

IFA 2003 Program Schedule

Tuesday 12 August

08:30–09:15

Marquette/
Joliet

Plenary Session

Chair: Rosalee Shenker

Keynote speaker - Mark Onslow, Australian Stuttering Research Centre/University of Sydney
"The bittersweet tale of empiricism in stuttering treatment research"

09:30–10:30

Marquette

Thematic – Outcomes and Efficacy

Chair: Marilyn Langevin

(09:30–09:45)

Prediction of spontaneous recovery: Analysis of mother-preschool child conversations

B. Ryan, California State Univ., USA

Authorities agree that spontaneous recovery from stuttering is estimated to be from 50–80%, but who will outgrow cannot be predicted (Bloodstein, 1995). In a 10-year longitudinal study of the development of stuttering, using the data from the Fluency Interview, Ryan (1984, 1993, 2001b, 2001c, 2002) reported that the trend of stuttering over time was predictive of recovery. This study, a second analysis using mother–child conversations of the same 22 preschool children, confirmed the previous finding. This procedure was at least 90.9% accurate in predicting who would recover and who would persist. Specific procedures will be presented.

(09:45–10:15)

Examining recovery from stuttering using a population-based twin sample

S. Felsenfeld and P. Finn, Duquesne Univ., Univ. of Arizona, USA

Most persons who stutter in the population report that they have either recovered from stuttering or present with occasional stuttering that is mild in severity. Using a large population sample of Australian twins, the present study will present both qualitative and empirical data on 202 adults who reported during a telephone interview that they had recovered from stuttering. This is the largest database of self-identified recovered stuttering cases reported to date. As such, these findings address several epidemiological, behavioural, genetic, classification, and clinical questions about stuttering recovery that occurs beyond the early childhood years.

(10:15–10:30)

Overall assessment of the speaker's experience of stuttering (OASES)

J.S. Yaruss and R. Quesal, Univ. of Pittsburgh, Western Illinois Univ., USA

This seminar presents a new instrument for evaluating stuttering treatment outcomes from the perspective of the speaker. The instrument, developed over a number of years and based on the World Health Organization's International Classification of Functioning, Disability, and Health (ICF), assesses fluency, speaker and environmental reactions to stuttering, functional communication difficulties, and the impact of stuttering on quality of life. The tool is useful for evaluating treatment outcomes in both clinical and research settings. Data from administrations of the form in a variety of clinical settings will be presented and discussed.

Thematic – Intervention

Joliet

Chair: Rosemarie Hayhow

(09:30–10:00)

Parent-child interaction therapy Part I: Child language variables

A. Nicholas, S. Millard and F. Cook, Michael Palin Centre, UK

This paper aims to evaluate treatment approaches involving the modification of parent interaction styles. In recent years particular concerns have been raised about the appropriateness of parents simplifying their language to children who stammer, with suggestions that this could have a detrimental effect on their language development. Using the data collected in a study investigating the effectiveness of parent–child interaction therapy, the language skills of six children between the ages of 3:0 and 4:11 years will be analysed before and after therapy. Preliminary findings indicate that parent-child interaction therapy does not have a detrimental effect on language development.

(10:00–10:30)

Parent-child interaction therapy Part II : Parental language and pragmatic variables*A. Nicholas, S. Millard and F. Cook*

Parent-child interaction therapy is one approach used in the UK with preschool children who stammer and attempts to enhance fluency indirectly by helping parents make adjustments in their interaction and management style with their children (Rustin, Botterill and Kelman, 1996). Using the data collected from a study investigating the effectiveness of this approach with 6 preschool children who stammer, this paper will explore the impact that this therapy programme has on parents' language to their children. In addition, alterations in pragmatic styles will be investigated.

Seminar / Course-Intervention

St-Maurice

Chair: Julie Fortier-Blanc

(09:30–10:30)

School-age fluency roundup: From inception to outcome*A.A. Farley and J. Martin, Univ. of South Carolina, USA*

A daylong experiential training session for school-age fluency clients, their families, their school Speech-Language Pathologists (S-LPs) and student clinicians is described from inception to outcome. This inaugural program sponsored by the University of South Carolina with tuition support from the South Carolina State Department of Education provides a pre-school rally for the child's support system. The presenting fluency specialists will share the materials and methodologies used during training sessions preceding the Roundup. A western theme was employed integrating fluency shaping and stuttering modification strategies using "Steps to Fluency"® program components.

Seminar / Course-Causes and Development

Hochelaga 3

Chair: Jill Harrison

(09:30–10:30)

Time perception experiences in quiet and disrupted speech moments*M. Susca, E.C. Healey and T. Carrell, Univ. of the Pacific, Univ. of Nebraska, USA*

This research compares perceptual experiences of brief time durations between adults who do and who do not stutter. Perceptions of silent brief time durations, durations of disrupted speech moments, experiences during disruptions and ratings of disruption naturalness are compared between groups. Results reveal that the perception of time may not be different between groups but how units of time perceived are utilized may be different between groups. Differences in time perception may also vary with severity of stuttering. Past research on time perception integrated with current results will be discussed and future suggestions for research suggested.

Thematic – Language, Speech and Discourse

Hochelaga 2

Chair: Monica Bray

(09:30–09:45)

Longitudinal study of stuttering: Phonological profile*C. Andrade, São Paulo, Brazil*

Phonological development was compared between two groups of children — with and without a family history for stuttering, from 36 to 60 months of age, with half-early assessments. The groups did not differ regarding the observed aspects. The relationship between the subjects and the affected family member was not indicative of influence.

(09:45–10:00)

Negotiation patterns of families with stuttering and non-stuttering children*C. L. Shuman and R. Mallard, Southwest Texas State Univ., USA*

The purpose of this study was to determine if different negotiation patterns existed between families with stuttering children and families with non-stuttering children. The experimental group included ten families with a child who stuttered and the control group included ten families with children who did not stutter matched for age, ethnicity, and gender to the children in the experimental group. The variables studied were number of interruptions, number of turns with questions, number of turns, and total negotiation time. Significant differences were found for turns, interruptions, and turns with questions.

(10:00–10:15) Conversation analysis of children who stutter and parents who stutter
J. Tetnowski, J. Bathel, J. Damico and T. Franklin, Univ. of Louisiana at Lafayette, Southwest Missouri State Univ., USA
 Considerable attention has been paid to interactions between children who stutter and their parents. However, almost all studies that explore these interactions have limited their studies to parents that do not stutter. In this study, interactions between children who stutter, and their parents, who also stutter are observed and analyzed through conversation analysis procedures. Results reveal changes similar to non-stuttering parents, however, these changes dramatically decrease stuttering behaviours in the parent. Analysis of parental behaviours indicate shifts in fundamental frequency, linguistic complexity, and response time latency. It is hypothesized that parents use techniques strategically (such as adjacency) to limit stuttering.

(10:15–10:30) A comparison of CELF-3 results for children who stutter and language impaired children
S. Slinde, A.N. Narmo and E. Ottem, Bredtvet Resource Centre, Norway
 The present work presents some preliminary results of an ongoing project that aims at exploring similarities and differences between children who stutter (n=38) and a heterogeneous sample of language impaired (LI) children (n=28) using well known clinical instruments like CELF-3 (Clinical Evaluation of Language Fundamental Semel, Wiig & Secord, 1995). The children were between 9 and 18 years of age. An analysis of profile patterns indicated that the means on the CELF-3 subtests fell below the normed mean, but significantly above the means of LI children.

10:30–11:00 Refreshment Break

Hochelaga
4, 5, 6

11:00–12:30 Seminar/Course – Language, Speech and Discourse

Marquette

Chair: Marie-Christine Franken

(11:00–12:30) The psycholinguistics of stuttering: An update

N. Bernstein Ratner, Univ. of Maryland, USA

This session will provide an update of psycholinguistic research and modeling relevant to stuttering since Bernstein Ratner (1997) to pinpoint new developments; many of these have yet to be incorporated into the underlying hypotheses, design and interpretation of research in stuttering that have been published recently. The goal of this session is to provide potential avenues for future research in the field, which will better integrate stuttering research and evolving models of the normal speech production process. Additionally, experimental techniques being used in recent speech production research will be discussed, with potential extensions to research using stuttering populations.

Double Seminar / Course – Intervention

Jolliet

Chair: Jennifer Watson

(11:00–12:30) The “why” and “how” of parent groups (Part I)

W. Botterill and F. Cook, Michael Palin Centre, UK

This short course will provide therapists with a rationale for running parent groups and a blue print for the organisation and management of both weekly group sessions and more intensive programmes, particularly in relation to parents of children in the 8–14 year age range. Participants will gain practical knowledge of a range of activities and important themes, which have been developed over many years. Videotape recordings and practical exercises will be used and outcome measures will be discussed.

Seminar / Course – Intervention

St-Maurice

Chair: Amy Weiss

(11:00–12:30)

The mind-body connection: The missing link in stuttering intervention

B. Horwitz and I. Reichel, New York Univ., Long Island Univ., USA

To effect permanent change in bodily systems requires an understanding of the critical link between thinking, feeling and physiology. Until recently the field of Communication Disorders in general and Stuttering Treatment in particular, has underestimated the significant advances made in psychophysiology, neurobiology and cognitive psychology. This includes pertinent information in the biomolecular, neurophysiological, developmental and cognitive bases of emotions and the origins and management of stress on the “mindbody”. This paper addresses these issues and proposes a broader approach to stuttering and other anxiety related communication disorders.

Thematic – Neurological and Speech Motor Basis of Stuttering

Hochelaga 3

Chair: Elizabeth Spencer

(11:00–11:30)

A sensorimotor model of stuttering: Insights from the neuroscience of motor control

L. Max, V.L. Gracco, F.H. Guenther, I. Vincent and M.E. Wallace, Univ. of Connecticut, USA, McGill Univ., Canada

We present a theoretical perspective on stuttering based on a wide range of recent data from an extensive literature on the neuroscience of motor control. This perspective relies heavily on current insights into cortical and subcortical activation patterns during speech and non-speech motor tasks, the integration of sensory information, and the formation, consolidation, and updating of internal models. We discuss how this perspective accounts for the primary characteristics of the disorder (sound/syllable repetitions and prolongations) as well as for numerous associated phenomena (movement characteristics, fluency enhancing conditions, treatment effects). This perspective generates several testable hypotheses, and we present initial empirical results. [Funding, NIH DC 03102]

(11:30–12:00)

Competition effects on auditory event-related potential measures in stutterers

L.F. Molt, Auburn Univ., USA

This study examined differences in auditory event-related potentials (AERP) between PWS and normal speakers to alterations in type and intensity of competing noise during a word identification task. EEG topographic brain imaging results indicate differences in latency and amplitude and hemispheric distribution for various ERP components for the stutterers as type of competing stimuli was altered and task demands increased.

(12:00–12:15)

A within-subject fMRI experiment before and after fluency shaping

K. Neumann, H. Euler, C. Preibisch, Univ. of Frankfurt, Univ. of Kassel, Germany

In an oral reading task and compared to activation after therapy, 9 PWS activated more in the left occipital and right frontal lobe. After therapy they showed elevated activation bilaterally in frontal motor and temporal regions, anterior cingulate, and putamen, with a higher left activation. In a semantic decision task, PWS activated in less regions before therapy, and after therapy showed higher activation only in the left frontal lobe. Results confirm earlier findings supportive of speech motor theories of stuttering, and are interpreted as effort in gaining speech motor control due to fluency shaping while maintaining right hemispheric activation.

(12:15–12:30)

Pressure-based interactions of speech subsystems: On the motor substrates of stuttering*V. J. Boucher, Univ. de Montréal, Canada*

Previous experiments with normal and dysfluent speakers suggest that a deficient control of oral-closure velocities influences laryngeal behaviour via oral pressure. A first experiment with 12 normal subjects confirms that pressure variations for [p,b] targets and in a visual feedback condition imply a control of oral velocity changes, among other kinematic variables — but only within a range of speaking rates. At fast rates, oral control of pressure appears inoperative and sub-glottal pressure affects laryngeal stability. A second experiment will determine if uncontrolled pressure rises during speech create passive and reactive responses at the level of laryngeal and expiratory structures.

Thematic – Miscellaneous

Hochelaga 2

Chair: Patrick Finn

(11:00–11:30)

What happens during therapy? Analysing client-therapist interaction in fluency therapy*M. Leahy, Trinity College, Ireland*

The talk patterns that occur during fluency therapy are analyzed in this presentation, with the objective of specifying how therapy proceeds, and to consider the relative contributions of therapist and client to the process. The therapy relationship is explored, with the objective of discovering important elements contributing to effectiveness of procedures used. Reference will be made to Van Riper's therapy recordings, and to selected therapy sessions with adults and with children. The discourse analytic methods employed are drawn from conversation analysis, with reference to frame analysis. The relevance of analyzing therapy talk is discussed.

(11:30–12:00)

A sociological analysis of stuttering: From clinical conceptions to self-advocacy*M. Petrunik, T. Klassen, Univ. of Ottawa, York Univ., Canada*

The authors use a sociological perspective toward deviance and social problems to compare the approaches of professional experts to the understanding of stuttering with those of the self-help/advocacy movement. By comparing the conceptions of stuttering and persons who stutter in these two approaches, the paper presents fresh insights to professionals working with fluency disorders, as well as to sociologists.

(12:00–12:15)

The self-regulation model of illness representation applied to stuttering*D. Rowley, K. Baker and S. Jelcic Jaksic, De Monfort Univ., UK, Zagreb Univ. Medical School, Croatia*

Illness representations are defined as patients' own implicit, common sense beliefs about their illness. Research has indicated that patients' ideas about their illness may be clustered around five components: identity, cause, time-line, consequences and cure/control. These ideas have been most effectively researched within the self-regulation model of illness representations developed by Leventhal and colleagues. To quantitatively assess these views the Revised Illness Perception Questionnaire (IPQ-R) is used. The model is here applied to people who stutter and a version of the IPQ-R suitable for use in stuttering is presented along with some case studies from the UK and Croatia.

(12:15–12:30)

"Stutter-house": A 9 year old boy's explanation of stuttering in lego blocks*L. Tielens, Belgium*

The event I want to show and talk about happened just recently. A boy (9 years old) with a severe stuttering problem who is in therapy in our practise in Herent, Belgium, gave us his interpretation of how stuttering works in the form of a "lego-house". Normally we wouldn't be so surprised, but in this case it was really a unique depiction worthwhile showing to other therapists and people who stutter. I filmed Sander while explaining his creation. This little film lasts about 4 minutes. Following this film, I would like to give some comments on how we work on 'advertising' in our stuttering centre with school age children.

12:30–14:00

Lunch — Grand Salon

Grand Salon

14:00–15:30

Forum — Intervention

Marquette

Chair: Joe Attanasio

(14:00–15:30)

The Lidcombe Program: Everything you always wanted to ask*M. Onslow, J. Attanasio, R. Hayhow, A. Packman, R.C. Shenker and others*

The Lidcombe Program is a behavioural, evidence-based treatment for stuttering in young children. Over the past 12 years there has been a large amount of empirical evidence related to this program, much of it in response to questions asked by clinicians and researchers. An international panel of Lidcombe Program practitioners and researchers will provide the background to the Lidcombe Program highlighting the work in their own countries. Topics include current research, parent training, measurement issues, bilingual treatment, and distance treatment. Panel members will give a short presentation that will be followed by an opportunity for a question-answer period with the audience.

Double Seminar / Course – Intervention

(14:00–15:30)

The “why” and “how” of parent groups (Part II)*W. Botterill and F. Cook,*

Joliet

Thematic – Outcomes and Efficacy of Interventions*Chair: Mark Pellowski*

St-Maurice

(14:00–14:30)

The effect of speech therapy on stuttering: Evaluating three therapy programs*W.J. Huinck, H. Peters, M. Langevin and D. Kully, Univ. Medical Center St. Radboud, Netherlands, Insitute for Stuttering Treatment and Research; Univ. of Alberta, Canada*

The effect of three different speech therapy programs on the speech of adult stuttering persons (N=65) is evaluated. Speech characteristics of the participants are assessed pre-therapy, post therapy, one year post-therapy and two years post-therapy. Effect of therapy is investigated on three levels of dysfluency:

- speech quality (e.g., perceptual evaluation of speech fragments; percentages stuttered syllables);
- speech physiological processes (measured with the Nijmegen Speech Motor Test (NSMT));
- emotions and cognitions that are related to stuttering (questionnaires). Preliminary results on speech quality data show substantial progress immediately after therapy. However, there seems to be some relapse one year post-therapy.

(14:30–15:00)

Slow rate effect on the fluency of preschoolers who stutter: Clinician-child adjacent utterances*J. Carlson and L. LaSalle, Univ. of Wisconsin, USA*

The purpose of this study was to apply adjacent utterance pair analysis (Brown, 2002; Yaruss & Conture, 1995) to determine if clinicians' slow speech rates facilitate the spontaneous fluency of preschoolers who stutter. Seven preschoolers who stutter and their clinicians served as subjects. Clinicians' speech rates were categorized into “slow” (≤180 spm), or “quick” (200+ spm), and the children's resulting fluency as “stuttered” or “normally disfluent/fluient.” As a group, observed probabilities did not differ from expected where the child either stutters or speaks with normal fluency, given the clinician speaks either quickly or slowly ($c2 [1, N = 373] = .301, p > 0.01$). Findings support the need for considering individual differences in this area of research.

(15:00–15:30) **A maintenance study using stuttering modification techniques in extra-clinical settings**

M. Henning and G. Tellis, Indiana Univ., USA

A multiple baselines across subjects design was used to conduct a maintenance study for two subjects who stuttered. Subjects used stuttering modification procedures during the maintenance phase of the study. Audio-capture technology was used to send speech samples to the investigators via email for analysis. Results indicate that after 6 months of maintenance activities, both subjects used stuttering modification procedures with 90% accuracy in extra-clinical situations.

Thematic – Attitudes and Stuttering

Hochelaga 3

Chair: Michael Petrunik

(14:00–14:30) **Perceptions of African-American middle and high school students about stuttering**

S. Roesti, G. Tellis and R. Gabel, Indiana Univ. of Pennsylvania, Bowling Green Univ., USA

The Stuttering Inventory for African-American Students was administered to 168 African-American middle and high school students to determine their perceptions about stuttering. Results indicate that females are more likely than males to disagree about the causes of, cures for, and reactions to stuttering. Implications for assessment and treatment are discussed.

(14:30–14:45) **The influence of stuttering in job applicants on employers' hiring decisions**

Y. Kaplan, Bar Ilan Univ., Israel

This research examined whether stuttering influences employers' decision to accept job applicants, and whether employment discrimination exists against applicants who stutter. The uniqueness of the research lies in focusing on actual employer behaviours opposed to the employers' attitudes towards stutterers. 56 human resources managers were presented with one of two jobs descriptions for which four resumes were attached. Each applicant appeared once as fluent, once as a light stutterer, and once as an intermediate/heavy stutterer, while all their other skills and abilities were identical. Results indicated that acceptance of applicants for work is influenced mainly by the applicants' fluency, not the type of work for which they applied.

(14:45–15:15) **The development of a computer-based communication attitude assessment for young children**

S. Davis, P. Howell and A. Davey, Univ. College London, UK

Studies have indicated that communication attitudes are an important factor in the assessment of children who stutter before, during and after therapy. However there are no validated instruments available to measure communication attitudes for use with children younger than 7 years. This paper reports the early development of a computer-based instrument designed to measure communication attitudes in young children. Results replicated a previous study (Vanrykegham *et al*, 2001) that indicated the communication attitudes of children who stutter become more negative with age. Results also indicated that the instrument would require a further round of validation to establish reliability.

(15:15–15:30) **Using the clinician attitudes toward stuttering ("CATS") inventory in a fluency in-service workshop**

K. Kelso, USA

The Clinician Attitudes Toward Stuttering ("CATS") Inventory was administered before and after a four-hour fluency in-service. Analysis indicates statistically significant differences in the means of eighteen of the fifty attitudinal statements in the inventory that clinicians completed before and after the in-service. These results indicate that clinician attitudes towards stuttering can be influenced by carefully prepared presentations of relevant research and consumer perspectives.

Thematic – Language, Speech and Discourse

Hochelaga 2

Chair: Nancy Hall

(14:00–14:15)

Relationship between fluency development parameters in fluent children as a basis for comparison with stuttering children

P. Howell, H. Patel, S. Davis and J. Au-Yeung, Univ. College London, UK

We report on a longitudinal study in which children from around 15 months were tested (at different ages) as to picture naming, mean length of utterance (MLU), the CDI as a measure of lexical development and for syntactic attributes. Each type of test was performed several times. In this group of 30 fluent children there were strong correlations between vocabulary growth as indicated by CDI score and MLU at a later age and between MLU and measures of syntax performance.

(14:15–14:45)

Fluency development in typically-developing and expressive language impaired children

N. Bernstein Ratner and L. Rescorla, Univ. of Maryland, Bryn Mawr College, USA

We report on the fluency development of 64 children followed longitudinally from ages 2–11, presenting data from ages 3, 4, 5, 7, 9. Half of the children were language-normal, half were expressively language-impaired. Frequency, types and distribution of difficulties were analyzed to ascertain whether fluency breakdown differed between language-normal and language-impaired children, and whether fluency is systematically related to formulation difficulties with particular structures. Implications for understanding the language-fluency interface in stuttering, and in refining our understanding of the encoding difficulties of expressively language-impaired children will be discussed.

(14:45–15:00)

Examining variability of speaking rate within normally speaking preschool children

B. Kluetz and J.S. Yaruss, Univ. of Pittsburgh, USA

Habitual speaking rate ranges will be investigated within 6 normally speaking preschool children in an attempt to assess the variability of speech rate throughout conversational utterances. Several different speech rate measures will be compared to glean which measure is sensitive to the greatest amount of variability.

(15:00–15:30)

The effect of phonological complexity on speech timing in stutterers

K. Logan and M. Haj Tas, Univ. of Florida, USA

Young children who stutter and age-matched normally fluent controls rapidly repeated a series of short sentences that featured words that were either phonologically similar or phonologically dissimilar. Temporal characteristics (e.g., VOT, vowel duration) of initial words within the sentences were measured and compared across the groups and sentence types. Results are discussed in terms of recent models of stuttered speech.

15:30–16:00

Refreshment Break

Hochelaga
4, 5, 6

16:00–17:00

Thematic – Intervention

Marquette

Chair: Patrick Finn

(16:00–16:15)

Development of a time-out treatment for adults who stutter

S. Hewat, M. Onslow and A. Packman, Univ. of Sydney, Australia

Time-out has long been known to control stuttering in the laboratory. However, despite preliminary clinical evidence, the procedure has not until now been incorporated into a viable treatment for adults who stutter. A treatment program based on time-out has been developed over the past four years at the Australian Stuttering Research Centre. Outcome measures for three subjects indicate that stuttering rates reduced to near-zero levels in fewer than 10 treatment hours, without compromising speech naturalness. These results compare favourably with those of more complex behavioural programs that rely on the use of a novel speech pattern such as prolonged-speech.

(16:15–16:45)

Pauses!?! Overcoming reluctance and demonstrating necessity*P. Tonev, Chairman of National Association for Self-Help and Initiative on Stuttering (NASIS), Bulgaria*

The basic part of our therapy consists of counselling, persuasion and motivating clients to use many pauses in speaking. We combine this instruction with many exercises in different situations and give them the opportunity to practice differentiating between stuttering blocks and real pauses; and similarities between “long pauses” and natural pauses.

Speech style after mastering the use of pauses should appear easier and more fluent than that characterized by moments of tension and stuttering, as in previous utterances. The pauses can serve as a stimulus to reflect on ways to achieve fluent speech.

(16:45–17:00)

The Dutch primary stuttering prevention project*C. Nater-Berkeljon, Netherlands*

This project is a multi-year prospective fieldwork (1995–2009) to investigate the effect of primary prevention on the onset and course of stuttering among a group of hundred-fifty-nine high risk preschool children. All children had a parental history of stuttering. They were between eighteen and twenty three months of age and spoke fluently when the family attended the primary prevention program and were followed over a period of seven years afterwards. We aimed at reducing the occurrence of persistent stuttering by 80% in this group of high-risk children.

Seminar / Course – Intervention

Joliet

Chair: Carla DiDomenicantonio

(16:00–17:00)

Evaluating a parent/child treatment program for preschool children who stutter*C.E. Coleman, J.S. Yaruss and D.W. Hammer, Children’s Hospital of Pittsburgh, Univ. of Pittsburgh, USA*

This seminar will present a systematic approach for training parents to facilitate their children’s fluency through standard modifications to parents’ communication styles. This intervention approach combines individualized instruction for parents regarding treatment goals with immediate, interactive feedback provided to parents during treatment sessions. In addition to reviewing procedures for training parents, the presenters will explore ways to tailor this intervention program for different clinical settings to maximize therapeutic benefit for children and their families. Preliminary efficacy data for this intervention approach will be presented.

Thematic – Definition, Measurement and Assessment

St. Maurice

(16:00–16:45)

Fluency data profile: Starting point for management decisions*S. Davis and A. Lykes, LSU Health Sciences Center, USA*

The Fluency Data Profile is an assessment instrument for use with children and adults. It provides a framework for identifying stuttering behaviours across different speaking situations and provides formulas for calculating disfluency percentages, disfluency types, and severity ratings. Results can be used to devise management programs for intervention. This presentation will include a description of the Profile, directions for administering it to adults and children, and the use of Profile results in generating management plans.

(16:45–17:00)

Judgements of disfluency in a familiar vs. unfamiliar language*B. Humphrey, Nova Southeastern Univ., USA*

This study examined whether English/Spanish bilingual judges may be better at making dysfluency judgements in Spanish than monolingual English-speaking judges. Both groups judged a Spanish-language narrative to contain a greater percentage of disfluencies than an English-language narrative by the same speaker. Neither group identified significantly more disfluencies in the Spanish-language narrative fluency sample nor in the English-language narrative. Implications for treatment and directions for further research are discussed.

Thematic – Professional and Service Issues

Hochelaga 3

Chair: Sue Christensen

(16:00–16:30)

Student clinicians' preference for working with stuttering

M. Leahy, C. Delaney, Trinity College, Ireland, Univ. of Wales, Wales

Why do some students prefer to work in the area of fluency disorders? Why do some prefer to work with other client groups? A qualitative study addressing these issues with 3rd and 4th year students in SLT education centres in the UK and Ireland will be presented. A principal objective in the study is to identify those students interested in working in stuttering, to explore their development as a fluency clinician, their attitudes to stuttering, and the factors influencing their choices for working in stuttering.

(16:30–16:45)

Stuttering therapy in the schools: Focus groups with school clinicians

J. Tetnowski, J. Damico, J. Bathel and J. Tetnowski, Univ. of Louisiana at Lafayette, USA

Past research has shown that speech-language pathologists lack confidence when working with people who stutter (Brisk, Healey, & Hux, 1997; St. Louis, & Lass, 1981). Much of this data comes from survey, or anecdotal evidence, without an in-depth analysis of the causes for this attitude. This study presents results from a series of focus groups with public school clinicians that have seen poor efficacy with PWS. Results show that clinicians perceive barriers to their limited success. Reasons include the small incidence of PWS on their caseloads, which in turn affects clinician choices relating to continued learning and upgrading of skills.

(16:45–17:00)

Fluency disorder: A case study to teach an integrated model at the university

L. Rodriguez, Univ. de Castilla la Mancha, Spain

This paper tries to show the way we can teach at the University the importance of an integrated model using an initial case study. We think that case study is a very didactic method in order to show pupils how to make a diagnostic and an integrated treatment, that is to say, consider the case in his/her whole dimensions or total health (bio-psycho-social health).

We present the case of a 6 year old boy, having language development and fluency disorders. We use this case in our classes at the University, and pupils must investigate in order to offer different possibilities for treatment.

Thematic – Causes and Development

Hochelaga 2

Chair: Ann Meltzer

(16:00–16:30)

Some hypotheses about what happens during a stuttering event

V. Urban, Germany

The stutterer's urge to begin his attempt at speaking as soon as possible leads to an earlier start of articulation. It fails because at that moment, the articulatory plan is not yet available. With so-called clonic (oscillatory) stuttering though, the first sound will be articulated well because it was independently prepared. With blocks, the first sound will fail at a point where a quick involuntary movement is needed. The stutterer experiences emphatic articulation of the first sound as an adequate attempt to initiate speaking because, with normal speaking this correlates with very clear articulation.

(16:30–17:00)

Generation of fluent and disfluent speech by a control-theoretically inspired model

K.T. Kalveram and U. Natke, Univ. of Dusseldorf, Germany

A model is presented producing the core symptoms of stuttering (part-word repetitions, prolongations, speech blocks). It includes a simplified articulator, a neural network performing low-level inverse control of the articulator, and a hierarchically organized parallel-to-serial converter for high-level speech control. The model focusses on young children's problems learning to switch from re-afferent to efferent control of vowels of short stressed and unstressed syllables. That low-level learning being incomplete, the high-level serialization control can get faulty 'ready signals' causing the speech generation mechanism to produce the observed disfluencies. Recent data of children aged from 2–5 years correspond to the model.