Fluency Disorders

**Communicative Disorders CSD 723**

**Fall Semester 2016**

**Instructor:** Charlie Osborne

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**Class Times:** Monday – Wednesday,

10:00 – 10:50 AM

**Classroom:** CPS 024

**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 the Content section on D2L. 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; the relationship of disfluency 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;
* 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).

**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 as a result of participation in this course the student will meet the following competencies: <http://www.mnsu.edu/comdis/kuster/teaching/cliniciancompetencies.pdf>

This course also satisfies the knowledge and/or skills corresponding to the Wisconsin Department of Public Instruction PI-34 Content Standards 1F, 2I, 3A, 5A-D, 6A-C&E, 9.

**Course Format:**

This course is a hybrid course that combines the traditional classroom with an electronic venue, Desire to Learn (D2L). If you are not familiar with interacting in an online format, you will be after this semester! 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 the D2L Content section.

**D2L Drop Box**

Assignments and projects can be placed in the course drop box on D2L unless otherwise specified. Most of your work will be completed in an electronic form. If you are intending to be DPI certified, you are encouraged to save assignments as PDF files or as web pages. This will enable you to use course assignments as artifacts for your DPI electronic portfolio.

# **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:

Stuttering in Public 50 points

 Stuttering Assessment 100 points

ISAD Conference Participation 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%

 A- 91-95%

 B+ 88-90%

 B 84-88%

 B- 81-83%

 C+ 78-80%

 C 74-77%

**Tentative Course Schedule**

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic** | **Dates** | **Readings** | **Assessments** |
| Intro: Clinician attributes | 9/6, 9/11, 9/13, 9/18 (Week 1 & 2) | Manning Ch. 1; 1. Osborne, et. al.; 2. Osborne; #3. Hayakawa | Pseudostuttering Project (Due around 10/2)  |
| Topic 1: What is fluent/disfluent speech? | 9/20, 9/25, 9/27 (Week 3 & 4) | Manning Ch. 2; 1.Stuttertalk; 2. Osborne; 3. Susca |
| Topic 2: Etiology and development | 10/2, 10/4, 10/9, 10/11, 10/16 (Week 5, 6, 7) | Manning Ch. 3; 1. Smith & Weber |
| Topic 3: Diagnosis | 10/18, 10/23, 10/25, 10/30, 11/1 (Week 7, 8 & 9) | Manning Ch. 4 & 5; 1. Clark, Tumanova & Choi. | ISAD Conference (Due around 10/30) |
| Topic 4: Change, Counseling, and the therapeutic process | 11/6, 11/9-ASHA-no class, 11/13 (Week 10, 11) | Manning Ch. 6, 7, 8 |
| Topic 5: Goals |  | 1. Nippold; 2. Yaruss, et. al.; 3. Nippold |
| Topic 6: Treatment | 11/15, 11/20, 11/22, 11/27, 11/29 (Week 11, 12 & 13) | Manning Ch. 9 & 10; 1. de Sonnevillle-Koedoot, et. al.; 2. Healey & Scott; 3. Coleman, et. al. | Assessment Project (Due around 11/20) |
| Topic 7 Successful Change | 12/4, 12/6, 12/11, 12/13 (Week 14 & 15) | Manning Ch. 12 & 13 | Techniques Project (Due in the neighborhood of 12/11) |
| Final | 12/20/178:00-10:00 |  | 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.
2. 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.
3. 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.
4. <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. 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. An interesting Website <http://thisisnotthat.com/>

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

1. Please browse through and listen to at least one show at this link: <http://www.stuttertalk.com>
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.

**Topic Two: Etiology and Development**

1. Smith, A. and Weber, C. (2017). How stuttering develops: The Multifactorial Dynamic Pathways theory. *JSLHR*, 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. Yaruss, J.S., & Quesal, R.W. (2004). Stuttering and the International Classification of Functioning, Disability, and Health (ICF): An update. *Journal of Communication Disorders, 37 (1)*, 35-52.
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. 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 Reading:

1. Tetnowski, J. A. (2007). Coaching fluency diagnostics: Lessons learned at soccer camp. *Perspectives in Fluency and Fluency Disorders, 17,* 3, 15-19.
2. Logan, K. J. (2015). Fluency assessment: Basic concepts and data collection methods, 343-388. In *Fluency disorders*, San Diego: Plural Publishing.

**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.

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. 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.
2. 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.
3. Healey, E. C. and Scott, L. (1995). Strategies for treating elementary school-age children who stutter: An integrative approach*. LSHSS*, 26, 2, 151-161.
4. 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.
5. Coleman, C., Miller, L., and Weidner, M. (2015). A clinical tutorial in stuttering: Case vignette. *Perspectives on Fluency and Fluency Disorders, 25*, 5-9.
6. Marcotte, A. B. and Santus, N. M. (2015). A research-based clinical tutorial in adolescent stuttering: Response to Coleman, Miller, and Weidner (2015). *Perspectives in Fluency and Fluency Disorders*, 25, 50-57.
7. Coleman, C. and Weidner, M. E. (2015). There’s more than one route to successful outcomes: A response to Bothe Marcotte and Santus. *Perspectives in Fluency and Fluency Disorders*, 25, 58-60.

Supplemental Readings:

1. 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.
2. 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.

###### Ingham, R. and Riley, G. (1998). Guidelines for the documentation of treatment efficacy for young children who stutter. *JSLHR*, 41, 4, 753-77

1. Dell, C. (1993). Treating school-age stutterers. In R. Curlee (Ed.) *Stuttering and related disorders of fluency*. New York: Thieme.
2. 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.
3. 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.
4. Lee, K., Manning, W., and Herder, C. (2011). Documenting changes in adult speakers’ locus of causality during stuttering treatment using Origin and Pawn scaling. *Journal of Fluency Disorders, 36*, 231-245.

**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.

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| --- | --- | --- | --- |
| 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***