Clinical Forum

Epilogue

What Child Language Research May Contribute to the Understanding and Treatment of Stuttering

Amy L. Weiss
University of Iowa, Iowa City

Being misunderstood is one of the biggest concerns to those of us who stutter. Sometimes it worries us so that we keep repeating our message, in slightly varied words, until our listener gets exasperated and says, "Yes, yes, I got it! You said thus-and-so." I do that myself, I have to admit, but I don’t think it’s a very good solution to the problem.

Vicki Benson (1994, p. 95)

This quote is a description of the difficulties faced by many persons who stutter (PWS) when speaking during their activities of daily living. Not being understood and not being able to say what one wants to say, when one wants to say it, must be extraordinarily frustrating. Although the individual quoted is an adult, certainly children who stutter (CWS), experiencing disruptions in their fluent production of sentences, also recognize that their ability to participate in conversations may be compromised. Thus, for the speech-language pathologist (SLP), providing assessment and intervention for fluency disorders is not only about measuring the frequency and quality of the clients’ word and syllable repetitions, blocks, prolongations, and interrupted or "broken" words. In the big picture, stuttering is about having difficulty communicating. The SLP who works with PWS, whether adults or children, should have two focuses for therapy—the micro, or sentence-level concerns of the manifestations of stuttering, and the macro, or discourse-level concerns of how disfluencies may influence successful communication. Thus, SLPs need not only to be knowledgeable about specific strategies and techniques to assist their clients in reducing the occurrence of their disfluencies or to stutter more fluently, but also to recognize how to ameliorate the reduction in communication finesse that their clients who stutter may experience.

The ability to appreciate this “big picture,” that stuttering is problematic when it is a detriment to communicating the ideas of the speaker, suggests that expertise in the area of fluency disorders should include some knowledge of the communicative process and language learning as well. The latter may be particularly important when the client is a young child or adolescent in the midst of learning his or her native language system. In this clinical forum, the authors have demonstrated that communication context, as well as aspects of language learning, matter where issues of fluency are concerned.

The collective message of the authors of this clinical forum is that the development of fluent speech is inextricably tied to development in other areas of communication mastery, such as the development of language competencies involving adequate vocabulary, syntax and morphology, and phonology, and the ability to successfully use these aspects of language in conversations with caregivers, extended family members, peers, and teachers. When the language-learning process is more difficult for children, because they are in the midst of accelerated lexical learning, for example, maintenance of fluency may also become more difficult. Caregiver–child interactions provide the first corpus of experiences a child has for learning about the parameters for conducting successful conversations, such as topic management and turn-taking conventions. There have been many studies of how these interactions typically transpire in the language acquisition literature, and they have yielded some insight into the styles of interaction that
may influence children’s abilities to maintain fluency. It is our belief that SLPs with CWS on their caseloads will be able to take useful clinical information from these articles that can be parlayed into evaluation and therapeutic approaches for both direct service delivery and the counsel-
ing of both clients and family members.

For example, Weiss (2004) reviewed the data available concerning how CWS perform on different tasks designed to reveal their pragmatic competencies. She concluded that CWS had the underlying competencies to recognize that they needed to make changes to their language output in order to facilitate communication. However, when these changes called for adding length and complexity to their utterances, CWS were more likely to be disfluent. Given the fact that conversations will likely be the most common context for language use by any child, whether the child stutters or not, Weiss suggested that SLPs incorporate different aspects of conversation use (e.g., numbers of participants, structure of the conversation, number of turns and length of turns) into the therapy program for CWS as the background for practicing fluency-enhancing strategies. Clinicians can manipulate the degree of difficulty of these conversation parameters and others to gradually increase the challenge to CWS.

In her article, Bernstein Ratner (2004) reviewed the literature dealing with parental speech and language style modifications (e.g., rate reduction, turn-taking) and their effect on the reduction of stuttering. In particular, she has attempted to delineate which of the traditional “advice-
ments” to parents about the ways they speak to their CWS have empirical support. She proposed that it is important for SLPs to make the distinction between factors that may lessen the frequency of stuttering for a particular child and factors that caused it in the first place. That is, although some CWS have demonstrated clinically significant decreases in their stuttering behaviors when parents have reduced their rates of speech and increased response latency time in conversations, not all CWS benefit from these changes. Similarly, Bernstein Ratner does not believe that rapid caregiver speech or unaccommodated turn-taking caused the child to stutter in the first place—a perspective that should reduce parental feelings of guilt. In addition, Bernstein Ratner recommends parent–child dialogue that openly acknowledges and discusses the child’s stuttering. Perhaps most salient for the focus of this clinical forum, the author suggests that SLPs use what is now known about the typical patterns of caregiver–child interactions in any analysis that could lead to making suggestions for changes in the ways parents and their CWS interact. Young CWS are first acquiring language, and modifications that tamper with the reception of beneficial language experiences should be viewed with caution according to the author.

Hall (2004) focused her attention on the challenges of lexical development for CWS who are also attempting to maintain fluent output. Thus, her article stressed the “trade-off” aspect of potentially competing language components in both development and use. Notable among her insights into the assessment and treatment of CWS were suggestions that CWS may have more extensive lexicons than data collected via language samples alone might reveal. The author speculated that the reason for this may have to do with the complexity of creating an expressive data corpus by CWS. Specifically, in their language output, CWS may reduce their repertoire of vocabulary words purposefully to a subset that is more conceptually complete. Words with more stability in the individual child’s lexical repertoire (i.e., words whose concepts are more fully formed and can be easily retrieved) may be less likely to interfere with the added task of embedding words into syntactic structures and then producing the resulting utterances in a fluent manner. Hall (2004) presented a case study of a preschool-age child to illustrate her perspective, chronicling a child’s vocabulary development and use during treatment for stuttering.

Leahy (2004) also contributed a case study to demonstrate the utility of using discourse analysis to gauge the role being assumed by both the client and the clinician in the therapeutic setting. The turn-by-turn analysis completed and interpreted by the author yielded important information about the degree of control the client, in this case a child who had been diagnosed as stuttering, held or believed she held in determining the agenda for the therapy session. Leahy’s young client showed evidence that she viewed herself as an error-maker. Her clinician’s responses to her disfluencies indicated to the girl that her clinician was paying more attention to how she spoke rather than to the content of what she said. Of course, this behavior on the part of the clinician is something SLPs want to avoid with all of their clients with communication disorders, not just children with fluency disorders. With discourse analysis, it is possible to collect a conversation sample between client and clinician and carefully glean the relationships and attitudes of the partici-
pants. When these patterns of behavior have been identified as detrimental to the therapeutic relationship, the clinician can work to alter them. For example, when a client believes that his or her role is to serve as “error-maker” in the therapeutic relationship, there is little inherent motivation to change that role within the therapy context.

Finally, Watkins and Johnson (2004) shared a literature review of recent research that investigated the development of language competencies in CWS. They were specifically looking for an explanation of the discrepancies found in the existing research data with regard to the presence of concomitant language-learning difficulties in CWS. That is, although it has been hypothesized by some scholars that CWS are more likely to also present with language disorders, published empirical studies have not clearly supported this perspective.

The authors discussed five principles that they believe will have to be incorporated into future research in order to disambiguate the studies completed thus far, including combining findings from single-subject design and group-design research. The authors recognize that group designs can have limited clinical applicability because participants are likely to be heterogeneous not only in their manifesta-
tions of stuttering behavior, but also in the degree to which they benefit from any given treatment. Designs that track single subjects through a treatment protocol yield detailed information about individual participants’ progress. Often, the latter research approach provides more useful clinical information because SLPs can appropriately match their
own clients to those clients who achieved greater success with the protocol. Perhaps most critical is Watkins and Johnson’s (2004) admonishment that researchers and clinicians alike must make a differentiation between the influence language complexity may have on exacerbating stuttering in CWS and the presence of bona fide language disorders in this same population.

CONCLUSION

When SLPs provide intervention to CWS, they must take into consideration the context in which the child communicates and not pay sole attention to the specifics of the disfluencies produced. As the quote that began the epilogue intimated, the person who stutters is probably as aware of not being able to communicate successfully as he or she is of the particulars of the disfluency types or frequencies of disfluencies produced. The contributors to this clinical forum agree that the collection of evaluation and treatment data from CWS in the vacuum of the language laboratory does not substitute for data collected in more naturalistic settings. If SLPs are to make an appreciable difference in the therapeutic management of CWS, they will probably need to draw from what they know about normal language acquisition, as well as the evaluation of language-learning patterns and the incorporation of generalization-enhancing strategies in a number of different conversation settings. In addition, it may be that the relative uneasiness that many SLPs have reported when treating CWS may be allayed somewhat by recognition that their ultimate role in therapy is to improve their clients’ communication success.

REFERENCES

Benson, V. (1994). “Bless her lying little heart.” In J. Ahlbach & V. Benson (Eds.), To say what is ours: The best of 13 years of “Letting Go”, the monthly publication of the National Stuttering Project (pp. 93–95). Anaheim Hills, CA: National Stuttering Project.


Received September 22, 2003
Accepted September 25, 2003
DOI: 10.1044/0161-1461(2004/010)

Contact author: Amy L. Weiss, Department of Speech Pathology and Audiology, 120B SHC, University of Iowa, Iowa City, IA 52242-1012. E-mail: amy-weiss@uiowa.edu