

The Founding of Three Provincial Associations in 1958

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In 2008, three provincial associations will be celebrating a fifty-year anniversary: Manitoba, Ontario and Saskatchewan.

Introduction:

Fifty years ago in 1958, three provincial organizations were founded. At the time there were two other provincial associations. The British Columbia Association had been founded the preceding year; The Quebec association was three years old. This significant year, three additional 'speech and hearing' associations were founded: Manitoba, Ontario and Saskatchewan.¹

What had proceeded this year in the professions in Canada? Services had begun in the 1930s. Before 1940 there were services in only three locations: Montreal Children's Hospital, Toronto Hospital for Sick Children and the Winnipeg School Division. Each of the three programs had different origins. All have continued to the present time.

I. The Professional Scene in Canada in 1958

There is no record of the number of professionals working in Canada in 1958. The Hall² report published in 1965 estimated that in 1961 there were between 100 and 125 speech therapists and audiologists working in Canada. The report did not differentiate the two professions. By 1968, the estimate was 200 speech therapists and audiologists.³

In 1958 there were services provided in seven of the ten provinces. Services started in the 1960s in Newfoundland, Prince Edward Island and New Brunswick. Most professionals except in major cities were working in isolation.

Clinical Practice

As late as 1969, a report stated, "speech pathology and audiology are relatively new professions in Canada"⁴. The only record we have of clinical practice from the decade is the 1952 thesis of Isabel Richard, *A Handbook for Speech and Hearing Therapists* in the

¹ See the chart in Martin, V. (1998) MSHA: Our first three years. *Hearsay* 15,1, spring, pp12-16

² Hall, E. (1965) *The Royal Commission on Health Services*, Vol 2, Queen's Printer, Ottawa. Pp62-63

³ Government of Canada (1968) *Speech Therapists and Audiologists*, Canadian Occupations, Occupational Analysis unit. Occupational Research Section, Department of Manpower and Immigration

⁴ Kuttner, Paul. (1969) *Speech Pathology and Audiology in Canada*. Institute of Otolaryngology, Montreal, Canada

Winnipeg School Division.⁵ She used the terms ‘speech correction’ and ‘speech therapy’, a reflection of the changing terminology. In chapter V, An Orientation to the Types of Disorders, she did not list ‘language disorders’ but when she described ‘delayed speech’ she explained: “Children develop speech out of a need for language, to make their needs known. If there is a lack of incentive, there is no need for speech...”

The suggestions for parents and teachers, Chapter VI, under the heading Articulation, list “3. Widen the child’s experience by visiting the neighbourhood stores, a site where building construction is taking place, repairing a road, a garden project, etc. 4. Read nursery rhymes and stories to the child. Point out the pictures and name them. Introduce new words gradually...” These suggestions would have been appropriate to expand the child’s language as well.

Educational programs:

There were only two educational programs in Canada in 1958. The University of Montreal (1956), French and the University of Toronto (1958), English. All of the professionals practicing in Canada earlier had received their professional education in other countries, primarily in the United States and the United Kingdom. Both these countries had long established professional associations and educational institutions.

The LCST and University Professional Education

Almost all of the early professionals educated outside Canada were of two different professional backgrounds. This resulted in some differences and sometimes dissention in professional associations.

The Licentiate of the College of Speech Therapists, (LCST), was a qualification issued by the British College of Speech Therapists (Now The Royal College of Speech-Language Therapists). The candidate had to pass a written and clinical examination after three years of education at special schools of speech therapy. Audiology was considered a different profession with a separate organization.

The professionals who received their professional education in the U.S. had university degrees-either a bachelor or a master’s. In the Ontario Speech and Hearing Association, two members resigned in the first year over the issue of the LCST; they were adamant that only a master’s degree be acceptable. The division was later healed and the two members rejoined.⁶

The proportion of university degree and LCST professionals varied by province. There were few LCSTs working in Manitoba and a much larger proportion in Saskatchewan

⁵ Richard, Isabel (1952) A Handbook for Speech and Hearing Therapists in the Winnipeg Public Schools. A thesis submitted to Kent State University

⁶ Bentham, Christie (1998) Origins of OSLA. OSLA Connection, 25,1,July pp1-2

and Ontario. The LCST was not recognized in the province of Quebec.⁷ Beginning in the 1970s, educational programs in the United Kingdom gradually changed to granting degrees.

Professionals

Several women who would become influential in the professions in Canada were working in 1958. Among them were: Isabel French Richard and Mary Jane Cairns in Winnipeg, Mary Cardozo in Montreal, Marie Crickmay in Victoria, and Jean Ward in Toronto.

Pioneers in Each province

Manitoba: The first service in Manitoba was started in 1938 by Phyllis Middleton, a former teacher who became the first 'teacher of speech correction and lip-reading' in the Winnipeg schools. She was joined in 1942 by Isabel Richard, who became head of speech therapy in 1950 when Miss Middleton retired. Isabel was one of the founders of the MSHA.

Ontario: The first service in Ontario was at the Toronto Hospital for Sick children started by Ruth Lewis. The date is not documented but it was most likely in 1938. She held a master's degree in Psychology from the University of Toronto and a Licentiate of the College of Speech Therapists (LCST) in London. Ruth Lewis, one of the founders, was the first president of the Ontario Association.

Saskatchewan: Dorothy Washington, with a master's degree from Western Reserve University in Ohio was the first to hold formal qualifications in the province. She began the first full time treatment center for speech handicapped patients at the Regional Physical Restoration Centre in Regina in 1948 or 1949 (there are two sources with conflicting dates). Dorothy was not listed as one of the founders of the Saskatchewan Association.

Membership in The Canadian Speech and Hearing Association

Four of the above are listed as charter members of the Canadian Speech and Hearing Association (CSHA now CASLPA) in its 1965 Directory. The directory, the first official CSHA publication, was edited by Isabel Richard. She was elected its first president at the founding meeting in 1964. In 1965 Ruth was still at the Hospital for Sick Children and a lecturer at the University of Toronto, and Isabel and Mary Jane were at the Child Guidance Clinic in Winnipeg. Dorothy Washington, however, was listed as being on the Faculty of Education at the University of British Columbia.

II. The Mobility Factor

⁷ For a more extensive discussion of the issue see Martin, V. (2007) History of Speech-Language Pathology and Audiology in Canada.

Because all of the early professionals were educated in other countries, their professional identification sometimes remained there. Those who were recruited from other countries to work in Canada were by nature mobile. Many worked in various areas of Canada. Many maintained membership in the professional association where they were educated and/or in the closest national association, the American one.

For example, in 1944 there were five members of American Speech and Hearing Association (ASHA, now the American Speech-Language-Hearing Association) working in Canada. In 1956 there were 42 members in the ASHA Directory listed as working in Canada including three in Manitoba, two in Saskatchewan and seventeen in Ontario.

Often family and colleagues' network led them to return to the country of origin for professional meetings. There were many positions available, which added to the mobility. Large caseloads and working in isolation also contributed.

Geographic distances meant that professional meetings in the United States were often closer than those across the country in Canada.

There was no national association in Canada until 1964-thirty years after services began. The founding meeting of the Canadian Speech and Hearing Association was at the Convention of the ASHA.

The mobility, the distances, the isolation of sole-charge positions all contributed to difficulty in mentoring. Also contributing to the mobility is the gender factor. The majority of those practicing were women. Many women permanently or temporarily left the professions when they married and/or when they had children. Women were expected to move locations when their partner did. All these factors increased the already frequent mobility.

An additional puzzle for the researcher is that most women changed last names when they married. Tracking individuals is sometimes impossible and at best a detective challenge!

Limited Availability of Data

In any discussion of the professions in Canada, one must note the limited historical information. There are few archives in provincial associations⁸; the national association's archives was started long after its founding. The associations' archives and histories focus on the organizations, not on services and clinical practice.

Until legislation regulating the professions was passed in each province, membership in these three provincial associations was voluntary, so there is no complete record available on personnel and services. After CSHA was established in 1964, the Manpower (sic) reports were on the membership in CSHA and/or the provincial associations. Now all

⁸ In the 1983 Survey of Provincial Associations by Mary Jane Cairns, Manitoba was the only one with an archives committee.

three, (Manitoba, Ontario and Saskatchewan) of the provinces have legislation so there will be a record in the future at least of those practicing.

The author is in the process of analyzing the data from ASHA Directories on its members working in Canada, which should provide some additional information.

Legislation

The Manitoba Legislative Assembly passed “An Act respecting the practice of speech and hearing therapy” in 1961. Thus the Manitoba Speech and Hearing Association was the first province and indeed, the first jurisdiction in North American to be regulated by legislation. The Saskatchewan legislation was passed in 1992 and the Ontario in 1994.

Both Manitoba and Saskatchewan have one professional association. In Ontario, the legislation created the College of Speech-Language Pathologists and Audiologists of Ontario (CASLPO), which regulates practice. The Ontario Association of Speech-Language Pathologists and Audiologists (OSLA) continues as a voluntary association.

In contrast to these three provincial associations, the more recent legislation, 2002, creating The Alberta College of Speech-Language Pathologists and Audiologists has one association with two branches.

Saskatchewan is the only one of the three associations that maintains joint membership with CASLPA. The Manitoba and Saskatchewan Associations are part of the Pan Canadian Association of Speech-Language Pathology and Audiology Associations.

The National Association in Canada: The Canadian Speech and Hearing Association:

The national association in Canada was founded in 1964 six years after the three provincial associations discussed above. The founding meeting in San Francisco at the Convention of the ASHA was preceded by twelve years of meetings at that convention. Isabel Richard was involved in all the meetings starting in 1952. At the 1963 meeting, the group decided to poll the members of the then seven provincial associations.⁹

“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 the American Speech and Hearing Association and suggested the need for follow-up reports of progress toward forming a Canadian Association.”¹⁰

When the results were presented in 1964, the group there voted to establish the Canadian Speech and Hearing Association with initial dues of one dollar. One report states there were 14 in attendance. The record is that 12 joined. The two negative voters’ names are not recorded. There were three from Manitoba in the twelve; one, Isabel Richard, was

⁹ The British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec and The Atlantic Provinces Speech and Hearing Associations.

¹⁰ Richard, Isabel. (1965) History, Directory, CSHA

elected the first president. There were two from Ontario and none from Saskatchewan at the first meeting.

The Canadian Speech and Hearing Association retained that title until 1981 when the Executive recommended a name change to the Language-Speech-Hearing Association of Canada. In a letter to the editor of the association newsletter, HearHere published in June 1981, Isabel Richard supported that change. However, it was not adopted. In 1985 the CSHA changed its name to the name of the professions and became The Canadian Association of Speech-Language Pathologists and Audiologists. The Manitoba Association retained its original name; however the Saskatchewan and Ontario associations followed the national lead to the name of the professions.

Current Status

According to the website of the Canadian Institute for Health information in 2005 the numbers registered were

SLPs Auds

Manitoba	290	58
Ontario (CASLPO)	2,385	406
Saskatchewan	240	30

In 2005, there were 6,331 speech-language pathologists and 1,241 audiologists in Canada.

Summary

In celebrations next year 2008 each of the three provinces can look back with pride and awe at the remarkable professionals who founded the associations. The founders of the Manitoba Speech and Hearing Association, The Ontario Association of Speech-Language Pathologists and Audiologists and the Saskatchewan Association of Speech Language Pathologists and Audiologists, were committed to the professions, all volunteer, and undaunted by the huge tasks before them:

- Expanding of Services,
- Setting and enforcing standards,
- Recruiting and mentoring new professionals and
- Sponsoring and attending continuing education.

We owe them a debt of gratitude. We can repay that debt - each and every one of us-by working to insure that the professions and the professional associations we leave for our future professionals are stronger then the ones we inherited.

A picture of the dedication of the early members in Saskatchewan is given in the description¹¹: “ Between 1962 and 1968 the membership remained at seven...For many years the Spring and Fall meetings were held at the Davidson Motel, a well known landmark...roughly half way between Regina and Saskatoon. The members would squeeze into a small motel room and melt or freeze depending on the season while deciding policy and generating ideas...”

Membership of Three Professional Associations

	1958 ¹²	CSHA members In province		1983 ¹⁵	1983 SLP-Aud	2007
		1965 ¹³	1969 ¹⁴			
Manitoba	12	24	30	184	146-20	365
Ontario	7	26	197 (1970) ¹⁶	562	435-88	N/A
Saskatchewan	5	10	10	61	57-4	268
Canadian Association CSHA/CASLPA	Not founded	149	About 250	912 ¹⁷		

¹¹ Tofola-Frost, Freda (1984) Focus on the Saskatchewan Speech and Hearing Association. Human Communication Canada VIII, 1, Jan-Feb. Pp20-22

¹² These numbers are in the various histories of each provincial association.

¹³ Directory of CSHA, 1965

¹⁴ Kuttner, Paul, (1969) Speech Pathology and Audiology in Canada. Institute of Otolaryngology, Montreal

¹⁵ Cairns, M.J. (1983) Survey of National Councillors. Human Communication Canada, Dec. 512-513

¹⁶ Gannon, Ruth (1989) The Ontario Association of Speech-Language Pathologists and Audiologists.

Unpublished paper

¹⁷ Directory, CSHA 1983