

SPPA 4230/5230-101 Stuttering and Other Fluency Disorders

SPRING 2015

KATIE CORDING, M.S., CCC-SLP

TUESDAYS AND THURSDAYS 12:30-1:45PM; CRAMER HALL 038



CONTACT INFORMATION

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I. Main Objectives of Course

- A. To acquire fundamental abilities to listen to, identify, and describe stuttering-like and nonstuttering-like speech disfluencies and associated non-speech behaviors.
- B. To build a knowledge base of the past and present research related to theories and models of stuttering.
- C. To review historical through current empirical investigations of stuttering and how these studies have influenced/changed our understanding of stuttering over time.
- D. To learn about the various assessment and treatment methodologies used with children, teenagers and adults who stutter.
- E. To develop the capacity to assess, diagnose, and treat people who stutter across all age groups and backgrounds.
- F. To recognize and question your own beliefs, prejudices, stereotypes, as well as those of others, regarding stuttering and individuals who stutter.
- G. To inspire you to specialize in working with people who stutter.
- H. To increase compassion and empathy in working with people who stutter and their families.

II. Required Text

Guitar, B. (2006) *Stuttering: An Integrated Approach to Its Nature and Treatment*. Fourth Edition. New York, NY: Lippincott Williams & Wilkins.

****Please bring your textbook to class. You may need to refer to it during small group discussion.**

III. Assessment/Grading

In accordance with ASHA guidelines, student learning will be evaluated using both **formative** and **summative** forms of assessment.

Formative Assessment- ongoing measurement during educational preparation for the purpose of improving student learning. Formative assessment yields critical information for monitoring an individual's acquisition of knowledge and skills. Such assessment must evaluate critical thinking, decision-making, and problem-solving skills. Measures should include oral and written components, as well as demonstrations of clinical proficiency.

Summative Assessment- comprehensive evaluation of learning outcomes at the culmination of educational preparation. Summative assessment yields critical information for determining an individual's achievement of knowledge and skills.

Labs (2 x 10 pts each)	20 points
Article Critique	12 points
Therapy Presentations	50 points
Case Assignment/Class Participation	58 points
Exams (3x 100 pts each)	300 points
Final Exam (cumulative)	100 points

540 points total

Assignments will be marked down 50% if received up to 24 hours after the due date, 75% if received up to 48 hours late, and thereafter will not be accepted.

Final letter grades are based on the percentage of points earned. A (93–100%), AB (88-92%), B (83-87%), BC (78-82%), C (73-77%), CD (68-72%), D (60–67%), F (59% and lower).

IV. Labs (Formative)

There will be a total of 2 labs. You will be required to complete a handout for each of these exercises. The associated handouts and instructions for the labs will be posted on D2L. These exercises will also help you to recognize and question your own beliefs, prejudices, stereotypes, as well as those of others, regarding stuttering. They are designed to help you develop fundamental abilities to listen to, identify, and describe stuttering-like and nonstuttering-like speech disfluencies. Please refer to the summaries and associated due dates for each lab below. Please complete the corresponding forms located on D2L. Each lab will be worth up to 10 points. You will submit your assignments to the correct dropbox on D2L **by 9:30 a.m. on the due date**. Please do not email them to me. Late submissions will not be accepted.

Lab 1: Stereotypes of stuttering

People often disregard the impact of their portrayal of a particular population to the general public. The purpose of this assignment is to investigate how stuttering and people who stutter are portrayed in popular culture and the potential impact this portrayal has on the lives of persons

who stutter. For this assignment you will need to choose at least one film, TV show, cartoon and/or book that has a character who is a person who stutters. Please complete the corresponding lab form located on D2L after you complete your exploration of this particular piece of work. Be prepared to share your review in class. This assignment is due **Thursday Jan 22nd**.

Lab 2: Voluntary Stuttering Experiment

Most authorities in stuttering stress that one of the best ways to begin some understanding of what people who stutter are experiencing is to simulate stuttering yourself. Having the unique experience of stuttering in front of a stranger, without being able to reveal to them that you are not a person who stutters, will allow you to have a tiny glimpse into what life may be like for a person who stutters. Thus, the purpose of this experiment is to increase your ability to empathize with clients who stutter by helping you better understand potential feelings of your clients and his/her listeners before, during and after moments of stuttering. For this assignment, you will have to stutter on purpose (i.e., produce voluntary stuttering) on three isolated occasions separated by at least one day each. For each occasion, you will need to speak a minimum of 2 minutes. You will also need to make a concerted effort that your stuttering sounds as genuine as possible. Please complete the corresponding lab form located on D2L after you complete each experience. Be prepared to share your experiences in class. This assignment is due **Thursday Feb 5th**.

Extra Credit Assignment: Lab 3: Insider Perspective

NSA meeting

Another critical element of your training to be able to establish a good therapeutic relationship with your clients is to gain an insider's perspective on different experiences with and attitudes about stuttering. For this extra credit assignment, you will attend and write about your observations at the National Stuttering Association local chapter meeting. **Meetings are held the final Saturday of each month (1/31, 2/28, 3/28, 4/25).** Meetings start at 10:00am and end at 11:30am. All meetings are held at UWM's Enderis Hall in Room 110. Added details of the location on the UWM campus is found on the **link <https://sites.google.com/site/nsamilwaukee/home/adult-group>.**

Since there are 50 students in this class, I don't want to overwhelm the NSA with too many students at any single meeting. As such, each meeting will be restricted to 7 students. Please RSVP to me for one of the four meetings above. Requests will be honored on a first come, first served basis. I will let you know if you are able to attend the meeting you requested.

Please see instructions on D2L. Submit your responses to the dropbox **by 8:00pm the day following the meeting.**

V. Article Critiques (Formative)

On the first day of class, all students will sign up in small groups to review an article. There will be 10 groups of 3, and 1 group of 4 for undergraduates. Graduates will work in pairs (2), creating a total of 7 groups. By the end of the first week of class, the instructor will assign each group/student one article. Students will have the opportunity to present your review of the article to the class on the associated due date as listed in the tentative schedule. The purpose of this

activity is to broaden your knowledge about the many facets of stuttering, become familiar with scholarly sources of information about fluency disorders, and practice thinking critically about the literature. Assignment of these articles will be discussed in class. Each review is worth a maximum of 15 points, and you will be graded as a team with each member earning the same point total. More detailed instructions for this assignment will be posted on D2L. Please plan for your presentations to extend 10-15 minutes. You may use additional time if available on the day you are presenting.

VI. a. Therapy Presentations (Formative & Summative)

You will sign up in small groups to complete this assignment. Number of members within groups will be determined closer to the end of the semester. I will provide your group a case. From the information provided, your group will be required to develop an appropriate diagnostic assessment and semester treatment plan using one therapy approach. You will illustrate, explain, and critically review a contemporary therapy approach and plan how to implement the approach with your client. You can find ideas in the textbook and by looking at the following website: <http://www.mnsu.edu/comdis/kuster/journal/journal.html> and look at volumes 4-7. Therapy approaches must be approved by the instructor so that there is no duplication.

You will first describe relevant client information and the therapy approach in detail. You will then list therapy goals and their rationale. I will post a copy of your presentation along with correlating therapy materials on D2L so they are available to each member of the class. Thus, by the end of all presentations, each student will have a variety of sample assessment reports, treatment descriptions, treatment plans, and therapy materials that can be used as reference for when you become practicing clinicians. Please prepare your in class presentation using Power Point and/or Microsoft Word as appropriate, and submit your presentation in full to the corresponding Dropbox on D2L. You will be graded as a team. This assignment is worth 50 points for each team member.

Graduate Students: Students enrolled in the course for graduate credit must fulfill an additional requirement. This requirement entails creating a detailed lesson plan for a specific session and presenting a live demonstration of using how you would implement your chosen therapy approach to the class.

b. Case Assignment/Class Participation (Formative and Summative)

To ensure adequate understanding and clinical application of the constructs presented, class attendance and participation is essential. In order to enable all students to equally participate in class discussions, unscheduled/unannounced in-class assignments will be presented throughout the course of the semester. Completion of these assignments will only be allowed during class time, with NO MAKE-UP assignments allowed. Each assignment will be worth 1-4 points, with full credit awarded to all students completing the in-class assignment. Absence from class, regardless of reason, will result in a loss of those points for that day, again with NO MAKE-UP's allowed. These assignments will frequently revolve around a case assignment. Further explanation will be provided in class.

VII. Exams (Formative and Summative)

Each exam will be worth a maximum of 100 points. The exams will consist of true false, fill in the blank and multiple choice questions based on class lecture, the textbook, and class discussion.

Lectures are based not only on textbook material but also on numerous empirical investigations of stuttering. Therefore, class attendance is important for successful performance on exams.

There will be absolutely no make-ups allowed for the four exams during the semester.

There will also be one **final cumulative exam** (summative). A make-up exam will only be allowed in the case of a documented excused absence (see below). Questions on the make-up exam may differ from those on the class exam.

IX. Definition of Excused Absence from Exams

Acceptable anticipated absences:

- The student is away from campus representing an official university function, e.g., participating in a professional meeting, as part of a judging team, or athletic team.
- Required court attendance as certified by the Clerk of Court.
- Religious observances when certified by a letter from the student's parent(s) or religious leader.
- Required military duty as certified by the student's commanding officer.

Acceptable emergency absences:

- Illness or injury when certified by an attending physician, dentist, or nurse. The certification should show the date service was provided to the student but should not describe the nature of that service. *****
- Death or serious illness in the immediate family (parents, step-parents, siblings, spouse, children, step-children, foster children, in-laws, sibling in-laws, grandparents, great grandparents, step-great grandparents, grandchildren, aunts, uncles, nieces, and nephews) when certified by a letter from the student's parent(s) or spouse.

X. Policy on Academic Integrity

Please refer to the following website regarding guidelines and disciplinary procedures relating to academic misconduct:

<http://bulletin.marquette.edu/undergrad/academicregulations/#academichonestypolicy>

<http://www.marquette.edu/provost/integrity-pledge.php>

XI. Attendance Policy

Students are expected to attend all meetings of the course and to be on time. Class lectures and exams are based on several sources of information including not only your text but numerous additional sources. Any absence, regardless of the reason, will prevent the student from getting the full benefit of the course and render the student liable to University censure. It is assumed that no student will be absent from class without reason. Therefore, the instructor does not differentiate officially between "excused" and "unexcused" absences. **Two (2) absences will result in a warning and Four (4) absences will result in being dropped from the course.**

For additional information regarding the University's attendance policy, please see the following:

http://www.marquette.edu/mucentral/registrar/policy_attendanceinundergraduateclasses.shtml

Please make an appointment with me as soon as possible if you need course adaptations or

accommodations because of a disability.

XI. Web Restrictions:

All students are permitted to utilize a laptop/tablet in class if they so choose to assist with note taking and class assignments. Students are additionally permitted to have cell phones (including smart phones and those with internet access) in class provided that they are silenced and not utilized during class time. Use of these devices during class will be limited to class activities only, and may not extend to web surfing, e-mailing, texting or work on other materials as this is a distraction to the learning environment. Failure to adhere to this policy will result in a penalty of **75 points per violation, with no ability for appeal**. You will be notified in class or via e-mail if you are found to be in violation of this policy.

XII. Tentative schedule (Please note that this schedule may be subject to change at the discretion of the instructor).



Week	Lecture Topics	Readings	Assignments/Exams
U N I T I : Nature of Stuttering			
1	Introduction to stuttering 1/13-1/15	Chp 1	1/13 Syllabus Review, Article/NSA/group presentation assignments & Alan Rabinowitz address 1/15
2	Stereotypes Constitutional Factors 1/20-1/22	Chp 2, 3, 4, 5	1/20 1/22 Lab 1 Due; Week 2 Article 2a: Carli Jarman, Ella Davis, Mahala Berry
3	Additional Factors 1/27-1/29	Chp 2, 3, 4, 5	1/27 1/29 Week 3 Articles 3a: Claudia Grabowski, Kelli Kennedy, Andrea Ohnemus 3b: Mary Holt, Aaron Park
4	Theories about Stuttering 2/3-2/5	Chp 6	2/3 2/5 Lab 2 Due; Week 4 Articles 4a: Valerie Reilly, Aly Backhaus, Cecilia Luxem 4b: Christine Dancel, Elyssa Camerino, Julie Medenwald
5	Development of Stuttering 2/10-2/12	Chp 7	2/10 Exam 1 2/12
U N I T II : Assessment and Treatment Of Stuttering			
6	Assessment Case studies 2/17-2/19	Chp 8, 9	2/17 2/19 Week 6 Articles 6a: Stephanie Sears, Brooke O'Brien 6b: Marilyn Garces, Katie Turek, Allison Talken

7	Assessment Case studies 2/24-2/26	Chp 8, 9	2/24 2/26 Week 7 Articles 7a: Sorina Larson, Abby DeCook 7b: Stef Barbanente, Giuliana Kure, Hannah Kowatch
8	Preliminaries to Treatment 3/3 exam-3/5 3/10-3/12 Spring Break-No Classes		3/3 Exam 2 (midterm) 3/5 3/10 & 3/12-No class spring break
9	Preliminaries to Treatment Treatment-Preschool Borderline 3/17-3/19	Chp 10	3/17 3/19 Week 9 Article 9a: Ala Bicz, Mikeita King, Allie Pagel
10	Treatment-Preschool Borderline Older Preschool Beginning and School Age Treatment; Adolescence-Adult 3/24-3/26	Chp 11	3/24 3/26 Week 10 Article 10a: Hannah Kinney, Katie Herdmann
11	Older Preschool Beginning and School Age Treatment; Adolescence-Adult; 3/31-4/2 Easter Break-No Classes	Chp 12/13	3/31 Assign therapy presentations Week 11 Article 11b: Nikki Demmers, Courtney Brasher 4/2 No Class-Easter Break
12	4/7-4/9 Guest Lecture/ Treatment Adolescence-Adult; Multicultural and Bilingual Issues Related Fluency Disorders: Psychogenic/Neurogenic/ Cluttering	Chp 14/15	4/7 Week 12 Articles: 12a: Lauren Donile, Elizabeth Molina 12b:Christina D'Astice, Jessie Ronayne, Judy Morris 4/9 Guest Speaker: Jonah Gauger-NSA Chapter Leader
13	4/14 Test 3 4/16 Additional lecture/Article Presentations/Therapy Presentations		4/14 Exam 3; Lab 3 4/16 Week 13 Article Presentations: 13a: Alex Lautmann, Olivia Palutsis, Hannah O'Connor, Marykate Billish 13b: Nora Heiderscheidt, Haley Johnson, Emily Runnoe 14a: Mary Scott, Alana Dust 14b: Mckenzie Kern, Casandra Suhling, Madie Bartot *Therapy Presentations

14	Therapy Presentations: 4/21 4/23 <i>*final NSA meeting on 4/25; write up due 4/26</i>		4/21 Therapy Presentations 4/23 Therapy Presentations <i>*final NSA meeting on 4/25; write up due 4/26</i>
15	Therapy Presentations: 4/28-4/30		4/28 Therapy Presentations 4/30 Therapy Presentations
Final exam Friday, 5/8, 10:30-12:30 pm			

XIII. Additional Lecture Material References

Unit I. Nature of Stuttering: Onset, Development, Measurements and Characteristics of Stuttering

- A. Basic facts about developmental stuttering
- B. Stuttering-like versus nonstuttering-like disfluencies
- C. Secondary behaviors
- D. Measurement of stuttering frequency, severity and chronicity
- E. Consistency, loci, adaptation and other variables that impact fluency
- F. Characteristics of the person who stutters

A-D. Basic facts about developmental stuttering, acquired versus developmental stuttering, stuttering-like versus nonstuttering-like disfluencies, secondary behaviors and measurements of stuttering frequency, severity and chronicity

- Bloodstein, O. (1995). Chapter 1: Symptomatology. *A Handbook on Stuttering*. Fifth Edition. San Diego, CA: Singular Publishing Group, Inc., 1-58.
- Bloodstein, O. (1995). Chapter 3: Prevalence and Incidence. *A Handbook on Stuttering*, Fifth Edition. San Diego, CA: Singular Publishing Group, Inc., pp. 105-143.
- Couture, E. (2001). Chapter 1: Introduction. *Stuttering: Its nature, diagnosis, and treatment*. Needham Heights, MA: Allyn & Bacon, pp. 1-58.
- Ambrose & Yairi (1999). Normative disfluency data for early childhood stuttering. *Journal of Speech, Language and Hearing Research*, 42, 895-909.

E. Consistency, loci, adaptation and other variables that impact fluency

- Bloodstein, O. (1995). Chapter 7: Stuttering as a response. *A Handbook on Stuttering*. Fifth Edition. San Diego, CA: Singular Publishing Group, Inc., 273-326.
- Bloodstein, O. (1995). Chapter 8: Stuttering as a response: Some controversial phenomena. *A Handbook on Stuttering*. Fifth Edition. San Diego, CA: Singular Publishing Group, Inc., 327-357.
- Brown, J.F. (1945). The loci of stuttering in the speech sequence. *JSHD*, 10:181-192, (In E. & H.), p. 591.
- Zackheim, C.T. & Couture, E.G. (2003). Childhood stuttering and speech disfluencies in relation to children's mean length of utterance: A preliminary study. *Journal of Fluency Disorders*, 28, 115-142.
- Max, L., Caruso, A.J. & Vandevonne, A. (1997). Decreased stuttering frequency during repeated readings: A motor learning perspective. *Journal of Fluency Disorders*, 22, 17-33.

F. The person who stutters

- Anderson, J., Pellowski, M., Conture, E.G. & Kelly, E. (2001). Temperamental characteristics of young children who stutter. *Journal of Speech, Language and Hearing Research*, 46, 1221-1233.
- Albach, J. (1996). Daddy to make it better? In J. Albach and J. Wesbrook (Eds), *Listen with your heart*. Anaheim Hills, CA: National Stuttering Project, 90-104.
- Bloodstein, O. (1995). Chapter 4: The person who stutters: Physical constitution. *A Handbook on Stuttering*. Fifth Edition. San Diego, CA: Singular Publishing Group, Inc., 145-210.
- Bloodstein, O. (1995). Chapter 5: The person who stutters: Personality. *A Handbook on Stuttering*. Fifth Edition. San Diego, CA: Singular Publishing Group, Inc., 211-237.
- Bloodstein, O. (1995). Chapter 6: The person who stutters: Developmental history and home environment. *A Handbook on Stuttering*. Fifth Edition. San Diego, CA: Singular Publishing Group, Inc., 239-272.
- Conture, E. (2001). Chapter 2: Assessment and Evaluation- Psychosocial Adjustment, Temperament. *Stuttering: Its nature, diagnosis, and treatment*. Needham Heights, MA: Allyn & Bacon, 111-118.
- Ingham, R.J. (2003). Brain imaging and stuttering: some reflections on current and future developments. *Journal of Fluency Disorders*, 28, 411-420.
- Van Borsel, J., Maes, E., Foulon, S. (2001). Stuttering and bilingualism: A review. *Journal of Fluency Disorders*, 179-205.

Theories of Stuttering (for your reference, there are several others not included in the text)

- A. Diagnosogenic Theory
- B. Approach-Avoidance Theory
- C. Motor Theory
- D. Covert Repair Hypothesis
- E. Demands Capacities Model
- F. Theories related to stuttering in other languages
- G. Additional Theories and Models

A. Diagnosogenic Theory

- Bloodstein, O. (1995). Chapter 2: Theories of Stuttering. *A Handbook on Stuttering*. Fifth Edition. San Diego, CA: Singular Publishing Group, Inc., 76-77.
- Bloodstein, O. (1995). Chapter 9: Early stuttering and normal disfluency. *A Handbook on Stuttering*. Fifth Edition. San Diego, CA: Singular Publishing Group, Inc., 360-361.
- Conture, E. (2001). Chapter 3: Remediation: Children who stutter. *Stuttering: Its nature, diagnosis, and treatment*. Needham Heights, MA: Allyn & Bacon, pp. 140-141 (issues all SLPs deal with), 147-153, 178-180, 183-185, 189-193 (parental concerns).
- Finn, P. & Cordes, A.K. (1997). Multicultural identification and treatment of stuttering: A continuing need for research. *Journal of Fluency Disorders*, 22, 219-236.

B. Approach-Avoidance Theory

- Bloodstein, O. (1995). Chapter 2: Theories of Stuttering. *A Handbook on Stuttering*. Fifth Edition. San Diego, CA: Singular Publishing Group, Inc., 81-83.

C. Motor Theory

- Conture, E. (2001). Chapter 6: Conclusions. *Stuttering: Its nature, diagnosis, and treatment*. Needham Heights, MA: Allyn & Bacon, 360-364.
- Ludlow, C.L. & Loucks, T. (2003). Stuttering: a dynamic motor control disorder. *Journal of Fluency Disorders*, 28, 273-295 .
- Max, L., Caruso, A.J. & Gracco, V.L. (2003). Kinematic analyses of speech, orofacial nonspeech, and finger movements in stuttering and nonstuttering adults. *Journal of Speech, Language and Hearing Research*, 46, 215-232.

D. Covert Repair Hypothesis

- Conture, E. (2001). Chapter 1: Introduction. *Stuttering: Its nature, diagnosis, and treatment*. Needham Heights, MA: Allyn & Bacon, 35-37.
- Postma, A. & Kolk, H. (1993). The covert repair hypothesis: Prearticulatory repair process in normal and stuttered disfluencies. *Journal of Speech and Hearing Research*, 36, 472-487.

E. Holistic Processing Theory ??Keep?

- Byrd, C., Conture, E., & Ohde, R. (November, 2004). *Phonological Priming in Young Children's Picture Naming: Holistic versus Incremental Processing*. Poster accepted for presentation to the Annual Conference of American Speech Language Hearing Association, Philadelphia, PA.

F. Demands Capacities Model

- Adams, M.R. (1990). The demands and capacities model I: Theoretical elaborations. *Journal of Fluency Disorders*, 15, 135-141.
- Bloodstein, O. (1995). Chapter 2: Theories of Stuttering. *A Handbook on Stuttering*. Fifth Edition. San Diego, CA: Singular Publishing Group, Inc., 73.
- Conture, E. (2001). Chapter 1: Introduction. *Stuttering: Its nature, diagnosis, and treatment*. Needham Heights, MA: Allyn & Bacon, 32.
- Starkweather, C., & Gottwald, S.R. (1990). The demands and capacities model II: Clinical applications. *Journal of Fluency Disorders*, 15, 143-157.

G. Alternative Theories

- Bloodstein, O. (1995). Chapter 6: The person who stutters: Developmental history and home environment. *A Handbook on Stuttering*. Fifth Edition. San Diego, CA: Singular Publishing Group, Inc., 244-261.
- Conture, E. (2001). Chapter 1: Introduction. *Stuttering: Its nature, diagnosis, and treatment*. Needham Heights, MA: Allyn & Bacon, 38-50 (temporal misalignments).
- Conture, E. (2001). Chapter 2: Assessment and Evaluation. *Stuttering: Its nature, diagnosis, and treatment*. Needham Heights, MA: Allyn & Bacon, 92-98, 110-111(phonology, vocabulary, language, and word-finding).
- Conture, E. (2001). Chapter 3: Remediation: Children who stutter. *Stuttering: Its nature, diagnosis, and treatment*. Needham Heights, MA: Allyn & Bacon, 155-158 (concomitant problems).
- Starkweather, C.W. (1995). A simple theory of stuttering. *Journal of Fluency Disorders*, 20, 91-116.
- Hakim, H.B., & Bernstein Ratner, N. (2004). Nonword repetition abilities of children

who stutter: an exploratory study. *Journal of Fluency Disorders*, Volume 29, 179-199.

Unit II. Assessment and Treatment of Stuttering

- A. Diagnostic considerations
- B. Treatment considerations
- C. Concluding thoughts

A. Diagnostic Considerations

- Blood, G.W., Blood, I.M., Tellis, G.M. and Gabel, R.M. (2003). A preliminary study of self-esteem, stigma and disclosure. *Journal of Fluency Disorders*, 28, 143-159.
- Bloodstein, O. (1995). Chapter 6: The person who stutters: Developmental history and home environment. *A Handbook on Stuttering*. Fifth Edition. San Diego, CA: Singular Publishing Group, Inc., 239-272.
- Bloodstein, O. (1995). Chapter 9: Early stuttering and normal disfluency. *A Handbook on Stuttering*. Fifth Edition. San Diego, CA: Singular Publishing Group, Inc., 359-392.
- Couture, E. (2001). Chapter 2: Assessment and Evaluation. *Stuttering: Its nature, diagnosis, and treatment*. Needham Heights, MA: Allyn & Bacon, 59-128.
- Watson, J.B. (1995). Exploring the attitudes of adults who stutter. *Journal of Communication Disorders*, 28, 143-164.

B. Treatment Considerations

- Adams, M.R. (1992, May) Childhood Stuttering Under "Positive" Conditions. *American Journal of Speech-Language Pathology*, 5-6.
- Bloodstein, O. (1995). Chapter 11: Treatment. *A Handbook on Stuttering*. Fifth Edition. San Diego, CA: Singular Publishing Group, Inc., 407-451.
- Couture, E. (2001). Chapter 3: Remediation: Children who stutter. *Stuttering: Its nature, diagnosis, and treatment*. Needham Heights, MA: Allyn & Bacon, 129-216.
- Couture, E. (2001). Chapter 4: Remediation: Older children and teenagers who stutter. *Stuttering: Its nature, diagnosis, and treatment*. Needham Heights, MA: Allyn & Bacon, 217-282.
- Couture, E. (2001). Chapter 5: Remediation: Adults who stutter. *Stuttering: Its nature, diagnosis, and treatment*. Needham Heights, MA: Allyn & Bacon, 283-325.
- Couture, E. (2001). Appendices A-F. *Stuttering: Its nature, diagnosis, and treatment*. Needham Heights, MA: Allyn & Bacon, 379-406.
- Gregory, H.H. and Gregory, C.B. (1999). Counseling children who stutter and their parents. In R. Curlee's (Ed), *Stuttering and related disorders of fluency*. New York: Thieme Medical Publishers, Inc. 43-63.
- Harris, V., Onslow, M., Packman, A., Harrison, E., & Menzies, K. (2002). An experimental investigation of the impact of the Lidcombe Program on early stuttering. *Journal of Fluency Disorders*, 27, 203-214.
- Louko, L., Couture, E., & Edwards, M. (1993). Simultaneously treating stuttering and disordered phonology in children: Experimental treatment, preliminary findings. *American Journal of Speech Language Pathology*, 72-81.
- Thomas, C. & Howell, P. (2001). Assessing efficacy of stuttering treatments. *Journal of Fluency Disorders*, 26, 311-333.

Yaruss, J.S., Quesal, R.W. & Murphy, B. (2002). National Stuttering Association members' opinions about stuttering treatment. *Journal of Fluency Disorders*, 27, 227-242.

C. Concluding Thoughts

Bloodstein, O. (1995). Chapter 10: Inferences and conclusions. *A Handbook on Stuttering*. Fifth Edition. San Diego, CA: Singular Publishing Group, Inc., 393-406.

Couture, E. (2001). Chapter 6: Conclusions. *Stuttering: Its nature, diagnosis, and treatment*. Needham Heights, MA: Allyn & Bacon, 327-378



Knowledge And Skills Acquisition (KASA) Standards Met By This Course

*** ASHA's 2014 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology***

Standard IV-C. The applicant must have demonstrated knowledge of the nature of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

Fluency: Etiologies, Characteristics, and Social Aspects of Communication (challenging behavior, ineffective social skills, lack of communication opportunities) Etiologies and Characteristics

Standard IV-D. The applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.

Fluency: Prevention, Assessment, Intervention, and Social Aspects of Communication (Intervention)

Standard V-B. The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation:

- a. conduct screening and prevention procedures (including prevention activities)
- b. collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals
- c. select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures
- d. adapt evaluation procedures to meet client/patient needs
- e. interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention
- f. complete administrative and reporting functions necessary to support evaluation
- g. refer clients/patients for appropriate services

2. Intervention:

- a. develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
- b. implement intervention plans (involve clients/patients and relevant others in the intervention process)
- c. select or develop and use appropriate materials and instrumentation for prevention and intervention
- d. measure and evaluate clients'/patients' performance and progress
- e. modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients
- f. complete administrative and reporting functions necessary to support intervention
- g. identify and refer clients/patients for services as appropriate

3. Interaction and Personal Qualities:

- a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
- b. Collaborate with other professionals in case management.
- c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- d. Adhere to the ASHA Code of Ethics and behave professionally.

Fluency: Evaluation, Intervention, and Interaction and Personal Qualities

The goals also reflect entry-level study competencies as noted by ASHA Special Interest Division 4



Wisconsin Department of Public Instruction (DPI) Standards Met By This Course

<p>Content Standard 1 General instructional content and practice of speech and language to include: 1e. Typical and atypical speech, language, and hearing 2b. Assessment techniques used in the identification of children with speech and language disabilities</p>
<p>Content Standard 2 Learning theory as it relates to: b. Communicative development The application of theory to: a. Evaluation d. The delivery of speech and language services</p>
<p>Content Standard 3 Individual Differences in regard to: a. Motivation b. Reinforcement c. Transfer of learning d. Different learning styles in children e. The ability to address individual differences in the delivery of speech and language services</p>
<p>Content Standard 4 Meeting the individual educational needs of children with speech and language disabilities through the use of:</p>

<ul style="list-style-type: none"> a. Verbal modes c. Technological modes
<p>Content Standard 5 Conducting formal and informal evaluation to include:</p> <ul style="list-style-type: none"> a. Standardized test selection b. Authentic assessment c. Interpretation of assessment results
<p>Content Standard 6 Professional communication to include:</p> <ul style="list-style-type: none"> a. Critical thinking b. Problem solving c. Flexibility e. Collaboration
<p>Content Standard 8 Cultural diversity</p>
<p>Content Standard 9 The development of collaborative relationships using a variety of resources including, but not limited to:</p> <ul style="list-style-type: none"> a. Educational b. Familial c. Societal e. Medical f. Professional g. Community

All above assignments are designated for possible inclusion in the DPI Portfolio.