Stuttering Inventory for Latino Families (SILF)
Cuestionario Bilingue Sobre la Tartamudez de Menores

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• The SILF is a culturally/linguistically sensitive tool that assesses various components in the Latino child who stutters: overt stuttering behaviors, child and parent reactions to the stuttering, and the child’s level of participation in daily activities.

• The SILF is a questionnaire for parents that can be used to enhance the evaluation and documentation of treatment outcomes of Latino children who stutter.

• The SILF incorporates various elements from existing Spanish/English questionnaires and the assessment/treatment model CALMS (Healy, Trautman & Susca; 2004). The CALMS model incorporates the following domains:
  (1) Cognitive: Develop awareness of one’s own stuttering behaviors and understanding of the speech mechanism.
  (2) Affective: Cope with negative emotions (fear, anxiety, tensions).
  (3) Linguistic: Increase linguistic complexity, decrease word avoidances, and increase length of utterance, as fluency improves.
  (4) Motor: Identify best techniques for speech modification or fluency shaping approaches.
  (5) Social: Improve social/pragmatic skills, increase verbal interactions and use fluency strategies in realistic speaking environments.

• There are two existing bilingual questionnaires that elicit stuttering information from Spanish speaking family informants: Esckelson & Morales (2000) and Dodge & Ramig (2005). The first questionnaire lacks structure, making clinical interpretation difficult. Both questionnaires are limited in scope. They are missing certain components that can allow for a complete view of the experience of stuttering.

• The SILF was designed according to the assessment specifications indicated by the International Classification of Functioning, Disability and Health (ICF), a framework developed by the World Health Organization (WHO, 2001). The ICF framework was developed based on the following factors:
  (1) Impairment: Impedance of the body function or affliction of the body structure.
  (2) Limitations: Ongoing struggle with daily activities.
(3) Restrictions: Environmental supports or hindrances affecting participation in daily life.
(4) Contextual Factors: Listener reactions and environmental effects on stuttering.

• Many of the components of the OASES were incorporated in the design of the SILF (Yaruss & Quesal, 2006). The main components of the OASES include:
  1. Impairment of body function: Observable characteristics of stuttering (repetitions, blocks, hesitations, tension).
  2. Speaker’s reactions to his/her own stuttering: Affective, behavioral and cognitive responses to the stuttering.
  3. Environmental effects: Reactions from others to the stuttering in various speaking situations.
  4. Overall impact to the stutter: Limitations in social activities and restrictions in life participation.

• The SIFL includes the following components:
  1. Overt Stuttering Behaviors: Observable behaviors (e.g., part-word repetitions, blocks, eye-blinks, distracting sounds)
  2. Cognitive/Emotional Reactions: The child’s negative reactions to his/her stuttering (e.g., shame, anxiety, guilt)
  3. Environmental/Contextual Reactions: Caregivers, peers and other’s reactions to the child’s stuttering
  4. Communication in Daily Life: The child’s degree of participation in everyday activities at home, at school and in the community.

Findings That Influenced the Development of the SILF

• ASHA (1999) recommends a thorough review of the bilingual student’s history: cultural, linguistic, and family characteristics.

• Information obtained from parent interviews and questionnaires is a reliable identifier of language impairment in bilingual children (Caesar & Kohler’s, 2007).

• Researchers have found that people who stutter from different cultural/linguist backgrounds share similarities in stuttering surface behaviors and emotional reactions (Carlo, E. J., & Watson, J. B. [2003]; Cooper, E. B., & Cooper, C. S. [1993])

• When working with bilingual families, clinicians may run into linguistic/cultural barriers that impact the effectiveness of assessment and treatment: language misunderstandings, different discourse-pattern, mistrust in the institution, school cultural values conflicting with home values (Cheng, 1996)

• Bilingualism is not a risk factor for the development of stuttering. Moreover,
therapy outcomes transfer from the treated language to the non-treated language (Humphrey & Shenker, 2008).

References:


http://lshss.asha.org/cgi/reprint/26/2/127

