 101). Van Riper stressed that the clinician must look at the cause of the delay and cited possibilities.

Even in the 1940s the profession was aware that therapy was more than speech correction. Nancy Chan, when she retired, said we used to call “language,” delayed speech. Richard in her suggestions to parents and teachers lists trips to the zoo, nursery rhymes and other activities that, in fact, would encourage language development.

When in the 1970s specific language research exploded, the professions were changed. Brown’s book, *A First Language* was published in 1973. The vast majority of references were from the 1960s and some were “in press.” Soon, there were many research studies on language. Earlier “diagnostic therapy” now changed with the many research studies that provided milestones, quantified age levels, and sequences of developmental stages. Commercial language tests, scoring language samples and additional ways to evaluate level of language development, possible delay and disorders followed.

In the annual report of the Child Guidance Clinic of Greater Winnipeg 1970 to 1972 the section on the Speech and Hearing Department states: “The functions of the members of this discipline include evaluation, diagnosis, therapy, consultation and interpretation of the problems of the child with oral communication and language difficulties.”

The first two Canadian national task force reports used in the document and title, the term, Language-Speech Pathology in an effort to emphasize the importance of language in the profession. The hope that this name would be adopted was obviously not fulfilled.

A 1980 was meeting held in Winnipeg to address revision of the 1966 by-laws of the association. The CSHA Council recommended a name change to Language-Speech-Hearing Association of Canada. In a letter to the editor of the CSHA newsletter, Isabel Richard supported this name change. It was not however adopted then nor later.

According to Mary Jane Cairns who was Manitoba’s representative on the council in 1980, “The push to include language in the name of the association is the result of legislation passed in some states which specifically prohibits speech pathologists from working in the area of language.”

The term “language” did come into Canadian professional association names until association names were changed starting in 1985.

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76 Annual Report Child Guidance Clinic July 1 1970-June 30 1972
77 Originally provincial representatives and later Council Members of CSHA, now Board members of CASLPA
International Aspects

By the 1970s CSHA became more involved outside Canada. In 1976 for the first time the president of CSHA addressed the Legislative Council of the American Speech and Hearing Association. George Mencher, said on “what I consider an historic moment in the history of our associations…the first time a President of CSHA had addressed the ASHA...in a formal role…” After discussing the issue of representation for ASHA members living outside the US he concluded, “…on behalf of your sister national professional organization, I bring greetings from the members of the CSHA to the members of ASHA.”

In 1978, CSHA became an affiliated member of the International Association of Logopedics and Phoniatrics.

But there was concern about the implications of dual membership. In the 1985-86 Directory there was a full page with a box titled “A Message to ASHA Members.” The message: “CSHA estimates that as much as $13,000 in dues is sent to foreign speech and hearing associations annually by speech-language pathologists and audiologists who are not members of the CSHA yet live and work in Canada. If you are not a CSHA member but do belong to a foreign association, please consider CSHA membership as well. The Association’s first priority is improving the quality and extent of service to Canadians with disorders of human communication, but the work of CSHA is limited by the revenue received from membership dues. Don’t ask ‘What do I get for my $85.00.’ Instead, ‘Here’s my $85.00. Use it wisely.’ CSHA will. Benefit from your membership in foreign organizations but please remember that the communicatively handicapped of Canada and their families depend on organizations like the CSHA to improve service to Canadians. Your membership is essential to that improvement. Don’t let them down.”

Membership in Professional Organizations

By 1970 there were professional organizations in all the provinces but the national organization continued to struggle. Membership dropped from an initial 149 in 1965 to 83 in 1970, gradually increasing to 135 in 1973 and 400 by 1975.

Other changes in the professions in Canada

During this time period, the number of educational programs in Canada continued to expand. By 1979 John Gilbert said: “At the present time Canadian programs present a mixture of professional preparation which borrows from both European and North American traditions. Perhaps because there are, as yet, no formal licensing requirement each program possesses a degree of flexibility not always available in countries with established training and licensing procedures.”

“As the number of students entering Canadian programs for training increases (with a resulting increase in output of graduates), the influence of the European and U.S. training programs, will of necessity, be diminished and what we come to view as standards in the professions will be measured against the experience which these graduates have received in Canadian Universities. Ultimately this can only be good for Canada and the development of its culture. At the present time whether we like it or not we are in the late stages of “professional colonialism.” A vast majority of senior positions are filled with individuals (like myself) who have received none of their training in this country, whose views of the professional world of speech pathology and audiology have been developed in other cultures and who see Canada thought the eyes of their upbringing. Although the contribution of such individuals has been enormous, as the number of Canadian trained graduates increases, the influence of non-Canadian trained graduates will perforce decrease.” John adds: “This is not to imply that Canadian is best-excellence recognizes no national boundaries.”

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As its members and resources grew, the national association took on more responsibilities and tasks and addressed professional issues.

Some of these changes are addressed below: Name Change, Task Forces, Certification of Individuals, Accreditation of Agencies, Organizational changes, Conferences and Publications.

**Name Change in the Profession to Speech-Language Pathology**

In 1983, the national association issued a press release stating “Speech-Language Pathologist: Uniform title adopted for Canadian Practitioners. Membership endorsement of the title speech-language pathologist was confirmed at a meeting of the National Council, the Canadian Speech and Hearing Association in Toronto in November.

The release adds “ Formerly referred to as speech pathologists, speech-language pathologists are the professionals who work with the communicatively handicapped from the pediatric population through to the aged. A speech-language pathologist is a professional person who evaluates, treats and manages disorders of speech, voice and language. One of the key factors in the professional work of the group is the diagnosis and evaluation of communication difficulties and not just the deliverance of therapy. The Association felt that the former title did not give the appropriate scope of practice. The membership confirmed their involvement with language-impaired individuals by recommending the adoption of the title Speech-Language Pathologist.”

Initially, there were also several different punctuations. Some used speech-language pathologist, others speech/language pathologist. However, the Publication Committee of CSHA decided about 1982 that the dash, not the slash would be the official spelling.

The professional associations in Canada were founded as “speech and hearing associations.” In 1985 the national association became the Canadian Association of Speech-Language Pathologists and Audiologists and most of the provincial and territorial associations followed with a change to the name of the professionals. Audiologists have retained the same name in English since the profession began in Canada. (This refers to English terminology. The French terminology has a separate history.)
John H.V. Gilbert

John Gilbert came to the University of British Columbia in 1966 as a Post Doctoral Scholar. He founded the Department of Audiology and Speech Sciences in 1969, which became the school in 1982. He was active in both the provincial and national professional associations. He was elected to the Executive of CSHA in 1978-80 and served as Secretary. He continued his involvement by serving on various committees, by publishing articles in CSHA publications, by editing several directories, and chairing the papers committee of several conventions. In 1983 he was again elected to the Executive as President-Elect and continued as President and Past President. During that time period, in 1982, the Executive and committees of CSHA were linked with the first computer system for communication.

In 1982-85 he was a member of the Federal Task Force on Certification. When CASLPA decided to implement national certification John became the chair of the initial Certification Board during its difficult, at times contentious and time-consuming first years. In 1988 when he received the CASLPA Medal for Outstanding Professional Achievement, the citation read in part, “He has chaired and been prime motivator of the committee to establish criteria and implement procedures for Canadian Certification of Audiologists and Speech-Language Pathologists.”

Along with his other accomplishments, Dr. Gilbert has contributed to the knowledge base with his research and publications. He holds a unique position in the establishment of the professions in Canada.80

The Setting

Most of the provincial associations were founded earlier than the national association. From 1970 to 1975, the national association was dependent on provincial associations to invite CSHA to share their meeting. Most of the news of CSHA was distributed via provincial newsletters. The first CSHA regularly scheduled newsletter was started in 1976. The national CSHA conference began again that year as well. As late as 1981, there were more members of provincial associations than of the national association.

CSHA was gradually becoming established; membership was increasing. There were still many differences among the professionals who had different educational backgrounds and among the provinces both in their professional associations, legislation and in their health care systems. Until 1989, only two provinces, Manitoba and Québec had legislation regulating the professions.

The Executive of CSHA was working hard to establish standards and to encourage membership. In 1982, extensively changed new bylaws were adopted. The first mid year meeting of the National Council of CSHA was held in 1980, which reorganized the association governance as illustrated in the following chart from HearHere, December 1982.

80 Author's Note: Dr. Gilbert has received a number of awards in recognition of his contributions. Most recently he was awarded a Queen's Jubilee Medal and he was invested with the Order of Canada in 2011.
The Task Force Reports

The 1980s Task Force reports unified the professions and their publications widely distributed, communicated that unity, not only to our professions but also to other professions, employers and the public. The Task Forces in the rehabilitation professions were originated by the Health Services Directorate, Health Services and Promotion Branch, Government of Canada. Sometimes the topic was a direct suggestion of the various health professions. Other times the Health Services Directorate initiated a topic. One series was devoted to the professions of speech-language pathology and audiology. There were also reports focusing on the other rehabilitation professions (i.e., Guidelines for the Client Centered Practice of Occupational Therapy, 1983) and one on working in multidiscipline teams (Rehabilitation Teams: Action and Interaction, 1983.) The federal government funded these reports to improve the quality of care.

The foreword to the report 1982 Guidelines for the Practice of Language-Speech Pathology and Audiology reads: “In response to concerns expressed by provincial governments and others, The Department of National Health and Welfare brought together a group of experts to produce this report entitled Guidelines for the Practice of Language-Speech Pathology and Audiology.”

“These guidelines have been developed following a Canada-wide review process. National, provincial and regional professional associations as well as practicing professionals, across Canada participated in this review. Hopefully these benchmarks will encourage continuing re-examination of existing practices.”

“This report is not a statement of federal government policy. It constitutes a part of the information base from which policies may be developed. It is hoped that the report will be a valuable guide to others in planning, setting

81 The material on the task forces is excerpted from Martin, V. (2007) The 1980s Taskforces. The OSLA Connection
policy on, and administering clinical activities in language-speech pathology and audiology. In this way the report may serve to enhance quality of care in these health services in Canada.”

“Further, the intent of these guidelines is not to formally standardize the delivery of service across Canada. It is neither the role nor the mandate of the Department of National Health and Welfare to implement these guidelines. Rather, the department’s role is to facilitate the development of a framework of common goals, practices and procedures. Thus implementation will vary provincially and regionally depending on human and material resources, and on policies and priorities of those provinces and regions.”

CSHA (later CASLPA) was asked to nominate members for each task force in our professions. Along with other professionals and a consumer, the members gathered information, met over a period of years, discussed issues and wrote its report. The reports were published in both official languages and sent to all CSHA/CASLPA members, widely distributed and available on request to others. The task force reports collected and presented information but were not mandated to make decisions. The implementation was left to the professionals and the professional associations.

The task force process itself was influential in the establishment of our professions. The members, nominated by CSHA, were chosen by the Health Services Directorate with a view to wide representation: language, gender, geography, speech pathology and audiology. One task force reported the location of professional education of each of the members.

There were two beneficial effects. One was the exchange of ideas, the consensus on the final report and the distribution of the report. The second was the bringing together of professionals from all across the country, to share what was happening in the various provinces and to learn from each other. The members met as many as ten times over a period of several years. The members spent time together, shared meals and exchanged ideas. Some of the exchanges were related to the topic of the particular task force. Others, shared on time outside the meetings, were on clinical services, professional associations, and news from each area, questions/issues and informal discussions. The networking strengthened the profession, the individual task force members, and the association; the contacts among members facilitated exchanges and shared information.

Eve Kassirer was the co-coordinator of all the task forces in the rehabilitation professions. She was at all the meetings, worked to gain consensus and edited the final publications. In her obituary in Communiqué, 1988, she was described as “…a friend, colleague, and a true advocate for our profession…”

The publications are valuable, although not now widely known. The reports are a vast reservoir of information on the status of the profession at the time. Much of the information is still relevant today.

For example, the Task Force on the Certification of Speech-Language Pathology and Audiology met in Ottawa, Calgary and Winnipeg. The group researched the status of regulation of the professions and the requirements for continuing education in our professions in Canada and in other countries. Continuing education requirements in other professions were collected as well. One chapter reported on the status of the educational programs in speech-language pathology and audiology in Canada. Definitions were in a glossary, and finally, the report set criteria for a certification program. This report published in 1985 then became the blueprint for CASLPA certification program that was implemented the following year.

The CASLPA Certification Board was established to set the standards and administration of a national certification program. Although a separate body established by CASLPA, the Board had several of the CASLPA members who were on the original task force. The Board met, and corresponded to define the program, organize the examination and establish the administrative processes. This voluntary certification program is still in force, setting national
guidelines for our professions. The CASLPA certification program has had since 2004, “Mutual Recognition of Credentials Agreement” with national associations in the United States, the United Kingdom and Australia.

**Eve Kassirer**

Eve Kassirer was described as “a friend, colleague, and a true advocate for our profession” in her 1988 obituary in *Human Communication Canada*. Eve Frankel Kassirer had other careers and was active in volunteer work before she returned to graduate school for a degree in sociology.

A medical sociologist with the Health Services Directorate, Health and Welfare Canada (now Health Canada) from 1977 to 1988, she was the driving force in the creation of a number of National Task Forces involving CSHA.

Eve was the coordinator of the Task Forces in the rehabilitation professions: speech-language pathology and audiology, occupational therapy, and physiotherapy. The Task Forces were important in the professional growth of these disciplines. CSHA nominated members for the Task Forces in speech-language pathology and audiology as the other professional associations did for their respective task forces. The meetings, funded by the department, brought together professionals from other disciplines and a consumer representative who met over several years and published a report, which was published by Health Services Directorate and made widely available.

The goal of the Task Forces was to gather and organize material, and to provide an information-base. The professionals and their associations would decide on implementation. At a time when our professions were growing rapidly, the scope of practice was expanding and our national professional organization was defining its role, the Task Forces made significant contributions. The first was the stated purpose: to provide and distribute information with the long-range goal to improve the quality of health services.

Secondly, the Task Forces brought together leaders in the professions to discuss issues and to share with other related professionals. The improved communication both within and outside of our professions was an added contribution.

Eve planned the meetings, assisted in obtaining information, and worked towards consensus – the latter not always an easy task. She edited the reports and wrote other publications.

**Honours**

In 1985 CSHA awarded her its second Distinguished Service Award. I recall how pleased she was to have her work recognized. CSHA/CASLPA’s Medal for Outstanding Professional Achievement was named The Eve Kassirer Award for Outstanding Professional Achievement in 1991.

I believe that Eve would be delighted to know that her name is on an award that recognizes the contributions of speech-language pathologists and audiologists.
The Task Force Publications

Each task force published a report varying in length from 54 to 118 pages plus appendices. Each report had a bibliography. The reports were sent to each CSHA/CASLPA member and were available in both Official Languages, free to anyone who requested one from the Health Services Directorate. The publications were widely distributed and at one time almost every professional had copies in their library. The data collected were referred to and cited in various publications.

There were audiologists on all of the task force committees and the clinical guidelines addressed practice in both professions. One participant commented that there was much discussion about the “s,” and whether speech-language pathology and audiology represented one or two professions. This was a question also in the profession in the United States. However in the United Kingdom, historically each was considered a separate profession and there were separate professional associations.

Reading the Task Force reports, today, one is impressed by the reservoir of information. Some of the information is primarily of historical interest. Much is of current interest.

Figure 7 - Task Force Report Titles in English

<table>
<thead>
<tr>
<th>Task Force Report Titles</th>
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<tbody>
<tr>
<td>1980 Clinical Guidelines in Language-Speech Pathology and Audiology</td>
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<tr>
<td>1982 Guidelines for the Practice of Language-Speech Pathology and Audiology</td>
</tr>
<tr>
<td>1984 Childhood Hearing Impairment</td>
</tr>
<tr>
<td>1985 Guidelines for the Certification of Audiologists and Speech-Language Pathologists</td>
</tr>
<tr>
<td>1986-87 Workload Measurement</td>
</tr>
<tr>
<td>1988 Adult Hearing Impairment</td>
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</tbody>
</table>

The task force reports are a valuable source of information on the professions of speech-language pathology and audiology in Canada. The reports preserve a vital contribution to the establishment of our professions in Canada.

Thanks are due to the many members of CSHA who volunteered to serve on the task forces and dedicated time, expertise and effort to contribute to the establishment of the professions in Canada.
Today we take it for granted that speech language pathologists and audiologists hold a graduate degree for certification from the Canadian Association of Speech-Language-Pathologists and Audiologists (CASLPA). This was not the required level of education until relatively recently.

In all the provinces except for Quebec, the Licentiate of the College of Speech Therapists (LCST) from the College in London (now the Royal College of Speech-Language Therapists) was accepted for practice. The early holders (before the late 1970s) of the LCST did not have a university degree but typically had three years of special, specific education of ten months each. The LACST, The Licentiate of the College of Australian Speech Therapists was also recognized. The U.S. and the Canadian bachelor’s degrees also qualified in all provinces except Quebec. Reported in Human Communication Canada in December 1983: “The membership of MSHA passed the motion that the Master’s degree or its equivalent will be the minimum requirement for licensure for speech pathologists. Present members not holding a master’s degree will be covered by the ‘grandfather’ clause. The Executive is now in the legal process to bring this change about. It is hoped that this will be completed in the near future so that this requirement will take effect in January 1984 or shortly thereafter.”

One reason for including ‘equivalent’ was that in its first 20 years, from its founding in 1958 until 1978, the University of Toronto, although it was a two-year postgraduate program, awarded a ‘diploma’ on completion. After 1978 a graduate degree was awarded. The initial CASLPA certification requirements were a ‘degree’ from a Canadian university. Because one Canadian university offered a bachelor’s degree until 1993, a Canadian bachelor’s degree was eligible for CASLPA certification. Thus the national association did not require a graduate degree for certification until 1993 when the University of Alberta program discontinued its bachelor’s degree program. Subsequently the U of A offered only graduate degrees.

Standards

In 1985 the national certification program was implemented and contributed to the strength of the professions in Canada. The certification program of CASLPA provided an opportunity for practicing clinicians and new professionals to obtain national certification. The practicing clinicians were initially grandfathered into certification - all holders of the LCST, bachelor’s degree and graduate level education. New professionals were required to pass an examination. Until 1993, all degrees from any Canadian university including Bachelor’s Degrees were eligible for certification. After 1993 a graduate level degree was required for certification.

Certification not only provided a standard of practice, the process included curricula that described the knowledge and skills needed to practice. The examination committee set up the process and standard needed to pass the

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exam. The process is ongoing. The first chair of the examination committee was John H.V. Gilbert (see John H.V. Gilbert).

**Canadian Professional Publications**

Elaine Heaton

Elaine Heaton holds a unique position in the history of the profession in Canada. Her contributions during the 1970s and 1980s were significant. She was on the Executive, as President Elect, President and Past President in 1972-74. During that time and into 1975, she was interim editor of *Human Communication* for two issues. She became the founding editor of the national newsletter *HearHere* and served until the end of 1981. She was editor when the clinical columns, The Clinician’s Turn and Current Canadian Clinical Concepts, and the opinion column “Ruminations” began.

She continued to serve the association and the professions as a member of the first two task forces as well as on the Certification Board and the Accreditation Board in the 1980s. She received one of the first two CSHA Awards for Outstanding Professional Achievement in 1980 along with Jean Ward, (now Walker) and was the first recipient of the CASLPA Life Time Achievement Award in 1999.

Her career was spent at the Glenrose Hospital in Edmonton as well as on the faculty of the University of Alberta. She held an LCST from England and a Master’s degree from the University of Montana, and did further graduate work at the University of California.

The first publication of the CSHA was a *Directory* in 1965 edited by Isabel Richard with help from Margaret Mitchell. Directories were published periodically during the association’s history and are on request, although the on line directory is kept up to date. Some of the printed directories contained additional information and served as a handbook of the association. Some included a history of the association, lists of previous members of the Executive, descriptions of the educational programs, association resources and contact information, by-laws of the association and additional content.

The first periodical publication of the Canadian association began in 1973. The name, *Human Communication (HC)* was decided in 1970. *HC* was published under various formats from 1973-1981. The first four issues of *Human Communication* with news, articles and interviews were published from 1973-1975 funded by the Glenrose Hospital in Edmonton. In the second issue, there was a directory of those working in the professions in Canada. Each listing included the individual’s memberships in other professional organizations.

In 1974, CSHA took over the publication of *Human Communication.* After that date until 1981, it contained primarily scholarly articles, three times a year. The original primary reason for establishment of the journal was to provide a forum for refereed articles for the faculty in Canadian educational programs.

In 1976, the need for a newsletter was recognized. Membership had grown to over 400. CSHA was expanding its activities. The newsletter, later named “*HearHere*” (*HH*) began publishing and increased to eight times a year with news of members, the association minutes, committee reports, clinical articles and exchanges. *HH* continued eight issues a year until the end of 1982 with increasing clinical content. Eventually, three columns were regularly published in *HearHere*: The Clinicians’ Turn, Current Canadian Clinical Concepts (CCCC) and Ruminations.
The Clinicians’ Turn was a clinical exchange column. CCCC was descriptions of various innovative programs. It described a clinical setting, and how it was administered and provided services. There was considerable interest in both of these clinical columns.

After a short time readers suggested all the topics for “The Clinicians’ Turn” and often volunteered names of potential contributors. Both clinical columns provided information for those working in sole charge positions – especially in northern and rural areas. One question was “How do you provide services to a large geographical area?” (That question was addressed again in 2005 in the current newsletter, Communiqué.)

In June 1978, a letter to the editor stated, “I really appreciated and enjoyed reading, The Clinicians’ Turn. As the sole speech therapist in a rural area, the opportunity to meet and share views with others is rare and cherished. The Clinicians’ Turn helps to lessen the isolation and keeps me in touch with what others are doing. Thanks for being so sensitive to our needs.”

The third regular column, Ruminante (later Ruminations) was an on-going discussion of professional issues. CSHA membership was about 400 in the late 1970s. Many of the members were active in the association as volunteers; the opinions offered in Ruminations engendered many and sometimes heated discussions.

Other columns were on supervision, members in print, reviews, CSHA in History, and letters to the editor. There were also Executive News and Provincial News sections.

In 1982, its final year as a publication, 388 pages were printed in HearHere.

Figure 8 - HearHere Newsletter

Meanwhile, Human Communication was not thriving. There was only one issue in 1981 and none in 1982. With commitments to members and subscribers, the Executive decided to amalgamate its two publications. In 1983, Human Communication Canada (HCC) was founded and directed to combine the clinical focus of HearHere with the refereed articles of Human Communication.

For two years until December 1984, HCC published eight issues a year with the combined content.
With the income from commercial and employment ads and subscriptions, HCC was self-supporting its first two years. Although the clinical content of HH and HCC was read and appreciated, the publication (before computers) was typed camera-ready, stapled on inexpensive paper. One of the many issues discussed contrasted the minimal self supporting cost versus a higher cost, better quality paper, perfect binding and a more “prestigious” look.

“Two Men Discussing Coming Hunt”, an Inuit Dorset print was on the cover of one of the first four issues of Human Communication and also of all of the 16 issues during 1983 and 1984, eight issues each year of Human Communication Canada.

In 1985 with a change in staff, HC changed to a larger format, more expensive paper, perfect binding and typesetting, but decreased to five issues a year. All the clinical columns were discontinued. In 1986, four issues were published.

HCC continued as a scholarly journal until 1989 when its name was changed to The Journal of Speech-Language Pathology and Audiology (JSLP-A). The number of issues a year decreased to three. Currently Canadian has been added to the name (CJLSPA) and four issues per year are published.

In 1987 the Executive decided that a separate newsletter was again needed. Two members of the Executive Board, Maureen Penko and Norma Wood edited the first issue of “Newsletter/Bulletin.” Later the name Communiqué was adopted and Maureen continued as editor. Five issues a year were scheduled. CASLPA Updates were added three times a year in the late nineties and discontinued in 2003. Now Communiqué publishes four issues a year. Currently in 2011, all CASLPA publications are available on line, no paper copies are printed. Previous issues are also archived on line.

Until 1996, all the editors and staff as well as the publication committee and the later Publications Board were volunteers. Now the Communiqué editor is National Office staff and the paid editor of JSLP-A continues to be a member of our professions. Both are accountable to the Executive Director. The Publication Board was dissolved in 1996 and the volunteer Publications’ Advisory Committee acts as an on-call resource when requested.

**The Administration of the National Publications Program.**

The Publications Committee, started in 1970, continued to operate as a national committee and report to the Executive until 1982. The committee made decisions on policy and appointed editors. Because of the financial implications, the treasurer represented the Executive on the Committee. The committee was mandated to have at least one member who provided clinical services and one, who represented a university.

In 1982, new bylaws based each committee in a single province. This effort was to involve more members, and save money on travel expenses with more face-to-face meetings. It also limited the range of views from different areas and clinical settings across the country.

In 1990 the Publications Board was established. The Board with representatives from various provinces and employment settings, recommended policy to the Board, appointed editors, and continuously reviewed the policies and programs. The Board made decisions on terminology. One of many policy issues discussed was whether the publication program was responsible to the members of the association or to the larger profession in Canada.
A bylaw change in 1996 dissolved all three CASLPA Boards—Certification, Accreditation and Publication. Publication responsibilities were delegated to the National Office. The editors became employees of the national office, accountable to the Executive Director.

The publication programs of CASLPA have evolved over the years with changes to its purpose and scope and its organization and accountability. Periodic reviews are important to ensure that the publications reflect the needs of the professions as well as represent the needs and wishes of the members.

Most of the provincial professional associations published newsletters and still do. These are now often posted on the website rather than being printed and distributed. Some provincial associations do both.

**Clinical Practice**

Clinical practice in the 1970s and 80s is extensively documented from 1977-1984 in the two columns that appeared in the CSHA newsletter *HearHere* and *Human Communication Canada*. The Clinicians’ Turn was an effort to facilitate the exchange of clinical information among working clinicians. A question was posed and three professionals were asked to comment. The coordinator attempted to obtain contributors who represented varied geographic areas and work settings.

For example, in August 1980, the question was posed “What method of scoring language samples do you use? Responses were published from a school clinician in Halifax, one from a Northern Health Unit in BC and another from a health authority in England. (Occasionally a respondent was from the US or the UK, but professionals working in Canada were the primary, most frequent contributors.) Each described the method used and the rationale. Sometimes a fourth clinician would submit a comment on the issues in the discussion in a later publication. The column was widely read at the time from 1977 to the end of 1984.

The topics were forward looking at times, other times long standing clinical issues were readdressed. In 1980 (November), three responded to “Assessing Individuals for Communication Aids: What factors should be considered by the clinician?” One respondent said, “Exciting challenges abound throughout the development of augmentative systems. Sharing ideas and clinical experiences is a crucial tool in expanding our awareness of the complex process of developing augmentative communication systems.” This was the beginning of clinical practice in a now much expanded area.

The Clinicians’ Turn addressed a wide variety of topics including speech, language, voice, learning disabilities, among various ages (i.e. the role of a speech-language pathologist in nursing homes.) However, there was no discussion of swallowing disorders.

CASLPA published its first position paper on dysphagia in 1995. Dysphagia sections were not added to CASLPA Scope and Foundations of Practice documents until 1998. Since this paper’s timeline only extends to 1990, it is worth noting that this new extensive portion of clinical practice was not officially recognized by our national association as a part of our professions’ clinical practice until a relatively few years ago.

There was an Audiology Clinicians’ Turn as well, that addressed issues of screening, described programs and discussed aural rehabilitation, but it did not appear as often as the speech pathology one.

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83 This action severed direct communication with a significant number of senior professionals who had contributed much time, expertise and commitment to the national association over many years in different roles.

84 For a more complete discussion of the publications program of the national association, see Martin, V. and Christine Sloan. (1991) History of the Publications of CASLPA. *JSLPA* and Appendix 5.

A separate column, Current Canadian Clinical Concepts (CCCC) described service delivery in various clinical settings: Schools, hospitals and health units. One in August 1980 was Speech-Language Pathology Services in Rural Saskatchewan: the Swift Current Region. Another in November 1980 was Home Centered Videotape Counselling Program for Parents of Preschool Hearing Impaired Children in Newfoundland and Labrador.

An interesting reflection on clinical audiology practice was discussed in a 1981 issue of *HearHere*. Reg Dunphy was the first full time audiologist in PEI starting in 1979. Before that date services were provided by a visiting audiologist from Nova Scotia or by referral to out of province agencies. Mr. Dunphy had responsibility for the services to the 125,000 residents of PEI. He set up and equipped an audiology clinic and established a caseload. He was responsible for program planning and development. Dispensing hearing aids, in service training and regional hearing clinics as well as working with the audiologist at the provincial school for the hearing impaired were part of his responsibilities. In the article, he also discussed time constraints, and future plans for the service. This was just one of the many in the series, Current Canadian Clinical Concepts.

This eight times a year exchange of information on clinical practice and administration of services brought together the professionals from various geographic areas and various practice settings. The exchange included rural and northern areas as well as metropolitan ones. The material assisted professionals to evaluate programs and to benefit from the experience of others. In many ways, the sharing helped to overcome the geographic distances across Canada and strengthened the professions.

**The 1989 Demographics Report**

The 1989 demographics report was a massive, organized study completed by a member, Rhonda Rubin. This was the first attempt to survey all the professionals working in Canada as well as Canadian students studying to be future professionals in both Canada and the U.S. The earlier studies were limited in only surveying members of professional associations. This was at a time when the provincial and national professional associations did not represent all the professionals working in Canada (except in the provinces that at the time of the study had legislation that made membership mandatory to practice). The following chart is the widely distributed summary of the much longer study. ⁸⁶

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⁸⁶ Rubin, Rhonda (1990) A demographic study of speech-language pathologists and audiologists in Canada and Canadian students in speech-language pathology and audiology programs. The CASLPA Standing Committee on Demographics. CASLPA
Limitations of This History

This material on the development of the professions of speech-language pathology and audiology has attempted to report on the events from 1933 to 1989. Events in the 1990s and later are more likely to be documented in other publications and archives. The progress from the 1930s to the beginning of 1990 has been addressed.

While this focuses on the national scene, it is noted that there were and are considerable variations among the provinces. These differences include wide variations in the proportion of locations of education of professionals, (i.e. the U.S., the U.K., Canada or other countries.) the dates and scope of professional associations and dates and scope of legislation in each province as well as languages. A portion of the bibliography has specific material on the various provinces.

An important factor affecting the development of the professions in each province was whether there were settled, early leaders in the professions in each province.87

This paper provides information on a few outstanding professionals who have contributed. There are many others who are not profiled. This research is ongoing and work to document the contributions of others is in progress. This history will be added to as the author researches more information.

87 For example, Isabel Richard in Manitoba, and Ruth Lewis and Donalda McGeachy in Ontario and Marie Crickmay and Elaine Clemons in British Columbia were settled in contrast to a number of others who worked in different locations for a short period of time.
SUMMARY

If the past is prologue what will be the epilogue?

The professions of speech-language pathology and audiology in Canada have grown and developed over the past eighty years. Now, there are services in all provinces and the territories. The knowledge base has been expanded by multiples with research from Canadian universities, as well the research published in British and American journals and books and presented at conferences. Many individuals, only a few of them profiled in this paper, contributed to the development of the professions, its knowledge base, the professional associations, standards and literature. We owe them all a debt of gratitude that we can repay by leaving for future professionals stronger professions than we inherited from the early clinicians.

In her acceptance speech when she received the Eve Kasssier award in 2005, Megan Hodge said, “…a career in speech-language pathology challenges you to use your intellect (the talents of your mind), in combination with your humanity (the gifts of your heart) to do meaningful work that feeds your soul…how proud I am to be a member of what I consider to be the best profession on earth.”

The professions will continue to change in all aspects in the future. The author hopes to continue to add to this compilation with additional research. She hopes too that the information will be useful in reviewing the professions’ growth and goals for future professionals and students. With this information, she believes that future professionals can better chart our path ahead.

Note from author

The documented information from the past is scattered and fragmented. This underlines the importance of documenting current information on the profession, the professionals and clinical practices for future generations. Comments, corrections and additions are welcome, especially on early service in audiology and should be sent to the author at gmar7fin@mymts.net.
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Updated: July 2011


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Martin, V. (1991) History of the Department of Communication Disorders at the Child Guidance Clinic, Hearsay, 8, 5

Martin, V and Catherine Spack (1994) Canadian University Programs in Speech-Language Pathology and Audiology. Communiqué, 8,4, October pp16-17


Martin V. (1997) History of our Conferences, History Hall, Communiqué, 11,1, February


Martin, V. (1998) What is an LCST? From the Archives, Hearsay, 15,1, spring. p. 32


Martin, V. (2011) Elizabeth Bowie: pioneer in the profession. OSLA Connection. Fall


Murphy, Angela (Shirtliff) (1989) Reflections on my early days in speech therapy. JSLP.4, 13.4 December 33-36


Richard, Isabel French (1965) History of CSHA. Directory

Roberts, Margaret; Donald Hood. (1989) Guest Editorial JSLP.4. 13.4. December 4 This issue also has recollections and history information.

Rosen, Jeanette King. (1971) Comparative Professional Preparation for Speech Pathology and Audiology in English Speaking Countries. Published by J. Rosen, Sydney, Australia


The following articles on history of the provincial associations were invited and edited by Mary Jane Cairns when she was assistant editor of HearHere. 1981-2 and Human Communication Canada, 1983-1984


Flemming, Amy (1982) Focus on BCSHA. VI.3 April May


Coles, Kathy (1984) Focus on NBSHA. VIII, 2 March


Additional Material on the History in Specific Provinces


Bruce, Cynthia Bousfield (1977) The Need for a Program in Communication Disorders, published by The Manitoba Speech and Hearing Association (MSHA)


NOTE 26/02/2011 There does not appear to be a history of the Atlantic Speech and Hearing Association. The only published description the author could find is in Kuttner (1969).
APPENDICES

II. History Hall: Name Changes Over the Years, October 1996 Communiqué
III. History Hall: History of our Conferences: February 1997 Communiqué
IV. History Hall: History of our Publications. April 1997 Communiqué
V. Numbers of Professionals Working in Canada
The Association we now know as CASLPA was founded in November 1964, during a meeting of the American-Speech-Language Hearing Association (ASHA) in San Francisco, California. The first president, Isabel Richard described in the first directory (1965) the steps leading to the formation of a Canadian association:

"During the first fourteen years sporadic attempts have been made to organize a Canadian Association. In 1952 at the 28th convention of ASHA in Detroit, Michigan, a small group of interested Canadians discussed the possibility of establishing some form of communication between the various provinces through an annual meeting held in conjunction with the ASHA convention. A similar effort was made in St. Louis, Missouri in 1954 without success. In 1963 in Chicago a luncheon meeting was arranged and at that time questions were discussed concerning the need for some form of organization in Canada... A committee was established to arrange a similar meeting the following year in San Francisco. A questionnaire was sent to the membership of the various provincial associations. The results of the questionnaire supported the formation of a Canadian association, endorsed setting a standard of training for the profession similar to the standard of ASHA and suggested the need for follow up reports of progress toward forming a Canadian association."

"A summary report of the questionnaire was given at the 1964 meeting...those present voted in favour of establishing the Canadian Speech and Hearing Association and history was made."

There were twelve professionals at the founding meeting of the Canadian Speech and Hearing Association in San Francisco. Four were from British Columbia, three from Manitoba (including the first president, Isabel Richard) two each from Alberta and Ontario and one from Nova Scotia. Of the twelve original members, only one was a graduate of a Canadian program (the University of Toronto). The others held credentials from either American or British Universities. According to Margaret Mitchell, one of the charter members, the initial dues were one dollar! (JSLPA, 1991, 15, p.11)

In the next issues, we'll look at the many name changes our association has undergone, including changes to publications titles as well as our own professional titles.
Appendix I, Continued

Association Presidents

Les Présidents de l'Association

1964-1966 Isabel Richard (MB)
1966-1968 Donalda McGeachy (ON)
1968-1969 Mary Cardoza (QC)
1969-1970 John Dudley (QC)
1970-1971 J. Brayton Person (MB)
1971-1972 Gordon Zard (AB)
1972-1973 Donald Mandryk (ON)
1973-1974 Elaine Heaton (AB)
1974-1976 Larry D. Weber (ON)
1976-1977 George T. Mencher (NS)
1977-1978 Donald C. Hood (ON)
1978-1979 L. Michael Webster (NS)
1979-1980 Frederick R. Greenberg (AB)
1980-1981 Margaret Roberts (BC)
1981-1982 Judith Branch (AB)
1982-1983 Bernard M. O'Keefe (ON)
1983-1984 Naneve Hawke (ON)
1984-1985 John H. V. Gilbert (BC)
1985-1986 M. Kathleen Fuller (ON)
1986-1987 André Lafargue (NF)
1987-1988 Andrée Durieux-Smith (ON)
1988-1989 Norma Wood (NS)
1989-1990 Margaret Christie (BC)
1990-1991 Ken Albanese (ON)
1991-1992 Jane Little (ON)
1992-1993 Uta Stewart (SK)
1993-1994 Dana Storms (ON)
1994-1995 W. Bruce Olasker (AB)
1995-1996 Randall Murphy (ON)
1996-1998 Debbie Shugar (ON)
APPENDIX II – HISTORY HALL:
NAME CHANGES OVER THE YEARS
OCTOBER 1996 COMMUNIQUÉ

History Hall

This is the second installment of our new column focusing on the history of our professions. In this issue, Virginia Martin looks at the many names used to describe us over the years. This article is specific to English speech-language pathologists, as the terminology for audiology as well as the French terminology for both speech-language pathology and audiology (orthophonie et audiologie) have remained more consistent over the years. Contact Virginia Martin, c/o Communiqué, with any comments or questions about our professional history.

Name Changes Over the Years

Our professions in Canada, particularly speech-language pathology, have been known by many different titles during the past sixty years. Audiology, however, has seen far fewer changes to the name of its professionals and the name of its knowledge base. Since our national association was not founded until 1964 - later than most of the provincial associations – we did not have a Speech Correction Association, as there was in the United States.

The 1965 Canadian Speech and Hearing Association (CSHA) Directory listed many occupational titles including speech therapist (the most common), speech consultant, speech and hearing clinician, speech clinician, speech and hearing therapist, audiologist, and speech correctionist. Only a few listed speech pathologist. For a time, the term communicologist was also proposed but never widely adopted in Canada.

By the time the 1971 Directory was published, the term speech pathologist was seen more frequently and almost as much as speech therapist. There were also speech and hearing clinicians as well as speech and hearing therapists. Surprisingly, professionals working at the same employment setting listed different titles!

Fred Greenberg, president of our National Association in 1979-1980, comments in an article he wrote for Hear Here (1979, Vol. 5, No. 5) entitled “What’s in a Name?”

"At one time or another, we may be called speech therapists, speech correctionists, speech clinicians, speech logopedists, acoupedists, speech pathologists, speech-language pathologists, speech-language therapists, audiologists, aural rehabilitationists, etc… It is rather astounding to me that this situation is not a major issue with the membership of the Canadian Speech and Hearing Association.

(Incidentally, Hear Here was the predecessor to our current newsletter, now known as Communiqué, but a later column will discuss publication name changes.)

Why the different titles? One reason has to do with the influence of British and American training and our use of their terminology. Looking back, we can see that the educational programs in Canada did not begin until the late 1950’s, so all the early Canadian professionals were trained outside Canada. In the 1965 Directory, almost 30 percent of the members had originally been educated in the British or European system.

Another reason is that our scope of practice has so greatly expanded, hence the necessary inclusion of language in our professional title. The profession in the United States and its national association have had name changes as well. ASHA (American Speech-Language-Hearing Association) amended their name to include “language”. In 1985 we altered the original Canadian Speech and Hearing Association (CSHA, pronounced “cash”) to the current Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) to recognize the current titles of the professionals.

The use of the term “pathologist” was deemed preferable to “therapist” for several reasons. The use of pathologist was considered more appropriate given the profession’s ability to perform assessments and make
Appendix II, Continued

diagnoses. The term signaled to the public that our scope of practice extended beyond therapy. Another reason stemmed from a need to emphasize that our profession deals with communication that is disordered, i.e., pathological.

Our Canadian university programs also reflect the different terminology. Among the English graduate programs, we see the following department titles: Audiology and Speech Sciences, Communication Sciences and Disorders, Speech Pathology, Speech-Language Pathology, Communicative Disorders, and Human Communication Disorders. The French programs are consistent in their use of École/Programme d’audiologie et d’orthophonie.

Today, most Canadian professionals use the term speech-language pathologist (with the hyphen versus the slash mark) and audiologist. How do you identify yourself when asked about your profession? And how often do you need to explain what the term means? What are the implications for us as a profession to have a multiplicity of terminologies?

We need to understand our history and the various ideas that have shaped our development. As we look to the future, we need to address the differences in terminology as we work to increase the public’s understanding and appreciation of the contribution that our professions make to the quality of life of those we serve.
Appendices

APPENDIX III HISTORY HALL: HISTORY OF OUR CONFERENCES: FEBRUARY 1997 COMMUNIQUÉ

Virginia Martin, Winnipeg, Manitoba

CASLPA is in the midst of preparing for its 22nd annual conference in Toronto. In this issue of History Hall, we look back to 1976 and the first national convention that was held in Halifax. I recall the spirit of pride in the professions when we knew that our first solo convention was a success! Over 300 attended. The association had less than 400 members, far fewer than the number actually working in Canada. George Mencher, then vice-president of CASLPA, was the chair of the organizing committee.

The luncheon speaker was David Primack, whose research on Teaching Language to Chimps and Children, was a popular topic at the time. A featured panel was The Role of National Associations with panellists from various provinces and the Executive Director of ASHA, Kenneth Johnson. The first Distinguished Service Award was presented to Robert Coulling, Executive Director of both the Elks Purple Cross Fund and the Deaf Detection and Development Program.

From 1967 to 1975, all Canadian Speech and Hearing Association (CASLPA) meetings in Canada were held at the invitation of, and in conjunction with, provincial conferences at different times of the year. Previously, from 1952 to 1966, organisational meetings of professionals working in Canada took place in the U.S. during ASHA conventions. The 1964 meeting established CSHA (CASLPA) and the 1966 meeting approved a constitution and voted to hold all future meetings in Canada.

Reviewing the programs from the 1970's, there were “name speakers” and members’ papers plus meetings of committees, council, provincial presidents, directors of educational programs, and publications staff. The conferences were small in attendance but the commitment was impressive. If one was not on a committee or contributing to a publication before the meeting, one was recruited during it!

During the 1980’s, with the increase in membership, conventions (now called conferences) became larger and the programs more comprehensive. In 1980, Fred Greenberg held the first President’s Reception.

CASLPA Awards
A highlight of the annual conferences continues to be presentation of the awards. In the past, there was great secrecy and speculation about the awards. Recipients were not told in advance and it was up to the nominator to ensure the recipient was present. In 1988, the first three presidents of CASLPA received the Award for Outstanding Professional Achievement and reminiscences about the founding of the association were exchanged.

CASLPA’s Media Awards were established in 1993 to recognise and honour individuals for outstanding contributions in promoting awareness and understanding of human communication and its disorders in Canada. These awards, designed to encourage high standards of promotional and educational activities and responsible presentation of information on communication disorders, are open to individuals within and outside of the professions. The categories include publications, audio/visual, and public awareness.

Contributions of the Elks Conferences
The first CSHA (CASLPA) convention in 1976 was held in conjunction with the Second Elks International Symposium. The Benevolent and Protective Order of Elks and its auxiliary, the Order of the Royal Purple, made enormous contributions to the establishment of the professions in Canada by helping individuals in need and by establishing clinics and funding research and equipment.

Of special interest to the Elks, as part of their deaf detection and development program, was the dissemination of information based on research. In order to provide an environment for the exchange of research and clinical information, the Elks Purple Cross Fund sponsored a series of international conferences. After the first Elks conference in 1974, all subsequent ones were held in conjunction with CSHA (CASLPA) conferences in the 1970’s and 1980’s. The Elks meetings, although separately funded, were also an added attraction for professionals in attendance.

Topics Presented
At the first CSHA (CASLPA) convention in 1976, names such as Joel Stark, Martha Sarno, Mark Ross, Norma Rees, and David Yoder were on this program. The 1976 topics would still be appropriate in 1996 (e.g., aphasia rehabilitation, approaches to stuttering, language disorders and the audiologist, voice disorders and voice therapy, and cognitive and pragmatic aspects of early language development).
Appendix III, Continued

Although the 1976 topics could still appear on a current program, by the 1990’s we see a number of additions (e.g., augmentative and alternative communication, facilitated communication, swallowing disorders, cochlear implants and some advanced audiology topics). The 1976 topics, if presented now, would of course have new research data.

New CASLPA Conference Policy

The early conventions and conferences provided a significant contribution to the financial base of the Association. However, with changes in funding and employment, conferences became less profitable. As a result, in 1995 the CASLPA Board established a new policy that conferences would be held in areas that would be more accessible to the members. In addition, profits from the annual conference would then be distributed equally though the Provincial Board members to the various provinces/territories to be used for continuing education purposes. CASLPA’s conferences will continue to be a reflection of the current state of the professions and of the Association in the future.

* This chart was completed with information available at time of publication. Please contact Communiqué if you have additional information.

<table>
<thead>
<tr>
<th>Year</th>
<th>Location</th>
<th>Awards Presented</th>
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<tbody>
<tr>
<td>1976</td>
<td>Halifax</td>
<td>Robert Coulling (DSA) Grace Harris (HA) Daniel Ling (HA)</td>
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<tr>
<td>1977</td>
<td>Victoria</td>
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<td>1978</td>
<td>Saskatoon</td>
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<td>1979</td>
<td>Ottawa</td>
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<td>1980</td>
<td>Winnipeg</td>
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<td>1981</td>
<td>Edmonton</td>
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<td>1982</td>
<td>Vancouver</td>
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<td>1983</td>
<td>Montreal</td>
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<tr>
<td>1984</td>
<td>Regina</td>
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<tr>
<td>1985</td>
<td>25th Anniversary</td>
<td>Lisa Heaton, Jean Ward Walker (OPA) Isabel Richard, Mary Cardoza, Donalda McGeachy (1st three CASLPA Presidents) (OPA)Louise Codere (OPA) Einer Boberg (HA) George Mencher (OPA) 1st Silver Certificates awarded Virginia Martin (OPA) Eve Kassirer (DSA)</td>
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<tr>
<td>1986</td>
<td>Winnipeg</td>
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<tr>
<td>1987</td>
<td>Halifax</td>
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<tr>
<td>1988</td>
<td>Banff</td>
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<td>1989</td>
<td>Toronto</td>
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<td>1990</td>
<td>Vancouver</td>
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<td>1991</td>
<td>Montreal</td>
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<td>1992</td>
<td>Saskatoon</td>
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<td>1993</td>
<td>Charlottetown</td>
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<td>1994</td>
<td>Winnipeg</td>
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<tr>
<td>1995</td>
<td>Ottawa</td>
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<tr>
<td>1996</td>
<td>Kelowna</td>
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</table>

* DSA: Distinguished Service Award
* HA: Honours of the Association
* IRA: Isabel Richard Student Paper Award
* OPA: Outstanding Professional Achievement Award (later named Eve Kassirer Award)
* EKA: Eve Kassirer Award
APPENDIX IV – HISTORY HALL: HISTORY OF OUR PUBLICATIONS. APRIL 1997 COMMUNIQUÉ

Virginia Martin, Winnipeg, Manitoba

Over the years, CASLPA’s publications have included Human Communication (1973-1982), Hear Here (1976-1982), Human Communication Canada (1983-1988), Communiqué (1987-present) and the Journal of Speech-Language Pathology and Audiology (1989-present). Human Communication in 1973 marked the beginning of our professions’ national periodic publications program. The founding editor, Russell Malone (later editor of ASHA magazine), described it as “the Canadian journal of human communication”. The Glenrose Hospital financed the first four issues before the Association took over responsibility in 1975.

In the early years, struggles to maintain the publications program were reflected in the many changes in names, dating, number of issues per year, formats and content of the periodicals.

From 1976, the Human Communication journal’s content was of a scholarly, research-oriented nature. Because the Executive saw that the occasional “President’s Newsletter” was not sufficient to keep the growing membership informed of Association business, a regular newsletter - Hear Here – was started. The founding editor, Elaine Heaton, developed a format that included Association and professional news, clinical columns, exchanges of opinions on professional matters as well as articles on supervision and research in its eight issues per year.

While Hear Here was thriving with many contributors, Human Communication was not. There was only one issue in 1981 and none in 1982. The Executive, with obligations to subscribers and authors, decided to amalgamate the two publications into Human Communication Canada and eight issues were published. The publication was to have the format and clinical content of Hear Here and the refereed articles of Human Communication.

From 1985 to 1987, only five issues per year of Human Communication Canada were published and there was less Association news and clinical content. Because there were fewer issues, news of the Association, career ads and conference announcements were not always current. So in 1987, the Executive again revived the separate newsletter, later named Communiqué. Norma Wood and Maureen Penko were the first editors.

In 1989, Human Communication Canada was re-named the Journal of Speech-Language Pathology and Audiology (JSLPA) and continued to serve as the forum for refereed articles.

Content Concerns

Discussions about content and its division among the publications have been continuous. In the 1970’s, a major issue concerned Canadian content. Should the journal contain a set percentage of material by Canadian authors? And what was a “Canadian” author? A student in graduate school in the U.S? How were co-authors allotted? Did the Association have a responsibility to maintain a refereed publication for Canadian university professors?

Another issue concerned whether editors should actively invite articles in addition to accepting submissions and if invited, what was the obligation to publish? Implicit in these discussions were the divisions of scientific versus clinical, and refereed versus edited content.

Always a major concern was obtaining sufficient quality content to publish on time (many issues were delayed) as well as what constituted “quality”. With the competition of other professional journals, what was the unique contribution that the Canadian publications should make? Another issue was the responsibility to the profession versus only to the members.

Over the past 25 years, the Publications Committees and Boards have been a support to editors, have addressed the policy and budget issues around publications and have served the interests of the membership in building a strong publications program. The Publications Committee first began in 1970.

The Future

In 1996, the publications program embarked in a new direction. The volunteer editors are now paid staff members of CASLPA’s National Office and the Publications Board has been changed to an advisory committee rather than the policy determining board that it was from 1992-1996.

Discussions will continue among CASLPA members on the uses, cost, content and format of the publications program. It belongs to the members and the more feedback received, the more responsive it can be.
Appendix IV, Continued

Editors of CASLPA Periodicals

<table>
<thead>
<tr>
<th>Periodical</th>
<th>Editors</th>
<th>Years</th>
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<tbody>
<tr>
<td><strong>Human Communication</strong></td>
<td></td>
<td>1973-74</td>
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<td></td>
<td>Russell Malone</td>
<td>1973-74</td>
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<td></td>
<td>Elaine Heaton</td>
<td>1974-75</td>
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<td>Frank Wilson</td>
<td>1975-79</td>
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<td>Gary Holdgrafer</td>
<td>1979-80</td>
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<td></td>
<td>Frank Wilson</td>
<td>1980</td>
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<td></td>
<td>L. Jay Platt</td>
<td>1981-82</td>
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<tr>
<td><strong>Hear Here</strong></td>
<td></td>
<td>1976-81</td>
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<tr>
<td></td>
<td>Elaine Heaton</td>
<td>1976-81</td>
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<tr>
<td></td>
<td>Virginia Martin</td>
<td>1982</td>
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<tr>
<td><strong>Human Communication Canada</strong></td>
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<td>1983-84</td>
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<tr>
<td>(originally an amalgamation of Human Communication and Hear Here)</td>
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<tr>
<td></td>
<td>Virginia Martin</td>
<td>1983-84</td>
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<td></td>
<td>D. Elaine Pressman</td>
<td>1985-87</td>
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<td></td>
<td>Christine Sloan</td>
<td>1988</td>
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<tr>
<td><strong>Communiqué</strong></td>
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<td>1987</td>
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<tr>
<td>(originally Newsletter)</td>
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<td>1987</td>
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<tr>
<td></td>
<td>Maureen Penko</td>
<td>1988-91</td>
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<td></td>
<td>Norma Wood</td>
<td>1988-91</td>
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<td></td>
<td>Janine Landry</td>
<td>1991-94</td>
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<td></td>
<td>Kathryn Elborn</td>
<td>1994-97</td>
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<tr>
<td><strong>Journal of Speech-Language Pathology and Audiology</strong></td>
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<td>1989-93</td>
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<td></td>
<td>Christine Sloan</td>
<td>1989-93</td>
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<td></td>
<td>Sue Haske</td>
<td>1993-96</td>
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<tr>
<td></td>
<td>Elizabeth Kay-Raining Bird</td>
<td>1996-97</td>
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The first published estimate of numbers of speech therapists and audiologists working in Canada was for the year 1961. The Hall Report (1965) estimated that there were between 100 and 125 “speech therapists and audiologists” working in Canada. The second published estimate, in a publication of the Government of Canada (1968) was 200.

No formal procedure for determining the numbers is documented. In the 1930s, there were three documented services in speech therapy in three different provinces Quebec, Ontario and Manitoba. About 1940 services began in British Columbia, and services were first established in Saskatchewan by 1949. Services began in other provinces after 1950. The first documented services in audiology were after 1960. (Martin, 2008)

The first national report with names and province of residence was published in 1965. The first Directory of the Canadian Speech and Hearing Association (CSHA) listed members who had joined in its first six months, the newly formed national association. There were 149 members. Of these, some were students, others were non-practicing and three lived outside of Canada. See Table 1 for the numbers by province. There were no members listed as working in the territories.

---

88 Since 1985, The Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA)
Alberta
14

Newfoundland
3

Nova Scotia
3

Prince Edward Island

British Columbia
15

Manitoba
24

Ontario
30

Quebec
36, plus 11 students

Saskatchewan
10

Outside Canada
3

Table 1: 1965 Directory

The 1965 Directory also had a Geographical List of Services. Names of clinicians were listed with the service only if the service provider was a member of CSHA. Many services listed had no members. There were 11 service centres in Alberta, one in Newfoundland, six in Manitoba, three in New Brunswick, five in Nova Scotia, one in Prince Edward Island, 21 in British Columbia, 43 in Ontario, and 22 in Quebec. This represents an enormous increase from three in 1939 in those twenty-five years.

Some of the services had names we would not see now. For example, in British Columbia there were services at 11 agencies with the name of ‘Polio and Rehab. Foundation.’

A report published four years later, by Paul Kuttner (1969) was about membership in the then six provincial and one regional speech and hearing associations. Both the 1965 Directory and the 1969 Kuttner lists do not give numbers of those practicing but only those who had joined the then mostly voluntary associations. The six provincial associations were British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, and Quebec. The Atlantic Provinces Speech and Hearing Association-founded in 1963 and dissolved in 1978-was the regional one.

Now a valuable report, even though limited to members, Kuttner listed the numbers of members for four of the provincial associations, and additional information. Kuttner’s description appears to be the only published report on the Atlantic Provinces association.

Kuttner’s Statement of Purpose on page one: “Speech Pathology and Audiology are relatively new professions in Canada. Although speech pathologists have been employed by hospital clinics for many years, these services now are branching out into other fields, as the frequency of defects and the need for correction becomes better known. Language rehabilitation, remedial reading, auditory training, vocational and educational counselling of the hard of hearing and industrial noise control are some of the newer areas…Therefore this booklet is intended to provide an overview of the current state of the speech and hearing profession in Canada as well as describing the professional training available in this country.”
The terminology was changing. Although the title of Kuttner’s report contains the term ‘speech pathology’, an older terminology is represented in the terms ‘the need for correction’ and ‘defects’. 89

Kuttner’s report provides information on place of education for all seven associations by percentages, minimum membership requirements and place of employment. There are significant differences among the provinces. Place of education in the United States ranges from 77% in Manitoba to 20% in Quebec and the Atlantic Provinces. The “Other” (not the US nor Canada) ranges from 65% in Alberta to 7% in Quebec.

Kuttner’s use of the term ‘other’ to mean not in the US or Canada is vague. Almost all of the ‘others’ were educated in the United Kingdom (UK) or UK influenced programs in Australia. An analysis of the data on members from the 1965 CSHA directory shows that almost a third of those who listed their education held diplomas from the United Kingdom or programs in Australia. Some of these had additional professional education at the graduate level in the United States. All of the provinces except Quebec recognized the speech therapy education in the UK and Australia at the time.

There were only three educational programs in Canada before 1969: University of Toronto, McGill University and University of Montreal. The University of British Columbia and the University of Alberta started programs in 1969.

<table>
<thead>
<tr>
<th>Province</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>Saskatchewan</td>
<td>10</td>
</tr>
<tr>
<td>Manitoba</td>
<td>30</td>
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<tr>
<td>Quebec</td>
<td>104</td>
</tr>
<tr>
<td>Atlantic Provinces</td>
<td>About 18</td>
</tr>
</tbody>
</table>

Table 2: Membership as reported by Kuttner, 1969

Place of employment also varied widely by province in Kuttner’s report. In Alberta, of members of the provincial association, 65% were employed in a medical setting and 25% by a school board; the B.C. Association had 54% of its members employed in a medical setting and only 11% by school board. BC and Ontario had 15% and 18% respectively in private practice. The other provinces had much smaller percentages in private practice from none to 7%.

Kuttner does not have total membership numbers for British Columbia, Alberta and Ontario. The numbers practicing who were not members of the professional associations is unknown.

The then president of CSHA, Mary Cardozo, estimated its membership at ‘about 250’, up from the 149 in 1965.

The next national report was published by CSHA in 1973. The staff of the publication, *Human Communication* made an effort to list all those employed in Canada.

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89 Not until 1983 did the CSHA officially adopt the term, speech-language pathologist. The association changed its name to include the term in 1985.
<table>
<thead>
<tr>
<th>Province</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta</td>
<td>85</td>
</tr>
<tr>
<td>British Columbia</td>
<td>46</td>
</tr>
<tr>
<td>Manitoba</td>
<td>37</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>2</td>
</tr>
<tr>
<td>Newfoundland and Labrador</td>
<td>3</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>9</td>
</tr>
<tr>
<td>Ontario</td>
<td>132</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>2</td>
</tr>
<tr>
<td>Quebec</td>
<td>24</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>18</td>
</tr>
<tr>
<td>Outside Canada</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total listed</strong></td>
<td><strong>359</strong></td>
</tr>
</tbody>
</table>

Table 3: 1973 Human Communication
The Later Years from 1970

“Personnel in Canada Alphabetically Arranged”.

In 1973, the CSHA attempted to list all the professionals working in Canada with employer, address, degrees held and membership in professional organizations. This was a valuable effort. However when the author compared the Manitoba list with records of the Manitoba Speech and Hearing Association, the Manitoba Human Communication list has some significant omissions and the author extrapolates, other provinces had omissions as well.

The report itself states in the section, “The First Word” by the editor Russell Malone, p. 2, “The directory section of this issue represents the first attempt to gather information about all speech pathologists and audiologists working in Canada. This attempt has been only partially successful; we will try and try again in future issues by publishing names forwarded to us throughout the coming year. Speech pathologists and audiologists who are working and Canada or who are members of Canadian speech and hearing associations, are urged to contact us if their names have not been included.”

The total reported was 359. The names were also arranged geographically and the names of those who were members of the national and/or provincial associations were listed separately by association.

The next two issues of the journal do not list additional names. There were changes of staff, and after two more issues of Human Communication (Number 3 and 4) the format changed as well.

There were three early ‘Manpower’ (sic) reports” published by CSHA, 1978, 1980 and 1981 in the then newsletter HearHere. These reports reflected members of the national and/or the provincial associations and did not attempt to survey all those working. As late as 1988 only Manitoba and Quebec had legislation regulating the professions. The other provincial associations and the national association were voluntary.

During the 1970s and 1980s CSHA/ CASLPA published a number of directories but again listed only its membership.
In 1985, in a publication by the University of Alberta, the numbers in the professions were listed by province using data from Statistics Canada, 1981 Census data.

### Professionals in Speech-Language Pathology/Audiology by Province

<table>
<thead>
<tr>
<th>Province</th>
<th>Number</th>
<th>Per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td>315</td>
<td>11</td>
</tr>
<tr>
<td>Alberta</td>
<td>230</td>
<td>10</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>75</td>
<td>8</td>
</tr>
<tr>
<td>Manitoba</td>
<td>95</td>
<td>9</td>
</tr>
<tr>
<td>Ontario</td>
<td>770</td>
<td>9</td>
</tr>
<tr>
<td>Quebec</td>
<td>305</td>
<td>5</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>20</td>
<td>3</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>70</td>
<td>8</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Newfoundland</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td><strong>TOTALS/Canada</strong></td>
<td><strong>1910</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

The next attempt to document the numbers of professionals working in Canada was the massive and extensive 1990, *A Demographic Study of Speech Language Pathologists and Audiologists in Canada* published by the CASLPA Standing Committee on Demographics chaired by Rhonda Rubin. The “background” states “Available Demographic Data”. “In 1988-89 the CASLPA Demographic Committee, as part of its contribution to the 25th Anniversary Celebration of CASLPA, undertook a national-wide survey of speech language pathologists and audiologist and students studying in these fields. Up to this time, no systemic comprehensive survey of the professions had been undertaken in Canada.”

On page 7 “It was unknown whether the CASLPA membership was representative of the SLPs and AUDs in the country and therefore it was necessary to include both members and non members in the study.” There is a table showing, by province, the total SLPs and AUDs compared with the CASLPA numbers.

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Table 4. Numbers from 1989 Demographic Report

<table>
<thead>
<tr>
<th>Province/Territory</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td>453</td>
</tr>
<tr>
<td>Alberta</td>
<td>419</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>108</td>
</tr>
<tr>
<td>Manitoba</td>
<td>191</td>
</tr>
<tr>
<td>Ontario</td>
<td>1,137</td>
</tr>
<tr>
<td>Quebec</td>
<td>499</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>77</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>137</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>13</td>
</tr>
<tr>
<td>Newfoundland</td>
<td>38</td>
</tr>
<tr>
<td>Yukon</td>
<td>4</td>
</tr>
<tr>
<td>Northwest Territories</td>
<td>3</td>
</tr>
<tr>
<td>Total in Canada</td>
<td>3,079</td>
</tr>
<tr>
<td>Other countries</td>
<td>92</td>
</tr>
<tr>
<td>Total questionnaires sent</td>
<td>3,171</td>
</tr>
</tbody>
</table>

The membership of the national association ranged from a low of 38% of those practicing in Quebec to 93% in British Columbia.

The procedure used for identifying professionals is described on page 15. “In total 3079 questionnaires were distributed in Canada, sixty-nine percent were returned complete and used in the analysis.”

This massive report of over 200 pages also includes information on Canadian Students in Speech-Language Pathology and Audiology Programs. The National Association has not completed a demographics study of those working in the professions in Canada subsequently.

Summary:

This appendix has attempted to review the available historical information on numbers of professionals in Canada up to 1989. The increase from the three known in 1939 to the approximate three hundred and fifty in 1973, to 1910 in 1985, to the over three thousand in 1989 represents a significant increase over fifty years. The implications and the influences of that growth on the professions are profound.

Current demographic information on the professions of speech-language pathology and audiology as well as other health professions is available on the website of the Canadian Institute for Health Information.