

Thursday 14 August

08:30–09:15

Marquette* /
Joliette

Plenary Session

Chair: David Shapiro

(08:30–09:15)

Keynote speaker Jaan Pill, International Stuttering Association/Canada

Self-Help and the International Scene

09:30–10:30

Marquette*

Thematic – Definition, Measurement and Assessment

Chair: Howard Schwartz

(09:30–10:00)

Treatment for early childhood stuttering: A randomized clinical pilot

M.-C. Franken, C. Kielstra-van der Schalk and H. Boelens, Erasmus MC-Sophia, Speech and Hearing Centre, Univ. of Leiden, Netherlands

In a randomized clinical pilot, two stuttering treatment programs for young children were compared. One treatment program, the Demands & Capacities Model, is common in the Netherlands. The other program, the Lidcombe Programme, is relatively new in the Netherlands. In this pilot study, the feasibility of a randomized clinical trial of the effects of the two different treatment programs was investigated. 32 children younger than 6 years old, who stuttered for more than six months were included in the study. Before, and after a maximum of 12 treatments, outcome measures were collected. The results of this pilot study will be presented.

(10:00–10:30)

Five year outcome of an intensive stuttering treatment program

M. Langevin and D. Kully, Institute for Stuttering Treatment and Research, Canada

This study was designed to evaluate the long term effects of an intensive stuttering treatment program for teens and adults. Measurements for 36 clients were obtained during a 5 year post-intensive treatment period. Follow-up measures included percentage of stuttering, syllables spoken per minute, and four self report questionnaires designed to measure changes in attitudes, perceptions of stuttering, confidence, and speech satisfaction. General findings of this study will be discussed and compared with previously reported long term results (Boberg & Kully, 1994; Langevin & Boberg, 1993).

Joliet

(09:30–10:30)

Double Seminar / Course – Intervention

Chair: Barry Guitar

Using cognitive therapy in group-work with young adults (Part I)

J. Fry and F. Cook, Michael Palin Centre, UK

This course will present an overview of how therapists at the Michael Palin Centre have integrated Cognitive Therapy into an established intensive therapy programme for young adults aged 15–18 years. Participants will be introduced to the central components of the program which include communication skills, fluency skills, cognitive reframing and personal responsibility for change. Cognitive Therapy techniques discussed will include identifying and questioning negative automatic thoughts, use of thought diaries, designing behavioural experiments and questioning negative patterns of thinking such as self-criticism. Ways in which these techniques can be adapted for use within a group setting will be discussed.

* English morning sessions in the Marquette Room will be simultaneously translated into French

Thematic – Diagnosis, Causes and Development

St Maurice

Chair: Susan Felsenfeld

(09:30–10:00)

Differential diagnosis of stuttering and self-referral: About some neurological findings

M.-C. Monfrais-Pfauwadel, Hôpital Européen Georges-Pompidou, France

Out of the 300 patients of the new Stuttering Clinic in Hôpital Georges Pompidou, in Paris, several cases of misdiagnosis are related and analysed. Among those self referred cases, a case of Wilson's disease, several cases of temporal epilepsy, tics disorders, Tourette's syndrome, emerging dementia.

The discussion is based on the notion of differential diagnosis, the validity of our protocols, the information about stuttering and a reflection about the classification of disfluencies according to their nosological value.

(10:00–10:15)

Familial childhood stuttering: Stuttering characteristics and speech abilities

S. Buck, R. Lees, P. Martin, A. Nicholas and L. Hoey, Univ. of Strathclyde, Michael Palin Centre, Yorkhill NHS Trust Dysfluency Team, UK

The purpose of this study is to explore familial childhood stuttering in contrast to childhood stuttering with no familial factor. Information pertaining to the family pedigrees of 36 children who stutter will be presented. Whilst research into family histories of stuttering is important, this has rarely been related to the implications for the child. This paper presents the findings of the analyses of the stuttering onset factors, disfluency types exhibited, and speech abilities of the children, in relation to familial history. Some implications of these findings will be discussed.

(10:15–10:30)

A learning theory model of stuttering

V. Urban, Germany

Every stutterer has the ability to speak fluently. Why doesn't a spontaneous learning process result in the stutterer using this ability all the time? The model presented here emerged from the following observation: When a stutterer interrupts a stuttering event, he will experience fear and an urge to start speaking again immediately. This urge forms the basis of a new way of understanding stuttering. Conscious efforts of the stutterer and various vicious cycles will result in the development of fear in the pause and the avoidance thereof rewards the stuttering. Much evidence and possibilities of empirical validation will be presented.

Seminar / Course – Service Delivery Models

Hochelaga 3

Chair: Susan Cochrane

(09:30–10:30)

An integrated care system for people who stutter

M. Voors and D. Putker, Stottercentrum Bloemendaal, Stottercentrum Zwolle, Netherlands

In speech therapy treatment in the Netherlands, the majority of therapists use a combination of the "stutter-more-fluent, speak-more-fluent" approach. In order to make stutter therapy as effective as possible, we believe it is necessary to combine both individual and group therapy. Most therapists in the Netherlands are unable to provide this amalgamation.

A group of speech specialists in the Netherlands has been developing a new system, where therapists can enrol their patients in different modules. Cooperation between speech therapists has resulted in an Integrated Care System for stutterers, where individual and group therapies form an ongoing, long-term treatment.

Thematic – Multi-cultural and Multi-lingual Aspects of Stuttering

Hochelaga 2

Chair: Nancy Hall

(09:30–10:00)

Normal speech rates and disfluencies in French and English

P. Roberts and A. Meltzer, Univ. of Ottawa, The Ottawa Hospital, Canada

Most published studies of normal speech disfluencies and rate of speech have reported on English speakers. In order to adequately serve non-English speaking people who stutter, we need data on speech patterns in other languages. This mini-seminar will present data from a series of studies on speaking rate and normal speech disfluencies in unilingual English-speaking adults and French-speaking adults (1 group with little English, the other proficient in English). The tasks are those used in clinical assessments: a monologue and reading aloud. There are many similarities between the three groups, but also important differences. English norms and standards should not be applied to French (Canadian) speech.

(10:00–10:15)

Distribution of disfluencies according to word class categorization in Brazilian Portuguese

F. Juste and C. Andrade, Univ. of São Paulo, Brazil

This study aimed to verify the influence of word class in the speech of fluent and stuttering children, speakers of the Brazilian Portuguese language. Participants of this study were 20 stuttering children (GI) and 20 fluent children (GII), 26 males and 14 females, whose ages ranged from 4.0 to 11.11 years. Speech samples were collected aiming to classify the presented speech disfluencies according to their typology and grammatical class.

(10:15–10:30)

Aspects of normally fluent speech in Brazilian adults

C. Andrade, D. Zackiewicz and F. Sassi, Univ. of São Paulo, Brazil

This study aimed to describe the normally fluent speech of Brazilian Portuguese speaking adults who do not stutter. Speech samples of 30 adults, 13 males and 17 females, whose ages ranged from 20 to 43 years, and had no history of any communication disorders were analyzed and the following measures obtained: speech typology of disruptions (typical and less typical disruptions), speech rate (syllables and words per minute), and frequency of disruptions (percentage of speech discontinuity and percentage of stuttered syllables). Mean values and confidence levels and the clinical implications of these findings are presented.

10:30–11:00

Hochelaga
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Refreshment break

11:00–12:30

Forum – Multi-cultural and Multi-lingual Aspects of Stuttering

Marquette*

Chair: J. Watson

(11:00–12:30)

Stuttering across cultures: Research and treatment issues – Future directions

ASHA SID-4 task force — J. Watson, L. Betancourt, F. Hall, M. Leahy, K. McNeal, P. Roberts, T.L. Robinson, Jr. and Y-C. Tsoa

The purpose of this session is to identify empirical and clinical needs for improving our understanding of stuttering across cultures. During this session, participants will break out into working groups to discuss the following questions:

1. What are current and future significant research questions about the nature and treatment of stuttering in culturally and linguistically diverse populations?
2. How are these questions currently being addressed/examined?
3. How might we address/examine these questions?
4. What are the needs (including resources) for addressing these questions?

Working groups will present highlights of their discussions at the end of the session.

* English morning sessions in the Marquette Room will be simultaneously translated into French

Double Seminar / Course – Intervention

11:00–12:30

Joliet

Using cognitive therapy in group-work with young adults (Part II)

J. Fry and F. Cook

Thematic – Atypical Stuttering

St Maurice

Chair: Patrick Finn

(11:00–11:15)

Two very different cases of adult onset stuttering

J. Harrison, McGill Univ. Health Centre, Canada

Two cases of adult onset stuttering are presented, one of neurological origin, one functional. Neither had any history of stuttering behaviour nor any other speech or language abnormality prior to onset of dysfluency at ages 28 and 42 respectively. LF presented with an atypical pattern of multiple syllable and word repetitions following a stroke. TN presented with a severe stutter which had gradually developed over a few weeks. Neurological findings, stuttering behaviours, and response to treatment will be compared and contrasted. Implications for the nature and development of stuttering will be discussed.

(11:15–11:30)

Dysfluency in Tourette's syndrome

J. Van Borsel, L. Goethals and M. Vanryckeghem, Ghent Univ. Hospital, Belgium, Univ. of Central Florida, USA

It is often stated that stuttering is a common speech disorder in individuals with Tourette's syndrome. It has also been suggested, however, that the fluency failures in Tourette's syndrome do not completely conform to the classic pattern of stuttering. The present paper describes the results of an analysis of the speech patterns and associated behaviors of three individuals with Tourette's syndrome. A mixed picture emerged. While the subjects produced more "normal" disfluencies than "stuttered" disfluencies, the distribution of stuttered disfluencies tended to be similar to that seen in genuine stuttering.

(11:30–11:45)

Overt symptoms of stuttering in children with and without Down's syndrome

M. Bray and N. Whitworth, Leeds Metropolitan Univ., UK

Although there are arguments about the nature of dysfluencies in the speech of children with Down's syndrome, most clinicians and others will define these as stuttering. Yet this population, in which high percentages of dysfluency (between 40% and 60% depending on authors) have been identified, have seldom been included in research into stuttering. The present study compares the speech of children with and without Down's syndrome using acoustic analysis in order to clarify the nature of the speech acts associated with 'stuttering' in both groups.

(11:45–12:15)

Auditory feedback and adaptation effect in adults with neurogenic stuttering

V. Balasubramanian and L. Max, Seton Hall Univ., Univ. of Connecticut, USA

We report neurological information and experimental data regarding three adult males with acquired neurogenic stuttering. Subjects showed different lesions: bilateral pontine and right orbital frontal lesion (case 1), left fronto-temporal lesion (case 2), and left temporal lobe sharp and slow discharges (case 3). The experimental data consist of stuttering frequency measures under a) adaptation, b) unison reading, c) delayed auditory feedback and d) frequency altered feedback conditions. Results indicate that these cases with neurogenic stuttering did not show increased fluency under fluency enhancing conditions known to be fluency enhancing for developmental stuttering.

(12:15–12:30)

Another case of word-final dysfluencies

J. Van Borsel, E. Geirnaert and R. Van Coster, Ghent Univ. Hospital, Belgium

It has been commonly thought that stuttering and related dysfluencies do not occur at the ends of words. However, word final dysfluencies have been documented in the literature and may be under-reported at present. This study investigated the word-final dysfluencies as they occurred in a 12-year-old boy. A linguistic analysis revealed that the word-final dysfluencies in this individual showed some resemblance to palilalia, confirming earlier findings in another case. Trial therapy suggests that word-final dysfluencies can be treated.

Seminar / Course – Neurological and Speech Motor Basis of Stuttering

Hochelaga 3

Chair: Robert Kroll

(11:00–12:30)

A primer on neuroimaging: Basic methodologies and applications in stuttering

L. Molt and M. Blomgren, Auburn Univ., Univ. of Utah, USA

Much of the research in stuttering over the last decade has utilized a variety of neuroimaging approaches. This mini-seminar is designed to provide participants with basic information concerning the different types of imaging techniques, how each functions, how they differ from each other in the information they provide, and how they have been or how they might be applied in stuttering research. Techniques to be discussed include static radiology & fluoroscopy, tomography, CAT, MRI and fMRI, PET, EEG, QEEG, EP/ERP, MEG, and multi-modal approaches.

Seminar / Course – Service Delivery Models

Hochelaga 2

Chair: Margaret Leahy

(11:00–11:15)

Facilitating treatment of stuttering in children and adolescents

H. Christmann, The Association for Stutterers in Denmark, Denmark

Christmann (1999, 2001a, 2001b), Niclason (2001), and Humphreys (2002a) report about flaws in the provision of adequate services for stuttering in children and adolescents. This paper reports about preliminary results from a project aimed at establishing an organizational structure within the treatment settings, which would facilitate rendering services that are characterized by a consistent quality and embedded in the organization rather than predominantly being embedded in enthusiastic individual SLP's. Services thus would be less apt to be vulnerable to loss of knowledge and skills due to staff members leaving, eg. for other jobs or through retirement.

(11:15–12:30)

Stuttering treatment in schools: Developing family partnerships

S.R. Gottwald and N.E. Hall, Univ. of New Hampshire, Univ. of Maine, USA

School-based SLP's will learn about strategies to maintain enabling partnerships with families of children who stutter. Identifying feelings, reactions, and attitudes of families as well as stages of coping with the loss that stuttering precipitates, will prepare SLP's to support families as they reach out to help their children.

12:30–14:00

Lunch Break (on your own)

Thursday 14 August

14:00–15:30

Thematic – Miscellaneous (French) Simultaneous Translation English

Marquette*

Chair: André Courcy

(14:00–14:30)

Le bégaiement : Hypothèses actuelles Stuttering: Current hypotheses

J. Marvaud, Président de l'Association Parole Bégaiement, France

Cette démarche réflexive et clinique de la compréhension du bégaiement entraîne à l'envisager comme un symptôme psychosomatique. L'importance de la construction du champ émotionnel et de la communication du jeune enfant ouvrent des voies nouvelles. L'étude de l'enfant futur somatisant permet une prise en compte différente des données sur le bégaiement et l'apport de réponses critiques à des formulations habituelles. Le travail de prévention et l'approche thérapeutique du bégaiement montrent alors leur efficacité.

Stuttering can be considered to be a psychosomatic disorder. Understanding the importance of the emotional make-up and the communication development of the child opens up new avenues. Observing the child as predisposed to a psychosomatic disorder allows one to view stuttering in a different way with a critical view on traditional approaches. The effectiveness of this approach in prevention and treatment of stuttering will be discussed.

(14:30–15:00)

Qu'est devenue la communication quand on bégaie? Comment changer? What happens to communication when we stutter? How to change?

M. Simon, France, Hôpital de la Salpêtrière, France

Sortir du bégaiement passe autant par le contrôle de la fluence que par la construction interne d'un « être sachant communiquer ». Car nombreuses sont les attitudes gauchies lors de la situation de communication chez les sujets qui bégaient. Les modalités thérapeutiques d'un changement seront décrites théoriquement et cliniquement.

People who stutter have many distorted attitudes when they are in situations where they have to speak. Overcoming stuttering involves not only fluency control, but also the development of a self-perception that they are able to communicate. Theoretical and clinical approaches will be discussed.

(15:00–15:30)

Ma vision comme intervenant My vision as an intervener

P. Lafrance, Association des Bègues du Canada Inc.

Mon nom est Pierre Lafrance. Je suis une personne bègue qui, grâce à une thérapie orthophonique et avec l'aide de l'Association des bègues du Canada, contrôle bien sa fluidité. Depuis plus de 18 ans, je m'implique activement dans ce groupe d'entraide comme intervenant et membre du conseil d'administration. Au cours des années, plusieurs personnes intéressées à ce problème de parole se sont confiées à moi, dans le but de mieux se situer face à leur bégaiement. Je veux partager avec vous leurs inquiétudes, leurs attentes, leurs échecs de communication, leurs frustrations et leurs souffrances. Est-ce qu'elles sont toutes prêtes à mettre les efforts et l'énergie nécessaires pour se sentir confortables, malgré ce handicap? À partir de mon expérience, je répondrai à toutes ces questions.

My name is Pierre Lafrance and I am a person who stutters. Through therapy and help from l'Association des Bègues du Canada (ABC) I am able to control my fluency well. For more than 18 years I have been an active member of the ABC organization and a member of the administrative board. During these years many people interested in this speech problem have confided in me about how they came to terms with their stuttering. I want to share with you their concerns, their frustrations, their communication failures and their suffering. Are they ready to make the effort and apply the necessary energy to become comfortable with this handicap? From my experience I will answer these questions.

* French afternoon sessions in the Marquette Room will be simultaneously translated into English

(15:30–15:45)

Évaluation et traitement à distance des bégues via la télésanté **Evaluation and treatment of stuttering from a distance via telehealth**

J. Fortier-Blanc, C. Sicotte, P. Lehoux, N. Beausoleil, Y. Leblanc and N. Lessard, Université de Montréal, Ste-Justine Hospital, Canada

Le traitement à distance d'individus présentant un bégaiement est une modalité d'intervention nouvelle et prometteuse. Un projet pilote de recherche a permis d'évaluer l'efficacité d'utilisation de la vidéoconférence (téléorthophonie) auprès de neuf jeunes qui bégaièrent, ayant entre 3 et 18 ans. Ces jeunes furent évalués et rééduqués par une orthophoniste située à 600 km d'eux. Cette présentation fera état de l'évolution de la fluidité sur une période d'un an et des mesures de satisfaction pour chacun des participants. Elle tentera également de mettre en lumière les enjeux professionnels et caractéristiques du traitement à distance dans le cadre de la télésanté.

Treating individuals who stutter from a distance is a new and promising avenue. This pilot study investigated the responses of stutterers to an innovative service delivery model. Nine stutterers, between the ages of 3 to 20 years, were accessed and given treatment via videoconference technology (telespeech), by a speech-language pathologist stationed 600 kilometres away. Individual profiles regarding outcome measures for fluency and satisfaction measures will be presented, for data collected over a one-year period. Issues pertaining to telespeech or the application of telehealth to speech-language pathology will also be discussed.

Seminar / Course – Intervention

Jolliet

Chair: Alice Anne G. Farley

(14:00–15:30)

The successful stuttering management program with therapy “tune ups” for adolescents and adults

K.M. Krieger, S. Short, G. Dempsey, R. Jackson and J. Eckardt, Eastern Washington Univ., USA

An Overview of the Successful Stuttering Management Program (SSMP) describes an intensive stuttering program for adolescents and adult stutterers. It is a speech/language pathology training program of 3.5 weeks duration. The therapy stresses communication skills; not fluent speech. It originated at Eastern Washington University in Cheney, WA, in 1962 and has been expanded to South Africa, Germany and University of Utah. The program has recently added two 5-day maintenance programs. The SSMP Tune-Up runs concurrently with the intensive program at Eastern Washington University. This addresses the unique needs of the stuttering client to access periodic therapy to prevent or respond to major relapse.

Thematic – Outcomes and Efficacy of Interventions

St Maurice

Chair: Marilyn Langevin

(14:00–14:15)

Tracking the progress of stuttering treatment using subjective parent ratings

W.S. Rosenthal, California State Univ., USA

A parent rating procedure for young children who stutter is described. The procedure is subjective, requires no objective counts of behaviour, but corresponds well with both clinician assessments and objective SSI-3 scores. These parent ratings are important confirmation about the progress (or lack thereof) observed by clinicians. They are also useful during breaks in therapy, so that significant and alarming changes can be detected early and timely intervention provided. Data are presented that show the relationship between SSI-3 score changes and changes in parent ratings over the same period. The data illustrate good correspondence between SSI-3 and parent rating changes.

(14:15–14:45)

Test-phase of the German program for the evaluation of stuttering therapies (PEVOS)

J. Pape-Neumann, H.G. Bosshardt, U. Natke, H. Oertle and P. Sandrieser, German Stuttering Association, Ruhr-Universität Bochum, Heinrich-Heine-Universität Düsseldorf, Germany

On the initiative of the German self-help organisation the PEVOS program was developed to evaluate different stuttering therapies over a time period of two years after therapy. The concept was designed by a group of therapists and scientists and was tested since 2001. In the test-phase data were collected from ten therapists with 100 clients. Fluency data were obtained by telephone calls. Functional outcomes and changes in attitudes and emotions were measured with questionnaires. Results will be presented, organisational problems and possible solutions will be discussed.

(14:45–15:00)

The successful stuttering management program: A multi-dimensional assessment of treatment effects

M. Blomgren, T. Callister and N. Roy, Univ. of Utah, USA

Nineteen adult stutterers participated in a three-week intensive stuttering modification treatment program. A series of fluency and affective-based measures were assessed pre-treatment, post-treatment, six months post-treatment, and one-year post-treatment. Measures included: stuttering frequency, Stuttering Severity Instrument scores, severity self-ratings, Beck Depression Inventory, State-Trait Anxiety Inventory, Multicomponent Anxiety Inventory, Locus of Control Inventory, and the Perceptions of Stuttering Inventory. Mean changes in scores before and after treatment indicated clinically positive and statistically significant changes on most affective measures. Improvements in percentage of disfluency and stuttering severity were clinically positive but less robust than the affective measures. Discussion will focus on the strengths, weaknesses, and durability of this treatment approach.

(15:00–15:15)

Responsiveness to treatment of early stuttering with the Lidcombe Program: Preliminary results

I. Rousseau, M. Onslow, A. Packman, E. Harrison, Univ. of Sydney, Stuttering Unit Bankstown Health Service, Australia

The Lidcombe Program of early stuttering intervention is a parent-delivered behavioural treatment. This project investigates the relation between time since onset of stuttering and the duration of treatment with the Lidcombe Program. In the past, time since onset has been associated with duration of treatment, and these findings are important for deciding whether to begin treatment or to delay treatment to give a chance for natural recovery to occur. However, these studies relied on retrospective methods. The present project incorporates prospective methods, and preliminary data are presented.

(15:15–15:30)

Acoustic analyses of speech naturalness — A comparison between two therapeutic approaches

F. Sassi and C. Andrade, São Paulo Univ., Brazil

The purpose of this study was to use voice onset time (VOT) measure from a target syllable located at the beginning of a carrier phrase as a parameter of speech naturalness, comparing the outcome of two stuttering treatment procedures. Four adults stutterers were divided in two groups and submitted to the same Fluency Promotion Program. For one of the groups (GI), electromyography (EMG) was used as biofeedback. Although the number of participants of this research was small, the association of EMG to a Fluency Promotion Program seems to produce more natural sounding speech.

Thematic – Self-Help Programs and Initiatives

Chair: Lee Reeves

Hochelaga 3

(14:00–15:00)

Being open about our stuttering: The world turned upside down

M. Jezer, National Stuttering Association, USA, and panelists from the self-help movement in the United States and Canada including David Block, Jeff Shames and David Steiner

Stuttering, which once shamed and humiliated us, and which we tried to avoid by keeping silence, has now become a source of strength and even pride, because we have gone public about it and are no longer willing to hide. An important point of the presentation would be discussing self-help organizations as a healing force.

(15:00–15:30)

Self-change from stuttering during adolescence and adulthood

P. Finn, Univ. of Arizona, USA

It is believed that once stuttering persists into adolescence, it becomes more difficult to manage. However, an often-overlooked body of research suggests persistent stuttering is sufficiently changeable that speakers who stutter can improve to a degree that they no longer consider themselves handicapped by stuttering and some are even perceived as normally fluent. This improvement often occurs without professional help and it appears that most learned to self-manage their disorder. This mini-seminar will consider why the phenomenon has been ignored, the evidence that supports late recovery without treatment, and the implications of these findings for understanding recovery from stuttering.

Thematic – Personality and Emotional Factors

Hochelaga 2

Chair: Rosemarie Hayhow

(14:00–14:45)

Dealing with heightened sensitivity in children who stutter

L. Oyler, Resources for People Who Stutter, USA

Eighty-three to 84% of CWS fall into the highly sensitive range (Oyler, 1996a, 1996b, 1999). Biology and characteristics of temperamental sensitivity in people are the initial focus in this paper. After a review of the literature on sensitivity in CWS, a variety of suggestions and coping strategies that enhance function for the highly sensitive person are discussed.

(14:45–15:15)

Peculiarities of self assessment and the level of self confidence of stutters in the senior classes of secondary schools

H. Y. Rau and V. P. Konnava, Moscow Pedagogical State Univ., Russia

Stuttering appears in difficult speech situations. It is a psychological communication disorder. There is a close interdependence between the peculiarities of a person's self-assessment and his level of self-confidence. Our experiment with children, during which we used a variety of psychodiagnostic methods, showed that the level of self-confidence of stutters in the senior classes is characterized by contradiction and conflict: the motive to achieve success and the motive to avoid failure are not balanced. The conclusion from our study is that it is necessary to carry out psychological education to correct their self-assessment and the level of self-confidence.

(15:15–15:30)

Psychological adjustment and language competence among young children who stutter

E. Ottem, A. N. Narmo and S. Slinde, Bredvet Resource Centre, Norway

The Personality Inventory of children (PIC) (Wirt, Lachar, Klinedinst, & Seat, 1977) and the CELF-3 (Clinical Evaluation of Language Fundamental, Semel, Wiig & Secord, 1995) were administered to 48 young children who stutter with unsuspected psychological and language problems. Contrary to the common sense hypothesis that poor language ability leads to psychological problems, we found that high scores on several of the CELF-3 subtests predicted behavioral and emotional problems.

15:30

Refreshment break

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