



Risk factors and stuttering: Evaluating the evidence for clinicians



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ARTICLE INFO

Article history:

Received 15 January 2013

Received in revised form 20 February 2013

Accepted 24 February 2013

Available online 1 March 2013

Keywords:

Recovery

Persistence

Stuttering severity instrument version 3 (SSI-3)

Clinical implications

ABSTRACT

This paper summarizes and discusses some of the key issues raised in the other four manuscripts in this special edition of *Journal of Fluency Disorders*. All the four pieces examine risk factors in developmental stuttering from different perspectives and all provide stand-alone contributions to knowledge on the subject. Thus, rather than review, the focus of the present paper is to highlight those matters, which, from a clinical perspective might be seen as either (a) of the greatest contention, (b) of particular relevance to clinicians, or (c) requiring greater emphasis in future research, on the basis of the conclusions from the authors involved.

Educational objectives: This paper provides an overview of points of particular clinical interest arising from the four contributions to this special edition. Readers will be able to (a) understand arguments for and against whole word repetitions being included as moments of stuttering in the SSI-3 assessment, (b) understand arguments relating to psychological components in early onset stuttering, (c) understand some of the complexities in interpreting data pertaining to recovery from stuttering, (d) understand where future efforts in research into risk of stuttering should be placed.

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1. Introduction: rationale and structure

The purpose of this special edition of *Journal of Fluency Disorders* is to draw data and opinion from four different sources on the phenomenon of developmental stuttering in children, and in particular, to examine data that pertain to one of the most fundamental, yet perplexing issues for the disorder: that of recovery from the disorder (either with or without therapy) in childhood.

The four manuscripts offer information and perspectives on persistence and recovery, but all do so from very different perspectives. Cook, Donlan, and Howell report findings on 54 children who attended a 3 week intensive fluency therapy program. Pre therapy, children were administered a standardized and commonly used stuttering assessment (stuttering severity index, SSI-3; Riley, 1994) together with measures of lexical diversity and psychosocial impact. These measures were repeated post therapy alongside questionnaire data. Logistic regression approach to the statistical analysis was applied to determine which, if any of these potential factors were predictors of successful therapy outcome. The use of statistical procedures, and in particular, the potential advantages in applying logistic regression to the analysis of risk factors in the development and persistence of stuttering forms the basis of Reed and Wu's contribution to this special edition. Howell's

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solo authored paper builds on themes explored in both his recent publications (most notably, [Howell & Davis, 2011](#)) and this issue (co-authored with Cook and Donlan) and addresses the question of whether the SSI-3, or aspects of it, can predict future stuttering and persistence of stuttering, rather than just describe the presence or absence of stuttering at the time of its administration. Within this remit, Howell's paper focuses heavily on that meatiest of bones of contention within the field of stuttering assessment – whether single syllable whole word repetitions (WWRs) should be analyzed as moments of stuttering, or viewed as normal non fluency. Finally, Yairi and Ambrose offer a comprehensive overview on the epidemiology of stuttering. In addition to evaluating and summarizing existing opinion, the authors explain the influence of recent advances in understanding of stuttering across six areas relating to risk of ever stuttering and risk of persistence. These comprise onset, incidence, prevalence, developmental paths, genetics and subtypes. In so doing, the authors challenge views and opinions expressed by authors elsewhere in the special edition.

The role of this present paper is to summarize the data and salient points presented by contributing authors, wherever possible examining how they inter-relate and in particular to offer an opinion as to the relevance of these findings for practicing fluency clinicians. Comment will be limited further where the ramification for others' studies has already been made clear by the authors themselves.

It is important to make clear that this is not intended as a review paper. Whilst following a unifying theme, all these manuscripts stand on their own as contributions to knowledge on stuttering, and Journal editors, associate editors and reviewers will already have commented on each contribution in turn. With this in mind, I offer little in the way of critique of each individual contribution, and comments, for the very large part, will not address matters relating to method and procedure within the various submissions. Instead, I constrain comments to issues where, (a) integration of the various perspectives on stuttering risk offered in this special edition can usefully be drawn together to further potential clinical intervention strategies, or (b) significant dissonance between authors' perspectives requires help to clarify the implications for those working in clinical settings.

2. Screening for stuttering

[Howell \(2013a\)](#) observes that a clinician's initial contact with a child who stutters (CWS) is most likely to be at assessment where the young person will receive confirmation of that diagnosis. The clinician will then decide on an appropriate intervention plan. Howell rightly points out the potential damaging delay that can occur when treatment onset is delayed, arguing that this might be avoided if a screening program could be implemented amongst unselected groups of children to identify stuttering at 'key stages of development such as school entry' ([Howell, 2013a](#), p. XX). Clearly, there is much to be gained from a screening tool that can be employed to reliably identify children who stutter at these key stages.

2.1. The categorization of whole word repetitions in the assessment of stuttering

As [Yairi and Ambrose \(2013\)](#) again confirm, stuttering, for the large part arises in the preschool years, and at a time when normal non fluencies are also present in the child's speech. (It is also known that emerging stuttering can be difficult to disassociate from normal non fluency, and that psychological factors such as the child's response to their non fluencies can provide additional indicators as to whether the fluency disruptions are indeed, pathological.) In any case, it is highly likely that WWRs will be observed within the speech sample of the preschool child. However, opinion is divided as to how to view these disfluencies, with some researchers arguing that WWRs should be considered as stuttering (e.g., [Anderson & Wagovich, 2010](#); [Craig, Hancock, Tran, Craig, & Peters, 2002](#); [Reilly et al., 2009](#); [Yairi & Ambrose, 2013](#)) whilst others take the opposite view ([Howell, 2013a](#); [Riley, 1994](#); [Wingate, 2001](#)). This bone of contention may not easily be resolved. Regardless of the stance taken, WWRs can be commonly observed as normal non fluencies for many preschool children (as they can also be for older children and adults). In older client groups, too, it is quite common for clients to report that a particular example of word repetition is not stuttering related (neither directly as a moment of stuttering, nor indirectly to postpone a potential moment of stuttering), whilst other examples within the same passage of speech may unequivocally be identified by the individual as an act of stuttering. The difficulty of course, lies in eliciting such reliable self-reports in a 3½ year old child who is suspected of stuttering.

2.1.1. Arguments for WWRs as stuttering behavior

Assuming for the present that they can be considered as stuttering-like, WWRs are likely to be perceived by listeners as less stuttering like than sub-lexical level disfluencies that are accepted as examples of stuttering behavior; namely, silent blocks, prolongations, and part word repetitions ([Campbell & Hill, 1987](#); [Gregory, 1979](#)). This can be seen with older children and adults who do not stutter, and who incur little or no listener penalty for word repetitions which are used to either buy time; for example, to structure upcoming syntax or facilitate lexical access. (A similar situation exists for interjections in normal non fluency which are used to the same end, and which also can be seen as stuttering like disfluencies). Similarly, given the likelihood that speech fluency may be perceived as less abnormal for children whose stuttering contains larger amounts of WWRs, it would be useful to test whether this might be reflected in more positive listener feedback, and related to that, a possible increase in positivity about themselves as speakers.

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