The Influences from the U.S. and the U.K.
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There were no educational programs in Canada until 1956 when the program at the University of Montreal began. The University of Toronto followed in 1958. Because the training programs in Canada were limited and began over twenty years after the first services, initially all of the early and most of the later pioneers received their professional education in other countries primarily in the U.S and the U.K. According to Jeanette King Rosen in her 1971 publication, Comparative Professional Preparation for Speech Pathology and Audiology in English Speaking Countries, "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have led to conflict within the profession in Canada with strong British influence before World War II, gradually being superseded by American influences.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 estimate appears to be taken from 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 U of T program granted a "diploma" although it was a postgraduate program.)

The LCST and Degrees

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 two or three years of training in special schools of speech therapy. The schools were not, until the 1970s part of universities. (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, then 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 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.

Typically, the Canadian student who went to the U.S. held a bachelor's degree from a Canadian University - as did Isabel Richard, the influential founder and first president of CSHA- before going to the U.S. for her graduate degree. The speech therapists educated in the U.S. had 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 differences between the U.S. degree and the U.K. diploma education of professionals was once a major issue for the professions in Canada.

Betty Byers Brown, who held an MCST (a higher qualification than the LCST) worked educating professionals in both the United Kingdom, and in the United States. 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."

Her book written in 1971 goes on to say: "This is now a matter of historical rather than continuing validity".

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. The first speech therapy program in Nova Scotia was started by an English trained therapist. The first program in Saskatchewan was started by an individual with a U.S. graduate degree.
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 postgraduate 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 seems to indicate 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 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 graduate of Iowa State University. 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, 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 Alberta, its association reported to 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 data noted there were only 16% of those working in Manitoba who held diplomas (primarily from Australia) and 77% were trained in the U.S. Two of the 27 employed in Manitoba were educated in Canada.
The Quebec Association did not recognize the training from the British Commonwealth and required an MSc 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 workforce in B.C. was comprised of immigrants" according to an article by Flemming in 1982.

By 1969 in Kuttner's report, all the provincial associations except Saskatchewan and Quebec listed a bachelor's degree as minimum membership requirements. Quebec required an MSc or Toronto Diploma and Saskatchewan reported "by individual consideration".

**Individuals**

The first two qualified speech therapists in Toronto at the Hospital for Sick Children were LCSTs, one educated in England, the other in Scotland. Dorothy Washington, the first to work in Saskatchewan, held 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.

Of the twelve founders of the Canadian Speech and Hearing Association (CSHA now CASLPA) in 1964, there were six who held degrees from the US, two with an LCST from the United Kingdom and three with both an LCST and a graduate degree from the United States.

The only graduate of a Canadian educational program at the founding meeting in San Francisco was Margaret Mitchell of Manitoba. She was a 1964 graduate of the University of Toronto.

**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. (CSHA now CASLPA)

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 preliminary meetings, the 1964 founding meeting and the subsequent two meetings of working in Canada were held in conjunction with Conventions of the American Speech and Hearing Association. 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.

The first CSHA meeting in Canada was held in 1967 at Expo in conjunction with the Ontario and Quebec associations. The total attendance was 152. The vast majority, 125, were from Ontario and Quebec 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)

From 1967 until 1975, the CSHA meetings were held in conjunction with provincial meetings. The first CSHA conference was held only 26 years ago, in 1976 in Halifax. The struggles to establish, continue and support the Canadian Speech and Hearing Association continued until the 1980's. 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.

As late as 1982 the then president of CSHA, Bernard O'Keefe, in an interview in ASHA magazine, "... CSHA represents less than 50% of all the professionals in the country. Many LCSTs working in Canada obtained additional graduate training in the States. There is no published record of the issue 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.

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