

**Fluency Disorders**  
**Communication Sciences and Disorders CSD 723**  
**Spring Semester 2022**

**Instructor:** Charlie Osborne  
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**Class Times:** Wednesday, 10:00-11:40AM  
**Office Hours:** \*By appointment  
**Classroom:** CPS 024

*\*I am on campus only for part of the day of class. If possible, please make an appointment during my on-campus time. If this is not possible, please let me know and we can arrange a Zoom meeting.*

**Required Texts:**

Manning, W. (2017). *Clinical decision making in fluency disorders* (4<sup>th</sup> 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.

*The e-book cost \$5.99 and the paperback is \$12.99 new (I purchased mine used from Amazon for \$7.29). 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 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 because 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.
- 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 a hybrid class, meaning we will meet each week, mask to mask, and interact in Canvas. In case you are unable to attend a class, PowerPoints will be uploaded into Canvas. 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.

### **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 in-person with some activities online through the course management system Canvas.

### **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.

### **Inclusivity Statement**

It is my intent that students from all diverse backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that the students bring to this class be viewed as a resource, strength, and benefit. It is my intent to present materials and activities that are respectful of diversity: gender identity, sexuality, disability, age, socioeconomic status, ethnicity, race, nationality, religion, and culture. Your suggestions are encouraged and appreciated. Please let me know ways to improve the effectiveness of the course for you personally, or for other students or student groups.

If you have experienced a bias incident (an act of conduct, speech, or expression to which a bias motive is evident as a contributing factor regardless of whether the act is criminal) at UWSP, you have the right to report it using this link. You may also contact the Dean of Students office directly at [dos@uwsp.edu](mailto:dos@uwsp.edu).

### **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

**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 6<sup>th</sup> floor of Albertson Hall (library) as soon as possible. DATC can be reached at 715-346-3365 or [DATC@uwsp.edu](mailto:DATC@uwsp.edu).

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**Assessment – (The point assignments for each task):**

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

Stuttering in Public	50 points
Stuttering Assessment	100 points
ISAD Project	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
<b>Total Points</b>	<b>310 points</b>

**Grading:**

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

<b>Letter Grade</b>	<b>Percentage</b>		
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	1/26, 2/2 (Week 1 & 2)	Manning Ch. 1; 1. Osborne, et. al.; 2. Osborne; 3. Sander; 4. Hayakawa	ISAD Conference (Due around 2/11/22)
Topic 1: What is fluent/disfluent speech?	2/9, 2/16 (Week 3 & 4)	Manning Ch. 2; 1. Stuttertalk; 2. Tichenor, et. Al.; 3. Osborne; 4. Susca	
Topic 2: Etiology and development	2/23 (Week 5)	Manning Ch. 3; 1. Smith & Weber	
Topic 3: Diagnosis	3/2, 3/9 & 3/16. (Week 6, 7 & 8)	Manning Ch. 4 & 5; 1. Brundage, et. al.; 2. Clark, Tumanova & Choi.	Stuttering in Public (Due around 3/04/22)
Spring Break	3/21-3/25		
Topic 4: Change, Counseling, and the therapeutic process	3/30 (Week 9)	Manning Ch. 6, 7, 8	
Topic 5: Goals	4/6 (Week 10)	1. Nippold; 2. Yaruss, et. al.; 3. Nippold *something with WHO? Scott's article?	
Topic 6: Treatment	4/13, 4/20 & 4/27 (Week 11, 12 & 13)	Manning Ch. 9 & 10; 1. Connery, et.al.; 2. de Sonnevillle-Koedoot, et. al.; 3. Healey & Scott;	Assessment Project (Due around 4/01/22)
Topic 7 Successful Change	5/4 & 5/15 (Week 14-15)	Manning Ch. 12 & 13	Techniques Project (Due in the neighborhood of 5/06/22)
Final	Wednesday, 5/18/21 2:45-4:45		Poster Presentation (Due during final)

### Readings:

#### Introduction: Clinician attributes

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. For discussion in Week Two.
2. Sander, R. W. and Osborne, C. A. (2019). Stuttering: Understanding and Treating a Common Disability, *American Family Physician*, 100, 9, 556-560.
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. Hayakawa, S. I. & Hayakawa, A. R. (1990). *Language in thought and action* (5th Ed.). New York: Harcourt, Brace, Jovanovich. Chapter 9, How we know what we know.
5. <https://www.youtube.com/watch?v=stCCXC4KYPc> S-S-Shit fluent people say (to People who stutter) - a brief video

### 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. Van Riper, C. (1975). The stutterer's clinician. In J. Eisenson (Ed.) *Stuttering a second symposium*. New York: Harper and Row.

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>
6. Pelczarski, K. M. & J. S. Yaruss (2008). Accompanying a client on his therapy journey. *Perspectives in Fluency and Fluency Disorders*, 18, 2, 64-68.
7. 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.
8. [www.asha.org/practice-portal/clinical-topics/fluency-disorders/](http://www.asha.org/practice-portal/clinical-topics/fluency-disorders/)
9. An interesting Website <http://thisisnotthat.com/>

### **Topic One: What is fluent/disfluent speech?**

1. Please browse through and listen to at least one pod cast at this link: <http://www.stuttertalk.com>
2. Tichenor, S. E., Constantino, C., and Yaruss, J. S. (2022). A point of view about fluency. *Journal of Speech, Language, and Hearing Research*, 1-8.
3. 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.
4. Susca, M. (2007). Dimensions of fluency. *ASHA Division 4 Perspectives on Fluency and Fluency Disorders*, 17, 2, 22-25.

### **Topic Two: Etiology and Development**

1. Smith, A. and Weber, C. (2017). How stuttering develops: The Multifactorial Dynamic Pathways theory. *Journal of Speech, Language, and Hearing Research*, 1-23.

#### Supplemental Readings:

1. Seery, C.H. (2005). Differential diagnosis of stuttering for forensic purposes. *American Journal of Speech-Language Pathology*, 14, 284–297.
2. 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.
3. Quesal, R. and Yaruss, J. S. (2006). Overall assessment of the speaker's experience of stuttering (OASES): Documenting multiple outcomes in stuttering treatment. *Journal of Fluency Disorders*, 31, 90-115.

### **Topic Three: Diagnosis**

1. Brundage, S. B., Bernstein Ratner, N., Boyle, M. P., Eggers, K., Everard, R., Franken, M-C, Kefalianos, E., Marcotte, A. K., Millard, S., Packman, A., Vanryckeghem, M., Yaruss, J. S. (2021). Consensus Guidelines for the Assessments of Individuals Who Stutter Across the Lifespan. *American Journal of Speech-Language Pathology*, 30, 2379–2393.
2. 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.

#### Supplemental Readings:

1. Millard, S. K. and Davis, S. (2016). The Palin Parent Rating Scales: Parents' Perspectives of Childhood Stuttering and Its Impact. *Journal of Speech, Language, and Hearing Research*, 59, 950–963.
2. Ntouroua, K., Oyler DeFranco, E., Conture, E. G, Walden, T. A., and Mushtaq, N. (2020). A parent-report scale of behavioral inhibition: Validation and application to preschool-age

- children who do and do not stutter. *Journal of Fluency Disorders*, 63, 105748-105748.  
<https://doi.org/10.1016/j.jfludis.2020.105748>
3. Logan, K. J. (2015). Fluency assessment: Basic concepts and data collection methods, 343-388. In *Fluency disorders*, San Diego: Plural Publishing.
  4. Singer, C. M., Otieno, S., Chang, S-E., and Jones, R.M. (2021). Predicting persistent developmental stuttering using a cumulative risk approach. *Journal of Speech, Language, and Hearing Research*, 1-26.
  5. Boyle, M. P. (2013). Assessment of Stigma Associated with Stuttering: Development and Evaluation of the Self-Stigma of Stuttering Scale (4S). *Journal of Speech, Language, and Hearing Research*, 56,1517–1529.

#### **Topic Four: Change, Counseling, and the therapeutic process**

1. Manning & DiLollo text, Chapters 6-8

#### **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., and McCurtin, A. (2020). International expert perspectives on the principles and components of effective intervention for adults who stutter. *International Journal of Language and Communication Disorders*, 00, 0, 1-15.  
<https://doi.org/10.1111/1460-6984.12580>

#### Supplemental Reading:

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

#### **Topic Six: Treatment**

1. Connery, A., Yaruss, J. S., Lomheim, H., Loucks, T. M., Galvin, R. and McCurtin, A. (2021). Obtaining consensus on core components of stuttering intervention for adults: An e-Delphi Survey with key stakeholders. *International Journal of Language & Communication Disorders*, 1–16. <https://doi.org/10.1111/1460-6984.12680>
2. de Sonnevill-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. <https://doi.org/10.1371/journal.pone.0133758>
3. Boucand, V. A., Millard, S., and Packman, A. (2014). Early intervention for stuttering: Similarities and differences between two programs. *Perspectives in Fluency and Fluency Disorders*, 24, 8-19.
4. Healey, E. C. and Scott, L. (1995). Strategies for treating elementary school-age children who stutter: An integrative approach. *Language, Speech and Hearing Services in the Schools*, 26, 2, 151-161.
5. 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.

#### Supplemental Readings:

1. Franken, M.C. and Putker-de Bruijn, D. (2007). *Restart-DCM Method*. Treatment protocol developed within the scope of the ZonMW project *Cost-effectiveness of the Demands and Capacities Model based treatment compared to the Lidcombe programme of early stuttering intervention: Randomised trial*. <http://www.nedverstottertherapie.nl>
2. Berquez, A., and Kelman, E. (2018). Methods in stuttering therapy for desensitizing parents of children who stutter. *American Journal of Speech-Language Pathology*, 27(3S), 1124–1138. [https://doi.org/10.1044/2018\\_AJSLP-ODC11-17-0183](https://doi.org/10.1044/2018_AJSLP-ODC11-17-0183)
3. Rodgers, N. H., Berquez, A., Hollister, J., and Zebrowski, P. (2020, December). 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.
4. Nicholas, A. (2015). Solution focused brief therapy with children who stutter. *Procedia - Social and Behavioral Sciences*, 193, 209 – 216. <https://doi.org/10.1016/j.sbspro.2015.03.261> .
5. 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.
6. 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.
7. Dell, C. (1993). Treating school-age stutterers. In R. Curlee (Ed.) *Stuttering and related disorders of fluency*. New York: Thieme.
8. Zebrowski, P. M., Rodgers, N. H. Gerlach, H., Paiva, A. L., and Robbins, M. L. (2021). Applying the Transtheoretical Model to stuttering management among adolescents: Part I. Scales development. *American Journal of Speech-Language Pathology*, 30, 2492-2509.
9. Rodgers, N. H., Gerlach, H., Paiva, A. L., Robbins, M. L., and Zebrowski, P. M. (2021). Applying the Transtheoretical Model to stuttering management among adolescents: Part II. Exploratory scale validation. *American Journal of Speech-Language Pathology*, 30, 2510-2527.
10. 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.
11. 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.
12. Palasik, S. and Michise, J. (2017, Winter). Acceptance and commitment therapy: An experiential journey for clinicians and people who stutter. *eHearsay: Electronic Journal of the Ohio Speech-Language-Hearing Association*, 1, 7, 14-26.
13. Beilby, J. and Byrnes, M. (2012). Acceptance and commitment therapy for people who stutter. *Perspectives on Fluency and Fluency Disorders*, 22, 1, 34-46. <https://doi.org/10.1044/ffd22.1.34>
14. Mark Allen's therapy program - <https://www.judykuster.net/>

### Topic Seven: Successful Change

1. Manning & DiLollo text, Chapters 12 & 13

#### 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

#### **Emergency Procedures**

*"In the event of a medical emergency, call 911 or use red emergency phone located (list location). Offer assistance if trained and willing to do so. Guide emergency responders to victim.*

*In the event of a tornado warning, proceed to the lowest level interior room without window exposure at (list primary location for shelter closest to classroom). See [www.uwsp.edu/rmgt/Pages/em/procedures/other/floor-plans](http://www.uwsp.edu/rmgt/Pages/em/procedures/other/floor-plans) for floor plans showing severe weather shelters on campus. Avoid wide-span rooms and buildings.*

*In the event of a fire alarm, evacuate the building in a calm manner. Meet at (state logical location to meet 200 yards away from building). Notify instructor or emergency command personnel of any missing individuals.*

*Active Shooter – Run/Escape, Hide, Fight. If trapped hide, lock doors, turn off lights, spread out and remain quiet. Follow instructions of emergency responders.*

*See UW-Stevens Point Emergency Management Plan at [www.uwsp.edu/rmgt](http://www.uwsp.edu/rmgt) for details on all emergency response at UW-Stevens Point."*

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