

10th Oxford Dysfluency Conference, ODC 2014, 17 - 20 July, 2014, Oxford, United Kingdom

Co-occurring stuttering and phonological difficulties in children: A model for therapy

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Abstract

Speech-language pathologists have reported increased evidence of co-occurring stuttering and phonological disorders in their caseloads. Anecdotal reports also suggest that some clinicians may have uncertainties about specific diagnostic criteria as well as treatment plans for these dual diagnosis children. Whilst there is some literature on clinical intervention for this population of children, information is still sparse and clinical efficacy data is limited. Although future research carrying out long-term treatment outcome studies is needed, some guidelines for clinicians who work with this population group are indicated at this time. A child's phonological difficulties may "mask" the perception of a fluency problem. For example, sometimes it is not until child's speech becomes more intelligible, that disfluencies make an impression on the listener. Additionally, parents of children with both disorders have been noted to pay most attention to the speech/sound difficulties at first and not to the disfluencies. This may be due to a masking effect. Finally, these dual diagnosis children who exhibit a more severe form of both stuttering and phonological difficulties may be experiencing a high level of frustration. This frustration may result from (1) an inability to produce forward flowing speech inherent in stuttering and (2) unintelligibility due to speech sound inaccuracy. It is impossible for a clinician to truly delineate which one of these disorders is creating more frustration. It is also very complex to understand the nature of speech motor control that may in fact underlie both conditions. Nevertheless, all of these factors need to be considered by the clinician in the ultimate design of the treatment program. In this seminar, a clinical intervention model is presented that offers guidelines for diagnostic and treatment plans for these dual diagnosis children. Assessment parameters are discussed in two parts: (1) assessment of disfluency, and (2) assessment of phonological abilities. The importance of determining suitable treatment approaches for children who exhibit co-existing disorders is discussed. Intervention options for these dual-diagnosis children are offered. These include (1) sequential treatment, and (2) concurrent treatment, including both a discrete and blended approach. The notion of "contrasts" in both phonology and fluency therapy is presented. Thirteen general principles for intervention with these children are provided. These principles include: (1) use of an indirect phonological process approach; (2) selected fluency facilitation techniques; (3) use of rate reduction; (4) reinforcing child's use of slow speech; (5) modelling appropriate turn taking and increasing pause time; (6)

modelling correct articulatory productions and use of exaggerated postures; (7) avoiding explicit speech correction; (8) avoiding interruption; (9) focus on child's conversational content; (10) gradual increase of linguistic/phonological complexity; (11) use of over-training strategies for transfer; (12) group intervention; and (13) parent involvement. Seven principles for parent/caregiver involvement are provided. Finally, conclusions and suggestions for future research and treatment are presented.

Keywords: Co-occurrence; Assessment; Intervention; Stuttering

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Peer-review under responsibility of the Scientific Committee of ODC 2014.