

# Some Contemporary Approaches in Treating Fluency Disorders in Preschool, School-Age, and Adolescent Children

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Our clinical forum opens with an article by Sheryl Gottwald and Woody Starkweather in which they examine treatment procedures within a public school setting for preschoolers and their families. The authors stress the importance of early intervention and share state-of-the-art techniques that will motivate school clinicians to initiate early treatment at the school level. The role of the school clinician is the most arduous assignment facing our profession, and expectations of job performance can be demanding. Gottwald, who is employed as a school clinician, knows how challenging the requirements can be to provide competent fluency treatment and maintain cutting-edge clinical skills in a field that is always changing. She shares the thought-provoking ideas that have made her fluency intervention program within the school setting very effective.

Lena Rustin and Fran Cook continue the emphasis on families in their informative discussion of parental involvement in the treatment of stuttering. Their presentation will assist the school clinician in providing a more balanced

**ABSTRACT:** This clinical forum focuses on the treatment of preschool and school-age children who stutter. It was developed to provide school clinicians with an up-to-date summary of current intervention strategies and procedures. The articles were written by established scholars in the field who have specialized experience and have presented their therapy ideas nationally and internationally within the past 5 years. These contributors have published a number of articles, books, and programs on the assessment and treatment of fluency disorders spanning a wide range of ages from preschool to the adolescent school-age years.

**KEY WORDS:** stuttering, fluency disorders, cluttering, treatment, intervention

approach to treating fluency disorders in all children who stutter. In London, clinicians utilize resources (including referrals to specialty facilities like Rustin's service) to ensure that a high quality of fluency care delivery is provided.

Naturally, with specialty on the horizon in the United States, there will come a time when the generic clinician can refer all children who stutter to the specialist within that region, as is currently the case with some school districts. However, until the time when speciality is more recognized and practiced, we must provide refurbished treatment information to the school clinicians who can have the most impact on service delivery. The Rustin and Cook article provides insight into treating fluency as a family-centered problem.

The succeeding two articles present "stuttering more freely" and "speaking more fluently" approaches to treating young children who stutter. The first article, by Peter Ramig and Ellen Bennett, proposes several ideas for intervening with children between 7 and 12 years of age who stutter. The authors make some excellent suggestions to clinicians regarding stuttering modification and discussion concerning the attitudes and feelings of young children who stutter are provided. One area they address in some detail is how children who stutter prepare for teasing and ridicule from classmates. The authors explain why a poor self-image, negative feelings associated with stuttering, and harassment because someone stutters should be addressed and become an integral part of the intervention process.

The second article, by Charles Healey and Lisa Scott, continues to present strategies for treating elementary school-age children who stutter. They introduce cognitive issues associated with treating fluency disorders. Specifically, they address how children represent events or experiences perceived in their world in relation to stuttering. The authors reveal how stuttering adjustment and behavioral modification approaches compare, contrast, and can be integrated.

Next, David Daly, Candace Simon, and Michelle Burnett-Stolnack provide a refreshing approach to treating adolescent students who stutter. They posit that a clinician's sensitivity, attitude, and role in treating the fluency disorder is essential to the clinical process. The authors advocate treating the adolescent more frequently, adopting an eclectic but well-defined intervention approach, and mentoring the student in order to enhance treatment effectiveness.

Gordon Blood offers a contemporary, efficacy-based, cognitive-behavioral treatment package for relapse management in adolescents who stutter. He provides readers with an innovative, well-documented, and novel approach regarding fluency treatment for adolescent students who stutter. In reviewing background information on all students who stutter, it was interesting to note that all participants were identified as "stuttering in the preschool years but did not receive treatment until much later." The clinician must wonder what the outcome could have been for these adolescent children who stutter if early intervention was provided as Gottwald, Starkweather, Rustin, and Cook recommend in their articles.

At this point, the forum shifts gears to discuss special populations who stutter, such as students with language-based fluency disorders or cluttering. Nan Bernstein Ratner provides a discussion regarding treatment for children who stutter who have concomitant language or phonological impairment. Some children with specific language impairment (SLI) are disfluent from the first words or sentences they produce. Frequently, when SLI children are assessed, the clinician is not listening to the prosodic characteristics of the child's verbal expression. Ratner provides readers with factual, accurate, and modernistic information regarding fluency disorders and related phonological and linguistic difficulties. She includes an informative review pertaining to treatment strategies that will assist the school speech-language pathologist in treating multiple communication disorders within a specific individual.

The final article, by Ken St. Louis and Florence Myers, is devoted to the clinical management of cluttering. Although treatment efficacy has not been provided, the authors share the most recent definitions concerning cluttering. Clinical implications are reviewed with hypothetical dialogues in order to illustrate syntactic and semantic revisions made by children who clutter as compared to those who stutter. Articulation and fluency problems as they relate to cluttering are described and a diagnostic protocol is furnished. The authors also provide intervention strategies that will assist the school speech-language pathologist in managing disorders of cluttering.

The forum concludes with some commentary from Hugo Gregory, an internationally recognized scholar dealing with research and applications in the treatment of fluency disorders. We appreciate his willingness to review the articles in this forum and share his insights with us.

The articles contained in this clinical forum follow a theme. Fluency disorders can be managed effectively and efficiently if the treatment is age-appropriate and refined to meet the individual needs of each child who stutters. Early intervention should be the pivotal focus. Later, the type(s) of fluency disorder as well as the age of the child, years

spent stuttering, nature of past therapy, and efficacy of treatment management should be planned into the formula before prescription treatment is recommended.

It is the consensus of the authors that clinicians must read the recent literature, take additional courses, and attend workshops so they become proficient fluency specialists at service delivery in a school setting. The authors also are in agreement that if a clinician is reticent to alter timeworn standards, provide a more revitalized approach that will lead to successful fluency intervention, or obtain additional seminar hours in order to update clinical skill levels, he or she should feel comfortable referring clients to a speech-language pathologist who specializes in fluency disorders.

The time has come to acknowledge that there is more to stuttering than remediating a part-word repetition or prolongation, or working on just the negative attitudes/feelings associated with stuttering. Preschool children who stutter should receive different treatment than school-age children who stutter. Adolescent children who stutter have different patterns of disfluency, feelings associated with stuttering, and attitudes about stuttering than adults who struggle with a fluency disorder. The fluency of the child with specific language impairment, the mentally challenged student who stutters, and the student who has a language-learning disorder or clutters has more than just a stuttering problem. Treatment paradigms should be designed to intrinsically treat different age levels as well as address the complexity of the problem. The critical factor to providing a heterogeneous treatment program for children who stutter begins with an intensive evaluation spotlighting the strengths and areas that need improvement related to the child's communication status. Time did not permit authors to address the evaluation procedures in a lengthy discussion within this particular clinical forum. It is recommended that the reader review other publications from the authors regarding diagnoses, tests, and measurements.

On a final note, the list of professionals and treatment programs in this clinical forum is not exhaustive. There are a number of other distinguished researchers and practitioners who have developed appealing and cogent intervention programs. Space limitations made it impossible to share all approaches within this forum. The reader is encouraged to review other approaches to treating fluency disorders and the articles submitted within this forum may serve as a preliminary beginning for such a review.

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