Fluency Disorders
Communicative Disorders CSD 723
Spring Semester 2020

Instructor: Charlie Osborne
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Class Times: Friday, 9:00-10:40AM

Classroom: Online (Synchronous)

Required Texts:
Manning, W. (2017). *Clinical decision making in fluency disorders* (4th Ed.). San Diego: Plural.

P. Reitzes and D. Reitzes (Ed.s), (2012). *Stuttering: Inspiring stories and professional wisdom* (StutterTalk Publication #1)*.* Chapel Hill, NC: StutterTalk, INC.
    This is an e-book and cost $5.99. Go to this site for purchasing information: http://stuttertalk.com/stutterbook

Required/Supplemental Readings: These are posted in Canvas. If you have problems obtaining readings, let me know.

Purpose of Textbooks & Other Readings: To provide the student with a solid foundation of information regarding fluency and fluency disorders and to provide the student with information regarding advanced studies in the area of fluency.

Course Objectives:
Students will increase their knowledge and understanding of fluency; the nature of disfluency and stuttering; the relationship of disfluency and stuttering to cognitive and linguistic development; the various disorders of fluency; the influence of one's culture on coping with a stuttering problem; and the problems that may occur when a person has a fluency disorder. Fluency disorders and their impact on individuals, across the lifespan, from early childhood to late adulthood, will be examined.

Primary goals and their corresponding ASHA standards for fluency include:
1. Students will demonstrate knowledge of the definitions associated with stuttering and the other fluency disorders. (III C)
2. Students will demonstrate knowledge about people who stutter and about family members of people who stutter. (IIIC, IV-G1, IV-G2)
3. Students will demonstrate familiarity with the theories associated with the disorders of fluency. (IIIC, IIID)
4. Students will demonstrate the ability to assess and differentially diagnose fluency disorders in children and adults. (IIIC, IIID, IV-G1, IVG-2)
5. Students will demonstrate knowledge of the wide variety of therapy techniques that may be used when working with individuals with a fluency disorder. (III-D, IV-G2)
6. Students will demonstrate the ability to treat fluency disorders in adults and children. (IV-G2)

Enduring Understandings (Concepts I hope you remember as a result of having participated in this course)
Students will understand that…
- The primary agent of change when working with a PWS and his family is the clinician, and the **therapeutic alliance** between her and her client (and client's family).
- The problem of stuttering includes affective, behavioral, and cognitive components that affect the PWS and his family.
- Effective intervention begins with effective assessment (diagnosis).
- Effective intervention and goals are **tailored to the individual** who stutters, rather than making the individual fit into a specific intervention model (person-centered therapy).

Essential Questions to be explored include:
- What are the desired clinical characteristics that make for an effective therapeutic relationship?
- How might a stuttering problem limit a PWS ability to function in activities of daily living?
- What elements must be considered when assessing PWS, from preschool through adulthood?
- What are the tools available to the clinician when treating a PWS? When is each applicable?

It is hoped that because of participation in this course the student will meet the following competencies:
http://www.mnsu.edu/comdis/kuster/teaching/cliniciancompetencies.pdf

Course Format:
This course is an online, synchronous class, meaning we will meet each week at the assigned times. All classes will be recorded and upload into Canvas in case you are unable to attend a class. You are expected to attend each class. The methods of presenting information will include lecture, audio and video analysis, group discussion, small group practice and application, therapy demonstration, case study presentation & discussion, and independent study. My hope is that it will promote deeper learning and be an enjoyable process.

Readings for each week are included following the course agenda. There are *required* readings and *supplemental* readings. Source articles and chapters are available in Canvas. Most classes will have breakout sessions where y'all can engage in discussion.

PowerPoints from the authors for each chapter are included to enhance comprehension of materials. Instructor PowerPoints will be available prior to each week.

Accommodations:
UWSP is committed to providing reasonable and appropriate accommodations to students with disabilities and temporary impairments. If you have a disability or acquire a condition during the semester where you need assistance, please contact the Disability and Assistive Technology Center on the 6th floor of Albertson Hall (library) as soon as possible. DATC can be reached at 715-346-3365 or DATC@uwsp.edu.

Assessment – (The point assignments for each task):

You will be assessed on your performance in the following tasks:

Task	Points
Pseudostuttering in Public	50 points
Stuttering Assessment	100 points
ISAD	50 points
Techniques to stutter easier or stutter less	50 points
Poster Presentation and Discussion	50 points
Self-Introduction / Course Feedback (5 points each)	10 points
Total Points	**310 points**

Grading:

The final course grade will be determined by a percentage of total possible points:

Letter Grade	Percentage		
A	96-100%	B-	81-83%
A-	91-95%	C+	78-80%
B+	88-90%	C	74-77%
B	84-88%		

Tentative Course Schedule

Topic	Dates	Readings	Assessments
Intro: Clinician attributes, common factors, and language	1/29 & 2/5 (Week 1 & 2)	Ch. 1; 1. Hayakawa and Hayakawa; 2. Osborne, et. al.; 3. Pelczarski & Yaruss; 4. Osborne; 5. Manning; 6. Donaher & Klein	Pseudostuttering Project (Due around 2/12)
Topic 1: What is fluent/disfluent speech?	2/12 (Week 3)	Ch. 2; 1. Osborne; 2. Susca; 3. Tichenor & Yaruss; 4. Sander & Osborne	
Topic 2: Etiology and development	2/19 (Week 4)	Ch. 3; 1. Smith & Weber;	
Topic 3: Diagnosis	2/26, 3/5, & 3/12 (Week 5, 6, & 7)	Ch. 4 & 5; 1. Logan; 2. Clark, Tumanova & Choi; 3. Walsh, et al.; 4. Jackson et. al.	ISAD Project (Due around 3/12)
Topic 4: Change, Counseling, and the therapeutic process	3/19 & 4/2 (Week 8 & 9)	Manning Ch. 6, 7, 8	
Spring Break	3/22 – 3/29		Assessment Project (Due around 4/9)
Topic 5: Goals	4/9 (Week 10)	1. Nippold; 2. Yaruss, et. al.; 3. Nippold; 4. Connery, et. al.	
Topic 6: Treatment	4/16, 4/23, 4/30 & 5/7 (Week 11, 12, 13 & 14)	Manning Ch. 9 & 10; 1. de Sonnevillle-Koedoot, et. al.; 2. Beilby & Yaruss; 3. Rodgers, et. al.	
Topics 7 Atypical Fluency Disorders & Successful Change	5/14 (Week 15)	Manning Ch. 11,12 & 13	Techniques Project (Due in the neighborhood of 4/30)
Final	TBA		Poster Presentation (Due during final)

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Readings:

Week 1 & 2 Introduction: Clinician attributes

1. Chapter One in Manning & DiLollo, *The effective clinician.*
2. Hayakawa, S. I. & Hayakawa, A. R. (1990). *Language in thought and action* (5th Ed.). New York: Harcourt, Brace, Jovanavich. Chapter 9, How we know what we know.
3. https://www.youtube.com/watch?v=stCCXC4KYPc

Supplemental Readings:
1. Johnson, W. (1968). The belief in magic. *Et cetera,* 25, 3, 273-279.
2. Lauer, (1996). Some basic ideas about General Semantics. *Et cetera*, 194-199.
3. An interesting Website http://thisisnotthat.com/
4. Van Riper, C. (1975). The stutterer's clinician. In J. Eisenson (Ed.) *Stuttering a second symposium.* New York: Harper and Row.
5. Brown, C. S., Cameron, J., and Brown, L. (2008). In search of the active ingredient: What really works in mental health care? *Perspectives in Fluency and Fluency Disorders, 18*, 2, 53-59.

Breakout Group Discussion Questions for Week One:
Please use your discussion as an opportunity to practice pseudostuttering.

1. *Why is your professor going on about the concepts found in general semantics?*
2. *What does general semantics have to do with therapy, much less, stuttering therapy?*
3. *Discuss Manning & DiLollo's take on humor in therapy.*
4. *Discuss the challenges of moving from "technician" to "professional."*

Week 1 & 2 Introduction: A bit about stuttering therapy

1. Osborne, C., Pensinger, K., and Tetnowski, J. (2015). A phenomenological case study: Successful management of a child who stutters. *Perspectives in Fluency and Fluency Disorders, 25*(1), 22-32.
2. Pelczarski, K. M. & J. S. Yaruss (2008). Accompanying a client on his therapy journey. *Perspectives in Fluency and Fluency Disorders, 18*, 2, 64-68.
3. Osborne, C. (2005). The use of language as a therapy tool. Wisconsin Speech-Language Pathology and Audiology Professional Association, *The Communication Connection*, 19, 10-13.
4. Manning, W. (2004). "How can you understand? You don't stutter!" *Contemporary Issues in Communication Science and Disorders*, 31, 58-68.
5. Donaher, J. and Klein, J. (2009). Can a fluent stuttering therapist be as good as a stuttering therapist? http://www.mnsu.edu/comdis/isad11/papers/donaher11.html

Breakout Group Discussion Questions for Week Two: (Remember to practice pseudostuttering)

Discussion starters:
1. *How has the Osborne, et. al. article changed your concept of stuttering therapy (if it did)?*
2. *After reading the Pelczarski & Yaruss article discuss the roles of clinician and client. How do they evolve in the therapy process?*
3. *If you are a clinician who does not stutter, how can you be effective working with stuttering?*
4. *What does Osborne mean when he describes language as a tool?*

Week 3 Topic One: What is fluent/disfluent speech?
1. Chapter Two in Manning & DiLollo, *The nature of fluent and nonfluent speech: The onset of stuttering.*
2. Osborne, C. (2012). A perspective on "fluency." In P. Reitzes and D. Reitze's (Ed.s), *Stuttering: Inspiring stories and professional wisdom* (StutterTalk Publication #1), (pp. 153 – 158). Chapel Hill, NC: StutterTalk, INC.
3. Susca, M. (2007). Dimensions of fluency. *ASHA Division 4 Perspectives on Fluency and Fluency Disorders, 17*, 2, 22-25.
4. Tichenor, S. E. and Yaruss, J. S. (2019). Stuttering as defined by adults who stutter. *Journal of Speech, Language, and Hearing Research, 62*, 4356–4369.
5. Sander, R. W. and Osborne, C. A. (2019). Stuttering: Understanding and treating a common disability. *American Family Physician*, *100, 9*, 556-560.

Breakout Group Discussion Questions for Week Three:
1. *Determine a working definition of stuttering.*
2. *How does the revised WHO model proposed by Tichenor & Yaruss impact the definition of stuttering?*
3. *Why is a clear definition of stuttering necessary?*
4. *Why is a clear definition of fluency necessary?*
5. *Discuss the differences between listener and speaker regarding stuttering.*
6. *How have the readings influenced or changed your understanding of stuttering?*

Week 4 Topic Two: Etiology and Development
1. Chapter Three in Manning & DiLollo, *A historical perspective on etiologies and the development of stuttering.*
2. Smith, A. and Weber, C. (2017). How stuttering develops: The Multifactorial Dynamic Pathways theory. *JSLHR*, 1-23.

Supplemental Readings:
1. Etchell, A. C., Civier, O.,Ballard, K. J., and Sowman, P. (2018). A systematic literature review of neuroimaging research on developmental stuttering between 1995 and 2016. *Journal of Fluency Disorders, 55*, 6-45.
2. Seery, C.H. (2005). Differential diagnosis of stuttering for forensic purposes. *American Journal of Speech-Language Pathology, 14*, 284–297.
3. Alm, P. A. (2020). Streptococcal infection as a major cause of stuttering: Data, mechanisms and current importance. *Frontiers in Human Neuroscience, 14*, 1-20.
4. Kleinow, J. (2018). How the brain influences the cognitive, emotional, and motor aspects of stuttering. In Amster & Klein (eds.) *More than fluency: The social, emotional, and cognitive dimensions of stuttering.* San Diego: Plural.

Breakout Group Discussion Questions for Week Four:
1. *Discuss the influence of having so many diverse explanations for stuttering on your ability to discuss the cause of stuttering with parents and/or clients.*
2. *Provide an explanation of the cause of stuttering to a parent of a child who stutters.*
3. *Why is it important to have an understanding of historical context regarding the cause of stuttering?*
4. *Discuss loss of control, provide a personal example if you have one. How does a feeling of loss of control affect the impact of stuttering?*

Week 5, 6, & 7 Topic Three: Diagnosis
<u>Preschool & School Age</u>
1. Chapter Four in Manning & DiLollo, *The assessment process with young speakers: Preschool and school-age children.*
2. Logan, K. J. (2015). Fluency assessment: Basic concepts and data collection methods. In *Fluency disorders*, San Diego: Plural Publishing.
3. Clark, C., E., Tumanova, V., and Choi, D. (2017). Evidence-based multifactorial assessment of preschool-age children who stutter. *Perspectives of ASHA Special Interest Groups SIG4, Vol. 2(part 1)*, 4-27.
4. Walsh, B., Ulser, E., Bostain, A., Mohan, R., Lippit Gerwin, K., Brown, B., Weber, C., and Smith, A. (2018). What are predictors for persistence in childhood stuttering? *Seminars in Speech and Language*, 39, 4, 299-312.

<u>Adolescents and Adults</u>
1. Chapter Five, *Beginning the assessment process with adolescents and adults*, in Manning & DiLollo.
2. Logan, K. J. (2015). Fluency assessment: Basic concepts and data collection methods. In *Fluency disorders*, San Diego: Plural Publishing.
3. Jackson, E., Gerlach, H., Rodgers, N., Zebrowski, P. (2018). My client knows he's about to stutter: How can we address stuttering anticipation during therapy with young people who stutter? *Seminars in Speech and Language*, 39, 4, 356-370.

Supplemental Readings
1. Tetnowski, J. A. (2007). Coaching fluency diagnostics: Lessons learned at soccer camp. *Perspectives in Fluency and Fluency Disorders, 17,* 3, 15-19.
2. Singer, C. M., Hessling, A., Kelly, E. M., Singer, L., and Jones, R.M. (2020). Clinical characteristics associated with stuttering persistence: A meta-analysis, *Journal of Speech, Language, and Hearing Research, 63,* 2995–3018.

1. *Transcription practice.*

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Breakout Group Discussion Questions for Week Seven:
1. *Case Study(ies)*

Weeks 8 & 9 Topic Four: Change, Counseling, and the therapeutic process
1. Manning & DiLollo Chapters 6, *Understanding the nature of change*, 7, *Counseling and people who stutter and their families*, and 8, *The therapeutic process: Facilitating a journey of change*.

Supplemental Reading:
1. Hudock, D. (2018, 2018). *Benefits of including basic counseling skills and Acceptance Commitment Therapy (ACT) framework when treating clients who stutter*. Paper presented at University of Wisconsin Eau Claire, Eau Claire, Wisconsin.

Breakout Group Discussion Questions:
1. *Why is change difficult even if it is something the individual wants to change?*
2. *Discuss Prochaska's change model. Explain some possible mismatches between stages and processes of therapeutic change (and how they would create problems for a client).*
3. *Discuss the role of the SLP a counseling. When is counseling within our scope of practice? When is it not (and how do you determine if it isn't)?*
4. *Describe the key components of the Constructivist-Narrative framework.*
5. *Compare and contrast the medical model and the Common Factors model of therapeutic change.*
6. *Discuss the three goals of therapy. Which carries the most weight? Why?*

Week 10 Topic Five: Goals
1. Nippold, M. (2011). From the editor: Stuttering in school-age children: A call for treatment research. *Language, Speech and Hearing Services in the Schools*, *42*, 99-101.
2. Yaruss, J. S., Coleman, C. E., & Quesal, R. W. (2012). Stuttering in school-age children: A comprehensive approach to treatment. [Letter to the Editor]. *Language, Speech, and Hearing Services in Schools, 43*, 536–548.
3. Nippold, M. (2012). When a school-age child stutters, let's focus on the primary problem. *Language, Speech, and Hearing Services in the Schools, 43*, 549-551.
4. Connery, A., Galvin, R. & McCurtin, A. (2020). International expert perspectives on the principles and components of effective intervention for adults who stutter, *International Journal of Language & Communication Disorders, 0*, 1-15.

Supplemental Reading:
1. Logan, K. J. (2015). Treating fluency disorders: Goals and general principles, 461-500. In *Fluency disorders*, San Diego: Plural Publishing.

Breakout Group Discussion Questions:
1. *Discuss acceptance and the diverse viewpoints of the authors.*
2. *Discuss the possible pitfalls of defining "success" only by the frequency of stuttering.*
3. *Compare and contrast Nippold's and Yaruss, et. al.'s suggestions for Ben's intervention.*
4. *Discuss the difference of opinion related to the SLP counseling a child who stutters?*
5. *In her reply to Yaruss, et. al., Nippold states, "when a school-age child comes to the SLP for treatment of stuttering, I believe the primary goal should be to assist the child to speak more fluently in a variety of social and academic contexts." What is your response to this statement?*

Weeks 11, 12, 13 & 14 Topic Six: Treatment

<u>Preschool</u>

1. Chapter 9 in Manning & DiLollo, *Facilitating fluency for preschool and school-age children*,
2. de Sonnevillle-Koedoot, C., Stolk, E., and Franken, M-C. (2015). Direct versus indirect treatment for preschool children who stutter: The RESTART randomized trial. *PLOS ONE,*1-17. DOI:10.1371/journal.pone.0133758.

<u>Adolescents and Adults</u>

3. Chapter 10 in Manning & DiLollo, *Successful management of stuttering for adolescents and adults*.
4. Beilby, J. and Yaruss, J. S. (2018). Acceptance and commitment therapy for stuttering disorders. In Amster & Klein (eds.) *More than fluency: The social, emotional, and cognitive dimensions of stuttering*. San Diego: Plural.
5. Rodgers, N. H., Berques, A., Hollister, J,, and Zebrowski, P. M. (2020). Using solution-focused principles with older children who stutter and their parents to elicit perspectives of therapeutic change, *Perspectives of the ASHA Special Interest Groups, 5*, 1427–1440.

Supplemental Readings:

1. Constantino, C. and Boyle, M. (2020, November). *The use of disclosure in the management of stuttering.* Paper presented at the National Stuttering Association Global Research Conference (online).
2. Tichenor, S. E. and Yaruss, J. S. (2020). Variability of stuttering: Behavior and impact, *American Journal of Speech-Language Pathology*, 1–14.
3. Boyle, M. P. and Gabel, R. (2020). Toward a better understanding of the process of disclosure events among people who stutter, *Journal of Fluency Disorders, 63*, 1-15.
4. Douglass, J. E., Kennedy, C., and Smith, K. (2020). Speech-language experiences across the lifespan of an individual who covertly stutters: A thematic analysis. *Perspectives of the ASHA Special Interest Groups, 5,* 1441–1453.
5. Jackson, E., Gerlach, H., Rodgers, N., Zebrowski, P. (2018). My client knows he's about to stutter: How can we address stuttering anticipation during therapy with young people who stutter? *Seminars in Speech and Language*, 39, 4, 356-370.
6. Healey, E. C. and Scott, L. (1995). Strategies for treating elementary school-age children who stutter: An integrative approach*. LSHSS*, 26, 2, 151-161.
7. Byrd, C. T., Gkalitsiou, Z., Donaher, J., and Stergiou, E. (2016). The client's perspective on voluntary stuttering. *American Journal of Speech-Language Pathology*, 1-16.
8. Murphy, W.P., Yaruss, J.S., and Quesal, R.W. (2007). Enhancing treatment for school-age children who stutter: I. Reducing negative reactions through desensitization and cognitive restructuring. *Journal of Fluency Disorders*, 32, 2, 121-138.
9. Murphy, W.P., Yaruss, J.S., and Quesal, R.W. (2007). Enhancing treatment for school-age children who stutter: II. Reducing bullying through role-playing and self-disclosure. *Journal of Fluency Disorders*, 32, 2, 139-162.
10. Dell, C. (1993). Treating school-age stutterers. In R. Curlee (Ed.) *Stuttering and related disorders of fluency*. New York: Thieme.
11. Zebrowski, P. (May, 2011). Working with teenagers who stutter: Simple suggestions for a complex challenge. *SIG 4 Perspectives on Fluency and Fluency Disorders, 21*, 43-49.
12. Blood, G. W., Blood, I. M., Dorward, S., Boyle, M. P., & Tramontana, G. M. (November 2011). Coping strategies and adolescents: Learning to take care of self and stuttering during treatment. *SIG 4 Perspectives on Fluency and Fluency Disorders, 21*, 68-77.

Breakout Group Discussion Questions for Weeks 11, 12, 13, 14:
1. *Case Studies*

Week 15 Topic Seven: Successful Change

1. Manning & DiLollo Chapters 11, *Assessment and management for atypical fluency disorders*, 12, *Indicators of successful change during treatment*, and 13, *Indicators of successful change after treatment*.

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1. *What do you consider to be the primary principles of therapeutic change with an adult who stutters?*
2. *Describe factors that facilitate or detract from the possibility of therapeutic success.*
3. *How would you document attitudinal, behavioral, and cognitive indicators of successful therapeutic change in children and adults who stutter?*
4. *What are some possible reasons for relapse following successful therapy?*
5. *How can you prepare a person who stutters for relapse?*
6. *What types of behaviors are conducive to the maintenance of success following stuttering treatment?*

Writing Rubric

Assessment of your written assignments and the online discussions will be based on completion of the assignment and evaluated based on the following rubric. This rubric is intended to demonstrate different levels of achievement as well as to spotlight the criteria used for evaluation. The rubric is not directly convertible to points; however, the more a student's work falls in the exemplary column, the higher the grade will be; and the converse is also true.

Criterion	Exemplary	Acceptable	Undeveloped
Insightfulness	Posting demonstrates thorough understanding of the topic, incorporates knowledge from readings and lectures	Posting shows some understanding of topic though perhaps imperfect or superficial at times	Posting demonstrates lack of understanding or predominate superficiality
Organization	Posting contains a logical progression of ideas with good transitions between points	Posting contains logical progression of ideas; may have some rough transitions	Posting jumps from idea to idea without clear purpose or direction
Clarity of Communication	Posting reflects consistently thoughtful word choices with clearly worded sentences and paragraphs	Posting may have infrequent lapses in word choice or clarity of meaning	Numerous poorly-chosen words or improper use of terms that obscure meaning
Writing Mechanics	Grammar and punctuation uniformly conform to standards of scholarly writing	Occasional grammar and/or punctuation errors	Numerous grammar and/or punctuation errors

Additional Information:

Communicate with your Instructor

If you find that you have any trouble keeping up with assignments or other aspects of the course, make sure you let your instructor know as early as possible. As you will find, building rapport and effective relationships are key to becoming an effective professional. Make sure that you are proactive in informing your instructor when difficulties arise during the semester so that we can help you find a solution.

Course Structure

This course will be delivered entirely online through the course management system Canvas. You will use your UWSP account to login to the course from the Canvas Login Page. If you have not activated your UWSP account, please visit the Manage Your Account page to do so

*Equal Access for Students with Disabilities

UW-Stevens Point will modify academic program requirements as necessary to ensure that they do not discriminate against qualified applicants or students with disabilities. The modifications should not affect the substance of educational programs or compromise academic standards; nor should they intrude upon academic freedom. Examinations or other procedures used for evaluating students' academic achievements may be adapted. The results of such evaluation must demonstrate the student's achievement in the academic activity, rather than describe his/her disability.

If modifications are required due to a disability, please inform the instructor and contact the Disability and Assistive Technology Center to complete an Accommodations Request form. Phone: 346-3365 or Room 609 Albertson Hall.

Religious Beliefs Accommodation

It is UW System policy (UWS 22) to reasonably accommodate your sincerely held religious beliefs with respect to all examinations and other academic requirements.

You will be permitted to make up an exam or other academic requirement at another time or by an alternative method, without any prejudicial effect, if:

· There is a scheduling conflict between your sincerely held religious beliefs and taking the exam or meeting the academic requirements; and

· You have notified your instructor within the first three weeks of the beginning of classes (first week of summer or interim courses) of the specific days or dates that you will request relief from an examination or academic requirement.

· Your instructor will accept the sincerity of your religious beliefs at face value and keep your request confidential.

· Your instructor will schedule a make-up exam or requirement before or after the regularly scheduled exam or requirement.

· You may file any complaints regarding compliance with this policy in the Equity and Affirmative Action Office

Opportunity is missed by most people because it is dressed in overalls and looks like work.
Thomas A. Edison