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A Non-Profit Organization Since 1947... Helping Those Who Stutter

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When One Person Has Two Communication Problems

By Edward G. Conture, Ph.D.

People who stutter, just like people who do not stutter, sometimes have other problems, in particular, those of language as well as speech sound pronunciation.



In recent years, we have developed a better understanding of the relationship between speech sound misarticulations and stuttering. Because of this, we are better able to assess the therapy needs of people who stutter and who also have other speech and language problems. Previously, a person's stuttering might be ignored while a sound misarticulation problem was attended to, or the stuttering attended to while the other problem ignored. Often, little meaningful consideration was given to how changes in one problem might influence the other, in particular, how therapy for one problem might influence therapy for the other. While our understanding of the situation is still far from complete, what we do know suggests that our therapeutic approaches toward co-occurring problems are in need of re-eval-

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SFA Hosts Roundtable on Intensive Therapy Programs

By Hugo H. Gregory, Ph.D.

Intensive therapy programs were the focus of a two-day roundtable conference conducted by the Stuttering Foundation in Memphis in September. Nine programs were represented in the discussions by 13 participants. The general purposes of the roundtable were (1) to help the Foundation understand better the nature of these programs in terms of logistics and methods employed, and (2) to give the participants the opportunity to learn from each other.

Hugo H. Gregory of Northwestern University chaired the meeting in which the participants responded to questions they had agreed upon as being important for discussion. The emphasis of the roundtable was on sharing and understanding.

Logistical information covered included dates and length of the programs, available facilities, staffing and the involvement of student training, costs for attendance, and the

The Roundtable was dedicated to Dr. Einer Boberg whose input was invaluable and whose untimely death shocked and saddened all those who work with stuttering.

availability of other services such as psychological evaluation and counseling and recreation.

With reference to treatment methods employed, a wide variety of techniques are used to help clients improve communication, including those that are described as fluency shaping and those described as stuttering modification.

As is currently true of many clinicians providing stuttering therapy, several programs combine these basic models in various ways. In addition to specific speech change procedures, participants described many different approaches to attitude change aimed toward clients having a better understanding of stuttering and self management and acquiring improved self-confidence.

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Roundtable Conference: Front row left to right: Jane Fraser, Adriana DiGrande, Catherine Otto Montgomery, Kathleen Jones, Joy Galentine; Back row: Hugo Gregory, Robert Kroll, Therese Kosary, Jerry Virzi, Dorvan Breitenfeldt, Dick Mallard, Pat Sacco, Ronald Webster, Greg Dempsey, Deborah Kully, Marilyn Langevin, Joe Fulcher.

Insurance Coverage of Speech Services for Children Who Stutter

By Janice B. Westbrook, Ph.D.

Many insurance companies understand the importance of providing coverage for adequate and early intervention for stuttering. Governmental agencies realize the importance of these services, and children who are insured through Medicaid are eligible for services either through school systems or in clinics. (Many school systems now bill Medicaid for their services.)

Children who are privately insured deserve the same choice of services through their local school system or in a clinical setting. Providers of private insurance should be aware of the following facts:

- Stuttering is just as surely an "illness" as any other physical problem. Its etiology is not psychological. That theoretical stance is extremely outdated.

- Stuttering is not "learned." People learn from everything that happens to them. Children who find that opening their mouth to speak results in frustration and failure soon "learn" many things from these experiences, but the core problem—the difficulty in speaking—is not learned. Individuals who wish to understand this may do so by



attempting to imitate a person in the throes of a stuttering tremor. They will be unable to do so, because this kind of behavior is not voluntary.

- Stuttering is not an "educational" problem. Although stuttering affects a child's academic progress negatively in most cases, and many children receive services in the public schools, stuttering is a physical problem. A child's education becomes involved when communicative failure and ridicule begin to destroy self-confidence. Stuttering does not result from the child's having misunderstood how he should speak. Therapy involves more than just teaching a child how to speak right. In therapy a child learns how to react to, and manage, a problem

which is neurologically tied to development and genetic propensity.

- The success rate for early intervention for stuttering is extremely good. The success rate for later intervention is not good.

- Clinicians administering stuttering intervention should be well trained in treating that specific disorder.

- Clinicians should be allowed to design therapy schedules for stuttering intervention. This should not be dictated by the insurance company.



In this way, the child will be able to receive help when he needs it, go off therapy in order to promote independence, go back on therapy when needed, etc.

Stuttering is variable, just as other illnesses are variable. It is not something that one specific period of therapy (e.g., 6–8 weeks) can "cure" in a way that guarantees it will never return. Therapy for stuttering needs to be applied as needed, just as intervention for other health needs which arise and then subside.

We who are advocates for children who stutter encourage insurance companies to provide coverage for early and adequate intervention for children who stutter. We encourage employers to make such coverage part of their company's plan. We encourage parents to intercede on behalf of their children to make certain they receive the kind of help they deserve. □

ASHA Convention Gives SFA Opportunity to Reach Speech-Language Pathologists from All Over the World.



Ellen Bennett, Kristin Chmela, June Campbell, Janice Westbrook, Jean Gruss, Sandra Gruss, Susan Dietrich, Fred Murray, Joan Babin, Jane Fraser, and Joe Fulcher all did an exceptional job at the SFA booth in Orlando. □

Stuttering Foundation Announces Fourth Annual Awards Competition for Reporting Excellence

The Stuttering Foundation of America announced today that it will recognize journalists for the fourth consecutive year for excellence in reporting that furthers the understanding of this complex disorder.

"We are happy to take this important step to further public awareness of stuttering," said Jane Fraser, president of the 49-year-old non-profit organization. "Media coverage has grown substantially in volume and sensitivity in recent years. We want to continue recognizing outstanding reporters."

The fourth annual Stuttering Foundation of America Awards will be given to journalists in two categories: print and electronic media. They will recognize news stories over the last year that:

- * Advanced the public's understanding of stuttering;

- * Introduced information on stuttering to a significant new audience.

Print and electronic journalists are invited to submit copies or videocassettes of their news items to the Stuttering Foundation of America, P.O. Box 11749, Memphis, TN 38111-0749. All entries must have been published or aired between January 1, 1995, and March 31, 1996.

In addition to a public announcement on the SFA Award recipients, each honoree will receive a cash award of \$250.00 from the Foundation.

"Many people who stutter have made important contributions to society," noted President Fraser. "Unfortunately, they often have to confront difficulties in the classroom or workplace that result from misinformation. Outstanding journalists have begun to educate the public about stuttering, and we will constantly acknowledge and honor their efforts." □

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uation and, in some cases, significant change.

To begin, there is no current evidence that one problem, for example, speech sound problems "cause" stuttering, although we know that between 30 and 40% of children who stutter will also show some degree of



delays or disturbance in speech sound articulation. We are also beginning to recognize the need to consider how changes resulting from therapy for one problem may affect the other problem. Indeed, we need to ask ourselves if it is worthwhile to help a child improve his or her speech sound production if in so doing we increase the chances for stuttering.

Clearly, a great deal more needs to be known about how stuttering interacts with other communication problems. At present, though, some common sense and thoughtfulness should be used when treating a child who has both stuttering and other speech and language problems and when stuttering appears to develop after another problem has already been in existence.

First and foremost, ALL children who stutter, with or without other problems, should receive a thorough diagnostic evaluation by a certified, licensed speech-language pathologist, preferably one who specializes in stuttering. This evaluation, which should take place before therapy begins, should assess more than just stuttering; it should also include other aspects of speech and language such as speech sound production, vocabulary development, grammatical usage and the like. If, as a result of this evaluation, the child appears to stutter AND exhibit another com-

munication problem, the following guidelines may be considered:

(1) **Language concerns.** If the child's "other" problem is one that primarily deals with the use of grammar and/or understanding of aspects of spoken language, then the child should initially receive therapy for these other problems AND the child's parents also receive supportive counselling and information regarding the child's stuttering problem.

(2) **Speech sound pronunciation concerns.** If the child's "other" problem is one that involves mispronunciation of speech sounds, especially sounds that the child can reasonably be expected to be producing correctly by his age, then it is very important that the child's therapy for speech and language problems is one that does NOT place an emphasis on physically tense, fast, overly correct, adult-like pronunciation. Instead, the child, through modelling and indirect game playing, can be encouraged to use more correct speech sounds.



Simultaneously, the child's parents can receive supportive counselling to help with the child's stuttering at home. If the stuttering is severe, more direct approaches may be necessary, but the same principle holds: modifications of speech fluency and/or speech sounds (phonology) should emphasize more physically gentle, slower, less than absolutely correct speech rather than physically tense, fast and adult-like, nearly flawless speech.

(3) **Language, speech sounds or stuttering, which to work on first?** When all three problems co-occur, the situation becomes a bit less clear but still manageable. In general, the child is best served if the guidelines in (1) and (2) above are followed, with language issues probably being

addressed prior to speech sound articulation concerns.

Knowledge is advancing rapidly in terms of how stuttering relates to speech and language development. Thus, in coming years we expect to have even better advice for clinicians and parents in this area. In the meantime, when stuttering is but one of two or more communication problems exhibited by a child, both parent and clinician need to give careful consideration to the amount and type of therapy employed for each problem.

The means by which we treat the other speech and language problems of children who stutter should be part of the solution rather than the problem. Indeed, how we handle these other speech and language problems of children who stutter may, in some cases, have as much influence on the child's stuttering as how we handle the child's stuttering itself.

Selected References

- Critical review of research regarding other problems of children who stutter:
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- Prevalence/Incidence of other problems in children who stutter:
 Louko, Conture, & Edwards (1990). Phonological characteristics of young stutterers and their normally fluent peers: Preliminary observations. *Journal of Fluency Disorders, 15*, 191-210.
- St. Louis, K., Hinzman, A. & Mason, N. (1988). A descriptive study of speech, language and hearing characteristics of school-aged stutterers. *Journal of Fluency Disorders, 13*, 331-355.
- Research about both stuttering and disordered phonology:
 Throneburg, R., Yairi, E. & Padon, E. (1994). Relation between phonologic difficulty and the occurrence of disfluencies in the early stage of stuttering. *Journal of Speech and Hearing Research, 37*, 504-509.
- Yaruss, S. & Conture, E. (in press). Stuttering and phonological disorders in children: Examination of the covert repair hypothesis. *Journal of Speech and Hearing Research*.
- Treatment for both stuttering and disordered phonology:
 Conture, E., Louko, L., & Edwards, M. (1993). Simultaneously treating stuttering and disordered phonology in children: Experimental treatment, preliminary findings. *American Journal of Speech-Language Pathology, 1*, 72-81. □

SFA Hosts Roundtable

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Many participants told about their procedures for helping clients transfer changes to "real life situations." Successful transfer was seen as the essence of success. All agreed that programs must take responsibility for helping clients problem solve and keep on changing following a core period of intensive therapy. Someone mentioned a "step-down" program to prevent the "let down" that is likely to occur following intensive therapy. In other words, therapy might go from intensive, to less intensive, to intermittent.

Another topic discussed was that of making post-therapy speech natural. Therapy must not change prosody more than is necessary or procedures must be included to normalize such aspects as rate and stress pattern that may be influenced by therapy procedures. Since speech has a significant impact on a person's life style, clinicians must often help clients see how improved speech brings new challenges.

Less attention was given to intervention with younger children. However, it was mentioned by several participants that parents must, in addition to following the clinician's suggestions, be supportive of their child and learn how to problem solve.

These brief comments are a representative sample of the topics covered and about which ideas were shared. At the end, everyone said, "When do we meet again to go on with this?" The roundtable approach was considered a success!

Participants included: Deborah Kully and Marilyn Langevin of the Institute for Stuttering Treatment and Research in Edmondton, Alberta, Canada; Dr. Dorvan Breitenfeldt and Greg Dempsey of Successful Stuttering Management Program in Cheney, Washington; Dr.

Kathleen Jones and Jerry Virzi of the Starbuck Memorial Fluency Enhancing Clinic Summer Stuttering Program in Geneseo, New York; Dr. Robert Kroll of The Clarke Institute in Toronto, Ontario; Dr. Richard Mallard and Ms. Therese Kosary of the Fluency Training Through Parent Involvement Program in San Marcos, Texas; Catherine Otto Montgomery of Total Immersion

Training in New York City; Pat Richard Sacco of Fluency Management in Tampa, Florida; Dr. Ronald Webster of the Hollins Communications Research Institute in Roanoke, Virginia; Adriana Digrande of New England Rehabilitation Hospital in Woburn, Massachusetts; Dr. Hugo Gregory of Northwestern University; and Jane Fraser and Joe Fulcher of the Stuttering Foundation of America. □

NEWSBRIEFS

■ Next year's SFA conference on the school age child who stutters will be held in Tampa, Florida, on June 14th and 15th, 1996. For more information, contact SFA at 1-800-992-9392.

■ The Annual "Stuttering Therapy: Workshop for Specialists" co-sponsored by the Stuttering Foundation and Northwestern University will be held at Northwestern University in Evanston, Illinois, from July 15th through July 26th, 1996. For more information about the workshop, contact the Stuttering Foundation at 1-800-992-9392, or Dr. Hugo Gregory, Stuttering Programs, Northwestern University, 2299 Campus Drive North, Evanston, IL 60208. This unique workshop brings together speech-language pathologists from all over the world.

■ For those interested in joining Toastmasters International as a way to improve fluency, communication or public speaking skills, their address is: Toastmasters International, Inc., Attention: Membership Department, P.O. Box 9052, Mission Viejo, CA 92690, Telephone 714-858-8255; Fax 714-858-1207.

■ For those wishing to obtain a copy of *Self-Therapy for the Stutterer* in French, write to Association des Begues du Canada, 7801 Rue Ste. Claire, Montreal (Quebec), Canada, H1L 1V8. Please enclose \$15.00 Canadian to cover printing, postage, and handling costs.

■ Benson Bobrick's new book, *Knotted Tongues, Stuttering in History and the Quest for a Cure*, is available in bookstores across the country. This fascinating book is

published by Simon & Shuster. Says Edward Hoagland, "Benson Bobrick is an independent scholar of special initiative and acuity. And in this new book...he is humane, witty, personable, and rather gracefully definitive and balanced."

■ *Living and Learning With a Child Who Stutters*, by Lise Cloutier-Steele of Ottawa, Canada, is also available at bookstores. Or call toll free 1-800-565-9523 for information on how to order this inspiring book.

■ Special offer: *Elements of Stuttering* by Courtney Stromsta, Ph.D. This book, described by Dr. Charles Van Riper as "something new and exciting," is available from Atsmorts Publishing Company, P.O. Box 533, Oshtemo, MI 49077. Please send \$19.50 plus \$3.00 handling charge for this 256-page book which is fully indexed and includes 33 figures and tables.

■ Dr. Daniel Weiss is looking for adults who stutter in the greater Cleveland area interested in participating in a clinical trial. The study is a placebo controlled double blind 32-week trial of fluoxetine. Medication and participation will be provided free of charge. Interested persons contact Daniel Weiss, M.D., at 216-292-6150 or SFA at 1-800-992-9392.

The Stuttering Foundation of America is a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code and is classified as a private operating foundation as defined in section 4942(j)(3).

Charitable contributions and bequests to the Foundation are tax-deductible, subject to limitations under the Code.



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