



— international fluency association —

4th World Congress on Fluency Disorders

August 11–15, 2003
Montreal, Canada

PROGRAM



dedicated to
research, understanding, and management
of fluency disorders

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Rosalee Shenker and Lisa Avery

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Ann Meltzer, Chair, Program Committee,

Sue Christenen-Wright, Chair, Registration Committee

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The Co-Presidents and Planning Committee Chairs would like to acknowledge the following individuals for their assistance and support. Their efforts are greatly appreciated.

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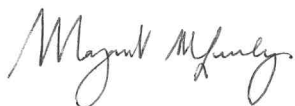
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Welcome to the 4th World Congress on Fluency Disorders and welcome to Canada. The broad-based work and social schedule promises to surpass the ambitions of the Planning Committee to present you with a quality program of events, where people can exchange views and experiences, discuss clinical and research application and interests, re-visit old ideas, be inspired about recent developments, and enjoy the company of old and new friends. All of this, and the wonderful multicultural city of Montreal to explore as well!

Each Congress of the IFA reflects its mission: to bring together people from all around the world who are interested in understanding stuttering and fluency; to work toward improving the quality of life of people with fluency problems; and to recognize the mutual contribution of the expertise of those who study fluency from a wide range of perspectives and of those who stutter. This Congress provides you with opportunities to engage in every aspect of the IFA's mission.

Hosting the 4th World Congress is the result of able and committed teamwork. The Planning Committee has been co-ordinated by Rosalee Shenker and Lisa Avery, Co-Presidents. The Program Committee Chairperson Ann Meltzer has been supported and assisted by a strong group of people from Canada and around the world. In addition, the experience of Herman Peters, representing the IFA Standing Committee on Meetings and Conferences, has been a constant source of encouragement and wisdom.

Be assured the quality of organization, matched with the warmth and friendliness of the IFA promises a memorable professional and social experience. I am looking forward to greeting you individually over the next four days. Enjoy the Congress and your time in Canada.



Margaret M. Leahy
President, International Fluency Association

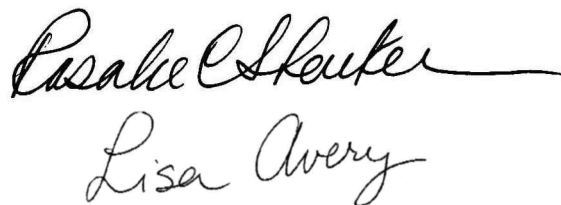
We are proud to welcome everyone to Montreal, site of the International Fluency Association 4th World Congress.

This is the first time that the World Fluency Congress has taken place in Canada and the scope of planning for this meeting has truly been a "cross country" effort with the organizing and programme committees comprised of people from British Columbia and Alberta in the west to Ontario, Quebec and New Brunswick in the east. The dedication of Canadian Fluency Specialists has inspired all aspects of the planning that has gone into making this Congress the success that we know it will be.

The Congress Program is a mélange of contributions from consumers, clinicians and researchers from around the world, as multicultural and multilingual as Montreal itself. We are certain that every participant will find many special elements to give this Congress its unique flavour as in past meetings in Munich, San Francisco and Denmark. Additionally, we have planned a social schedule that we feel certain will bring all participants together with many opportunities for personal growth and new friendships. Finally, the fully renovated 'Canadian Heritage' hotel with its accessibility to the core of the city will greatly enhance the experience of the Congress.

Finally the city itself! Montreal is a unique gem, a North American city with all the charm of the old world combined with modern amenities. We are sure that everyone will want to explore all the spirit and elegance, as well as the hidden treasures that this city has to offer.

We look forward to personally meeting each of you during this 4th World Congress.



Rosalee C. Shenker and Lisa Avery
Co-Presidents
IFA 4th World Congress

4th World Congress on Fluency Disorders

Official language

The official language of the Congress is English. There will be simultaneous translation from English to French and French to English of all presentations in the Marquette Room Thursday 14 August.

Proceedings

The Proceedings of the IFA 4th World Congress will be published in the spring of 2004.

A copy of the Proceedings will be mailed to participants who paid the full registration fee. Others may purchase a copy of the Proceedings for the cost price. Order forms will be available at the Congress information desk.

	Monday, August 11	Tuesday, August 12	Wednesday, August 13	Thursday, August 14	Friday, August 15
Registration	11:00–18:00 Mezzanine Level (Level 1)	07:30–09:00 Convention Level (Level 2)	08:00–09:00 Convention Level (Level 2)	07:30–09:00 Convention Level (Level 2)	07:30–09:00 Convention Level (Level 2)
Congress Information	11:00–18:00 Convention Level (Level 2)	Opens 07:30 Convention Level (Level 2)	Opens 08:00 Convention Level (Level 2)	Opens 07:30 Convention Level (Level 2)	Opens 07:30 Convention Level (Level 2)

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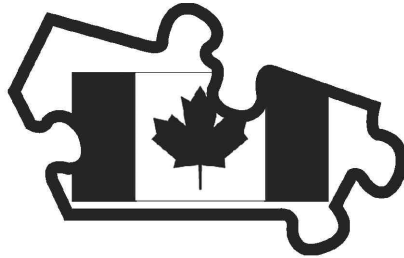
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Excursions

Monday, August 11

13:30–16:30 Motor coach tour: *Montréal, C'est Magnifique*

Tuesday, August 12

Accompanying Persons

07:30–17:30 Quebec City Day Trip (lunch included)

or

09:00–13:30 Montreal Botanical Garden and Montreal Biodome

Wednesday, August 13

13:00–16:00 Jet Boating - Ride the Lachine Rapids
(gourmet box lunch provided on the bus)

or

14:00–17:30 Walking Tour of Old Montreal

Thursday, August 14

Accompanying Persons

08:30–16:30 Laurentian Mountains Excursion (lunch on your own)

Tour departures: Please present yourself to the tour guide at the Mansfield entrance of the Fairmont Queen Elizabeth Hotel ten minutes before scheduled departure time. Tickets for tours where seats are still available can be purchased at the Information desk.

Social events

Monday, August 11

18:30–19:30 Opening Ceremony

ROOM

Marquette/
Jolliet

19:30–22:30 Reception (light refreshments)

Hochelaga
4, 5, 6

Tuesday, August 12

19:00 Dine-Around (Meet in the Registration area Mezzanine - Level 1)

Wednesday, August 13

18:30 "*Cabane à Sucre*"- Québec folk evening with dinner at an authentic maple bush camp (Please present yourself to the tour guide at the Mansfield entrance of the Fairmont Queen Elizabeth Hotel ten minutes before scheduled departure time).

Thursday, August 14

19:45 Banquet and Awards Ceremony (music and dancing)

Grand Salon

Meetings

Wednesday 13, August

07:30–08:45 IFA Board Meeting (continental breakfast)

St Charles

Thursday 14, August

17:30–19:00 IFA General Members Meeting

Hochelaga 2

One of the items on the agenda will be the venue for the next Congress. Are you or your colleagues interested in making a bid?

Friday 15, August

07:15–08:15 Proceedings: Editors Meeting (continental breakfast)

St Charles

National Stuttering Association

Meeting the needs of children who stutter and their families.

Visit our booth and pick up a **FREE** stuttering resource file filled with:

- *Resources for preschool, school age and teens who stutter.*
- *Continuing Education Seminars.*
- *National conference, Family days, Adult Workshops.*
- *Informational books, Pamphlets, Newsletters covering all aspects of stuttering for the SLP, educator and medical professional.*

The NSA has resources to help you treat children who stutter.

Practical, Hands-on materials are wonderful tools to help you help the child who stutters. Here are just a few:

Preschool Children Who Stutter: Five steps to help the child who stutters.

A Classroom Presentation Guide: Help your student decrease teasing and overcome the fear of speaking in class by educating peers on the disorder of stuttering.

Bullying and Teasing: Helping children who stutter manage the effects of bullying and teasing.

Top 10 lists for parents of preschool, school age and transitional teen. These valuable resources immediately address the fears, concerns and emotions associated with being a parent of a child who stutters.

Educator brochure: Provides the classroom teacher with ideas for handling situations that arise in the everyday classroom environment.

Notes to Listeners: This brochure supplies the listener with basic information on stuttering as well as provides a greater understanding of this complex disorder.

How to Be More Successful in Interpersonal Relationships guide: This will help develop the confidence needed to communicate more freely. Specific topics include: Friends and acquaintances - The social side of business - Marriage and family - Community activities - Romance and social interaction.

Employment support material: Finding a job can be difficult for the person who stutters. Our employment support materials discuss topics related to the job search, talking about stuttering with the employer, and job advancement.

***PROVIDING RESOURCES TO THE STUTTERING COMMUNITY
1977–2003***

A 501 (c) (3) organization

Speaker Preparation

Following registration please report to the Speaker Preparation Room — Saguenay — and check in with the Speaker Room attendant. The room will be available for presenters to review audiovisual material.

Presenter Information

Speakers are requested to go to their conference room at least 20 minutes before the scheduled presentation in order to meet the chairperson.

Please pay close attention to the time limits of presentations. Leave 3 minutes of a 15 minute time allocation, 5 minutes of a 30 to 90 minute allocation and 10 minutes of a Double Seminar for a question and answer period. Presenters must keep their presentations within their time frames.

Session Chairs

Chairpersons have been assigned to all the Sessions. They will introduce speakers, facilitate question periods and keep sessions on time.

Mobile Phones

We kindly ask you to have your mobile phone turned off while in the lecture rooms.

Smoking

Smoking is not permitted in any of the Congress rooms during Sessions, or at social events or on the tour buses.

Continuing Education Credits

New Hampshire Speech, Language and Hearing Association (NHSLHA) is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. This program is offered for 1.7 CEU's, intermediate level, professional area. ASHA CE Provider approval does not imply endorsement of course content, specific products, or clinical procedures.



Registrants requiring ASHA CEU's will be able to accrue a total of 1.7 CEU's if they attend the entire 4 ½ day congress. At the beginning of each day you must **sign in** at the CEU table and then **sign out** at the end of the day. On the last day, attendees will fill out a learner outcome form, a program evaluation form, and the formal CEU record sheet near the Information Desk.

Exhibits

During the Congress (Tuesday to Thursday), the following organizations will exhibit their products and materials:

Casa Futura Technologies

Island Hearing Services

Australian Speak Easy

L'ABC

National Stuttering Association (NSA)

Speak Easy

Book display/sales table

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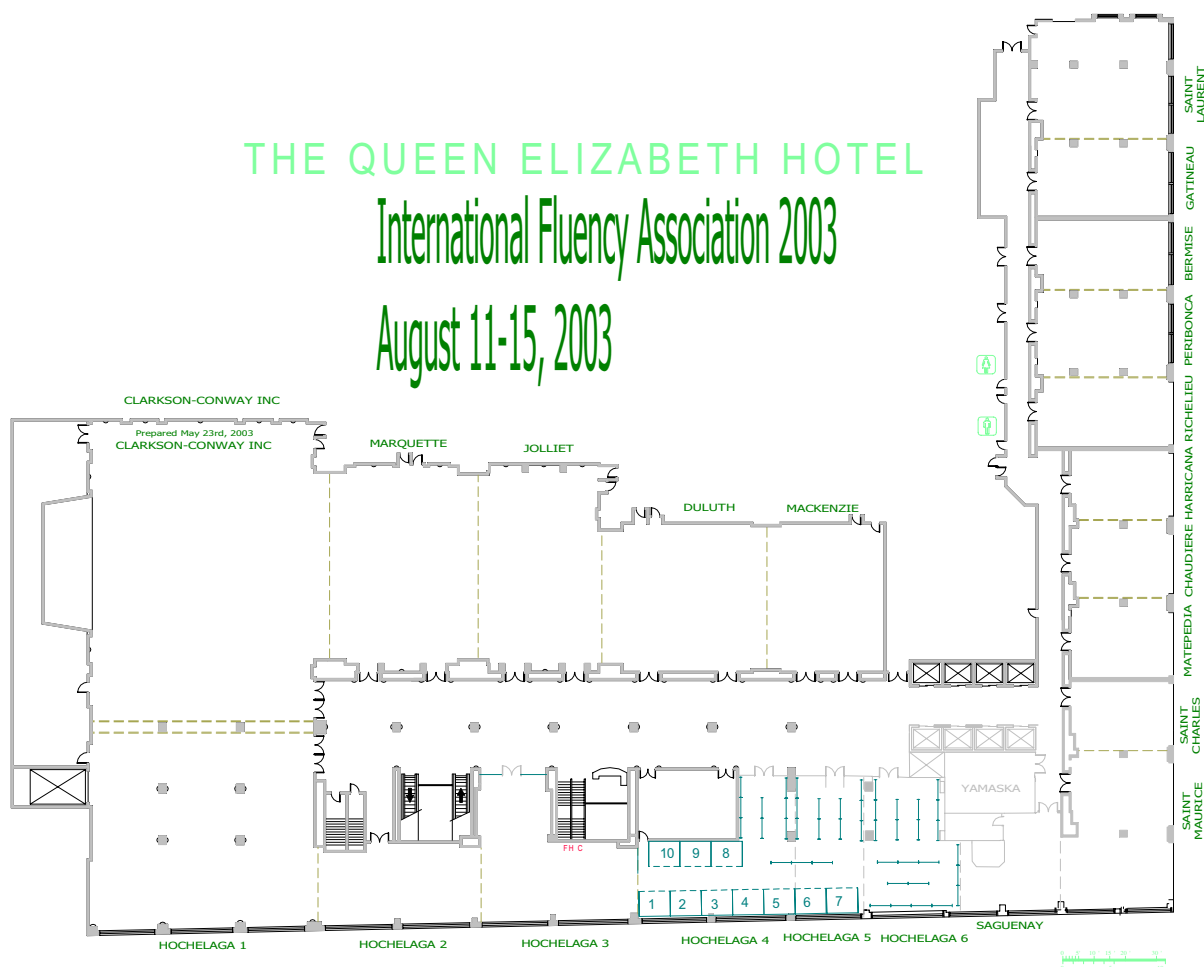
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THE QUEEN ELIZABETH HOTEL
 International Fluency Association 2003
 August 11-15, 2003



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An IFA Membership form is available at: <http://www.ruhr-uni-bochum.de/ifa/member.html>
 or from Howard D. Schwatz, e-mail: r10hds1@wpo.cso.niu.edu

Day at a Glance - Tuesday, August 12

TUESDAY, AUGUST 12	MARQUETTE	JOLLIET	ST. MAURICE	HOCHELAGA 3	HOCHELAGA 2
08:30-09:15	PLENARY SESSION KEYNOTE ADDRESS by MARK ONSLOW in MARQUETTE/JOLLIET				
09:30-10:30	THEMATIC SESSION Outcome and Efficacy	THEMATIC SESSION Intervention Pre-school	SEMINAR/COURSE Intervention School-age Children	SEMINAR/COURSE Causes and Development	THEMATIC SESSION Language, Speech and Discourse
10:30-11:00	REFRESHMENT BREAK in HOCHELAGA 4,5,6				
11:00-12:30	WITHDRAWN	DOUBLE SEMINAR/COURSE PART 1 Intervention	SEMINAR/COURSE Intervention	THEMATIC SESSION Neurological and Speech Motor Basis of Stuttering	THEMATIC SESSION Miscellaneous
12:30-14:00	LUNCH SERVED in GRAND SALON				
14:00-15:30	FORUM The Lidcombe Program	SEMINAR/COURSE PART 2 Intervention	THEMATIC SESSION Therapy Outcomes	THEMATIC SESSION Attitudes and Stuttering	THEMATIC SESSION Language, Speech and Discourse
15:30-16:00	REFRESHMENT BREAK in HOCHELAGA 4,5,6				
16:00-17:00	THEMATIC SESSION Intervention Adult	SEMINAR/COURSE Intervention Pre-school	THEMATIC SESSION Definition, Measurement and Assessment	THEMATIC SESSION Professional and Service Issues	THEMATIC SESSION Causes and Development
19:00	DINE AROUND				

Day at a Glance - Wednesday, August 13

WEDNESDAY, AUGUST 13	MARQUETTE	JOLLIET	ST. MAURICE	HOCHELAGA 3	HOCHELAGA 2
09:00-10:30	THEMATIC SESSION Outcome and Efficacy of Intervention	SEMINAR/COURSE Personality and Emotional Factors in Stuttering	SEMINAR/COURSE Intervention Part 1 Adult	THEMATIC SESSION Language, Speech and Discourse	THEMATIC SESSION Self-help Programs and Initiatives
10:30-11:00	REFRESHMENT BREAK in HOCHELAGA 4,5,6				
11:00-12:30	SEMINAR/COURSE Intervention Covert Stuttering	FORUM Consumer Associations Support Stuttering Research	SEMINAR/COURSE Intervention Part 2 Adult	THEMATIC SESSION Language, Speech and Discourse	THEMATIC SESSION Attitudes and Stuttering
12:30-14:00	LUNCH BREAK (on your own)				
13:00-16:00	CONGRESS EXCURSION – LACHINE RAPIDS JET BOATING (box lunch provided on bus)				
	OR				
14:00-17:30	CONGRESS EXCURSION – WALKING TOUR OF OLD MONTREAL				
18:30	EVENING – QUEBEC FOLK EVENING				

Day at a Glance - Thursday, August 14

THURSDAY, AUGUST 14	MARQUETTE Simultaneous translation English/French, French/English	JOLLIET	ST. MAURICE	HOCHELAGA 3	HOCHELAGA 2
08:30-09:15	PLENARY SESSION KEYNOTE ADDRESS by JAAN PILL in MARQUETTE/JOLLIET (simultaneous translation)				
09:30-10:30	THEMATIC SESSION Definition, Measurement and Assessment	DOUBLE SEMINAR/COURSE Intervention Part 1 Young Adult/Adolescent	THEMATIC SESSION Diagnosis, Causes and Development	SEMINAR/COURSE Service Delivery Models	THEMATIC SESSION Multi-cultural and Multi-lingual Aspects of Stuttering
10:30-11:00	REFRESHMENT BREAK in HOCHELAGA 4,5,6				
11:00-12:30	FORUM Multi-cultural and Multi-lingual Aspects of Stuttering	DOUBLE SEMINAR/COURSE Intervention Part 2 Adult	THEMATIC SESSION Atypical Stuttering	SEMINAR/COURSE Neurological and Speech Motor Basis of Stuttering	SEMINAR/COURSE Service Delivery Models
12:30-14:00	LUNCH BREAK (on your own)				
14:00-15:30	THEMATIC SESSION Miscellaneous [French simultaneous translation-English]	SEMINAR/COURSE Intervention Adolescent and Adult	THEMATIC SESSION Outcomes and Efficacy of Intervention	THEMATIC SESSION Self-help Programs and Initiatives	THEMATIC SESSION Personality and Emotional Factors in Stuttering
15:30	REFRESHMENT BREAK				
15:30-17:15	POSTER SESSION In HOCHELAGA 6				
17:30-19:00	IFA GENERAL MEMBERSHIP MEETING HOCHELAGA 2				
19:45	BANQUET / AWARDS CEREMONY GRAND SALON (music and dancing)				

Day at a Glance - Friday, August 15

FRIDAY, AUGUST 15	MARQUETTE	JOLLIET	ST. MAURICE	HOCHELAGA 3	HOCHELAGA 2
08:30-09:15	PLENARY SESSION KEYNOTE SPEECH by BARRY GUITAR in MARQUETTE/JOLLIET				
09:30-10:30	DOUBLE SEMINAR/COURSE Multinational Intervention Part 1	THEMATIC SESSION Intervention, Parents' Experience	THEMATIC SESSION Miscellaneous	THEMATIC SESSION Defintition, Measurement and Assessment	SEMINAR/COURSE Intervention
10:30-11:00	REFRESHMENT BREAK in HOCHELAGA 4,5,6				
11:00-12:30	DOUBLE SEMINAR/COURSE Part 2	FORUM Solving the Crisis in Clinical Practice and Research	SEMINAR/COURSE Outcomes and Measurement	SEMINAR/COURSE Intervention Adult	THEMATIC SESSION Miscellaneous Film and Video
12:30-14:00	LUNCH SERVED in GRAND SALON				
14:00-15:30	SEMINAR/COURSE Professional and Service Issues	SEMINAR/COURSE Neurological and Speech Motor Basis of Stuttering	THEMATIC SESSION Self-help Programs and Initiatives Documentary	THEMATIC SESSION Multi-cultural and Multi-lingual Aspect of Stuttering	SEMINAR/COURSE Intervention Adult
15:45-16:15	CLOSING CEREMONY in MARQUETTE/JOLLIET				

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, Institute 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/fluently.” 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 and on 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 distributions 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.

Wednesday 13 August

09:00–10:30

Marquette

Thematic – Outcomes and Efficacy of Interventions

Chair: Elizabeth Haynes

(09:00–09:30)

Easy, ethical efficacy 2003

B. Ryan, California State Univ., USA

Ryan (2001a, 2001b) suggested that it was not only ethical but possible to evaluate treatment for stuttering using a 10-point rating scale for each of the three dimensions of: (a) pre-post testing of stuttering, (b) clear description of procedures, and (c) length of treatment in hours (30 total points). The revised scale will be shared and the audience asked to discuss and evaluate this scale. Then, the use of this scale will be taught to the audience as they rate a treatment, their own or that of another. The results will be compiled and reported.

(09:30–10:00)

The Swedish comprehensive stuttering program: Evaluation two years after treatment

H. Forne-Wastlund, Sweden

The Comprehensive Stuttering Program, was introduced to Sweden through a project in 1997–2000, including pilot study of 9 stutterers. Two years after therapy each participant was evaluated over the phone by a third person, analysing their spontaneous speech and oral reading; dysfluencies and overall impression of Stuttering Severity.

They were asked to evaluate their communication skills of today, rate of well-being and expectations through a 0–5 scale judgement of 8 positive statements concerning communication. This evaluation is continuous. In this section the outcome of the 2-year follow up of 42 clients will be presented.

(10:00–10:30)

Many types of data: Stuttering treatment outcomes beyond fluency

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

It is critical that we document the outcomes of our treatments for stuttering. However, not all outcomes are easily measured. This has led to a situation in which treatments that address more easily measured outcomes (i.e., changes in surface fluency) can claim to be “better” than those which address more difficult-to-measure factors. This session will discuss other types of data that can be obtained before, during, and after stuttering treatment, the importance of those data, and the need to obtain multiple types of data to get a fuller picture of “success” in stuttering therapy.

Seminar / Course — Personality and Emotional Factors in Stuttering

Joliet

Chair: David Rowley

(09:00–10:30)

What lies beneath? Using psychodrama to explore the psychological and social impact of stammering

G. Smith, St. James' Hospital, UK

The psychological and social impact of stammering for some individuals can be enormous, and can permeate some of the most important areas of life (i.e., employment; education; relationships). In this experiential workshop, psychodrama will be introduced as a method for exploring and working through ‘real life’ problems that are a consequence of stammering. Psychodrama is a creative, action based method of psychotherapy which addresses a person’s perceived reality of life in the moment of the ‘here and now’. Do you want a creative and exciting way of working? Join me for this rare opportunity.

Double Seminar / Course – Intervention

St Maurice

Chair: Margaret Salisbury

(09:00–10:30)

Change: The key to success in stuttering therapy (Part I)

C.L. Dahm, B.L. Dahm, Communication Therapy Institute, Israel

Successful stuttering therapy requires well defined goals that will lead to the generation of fluent speech. The necessity for self-change is mandatory to achieve these goals. A combination of a speech processing model and a six-stage program of change shows how people who stutter can develop effective goals and take specific and appropriate steps to bring about the necessary change. A follow-up study will explore how realistic it is for people who stutter to make long-term change and whether the effort to make self-change is worthwhile.

Thematic – Language, Speech and Discourse

Hochelaga 3

Chair: JoAnne Wilding

(09:00–09:30)

Language development in stuttering children treated with the Lidcombe Program

C. Lattermann and R.C. Shenker, Montreal Fluency Centre, Canada

The present study traces the development of language and fluency in four preschool children who were treated for stuttering with the Lidcombe Program over a 12 week period. Standardized tests for Language and phonology were administered pre-treatment. Five spontaneous language samples were obtained prior to and every fourth week during treatment. The samples were analysed for Mean Length of Utterance (MLU), Number of Simple Sentences, Number of Complex Sentences, Type Token Ratio (TTR), Morpho-syntactic Accuracy for Bound Morphemes, Percentage of Stuttered Syllables, and Percentage of Mazes. The findings will be discussed in relationship to the existing literature.

(09:30–09:45)

The co-occurrence of word finding disorders in children who stutter

J. Batik, E. Bennett and J.S. Yaruss, Univ. of Pittsburgh, Univ. of Texas, USA

Reports have suggested that children who stutter (CWS) may exhibit word-retrieval difficulty, however it is difficult to distinguish the speech disruptions of stuttering from those experienced during word retrieval (Conture and Caruao, 1987). The purpose of this study was to determine if the speech disruptions exhibited by CWS are related to word-finding difficulties. Subjects were administered the Test of Word Finding (TWF) (German, 1989). Performance between the two groups and the relation between stuttering severity and word-finding performance was analyzed. Results revealed no significant differences in performance on the TWF between the groups and no correlation between stuttering severity and word-retrieval ability.

(09:45–10:00)

A temporal analysis of disfluencies in children who stutter close to onset and controls

P. Sandrieser, U. Natke, M. van Ark, R. Pietrowsky and K.T. Kalveram, Heinrich-Heine-Univ. Dusseldorf, Germany

The purpose of this study is to investigate the proportion of normal disfluencies in children who stutter and those who do not. The participants were 12 children who stuttered aged 2.1 to 4.11 years, and a control group matched regarding sex and age. The children who stuttered were recruited within 6 months of onset of stuttering. Audio and videotaped speech samples consisting of at least 1000 syllables were analysed concerning frequency and duration of stuttering-like disfluencies and other disfluencies (OD). Results are discussed addressing the question whether OD might be an important factor for predicting recovery or persistence of stuttering.

(10:00–10:30)

Analysis of recast outcomes in conversations between CWS and parents

A. Weiss, Univ. of Iowa, USA

This study followed up a preliminary investigation (Weiss, 2002) that substantiated the presence of recasts in the child-directed language repertoires of parents of school age CWS and CWNS. Further analyses demonstrated that parents varied in the types and frequencies of their recast productions.

As a group, children's utterances following their parents' recasts were not significantly more likely to contain disfluencies nor were they necessarily more likely to be longer and more complex than the children's average utterances. For individual parent-child dyads, however, the use of recasts by their parents yielded attempts at more complex syntactic structures and new lexical items.

Thematic – Self-Help Programs and Initiatives

Hochelaga 2

Chair: Ann Meltzer

(09:00–10:15)

Camp BCAPS: for children who stutter and their families

A. Intas and S. Bojm, *British Columbia Association of People Who Stutter, Canada*

This is a fully funded residential camp for children who stutter and their families, the “first of its kind” in North America, conducted by the British Columbia Association of People Who Stutter (BCAPS).

In addition to social and outdoor activity, the camp promotes self-esteem, knowledge about stuttering, advocacy and family support. Goals and objectives, administrative and logistical details, daily activity including information seminars, outcomes and clinical observations will be discussed by a camp organizer and on site Speech Language Pathologist.

(10:15–10:30)

Self-help movement!? What impedes real movement!?

P. Tonev and A. Fikret, *Chairman of National Association for Self-help and Initiative on Stuttering (NASIS), Bulgaria*

Self-Help Groups (SHGs) help all people who stutter to have success with different goals: fluency shaping skills, stuttering modification skills, acceptable stuttering or simply to live in harmony with stuttering. In our investigation, in addition to the personality of the stuturer, many groups of people with whom he/she has contact influence the acceptance of SHGs: family members, friends and colleagues, and specialists in basic medical services.

10:30–11:00

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Refreshment break

11:00–12:30

Marquette

Seminar / Course – Intervention

Chair: Walter Manning

(11:00–12:30)

Interiorised stammering — a group therapy program — clients' and therapists' perspectives

C. Cheasman and R. Everard, *The City Literary Institute, UK*

This seminar will define our understanding of interiorised/covert stammering and describe a group therapy program for this client group. Both qualitative and quantitative evaluation material will be presented. The seminar will be led by two specialist speech and language therapists who have experienced interiorised stammering themselves. There are particular challenges to working with covert stammering, from both the clients' and therapists' perspectives and these will be explored. A powerful feature of the presentation will be the opportunity to hear the clients' voices throughout the therapy process, through video material. Time for discussion will be allowed.

Forum – Self Help Programs and Initiatives

Joliet

Chair: Tom Weidig and Scott Yaruss

(11:00–12:30)

How can consumer associations support stuttering research and researchers?

T. Weidig, J.S. Yaruss, H-G. Bosshardt, M. Dao, J. Eckardt, P. Knudsen, J. Pill, and M. Sugarman

The BSA and the NSA have both set up research committees to support stuttering research and researchers. We believe that it is important to bring together representatives from the different consumer associations to allow them to exchange ideas. The workshop starts with short introductions of the BSA and NSA research committees and gives other associations the opportunity to present their work and ideas on research. The second part of the workshop explores possible areas of collaborations like mailing list of all research representatives, sharing experiences on lobbying, establishment of a single information archive on stuttering research, etc.

Double Seminar / Course

St Maurice

Chair:

(11:00–12:30)

Change: The key to success in stuttering therapy (Part II)

B.L. Dahm

Thematic – Language, Speech and Discourse

Hochelaga 3

Chair: Margaret Leahy

(11:00–11:15)

Verbal behaviour of listeners interacting with a stuttrer

D. Freud, R. Sharir and R. Ezrati-Vinacour, Tel Aviv Univ., Israel

Adaptation of speakers' speech to their partners' needs has led authors to investigate (a) whether listeners talk faster to adult stutterers than to non-stutterers (b) whether listeners interrupt, reinforce and complete stutterers' speech more frequently than non-stutterers' speech (c) whether there is a relationship between listener's behaviour and speaker's fluency. Ten adult listeners spoke once with an adult stutterer and once with a non-stutterer. Analysis of speech samples demonstrated that listeners talked faster to the stutterer. No significant differences were found between listeners' interruptions, sentence completion and reinforcement to the two speakers. However, listeners exhibited more interruptions and sentence completions while the stutterer was stuttering than while speaking fluently.

(11:15–11:30)

Assessment of higher level language skills in persons who stutter

S. Stager, N. Carlo, O. Ali and A. Braun, Language Section, NIDCD, USA

The role of language disorders in the development and maintenance of stuttering behaviours is not known. Abnormalities in higher level language processing skills have been demonstrated in adult PWS. A role for the dopaminergic neurotransmitter system has also been suggested because of improved fluency using dopaminergic antagonists. This study compared adult PWS with a control group on language tests selected because PWS have already demonstrated impairment, or because patients with Parkinson's disease, another disorder of the dopaminergic neurotransmitter system, have demonstrated impairment.

(11:30–11:45)

Sociolinguistic investigation into stuttering identity

Y. Watanabe, P. Zebrowski, Nanzan Univ., Japan

A fair amount of attention has been paid to the identity aspect of stuttering. In this study, sociolinguistic discourse analysis has been attempted to bring into relief discursive practices of those who stutter and their spouses that tell us how each of them displays, suggests, and negotiates ideas related to stuttering. 11 couples where one member is a PWS were interviewed and taped and transcribed for later analysis. Discourse and narrative analyses revealed that uncertainty and ambiguity regarding stuttering such as fluctuations of stuttering frequency contributed to the delicate formation process of individual stuttering identities.

- (11:45–12:00) **Is stuttering on non-words similar to stuttering on real words?**
A. Packman, M. Onslow, F.S. Liew, Univ. of Sydney, Australia
 Stuttering behaviours in oral readings of an English passage and matched non-word passages were analysed for three adults who stutter. This was done using the Lidcombe Behavioural Data Language, which is taxonomy of stuttering developed recently by two of the authors and colleagues. This data language enables the description of stuttering in behavioural terms. Stuttering was found to be similar for each subject, across the two reading conditions, and the implications of the findings for theories of stuttering are discussed.
- (12:00–12:15) **Auditory and phoneme monitoring skills in persons who stutter**
J. Sasisekaran and L. F. De Nil, Univ. of Toronto, Canada
 In the present study auditory and phoneme monitoring skills of eight stuttering (PWS) and eight non-stuttering (NS) individuals in the age range of 18–48 years were tested. Participants monitored target phonemes across the consonant positions of bi-syllabic C1VC2C3VC4 words presented as black and white pictures, and a 1KHz tone across the four target positions of a four-sequence tone. Repeated measures analysis of preliminary data suggests that as compared to NS, PWS are significantly slower in monitoring target phonemes during silent picture naming. Relevance of the obtained results to basic monitoring skills and linguistic processing skills in persons to stutter will be discussed.
- (12:15–12:30) **Impact of stuttering on language: An exploration of interpersonal resources**
E. Spencer, A. Packman, M. Onslow and A. Ferguson, Univ. of Sydney, Univ. of Newcastle, Australia
 This paper explored the impact that stuttering has on how people use language. The data from a single case study are presented. The study investigated language use of an adult with moderately severe stuttering during a problem solving activity, before and after treatment. The discourse of both the participant and a conversation partner was analysed. The analyses used were of (1) modality to investigate how opinions and attitudes are expressed and (2) exchange structure analysis to investigate how knowledge is transferred in an interaction. The results of these analyses will be presented and discussed.

Thematic – Attitudes and Stuttering

Hochelaga 2

Chair: Bruce Ryan

- (11:00–11:30) **Public attitudes toward stuttering and other human attributes in Brazil**
K. St. Louis and C. Andrade, West Virginia Univ., USA, Sao Paulo Univ., Brazil
 As part of the International Project on Attitudes Toward Stuttering (IPATS), 189 questionnaires were analyzed from university students and other adults living in Brazil from the state and city of São Paulo and an adjacent state. The questionnaires were Brazilian Portuguese translations of a slightly modified version of the Experimental Edition of the Public Opinion Survey of Human Attributes (POSHA-E) (St. Louis, et al., 2001). The presentation will focus on attitudes toward stuttering in Brazil and compare them to reactions to stuttering and other conditions (e.g., mental illness, obesity, wheelchair use, left handedness, and intelligence) from comparable IPATS investigations.
- (11:30–12:00) **Effects of emotional intelligence training in graduate fluency disorders courses**
I. Reichel and K. St. Louis, Long Island Univ., West Virginia Univ., USA
 The success of many speech pathologists is limited because clinicians often have negative perceptions of people who stutter, which decreases their empathy, motivation, optimism, and tolerance for diversity. This study investigated the effectiveness of emotional intelligence (EI) training on attitudes of 35 graduate students at Long Island University, during two semesters. A comparison group was studied, at Lehman College, without training. The International Project on Attitudes Toward Stuttering (IPATS) and the 25 Bipolar Adjective Scale were utilized to compare students' attitudes toward people who stutter with these students' levels of emotional intelligence. A significant change in students' attitudes resulted.

(12:00–12:30)

Superordinate and subtype stutterer stereotypes

C. Delaney, Univ. of Wales Institute Cardiff, UK

A study was carried out to investigate differences between a superordinate stereotype (relating to a hypothesised “typical” stutterer) and subtype stereotypes elicited after exposure to 4 stuttering individuals viewed on videotape. 22 subjects rated the stutterers on a 6-item semantic differential scale, and these were compared to an “ideal” rating for each item. The results provided some support for the sub-typing model used to explain stereotype change resulting from exposure to labelled individuals. Additionally, the stereotypes measured were not always negative when compared to an ideal and stereotypes may be looser and more variable than has been considered previously.

12:30–13:00

Lunch on your own

Afternoon Congress Excursions

13:00–16:00

Lachine Rapids Jet Boating (box lunch provided on the bus)

or

14:00–17:30

Walking Tour of Old Montreal

Evening

18:30

Folk Quebec Evening

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 stutrer has the ability to speak fluently. Why doesn't a spontaneous learning process result in the stutrer using this ability all the time? The model presented here emerged from the following observation: When a stutrer 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 stutrer 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 stutters, 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
4,5 6

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 stutters to an innovative service delivery model. Nine stutters, between the ages of 3 to 20 years, were assessed 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

Joliet

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 stutters. 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

Hochelaga
4, 5, 6

15:30–17:15

Poster Session

19:45

Banquet / Awards Ceremony - music and dancing

Grand Salon

Posters

Hochelaga 6

A. Thematic – Causes and Development

A1. Psychological basis for onset of stuttering

N. Mizokami and K. Hayasaka, Hiroshima Univ., Japan

This study was designed to investigate which environmental factors influence the onset and development of stuttering. Data of 885 three-year-old children were collected through questionnaires completed by their parents. Questions consisted of two scales for evaluating the parent–child semantic relationship and the degree of children’s disfluency. By analyzing the answers, we concluded that when parents show dominant and over-protecting attitudes toward their children’s speech, and fail to listen to their children’s talk, the degree of child disfluency increases. As a consequence, such attitudes will become severe and this will eventually bring on stuttering.

A2. Genetic aspects of stuttering in South Korea

M. Shin and S.E. Lee, Hallym Univ., Yonsei Univ., Korea

This study investigated the genetic inheritance of 229 stuttering males and females between ages 2 and 45. Subjects were divided into three age groups. 55 percent of subjects reported a family history of stuttering. Females who stuttered were more likely than males who stuttered to have stuttering relatives. Among the preschool and school-age groups, subjects without language difficulties were no more likely than adult subjects to have a family history. Adult subjects without language difficulties were more likely to have a family history. Stuttering-onset ages were earlier for subjects with a family history of stuttering than for subjects without it.

B. Thematic – Definition, Measurement and Assessment

B1. Descriptive study of fluency in four year-old children

B. Touzet, M. Sverdlík and G. Fioca, Buenos Aires Univ., Argentina

This paper will describe the design and present partial results of the research that has been carried out, by the Area of Teaching and Investigation of the Argentina Stuttering Association. The purpose of the research is to describe the variables that characterize the normal development of fluency and fluency disruption in four-year old children. A longitudinal study has been implemented. A total of thirty two spontaneous speech samples from interviews with eight children will be analysed and the findings described.

B2. An inter-judge reliability study on the subtypes of SSI-3

H.S. Sim, M. Shin and E. Lee, Ewha Univ., Hallym Univ., South Korea

This is a preliminary study towards the development of a Korean stuttering evaluation instrument. The SSI-3(Riley, 1994) was conducted by several judges and researchers on the same subjects in order to find out the extent to which the severity evaluations regarding three subtypes (frequency, duration, physical concomitant) yield agreement between the judges and the researchers, and whether or not the agreement level changes according to the subjects. The results showed that the frequency score is more reliable than the duration score and the physical concomitant score.

B3. Special qualities of stuttering children based on the U type capacity distribution hypothesis

K. Hayasaka, Hiroshima Univ., Japan

We often notice that there are different distribution curves in academic skills and behavioural tendencies in stuttering children, compared to those of non-stuttering children. For example, some stuttering children are very slovenly while some others are very meticulous. In this study we sent questionnaires to the teachers of language classes in the Kanto Region of Japan. The results were analysed. Findings indicated that all groups tend to be nervous but each group's result is different. This report suggests that subdivision is necessary when investigating stuttering.

C. Thematic – Intervention

C1. Increase of stuttering remission period with help of special treatment

T. Bortnik-Skljarova and O. P. Skljarov, Russia

The purpose of this study is to show that using prolonged (stretched/delayed) speech as a method of managing stuttering is less effective long term than therapy that teaches the speaker to have normal speech rate and rhythm.

The long-term maintenance of improved fluency was evaluated in three groups of stutterers receiving traditional delayed speech intervention and/or intervention based on behaviour modification leading to normal speech rate and rhythm. As a result of the findings we no longer exclusively use delayed speech as a method for the successful management of stuttering long term.

C2. Stuttering: Clinical case studies

N. Azevedo, Universidade Catolica de Pernambuco, Brazil

In this work, I intend to analyze the speech of three mothers whose children presented with stuttering, and who came to the Phonoaudiologist clinic for help. The sessions were recorded on audiocassettes and later transcribed and analyzed. Discourse clips that best exemplify the nature of the analysis, were isolated. The analyses were first applied to the subjects' discourse functions and, following that, the passages were analyzed inter-discursively with respect to discourse properties in particular, whether the subjects' language, when speaking about stuttering, was considered a point of debate, or conflict.

C3. Stuttering and medication: A look at the symptoms

J. Van Borsel, C. Beck and J. Delanghe, Ghent Univ. Hospital, Belgium

The results are presented of an analysis of the literature on drugs and stuttering with particular reference to the symptoms and the response time reported. Both the literature on stuttering as a side-effect of medication and the literature on pharmacological agents used for treating stuttering were studied. Hardly any specific associations between particular pharmacological agents and particular speech characteristics could be found.

C4. "Emotion and speech" treatment approach for young children who stutter

H. Kobayashi and N. Mizokami, Kanazawa Univ., Hiroshima Univ., Japan

The purpose of this study was to determine an approach to treatment that focused on an emotional component based on the U hypothesis (Uchisugawa and Hayasaka, 1988) in addition to a speech component. A preschool boy participated in this study. He received treatment for stuttering at age 3 years and 9 months. The results show that the fragility in the emotional/speech areas that were seen at first session improved, and the number of within-word disfluencies decreased. The adjustability and effectiveness of the "Emotion and speech" treatment approach with young children who stutter are discussed based on these results.

C5. Effects of selective serotonin reuptake inhibitors (SSRIs) on speech fluency

F.L. Lu, K. Gopal, H. Gooding and K. Shiflet, Univ. of North Texas, USA

Selective serotonin reuptake inhibitors (SSRIs) reportedly cause several extrapyramidal symptoms including speech disfluency. This study investigated the effects of two SSRIs, Sertraline and Fluoxetine, on speech fluency in clinically depressive speakers. Subjects included ten depressed persons taking SSRIs, ten depressive persons not receiving SSRIs, and ten normal controls. Each subject recited 15 sentences and the "Rainbow Passage." Speech samples were measured for the proportion and type of disfluency characteristics. Preliminary analysis did not reveal observable disfluency in any subject group. Factors including severity and type of depression, dosage of medication, and mechanism of SSRIs will be discussed.

C6. Reducing stuttering blocks by relaxation of the valsalva mechanism

W. Parry, National Stuttering Association, USA

This presentation encourages speech language pathologists and researchers to pay closer attention to the possible involvement of the body's Valsalva mechanism in certain common manifestations of stuttering — including forceful closures of the mouth and larynx and delays in phonation. Involvement of the Valsalva mechanism would tend to be greatest when the stutterer anticipates the need to use effort to force out words. This presentation will suggest ways in which the effectiveness of stuttering therapy might be enhanced by educating stutterers about the Valsalva mechanism and teaching them techniques to relax and control it during speech.

C7. REMOVED

C8. Group therapy for school-aged children who stutter and their parents

S. Jelcic Jaksic and M. Lasan, The Croatian Association for People Who Stutter "Hiko Freund", Croatia

This academic year for the first time, The Croatian Association for People who Stutter "Hinko Freund", organized group therapy for school-aged children and their parents. The intervention employed an integral therapy approach to stuttering. Six children participated. These boys and girls ranged in age from 7–11 years old. The children met once a week for an hour at a time. Once monthly, at the same time as the children met, parents and/or other family members attended an organized education and group counselling program. Attendance at group therapy included identical pre- and post-therapy evaluations. The results of therapy will be discussed.

C9. Employing the MSAM in attaining, maintaining and transferring fluency in the schools

K.M. Monkhouse, USA

The purpose of this presentation is to provide school-based clinicians with a practical model for working with students who stutter. The model consists of a four by four matrix in which four sequential steps of skill acquisition interact with four increasingly difficult environmental complexity levels. Of special value are the visual guidelines it provides for counselling students, teachers and family members in establishing appropriate expectation levels for the therapeutic process. The MSAM (Monkhouse Skill Acquisition Model) has been used successfully for many years in a private practice setting, where the author, a fluency specialist, serves as a consultant /mentor to clinicians in school-based programs.

C10. Global special therapy for stuttering

I. Kejklickova, P. Florian, P. Stanicek, Czech Republic

At the Private clinic LOGO we have both children and adults from the age of 3 to 52 with a diagnosis of stuttering. Through our complex conception of diagnosis and re-education we have experienced successful treatment for this world-wide problem. This Poster is about the management of patients in our ward and about the methods of treatment.

C11. Model of formation of speech fluency in stuttering teenagers and adults

H.Y. Rau, and E. Kazbanova, Moscow State Pedagogical Univ., Russia

The purpose of this research was to study speech rate and rhythm in teenagers and adults who stutter. The rehabilitation of fluency in the speech of people who stutter can be achieved by complex training in the development of coordination of speech rate and a rhythm.

Twenty-two stuttering subjects took part in this research during which a method of correction and development of speech rate and rhythm were used. As a result of this training attention to and control over the speech was increased, skills for fluent speech were developed, and subjects could estimate the rate and a rhythm of their speech.

C12. The use of cognitive behavioral therapy with people who stutter

E. Klein and B. Amster, LaSalle Univ., USA

People who stutter typically have a history of stuttering, therapy, relapse and fluency failures following a predictable course. Although stuttering therapy can be helpful, it is essential that PWS reconsider their beliefs about themselves, communication and functioning in the world. Cognitive behavioural therapy techniques deal with automatic thoughts, underlying assumptions, and cognitive distortions that can have negative effects on the individual. This study investigates cognitive behavioural techniques and their effects on PWS. Case studies explore changes in attitudes about communicating before, during and after cognitive behavioural treatment. Measures of social anxiety, perfectionism and dysfunctional thoughts will be obtained and examined.

D. Thematic - Outcomes and Efficacy of Interventions

D1. The evaluation of stuttering treatment methods

L. Harutyunyan and M. Harutyunyan, Pedagogical Univ. of Samara, Russia

A great number of scientific investigations have revealed differences in brain functioning between stutterers and non-stutterers. We assumed, therefore, that the effectiveness of stuttering treatment outcomes could be evaluated more objectively by comparing brain functioning measured before treatment with that obtained in the post-treatment period. In this report, an example of such evaluation data will be presented. It is well-known that the voice response of a person who stutters lags in comparison with that of a person who doesn't stutter. Results of this experiment show that differences disappeared in some people who completed a stuttering treatment course which observed Lilia Harutyunyan's method.

D2. Maintenance of fluency in extra-clinical settings: Lack of empirical data?

G. Tellis, M. Henning and C. Tellis, Indiana Univ. of Pennsylvania, Univ. of Pittsburgh, USA

Long-term maintenance of fluency is the goal of many stuttering therapy programs. Thirty years of articles were reviewed to determine how many maintenance studies were conducted. Studies were reviewed for: gender, age, therapy techniques, study duration, and design. Results indicate that there are limited published maintenance studies.

E. Thematic – Language, Speech and Discourse:

E1. Semantic priming in 3 to 5 year old children who do and do not stutter

M. Pellowski and E. Conture, Towson Univ., Vanderbilt Univ., USA

This investigation tested the hypothesis that children who stutter may have slower than normal abilities to lexically encode their preverbal messages. Participants consisted of 23 three- to five-year-old children who stutter and 23 age-matched children who do not stutter. Experimental procedures involved the employment of a semantic priming task (i.e., picture–word interference task; Meyer & Schriefers, 1991). Results indicated that children who stutter exhibited significantly slower speech reaction times across three priming conditions and were less influenced by semantic priming when compared to children who do not stutter. Findings suggest that difficulties with lexical encoding may contribute to childhood stuttering.

E2. Linguistic ability of a child before onset of stuttering (A case report)

K. Chimoto, N. Ebara, R. Kubota and H. Itoharu, Tsukuba Hospital, Japan

This study examines factors that may have led to stuttering following speech therapy, in a child with a developmental language disorder. Pre-stuttering changes in language ability, fluency and articulation were analyzed in detail and reported.

It is assumed that rapid development in the child's syntax, or the discrepancy in her language abilities pre- and post-treatment, led directly to the increase in dysfluencies. This child's awareness of articulation errors and ability to self-correct did not cause an increase in, or worsening of, dysfluencies. No fluency treatment was required.

E3. Characteristic features of single-syllable word repetitions in preschool children who stutter and controls

M. van Ark, P. Sandrieser, U. Natke, R. Pietrowsky and K.T. Kalveram, Heinrich-Heine-University Dusseldorf, Germany

The purpose of this study was to investigate differences in single-syllable word repetitions between preschool children who stutter and who do not stutter. The participants were 24 children who stutter (12 of them less than 6 months) aged 2.1 to 5.0 years and a control group matched in sex and age. Speech samples consisting of at least 1000 syllables were analysed concerning frequency of single-syllable word repetitions, number of repetition units and pause duration between repetition units. It is discussed whether single-syllables repetitions shown by the two groups can be differentiated by these characteristics in order to validate the diagnosis of stuttering.

E4. Utterance function and speech fluence in children who stutter

K. Logan, Univ. of Florida, USA

Most studies that examine linguistic effects in children's fluency focus upon utterance form. This study examined the effect of utterance function upon children's fluency. Participants were 17 children who stutter who were videotaped during play. Length and complexity characteristics of resultant speech acts were compared. Results indicated that utterances fulfilling assertive functions contained significantly more syllables, words, and clauses than utterances fulfilling responsive functions. However, disfluency frequency was not significantly different within length-matched assertive and responsive utterances. Results suggest that pragmatic effects on fluency are indirect and reflect factors related to utterance form.

E5. A linguistic analysis on stuttering in Brazilian Portuguese

M. Britto Pereira, Veiga de Almeida Univ., Brazil

This study is a linguistic analysis of the various kinds of disfluencies in the speech of adult and adolescent Brazilian Portuguese speakers. The spontaneous speech of 21 stutterers was recorded on video and DAT. Disfluencies were analyzed in terms of the following: kind; length; number of attempts; size and type of word; position of accent; position on the syllable, word and phrase; syllable structure; and phonetics. Stuttering was found to occur because of a momentary impediment in speech production that was aggravated by emotional factors.

E6. Prosodic aspects of stuttering in children

E. Werkhaizer Soares, Brazil

This paper presents a linguistic study of children's stammering emphasizing its prosodic aspects. An acoustic analysis was performed on the fluent and disfluent speech of 5 children with stammering problems, within a 6 year old range. Its aim was to show acoustically the perception of prosodic alterations found by the listener. The results showed that there was a significant difference in the parameters of the segments' duration, when compared with children's fluent speech, also the melodic patterns of statement and question sentences differed from those expected for Brazilian Portuguese. Such results confirm absolutely what is perceived by the listener as a disfluent, monotonous speech, sometimes slow and with no rhythm.

E7. A preliminary analysis of characteristics of interaction between chronic stuttering Japanese children and their mothers

K. Gondo, Y. Wakaba, S. Inoue, M. Iizawa, and H. Fujino, St. Margaret's Junior College, Tokyo Gakugei Univ., PIGEON Corporation, Japan

This preliminary study was conducted as a part of the two-year interdisciplinary research project supported by the Japanese Government. Characteristics of interactions between three nine-year-old Japanese boys who stutter and their mothers were investigated. Twenty-minute play sessions of each child with his mother were analyzed. Results indicated that mothers tend to allow their children to take turns in interaction. However, they do not give their children enough time to make a longer utterance for each conversational turn and they do not allow their children to control the conversational topic. Children appeared to be too passive in interaction with their mothers.

E8. Realization of linguistic stress in preschool children who stutter and controls

U. Natke, P. Sandrieser, C. P. Bendels, R. Pietrowsky and K. T. Kalveram, Heinrich-Heine-University Dusseldorf, Germany

The purpose of the study is to compare realizations of linguistic stress in stuttering and non-stuttering children. The participants were 25 children who stutter and 25 fluent speaking children aged 2.1 to 5.0 years. Control children were age and sex matched. In a picture naming task children produced 30 words with different prosodic patterns. Vowel duration as one parameter characterizing linguistic stress was determined for fluently spoken long stressed, short stressed and unstressed syllables using narrow band spectrograms. Results are discussed with reference to prosodic development and a theory of stuttering as a developmental disorder of sensorimotor automation processes.

F. Thematic - Neurological and Speech Motor Basis of Stuttering

F1. Kinematic event sequencing in stuttering adults: Speech, orofacial nonspeech, and finger movements

L. Max, V.L. Gracco and A. Caruso, Univ. of Connecticut, USA, McGill Univ., Canada, Kent State Univ., Haskins Laboratories, USA

Kinematic analyses of lip and jaw speech movements, lip and jaw non-speech movements, and finger movements were used to examine whether stuttering and non-stuttering adults differ in the sequencing of kinematic events (in particular peak velocity) across effectors. Movement sequence length and location of the target movement within the sequence were experimentally manipulated to determine the influence of these variables. Overall, results showed more similarities than differences between the stuttering and non-stuttering individuals. Interestingly, sequencing patterns of the two groups were most similar for the speech task. Implications for models of stuttering as a disorder of timing/sequencing will be discussed. [Funding, NIH DC 03102]

F2. Motor learning impairment: A possible cause of stuttering

S. Smits-Bandstra and L.F. De Nil, Univ. of Toronto, Canada

This investigation implicates motor learning impairment as a possible cause of decreased speed and accuracy of performance in motor sequencing tasks performed by persons who stutter.

Twelve adult males who stutter and comparison subjects were asked to learn finger tapping sequences and read aloud syllable sequences. The speed accuracy and variability with which each group of subjects completed the sequences were compared after practice. An analysis of variance (ANOVA) of regression coefficients across groups revealed significant differences between groups in automaticity (as demonstrated through performance) and motor learning.

F3. Cerebral lateralization of speech processing in adult and child stutterers

K. Mori, Y. Sato, E. Ozawa and S. Imaizumi, Research Institute of National Rehabilitation Center for People with Disabilities, Hiroshima Prefectural College of Health Sciences, Japan

Cerebral lateralization of speech processing in stutterers were assessed with noninvasive brain imaging techniques, magnetoencephalography and multichannel near-infrared spectroscopy (NIRS), with which neuromagnetic and haemodynamic responses, respectively, were recorded to analysis-synthesized prosodic and phonemic minimal contrast word trains. Adult stutterers did not show normal leftward dominance for the phonemic contrast with either method. Children underwent only NIRS sessions, with results similar to those of adults, which indicates that the cerebral dominance in processing speech is in disarray even in school-age stutterers. The NIRS method may be useful in screening young stutterers and in elucidating neural correlates of stuttering

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

G1. A methodology for examining adaptation and bilingualism in stuttering

N. Hall and D. Evans, Univ. of Maine, USA

This presentation offers a unique methodology for testing the oral-motor rehearsal theory of adaptation by investigating adaptation in bilingual speakers who stutter. Speakers are asked to read the same passage in one language five times, after which the passage remains the same, but the language changes. This method holds linguistic meaning constant, while changing the oral-motor movements. The results of an exploratory study with two participants are discussed relative to future research efforts.

H. Thematic – Personality and Emotional Factors in Stuttering

H1. A preliminary study of social anxiety among school-age stutterers

S. Hiroshima and T. Itakura, Gifu Univ., Japan

The Social Anxiousness Scale for Children (SASC) (Matsuo and Arai, 1998) was administered to 51 school-age stutterers, and the results were compared to those from normally fluent children. It was revealed that there were no significant differences in the level of social anxiety between the two groups. Close examination of the subtests, however, revealed that stuttering children showed higher anxiety in the subtest of Anxiety of Negative Evaluations from Others when compared to the normally fluent children. Results indicate that stuttering children tend to worry how others evaluate them.

H2. StutterismSM: Inquiry; concerning a mental condition, as a hurdle to effective treatment of stutterers

R.L. Borys, Twelve Step Programs, USA

This presentation will describe how I was able to use fluency techniques learned in speech therapy effectively to manage my stutter only after I adopted attitudes and behaviours developed by Alcoholics Anonymous and similar organizations for addiction/compulsion control. Moreover, I will initiate an inquiry into how stutterers and/or therapists may appropriate those outlooks. The psychological state that effectively made me unwilling to implement skills, learned in speech therapy, I refer to as “STUTTERISM”SM. Symptoms include lack of motivation, denial, hoping for easy remedies, defiance, and a hidden grandiosity. The remedy can be described as ‘surrender’, which I will distinguish from ‘submission’.

H3. Preliminary study on effects of temperament characteristics on early development of stuttering in children

Y. Wakaba, M. Iizawa, K. Gondo, S. Inoue and H. Fujino, Tokyo Gakugei Univ., St. Margaret's Junior College, PIGEON Corporation, Japan

Temperament is considered to be an important factor influencing the onset and development of stuttering in children. Wakaba estimates that one-third of children who stutter can be characterized as 'difficult', a higher proportion than among 'normal' children. This study examines two groups of subjects, five 'easy' children and five 'difficult' children. Four data collection strategies were used to assess the developmental history and behaviour characteristics of the children and their relationships with their parents. Temperament was found to be a contributory factor in the development in 'difficult' children of stuttering symptoms associated with tension. More subjects need to be examined before these results can be generalized.

I. Thematic – Attitudes and Stuttering

I1. Research summary on stutterers' and non-stutterers' belief systems

K.D. Gronhovd and P. Rice,

A series of projects and research studies has yielded an experimental version of a 130 item check list, based on responses from 107 stutterers and 228 non stutterers. The checklist has been used to study and compare the belief systems of stutterers and non-stutterers regarding fluent speech, fluent speakers stutterers and stuttering. It has also demonstrated that there is a potentially significant relationship between certain beliefs of stutterers and their levels of speech-related anxiety. Finally, a clinical study has suggested that the checklist may be able to track cognitive change during therapy.

I2. Effects of familiarity on attitudes towards people who stutter

R. Gabel, G. Tellis and M. Althouse,

The purpose of this study was to investigate whether knowing a person who stutters altered college students' perceptions of people who stutter. To explore this phenomenon, 195 students at three universities were surveyed regarding their attitudes towards people who stutter. The attitudes reported by students who knew a person who stutters were compared to those who reported that they did not know a person who stutters. Findings suggested that the perceptions reported by students who knew a person who stutter did not differ significantly from those reported by students who did not know a person who stutters.

I3. Occupational stereotyping of people who stutter: Effects of familiarity

R. Gabel, G. Tellis and M. Althouse, Bowling Green State Univ., Indiana Univ., State Univ. of New York, USA

The purpose of this study was to explore whether familiarity, or knowing a person who stutters, improved the occupational stereotyping of people who stutter. To answer this question, 197 undergraduate students who knew and did not know people who stutter were surveyed regarding their perceptions of appropriate career choices for people who stutter. The results of the study suggested that there were 22 that were judged to be less appropriate for people who stutter. Additionally, the findings suggested that knowing a person who stutters improved perceptions of appropriate career choices for people who stutter, thus reducing occupational stereotyping.

I4. Programs against child discrimination at schools in the Czech republic

I. Kejklickova, P. Stanicek and P. Florian, Czech Republic

Children with speech disorders often face discrimination because of their handicap, especially when starting attendance at basic (elementary) school. Our clinic proposes a comprehensive program, in cooperation with school systems, to address this problem. We describe a comprehensive conceptual program to educate students, parents, and teachers about potential discrimination faced by children with speech disorders. In the Czech Republic, legislation exists concerning the integration of children with handicaps into elementary and high schools; however, in addition to the legislative approach, we call for a humanistic approach to guarantee that children with speech disorders are not separated from the rest of society.

J. Thematic – Atypical Stuttering

J1. Diagnostic criteria of determination of cluttering in school children

Y. Filatova and L.I. Beliakova, Moscow State Pedagogical Univ., Russia

The purpose of this study is to determine the diagnostic criteria of cluttering. We have tested 55 subjects between eight and sixteen years of age. We used an adapted and modified version of Daly's Checklist for Possible Cluttering. The test results have allowed us to divide the children into four groups: pure stuttering, a mixed form of cluttering with a prevalence of stuttering, a mixed form with a prevalence of cluttering, and pure cluttering. The subjects with pure cluttering and the ones with the mixed form where cluttering dominated were studied more carefully. The results include characteristics of their oral speech, serial organization of movements and sense of rhythm, intellectual processes and attention.

J2. Speech dysfluency characteristics in patients with Parkinson's disease

S. Patel, M. Menahemi and Y. Manor, Tel-Aviv Univ., Israel

Speech dysfluency can cause communication difficulties in patients with Parkinson's disease (PD). The objective of this study was to characterize the speech dysfluency in PD patients. PD patients were assessed by a subjective fluency test. The most frequent type of dysfluency in the patients' spontaneous speech was syllable repetitions. High association was observed between speech rate and dysfluent syllables. More dysfluent syllables appeared in the patients' conversational speech than in the oral reading task.

J3. Cluttering and aphasia: A case report

D. Ward, The Univ. of Reading, UK

This paper examines the case of a 29 year-old man who was referred to the Apple House fluency clinic for a second opinion as to his speech fluency. At assessment he presented with a range of linguistic difficulties more consistent with a diagnosis of expressive aphasia. A firm diagnosis was not possible from assessment, but in the apparent absence of neurological damage, cluttering was suspected. After being sent for an MRI which revealed no abnormality, he was subsequently seen for therapy. This paper describes how, as therapy progressed, the cluttering behaviours both changed, and responded to treatment. Implications for the diagnosis and treatment of cluttering are discussed.

08:30–09:15

Marquette/
Jolliet

Plenary Session

Chair: Herman Peters

Keynote speaker: Barry Guitar, University of Vermont, USA

Evidence Based Practice: Searching, Appraising, and Integrating

09:30–10:30

Marquette

Double Seminar / Course – Intervention

Chair: Deborah Kully

(09:30–10:30)

A multinational investigation of stuttering intervention: Assumptions, practices, and lessons (Part I)

D.A. Shapiro, M. Abbink, M. Bortz, A.V. Bruna, F. Cook, P. Dhu, J. Einarsdottir, E. Haynes, S. Makoni, S. Miyamoto, L. Molt, N. Moses, I. Reichel, A-M. Simon, B.B. de Touzet, Y. Van Zaalen and M.M. Wahlhaus, Western Carolina Univ., USA, Multidisciplinary Clinic, South Africa, Michael Palin Centre, UK, Speak Easy Association of Western Australia, Australia, Institute for Stuttering Treatment and Research, Canada, Long Island Univ., USA, Auburn Univ., USA, Buenos Aires University, Argentina, Netherlands, Chile, Iceland, Japan, France

The specific purposes of this research were to determine the assumptions, methods, and ultimate lessons learned and purposes served by clinicians who treat people who stutter in diverse nations across the world, and to make comparisons within and across countries and cultures. Seventeen clinician-researchers representing 14 countries across 6 continents each distributed a 10-item survey to 25 clinicians in their own country who treat people who stutter. The results, both quantitative and qualitative, reveal a commonality of purpose among multinational service providers, the importance of working together and communicating across international borders, and a window into the world as a global classroom.

Thematic – Intervention

Jolliet

Chair: Rosalee Shenker

(09:30–09:45)

An exploration of parents' experience of the Lidcombe program

R. Hayhow, Frenchay Hospital, UK

This presentation will report on the early findings from a study that aims to explore parents' experience of the Lidcombe Program (LP), a parent based treatment for early stuttering. This behavioural treatment teaches parents ways of responding to their child's stutter-free and then stuttered speech in structured and unstructured conversations within the home environment. A purposeful sample of the parents who take responsibility for the implementation of the program will be interviewed to gain insight into their personal experiences of working directly with their child. Preliminary results will be presented and issues that influenced the design and development of this study will be outlined.

(09:45–10:00)

Treating children who stutter in the public schools. What challenges does the school system bring?

S. Cochrane, Freedom of Speech, Inc., USA

This study will present a survey collected from teachers and parents of children attending several public schools. The surveys seek to discover information about children who stutter in the schools and the treatment they receive. The acquired facts will serve as the start of a database that will help substantiate the need for systemic change within the public schools, creating a core upon which effective therapy may be delivered and ultimately leading to improved treatment for school-age children who stutter.

(10:00–10:15)

Clinician's slow speech rate model and children's fluency

L. LaSalle, Univ. of Wisconsin, USA

In order to improve treatment efficacy with young children who stutter, we need to know who does and who does not respond more fluently to clinicians' slow speech rate models. The spontaneous fluency of 8 three- to six-year-old boys who stutter (Mdn age = 46 mos; Range = 37 to 72 mos) was measured in two counterbalanced conditions of the same clinician using a typically fast speech rate versus a significantly slower speech rate. Two boys showed no fluency facilitation in the slow model condition, and these were the only two boys of the eight who had a concomitant severe phonological disorder.

(10:15–10:30)

Some factors influencing early referral of dysfluent children

R. Lees and C. Stark, Univ. of Strathclyde, Highland NHS Board, UK

Two studies are reported on the attitudes and knowledge of possible referrers of young dysfluent children to speech and language therapy. The first study looked at the referral rates and underlying assumptions held by primary care professionals viz. general practitioners (GPs) and health visitors. This study has shown that there are still many GPs and some health visitors who do not refer young dysfluent children. A second study is being carried out on pre-school educators' referral rates and understanding of dysfluency. The results of this study will be reported.

Thematic – Miscellaneous

St Maurice

Chair: Joe Attanasio

(09:30–09:45)

Stuttering as a disability of linguistic functions

P. Lajos, J. Lorik and K. Alfaro, Eotvos Lorand Univ., Early Developmental Centre, Hungary

Researchers exploring the reasons of stuttering onset have suggested that delayed speech and language onset, linguistic factors and heightened self-monitoring may all play a role in the development of stuttering. According to a possible model of early stuttering, it is possible that children who stutter have a delay in speech & language onset, are also linguistically delayed, and are more sensitive to their speech failures. In our study, we examined the eligibility of "a possible model of early stuttering." Subjects were 15 pre-school age children who stutter, and age and gender - matched fluent control subjects.

(09:45–10:15)

Temperamental contributions to childhood stuttering

J. Anderson, M. Pellowski and E. Conture, Indiana Univ., Towson Univ., Vanderbilt Univ., USA

The purpose of this investigation was to assess the temperamental characteristics of children who do (CWS) and do not stutter (CWNS) using the Behavioral Style Questionnaire (BSQ) (McDevitt & Carey, 1978), a norm-referenced parent-report questionnaire. Participants included 50 CWS and 49 CWNS between the ages of 2 years, 7 months to 6 years, 1 month. Results indicated that, when compared to CWNS, CWS tend to exhibit temperamental profiles consistent with non-adaptability to change, low distractibility, low persistence, and more negative quality of mood. Findings were taken to suggest that these temperamental characteristics of CWS may contribute to the development, exacerbation, and/or maintenance of stuttering.

(10:15–10:30)

Kinematic changes following static perturbation in people who stutter

A.K. Namasivayam and P. Van Lieshout, Univ. of Toronto, Canada

The purpose of this study was to determine whether or not persons who stutter (PWS) could adequately utilize sensory information to compensate and adapt to the presence of a static (bite block) perturbation. We hypothesize that if PWS have a limited ability in utilizing sensory information then they would be unable to adequately compensate and adapt to the perturbation. Results indicate that PWS and non-stuttering subjects compensate and adapt to the presence of a static perturbation, however there seem to be certain differences between the groups in terms of the use of motor control strategies during compensation and adaptation.

Thematic – Definition, Measurement and Assessment

Hochelaga 3

Chair: Jane Fry

(09:30–10:00)

Advanced digital capture technology in identification of stuttering disfluencies

G. Tellis, T. Meloy, M. Henning and D. Jarvie, Indiana Univ., USA

The use of video-capture technology is a powerful method of identifying stuttering disfluencies and secondary behaviours. In our clinic we use advanced video-capture technology during clinical sessions. Clinical sessions are saved in DVD format. Supervisors and clinicians include notes on the DVD for clients to review. Clients can use the cursor to freeze any frame and identify disfluencies and secondary behaviours. We have found identification of disfluencies and secondary behaviours with computerized video recordings of speech samples is more powerful than videotape only recordings. Procedures for assessment are discussed.

(10:00–10:30)

A fluency assessment proposal for children

C. Andrade, São Paulo Univ., Brazil

The aim of this seminar is to present a fluency proposal assessment for children aged 2.0 to 11.11 years. The first part consists in the presentation of a research about the fluency profile of 200 children, male and female, with no stuttering complaints, constituting reference parameters. The second part consists in the presentation of a risk protocol for childhood stuttering. The third part consists in the presentation of two home environment and parent-child interaction protocols obtained in a research with children of this same age group.

Seminar / Course – Intervention

Hochelaga 2

Chair: Alice Anne G. Farley

(09:30–10:30)

Fluency losses and recoveries: A case for chronic optimism

P. Schneider, Queen's College, USA

This seminar/short course will enhance our sense of optimism by viewing fluency recovery within a developmental lifespan perspective. The majority of people who experience and suffer from fluency difficulties experience varying degrees of recovery, which may not seem possible during early stages of development. The video stories will present retrospective and longitudinal studies of individual recoveries. It becomes clear that recovery is highly individualized and includes cognitive, emotional, and behavioural components which do not all change in synchrony. The stories illustrate the infinite, often unpredictable, potential for change at any stage in life.

10:30–11:00

Refreshment break

Hochelaga
4, 5, 6

11:00–12:30

Double Seminar / Course – Intervention

Marquette

Chair

(11:00–12:30)

A multinational investigation of stuttering intervention: Assumptions, practices, and lessons (Part II)

D.A. Shapiro, M. Abbink, M. Bortz, A.V. Bruna, F. Cook, P. Dhu, J. Einarsdottir, E. Haynes, S. Makoni, S. Miyamoto, L. Molt, N. Moses, I. Reichel, A.-M. Simon, B.B. de Touzet, Y. Van Zaalen and M.M. Wahlhaus

Forum – Professional Service and Research Issues

Joliet

Chair: Luc De Nil

(11:00–12:30)

Moving forward a path to solving the crises in clinician practice and research

Luc De Nil, Vincent Gracco, Robert Kroll, Patricia Roberts, Scott Yaruss and Others, Univ. of Toronto, McGill Univ., Stuttering Foundation of Ontario and Univ. of Toronto, Univ. of Ottawa, Univ. of Pittsburgh
Since the beginning of scientific inquiry in speech pathology, researchers have been intrigued by the cause of stuttering. At the same time, many approaches to stuttering intervention have been promoted. This panel brings together international experts representing the research, clinical and consumer communities to discuss the state of the art in stuttering. Each will reflect on the progress made in understanding stuttering and its treatment, and identify short- and long-term challenges that need to be addressed to solve this “riddle, wrapped in a mystery, inside an enigma”. Active participation of the audience in the discussion will be encouraged.

Seminar / Course - Outcomes and Measurement

St Maurice

Chair: Craig Coleman

(11:00–11:30)

Systematic review and meta-analysis of treatments for stuttering

C. Stark, R. Lees and N. Waugh, Highland and Islands Health Research Institute, Univ. of Strathclyde, Univ. of Aberdeen, Scotland

The Cochrane collaboration is a well recognized initiative promoting systematic review of interventions affecting health. A description will be given of the methods used in a series of such reviews on the effectiveness of treatments for stuttering. The treatments encompass the following areas: cognitive behavioural interventions, altered auditory feedback, hypnosis and drug treatments. This will be the first review to be conducted using the quality assurance processes provided by the Cochrane Review Group. The method and results should be of interest to clinicians and researchers.

(11:30–12:30)

The content analysis of verbal behavior: Applications to stuttering research

A. DiLollo, W.H. Manning, L.W. Plexico and E. Lane, Wichita State Univ., Univ. of Memphis, USA

Content analysis has been defined as a technique for making replicable and valid inferences from data to their context. It has been applied to the measurement of psychological states, and a number of useful, well defined scales have been developed for this purpose. In this session we will describe procedures for developing content analysis scales, the process of performing content analysis, and its advantages and disadvantages as a research tool. We shall also discuss several specific content analysis scales in detail and provide examples of their application to stuttering research by describing two studies that utilized this technique.

Hochelaga 3

Seminar / Course – Intervention

Chair: Ann Meltzer

(11:00–12:30)

High tech and high touch: An adult stuttering management program

J. Harrison, McGill Univ., Canada

Clinicians continue to expand the ways in which they treat the various aspects of the complex disorder of stuttering in adults. How the behavioural, cognitive, and affective components are addressed at the McGill University Health Centre will be presented. You will see the use of videoendoscopy to determine laryngeal activity during stuttered speech, as well as the use of a computer program to measure faulty breathing patterns and hard vs. gentle voice onsets. Video highlights from motivational workshops will also be shown. What constitutes “success” or recovery will be considered. Several handouts will be provided.

Thematic – Miscellaneous

Hochelaga 2

(11:00–11:45)

Chair: Anthony Intas

“The revenge of the stuttering child” (Film)

N. Nevo, Israel

I started to stutter when I was 7 years old.

My film presents a journey, a mission to accept myself with the stuttering at the age of 24.

I explore my stuttering at three different stages. First my past; including harassment by a guy in school, and stuttering and my first girl friend. Secondly in the present; including confronting my father with whom I stutter to this day and with Benny Ravid C.O. of I.S.A. who helped me throughout the movie. Thirdly exploring the future; how can I get out of my stuttering ?

(11:45–12:30)

“Our Time Theatre” (Video)

T. Alexander, *Our Time Theatre, USA*

Our Time Theatre Company, an artistic home for people who stutter, presents “What We Have To Say”, a documentary film about their first season. The film will be followed by a question and answer session. Based in New York City, company members study acting, singing, playwriting, drumming, and dance with professional artists. You will follow the company on their journey through the rehearsal process, Opening Night in New York City, and their trip to California to perform at the National Stuttering Association’s annual convention. Founder and Artistic Director, Taro Alexander’s own experience as a person who stutters, combined with the transformative power of theatre compelled him to create Our Time.

12:30–14:00

Lunch — Grand Salon

Grand Salon

14:00–15:30

Seminar / Course – Professional and Service Issues

Marquette

Chair: Jaan Pill

(14:00–15:30)

Building bridges with allied professionals

J. Wade, S. Yaruss, L. Reeves, G. Maguire and N. Reardon, *Univ. of Pittsburgh, National Stuttering Association, Univ. of California, LaSalle County (Illinois) Schools & Private Practice, USA*

Misinformation and misperceptions still exist about stuttering, both in the general public, and also among allied professions such as medicine, mental health, and teaching. This lack of knowledge about stuttering has negative consequences for those who stutter. This presentation will examine the benefits of establishing collaborative relationships between speech language pathologists interested in stuttering and other allied groups, most especially, 1) medicine, 2) mental health, 3) teaching, and 4) consumer based self-help groups. Practical suggestions about specific ways that collaborative relationships and opportunities to educate related professionals about stuttering can be developed will also be discussed.

Seminar/Course – Neurological and Speech Motor Basis of Stuttering

Jolliet

Chair: Alison Nicholas

(14:00–15:30)

Stuttering therapy and sensory integration

C. Nater-Berkeljon and A. Hagenbeek, *Netherlands*

Sensory Integration is the way in which different sensory input from our bodies and environment are registered, selected and processed. Knowledge about Sensory Integration can benefit stuttering therapy. From Sensory Integration principles we can work out ways to speak more fluently. The ideas from Sensory Integration can also be used in facilitating, achieving and automating therapy goals. In this workshop you will be introduced to Sensory Integration. After a short theoretical explanation, exercises will allow you to experience a Sensory Integration problem and you will be introduced to the possibilities of using Sensory Integration in stuttering therapy.

Thematic – Self-help Programs and Initiatives

St Maurice

Chair: Marty Jezer

(14:00–15:30)

Screening and discussion of the documentary film “Stutter Step”

J. Shames and J. Skurnik, Ah, Westport Productions, USA

“Stutter Step” is a one-hour personal video documentary in which Jeff Shames explores his journey as a person who stutters. Jeff pierces the conspiracy of silence that his family has kept about generations of stuttering, and contemplates the troubled legacy of his late father. Other aspects of this eclectic film include current theories about causes of and treatments for stuttering, interviews with well-known stutterers, and an examination of often-derogatory media portrayals of this frequently misunderstood disorder. With humor and compassion, “Stutter Step” depicts a stutterer’s journey from a childhood of shame and frustration to a life of self-acceptance and service.

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

Hochelaga 3

Chair: Elizabeth Haynes

(14:00–14:30)

Linguistic characteristics of normal disfluencies of Puerto Rican Spanish-speaking preschoolers

E.J. Carlo-Mirabal, R. Irene-López and A. Villanueva-Reyes, Univ. of Puerto Rico, Puerto Rico

The purpose of this study was to identify the linguistic characteristics of disfluent words in the utterances of non-stuttering Spanish-speaking preschool children. The linguistic categories examined were: grammatical classification of words, initial word sounds and position in the utterance. Significant differences were observed for within word disfluencies (WWD) and between-word disfluencies (BWD) with disfluencies occurring more often in function than in content word, and occurring more often in the middle of the utterance. No significant differences were observed between disfluent words starting with vowel or consonant sounds. Findings are discussed in terms of preliminary guidelines for expected fluency patterns in young Spanish-speaking children.

(14:30–14:45)

Stuttering patterns in Spanish: Some empirical data and possible clinical implications

P. Howell, J. Au-Yeung, I. Vallejo-Gomez, A. Fernández-Zúñiga, R. Gutiérrez, A.H.Fernández, M.L. O’Brien, and M. Tarasco, Univ. College London, UK

Samples of stuttered speech from Spanish speakers ranging in age from 6 to 68 years were analyzed to see whether the patterns correspond to the linguistic characteristics affecting stuttering in English. Generally speaking, the characteristics of stuttering observed in English also apply in Spanish. The main difference is that Spanish speakers are affected by phonological difficulty to a lesser extent than English due to the fact that there is less of a difference in phonological difficulty between function and content words in this language compared with English. The potential implications of these results for diagnosis and treatment of Spanish speakers who stutter are discussed.

(14:45–15:00)

Cross-linguistic factors in the prediction of stuttering across age groups — the case of German

K. Dworzynski, P. Howell and J. Au-Yeung, Univ. College London, UK

Cross-linguistic research makes it possible to analyse whether stuttering patterns are universally associated with linguistic structures irrespective of their surface form; or whether difficult motor outputs lead to stuttering independent of the linguistic unit they occur in. Linguistic factors that are known to predict dysfluencies in English are investigated in German children and adults who stutter. Speech samples of children in three age groups were analysed (2–6 years, from 7–8 years and 9–12 year old children, plus an adult group.) A particular focus was on developmental changes in function/content word stuttering. Conclusions are drawn as to the effect of linguistic and motor influences on stuttering.

(15:00–15:30)

The influence of syntactic variables on the development of stuttering

D. Rommel, Univ. of Ulm, Germany

In May 1992, the Ulm study group started a prospective longitudinal study about stuttering pre-school children. The aim of the study is to find valid indicators to estimate the chance of a prospective chronic or recovered career in stuttering. Therefore in any child about 300 variables were analysed which are relevant for onset, development and maintenance of stuttering. Physiological, psycholinguistic and psychosocial factors were assessed by using different kinds of data assessment procedures. This presentation mainly emphasises the relevance of syntactic variables assessed by complex syntactic analyses of the language used by the stuttering children in a mother-child playing situation.

Seminar/Course – Intervention

Hochelaga 2

Chair: Frances Cook

(14:00–15:00)

Synergistic stuttering therapy: The counselling connection

D. Cooperman and C. Bloom, The College of Saint Rose, USA

Speech-language pathologists often feel ill prepared to deal with the counselling issues that accompany fluency disorders. This presentation will provide an overview of a holistic approach to the treatment of fluency disorders with particular emphasis on the affective and environmental concerns of adults who stutter. Specific goals and activities that address attitudinal and social issues will be presented in the context of an integrated fluency shaping and stuttering modification philosophy. Videotaped segments of adult individual and group sessions will be used to demonstrate the effectiveness of this approach.

(15:00–15:30)

Two proposals for stuttering therapy: “Empty pause” and “IPS”

V. Urban, Germany

The “Empty Pause” is a new method which consists in having the stutterer interrupt or postpone his attempt to say a “critical” word until he feels that he will succeed in speaking the word normally. In doing so he has to tolerate the growing fear of stuttering and has to resist an intense urge to start the speaking attempt right away. This procedure is somewhat similar to reaction inhibition which is used in behavioral therapy of compulsions. A possible variant is IPS (“Isolated Production of the first Sound”). This method combines prolongations and easy repetitions in a common behavioural and neuropsychological interpretation.

15:45–16:15

Closing Ceremony

Marquette/
Jolliet



SPEAK EASY INC.

Canada's National Organization For People Who Stutter

Speak Easy has mailed out more than 10,000 free information kits. These kits contain a special sample issue of ***Speaking Out***, widely recognized as the world's leading monthly magazine focusing on stuttering. It includes details on various therapy programs, articles on coping with the disability, advice for adult stutterers, suggestions for parents of stuttering children, legal issues, selected humour, and many personal stories. This 28-page magazine is Speak Easy's primary liaison with members, and their source of interaction with each other. The kit also contains the following pamphlets:

- ***Introduction to Speak Easy Inc.***
- ***Advice for Partners / Spouses***
- ***Suggestions for Parents of Stuttering Children***
- ***"Relative" Support for Stutterers***
- ***How the Teacher Can Help the Stuttering Child***
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