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A joint venture of Children's Hospital of Pittsburgh and the Department of Communication Science and Disorders at the University of Pittsburgh

Stuttering Center of Western Pennsylvania
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<http://www.stutteringcenter.org>

Fluency Specialists Recognized

The newly created Specialty Board on Fluency Disorders (SBFD) now offers specialty recognition for clinicians with expertise in stuttering. The SBFD was authorized by the American Speech-Language-Hearing Association (ASHA) and developed by ASHA's Special Interest Division for Fluency and Fluency Disorders (DIV-4).

J. Scott Yaruss, Ph.D., Co-Director of the Stuttering Center, is one of about 275

clinicians who hold specialty recognition. He also serves as a mentor for those seeking to obtain specialty recognition. Craig Coleman, also Co-Director of the Stuttering Center, is currently obtaining his specialty recognition.

Requirements for specialty recognition include: taking graduate coursework in fluency disorders, completing 100 hours of continuing education (10 ASHA CEUs), completing 100 hours of

guided practice with a mentor who has specialty recognition, passing a written examination developed by the specialty board, and preparing a portfolio demonstrating assessment and treatment cases. Complete information about specialty recognition can be found on the SBFD's website: <http://www.ausp.memphis.edu/sbfd/>

To learn more about fluency specialization, contact Dr. Yaruss (jsyaruss@csd.pitt.edu).

Support for Children and Adults who Stutter

Speech therapy can be very effective for both children and adults who stutter. Although stuttering cannot be "cured," its impact can be greatly reduced. We have found that the beneficial effects of speech therapy can be enhanced when paired with participation in a stuttering support group.

People who stutter often find great benefit in meeting other people who stutter. Parents also feel an increased level of comfort when they can talk with other parents of children who stutter.

The largest stuttering support group in the United States is the *National Stuttering Association* (NSA). With more than 80 local chapters nationwide, the NSA has programs for children who stutter and their families, as well as for teens and adults who stutter. More information about the NSA can be found at www.WeStutter.org.

Friends: The Association for Young People Who Stutter (www.friendswhostutter.org) is another support group focusing on the needs of people who stutter.

You can also obtain valuable information about stuttering from the *Stuttering Foundation of America* (SFA; www.stutteringhelp.org). The SFA publishes books about stuttering that can be helpful for people who stutter, their families, and their clinicians.

A local chapter of the NSA is available in the Pittsburgh area. For more information, contact Dr. Scott Yaruss at jsyaruss@csd.pitt.edu

For more information on support groups for children, contact Craig Coleman at craig.coleman@chp.edu



Stuttering Center Update: Kluetz Completes Pre-Dissertation

Brett Kluetz, doctoral student in the Department of Communication Science & Disorders at the University of Pittsburgh, recently completed her pre-dissertation project. Brett is also on the research staff of the Stuttering Center of Western PA.

The pre-dissertation project is one of the key steps in the process of obtaining of a doctoral degree. The study, titled “A Preliminary Study

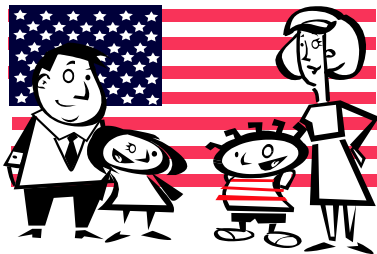
of Habitual Speaking Rate in Children,” serves as groundwork for future studies that will examine the relationship between speaking rate and fluency in young children who stutter.

The purpose of the study was to assess the degree of variability seen in the speaking rates exhibited by normally fluent preschool children. Participants were 6 preschoolers (3 boys and 3 girls).

Children exhibited a broad range of rates, rather than fixed rates, as had previously been assumed. Analyses revealed that measures examining rate changes within utterances, as well as measures incorporating pause durations, were both sensitive to variability. Findings were used to develop a definition of habitual speaking rate for preschool children that can be used in future studies at the Stuttering Center.



There is not sufficient evidence to support long-term success of fluency enhancing devices.



Hot Topic: Electronic Devices to Control Stuttering ???

Recently, we have seen a growing discussion of electronic fluency devices that claim to eliminate stuttering, even in the most severe cases. We have received many inquiries from parents and clinicians regarding our thoughts on these devices.

While we welcome and support research on new treatments, we are quite concerned about the media coverage these devices have received.

This is a topic of particular importance for children who stutter, in part because of the emotions that are involved. Parents want to do anything possible to help their child. Seeing images of severe stutters suddenly speaking fluently can be quite powerful.

Still, this is not necessarily the experience that all users will have, and this may contribute to unrealistic expectations for the child or parent.

These devices are based on Delayed Auditory Feedback (DAF). First discovered in the 1950s, DAF means that the speaker’s voice is played back to him with a slight delay, simulating the effect seen in choral speech. Many people who stutter speak more fluently under DAF.

Much of the recent media attention is focused on a company that has begun marketing a DAF device that is small enough to be placed in an in-the-canal hearing aid. At present, however, there is not enough evidence

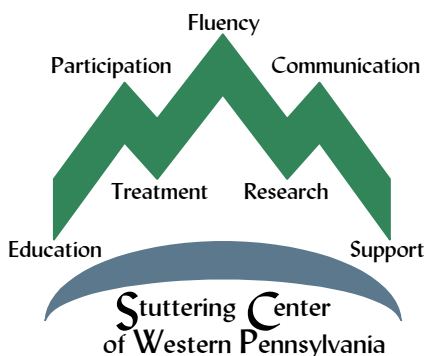
to support the idea that these devices are effective over the long term. We also have concerns about the use of fluency aids in children. Childhood is the best time for a speaker to learn to manage stuttering for the long term. A child who has avoided the need to deal with stuttering because of a fluency device has missed an important opportunity.

Furthermore, we often try to give children the message that it is okay to stutter. Telling a child it is okay to stutter while putting a device in his ear so he “doesn’t stutter anymore” sends a mixed message. This might be acceptable if the devices worked for all children for the rest of their lives. At this time, there is no evidence to suggest that this is the case.

Certainly, many people may benefit from such devices. Thus far, however, the promises that have been made in the media are too good to be true. Our message to people who stutter and their families is *proceed with caution*.

The Stuttering Center of Western PA’s four-part mission.....

- **Treatment for people who stutter**
- **Research on the nature and treatment of stuttering**
- **Education for students and clinicians interested in learning more about stuttering**
- **Support for people who stutter, their families, and their clinicians**



Q & A: Can I Talk About Stuttering with a Preschooler?

For many preschoolers who stutter, the negative reactions associated with advanced stuttering have not yet developed. For others, stuttering may be accompanied by significant physical tension and avoidance behaviors indicating that the child is experiencing negative reactions to the stuttering.

For those children who *have* developed negative reactions to their stuttering, it may be appropriate to openly discuss stuttering with the child.

Clinicians and parents can use terms such as “bumpy speech” to talk about stuttering with the child. One effective technique is for the clinician or parent to demonstrate voluntary disfluencies in their own speech, then call attention to them by saying “That was a bumpy one.”

They can use that opportunity to model acceptance of disfluencies by saying, “It’s okay if we talk bumpy sometimes.” They can also use the opportunity to start a discus-

sion with the child about whether he ever experiences bumps in his own speech.

When deciding whether to talk about stuttering with a young child, we use the child as our guide. If his is not aware of his stuttering or if he has no negative reactions to his stuttering, it is probably not necessary to discuss it with him. If he *does* exhibit negative reactions, he may benefit from a more open and supportive discussion of his stuttering.

Kids Speak

This month’s story is from a nine year-old, who had some fun with his stuttering on April Fools Day. His story helps show the importance of having supportive friends!

“On April 1st, I played a little trick on my teacher. I said to my friend, “What if you be me and I be you?” My friend asked my teacher a question and stuttered like me. My

teacher thought it was me . When she called on me, I said “April Fools!”

Have you ever played tricks like this on your teacher or family? If you know of any “stuttering tricks,” let us know. You can write them, or have your parents help you write them. Send them to us and we will do our best to put them in here.

Free Subscription!

Join our email distribution list to receive this newsletter as soon as it is published. Send your email address to craig.coleman@chp.edu

You will receive an email response confirming your **free subscription** to the *Stuttering Center News*.

SLP Corner: Helping Children Identify Types of Disfluencies

When working with young children who stutter, we often need to help the child increase her awareness and knowledge of different ways of speaking, without placing too much emphasis on “fluent speech.” For example, we may want to highlight the differences between repetitions (li-li-like this), prolongations (llllike this), and blocks (l---ike this).

We can incorporate objectives designed to help children identify differences in

disfluencies for preschool and school-age children.

One activity we use is called the *Bouncy-Stretchy* game. The goal is to increase identification of repetitions, prolongations, and blocks. In this activity, the clinician (or parent) sits on the floor across from the child. The child holds a bouncy ball in her hands. The clinician then says a word with either a speech repetition or prolongation. If the clinician uses a repetition (or bounce), the

child bounces the ball to the clinician. If the clinician uses a prolongation (a stretch), the child throws or rolls the ball to the clinician. If a block is used, the ball is not thrown at all. This helps demonstrate the halted movements in a block.

The child and clinician take turns doing purposeful stuttering and throwing or bouncing the ball to help the child understand the differences between these various types of disfluencies.

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The Stuttering Center offers evaluation and treatment through Children’s Hospital of Pittsburgh in Oakland and at our satellite offices in Bethel Park, Monroeville, and Wexford. Visit the Children’s Hospital website at www.chp.edu for directions.

Find us on the Web!

www.stutteringcenter.org

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**Send us your questions
and comments!!!**

