



8th World Congress for People Who Stutter

Inclusion: Creating Our Place in Society

Hotel CROATIA, Cavtat/Dubrovnik, Croatia • May 6th – 11th 2007

Pre-Congress Workshops May 4th – 6th

ABSTRACTS



CROATIAN ASSOCIATION
FOR PEOPLE WHO STUTTER
HINKO FREUND

THE CONGRESS WILL BE HELD UNDER THE AUSPICES OF PRESIDENT OF THE REPUBLIC OF CROATIA
TO WHOM WE ARE EXTREMELY GRATEFUL

ADDRESS OF THE PRESIDENT OF THE REPUBLIC OF CROATIA
Mr. Stjepan Mesić

ON THE OCCASION OF THE 8TH WORLD CONGRESS OF PEOPLE WHO STUTTER
Cavtat, 6 – 10 May, 2007

*Ladies and Gentlemen,
Dear participants and guests of the Congress,*

Thankfully corresponding to your kind invitation, I accepted with pleasure the patronage of the 8th World Congress of People who Stutter organized by the International Stuttering Association and the Croatian Association for People who Stutter “Hinko Freund” taking place for the first time in Croatia, one of the countries in the South East Europe. The Congress venue in Croatia illustrates how much the international community appreciates the role of the Hinko Freund Association, the first and the only non-profit organization in Croatia gathering members of the socially sensitive community interested in issues of people who stutter and contributing to better conditions and communication of people with this specific speech disability.

Every world congress gathers together experts from specific fields of interest to exchange experience and contribute to further promotion of the achievements for their beneficiaries. Stuttering may happen to be a serious obstacle in human communication affecting everyday life of people who stutter. Because of this, it is worth knowing that the participants gathered on this very Congress are generously giving their own share in creating a more humane, just and compassionate world for the millions of people who stutter worldwide.

Wishing all the participants much success in the work of the Congress, I truly believe that the results accomplished so far will further contribute to better recognition, understanding and promotion of the needs of people who stutter for easier fostering and fulfillment of their aspirations.

Zagreb, 13 July 2006

Stjepan Mesić

WELCOME MESSAGE

on behalf of International Stuttering Association
and Croatian Association for People Who Stutter “Hinko Freund”

From ISA BOARD CHAIR Mark Irwin and from “HINKO FREUND” BOARD CHAIR Suzana Jelčić Jakšić

Whether you are a person who stutters, a parent of a child who stutters or a speech language pathologist, the ISA and “Hinko Freund” are delighted to have your attendance at this international Congress for people who stutter. We commend you all for your commitment to personal development and care of others.

While the primary focus is on fluency it will also be a Congress of fellowship and fun. We encourage you to participate as actively as possible and discuss, debate and decide on courses of action. We particularly encourage participation by those not used to speaking and assure you all you are amongst friends.

The International Stuttering Association has a vision of a world that understands stuttering. Our community of people involved in this process grows larger every day – we welcome you to it.

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Pre-Congress Workshops

The MPC Approach: Under 7s Who Stammer

PRESENTERS: **Frances Cook and Willie Boterill**

PARTICIPANTS: **SLPs**

DATE: **4th – 6th May 2007**

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ABOUT PRESENTERS:

Frances and Willie have been specialising in the assessment and treatment of Fluency disorders for more than 30 years. They manage the Michael Palin Centre for Stammering Children which provides specialist assessment and therapy for children of all ages and their families from all over the UK. They have presented at conferences across the world and published books, articles and research papers on a variety of topics related to fluency disorders.

ABOUT WORKSHOP:

COURSE AIMS

This three day workshop will aim to increase speech and language therapists' knowledge and skills in assessing and treating incipient stammering in children under 7 and in identifying those children who are at risk of more persistent problems. The course will also aim to develop participants' confidence in the management of this age group. The course will be supported by video, discussion and skills practice, and a clinical resource pack.

LEARNING OUTCOMES

At the end of this course participants will:

- be familiar with an assessment protocol for children under seven who stammer
- be familiar with a tool to assess whether a child is at risk of persistent stammering
- be familiar with the structure and content of Parent Child Interaction therapy
- be familiar with the development of care pathways for children who stammer
- be more confident about assessing and treating children under seven who stammer

COURSE CONTENT

Day 1: Research and assessment

- A Multifactorial Model of Stammering
- Research update – current research into the factors contributing to stammering and risk factors for young children who stammer
- Child Assessment – including fluency measurement
- Parental Interview – including formulation of the child's needs
- A profile of vulnerability and discussion of level of risk
- Discussion of management options

Day 2: Parent-Child Interaction Therapy (PCI)

- Principles of PCI
- Supporting a child's fluency
- PCI session structure
- Behaviour management
- Skills in working collaboratively with parents including parent packs
- Outcome Measures for PCI

Day 3: Direct Fluency Management and other clinical issues

- A discussion of other therapy options – including a programme for introducing young children to fluency management strategies (Tortoise Talking)
- Supporting a child's language and vocabulary
- Clinical Decision Making for children under 7 using a Skills and Action Chart: PCI strategies, family strategies and direct strategies
- Care Pathways – discussion of service delivery for children under seven who stammer
- Action Planning – application to team settings

This workshop will combine theory with video-observation, skills practice, discussion and problem-solving. The timing given is approximate. It is recommended that participants attend all three days.

Psychological Approaches to Help Us Understand Stammering

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PRESENTER: Trudy Stewart

PARTICIPANTS: SLPs and PWS

DATE: 4th – 5th May 2007

ABOUT PRESENTER:

Dr Trudy Stewart has more than 20 years' clinical experience and is trained in the use of a number of psychological approaches. She has been involved in clinical training of speech & language therapists from the United Kingdom, America and Sri Lanka. She teaches under graduate and specialist post-graduate courses for speech and language therapist and has written numerous journal articles and several books on stammering. Trudy acts as a specialist advisor for the British Stammering Association and for the Royal College of Speech & Language Therapists in England. In addition, she serves on the editorial board for the Journal of Fluency Disorders.

She is also interested in the theatre, music and art and goes to the gym regularly.

She has 2 very tall sons!

ABOUT WORKSHOP:

AIMS

In considering the content of this pre-conference educational programme, Trudy has opted for the possibly more difficult task of offering workshops which will bring together therapists and individuals who stammer. She sees the conference in general and these 2 days in particular as an opportunity for these groups of people to collaborate and learn together in a non clinical context. She has chosen 2 psychological approaches which inform her clinical work with people who stammer and her personal life too as the focus of the workshops. She hopes that therapists and adults who stammer will regard these days as a chance not only to learn about psychology and the links with stammering but also to learn with and from each other.

DAY 1

PERSONAL CONSTRUCT PSYCHOLOGY

The day will begin with a short overview of the theory and practice of PCP. We will also look at how it has been applied to stammering by referring to the literature and clinical practice.

Then therapists and individuals who stammer will explore their own constructions of stammering both as individuals and in separate groups using a series of practical exercises.

Next the groups will come together and share their findings. We will explore any similarities and differences and consider the implications of these separate meanings in a group discussion. Finally we will reflect on our personal meanings and those of the groups in the light of research, therapy and personal change.

DAY 2

SOLUTION FOCUSED BRIEF THERAPY

Following a basic outline of the principles of SFBT, this day will concentrate on the basic techniques of SFBT including the following:

- Problem free talk
- The miracle question
- Exceptions
- Scaling

Each technique will be described and then individuals will have the opportunity to use each technique themselves in a number of practical exercises.

Participants will consider how these techniques might be useful in their own lives and therapists will be able to explore their use in a clinical context.

The Patmar Programme for Adults Who Stammer

PRESENTERS: Patrick Kelly and John Sutton

PARTICIPANTS: PWS

DATE: 5th May 2007

ABOUT PRESENTERS:

Patrick formed the course in Ireland in 1998 and runs 2 courses each year with Maria McDonnell. Patrick is a PWS. John Sutton is a PWS and attended the Patmar course in 1999 and assists as a helper on all Patmar courses.

Both Patrick and John are involved with the Irish Stammering Association and have done presentations in Europe in the past with ELSA, Patrick is the founder and Chairperson of the Irish Stammering Association. Both still stammer but manage to control it to a great degree.

ABOUT WORKSHOP:

The Patmar Programme has been in existence since 1998. It began in Dublin and is now run twice-yearly in a small hotel in the West of Ireland. The course is an 8 day residential intensive programme run by Patrick Kelly and Maria McDonnell, Senior Speech & Language Therapists with the Irish Health Service Executive along with John Sutton who attended the course in 1999.

This is a non-profit making programme which is currently funded by the Irish Health Service Executive. Up to 12 people attend each course with a follow up weekend about 6 weeks later. All former Patmar participants are invited to meet each other on a social basis every 6 months for a weekend get-together. A number of support groups have been organised throughout the country.

Patmar is a unique and progressive approach to adult stammering therapy involving underlying principles from Sheehan (1972) and Van Riper (1973) along with aspects of Personal Construct Therapy, Counselling Cognitive Therapy, Positive Thinking and Assertiveness training. The complex interplay of personality like experiences and family dynamics for each individual is a key consideration within the group. Family involvement is central to the therapy process, as individuals learn coping strategies for long term acceptance and their control of the stammer. The aim is to come to terms with the stammer, reduce sensitivity to it and then be able to control it. The intensive nature of the programme and group dynamics are essential to enable people to explore deep seated fears and emotions which can then result in controlling the stammer or avoidance behaviours. Friends and family members are encouraged to attend the first and last days of each course to enable lines of communication to be kept open in the future.

The residential course allows an intensive approach with ongoing therapy outside the “clinic” setting and members are actively encouraged to keep in telephone contact with friends, family members and even workplace colleagues during the course. The follow up weekend allows people to reflect on the inevitable relapse following the course but they have the “tools” to cope with the “real world” in the future.

Long term outcome measures are being collated using the W.A.S.S.P. (Wright/Ayre Stuttering Severity Profile) along with other assessments and results over the past 8 years have been very encouraging.

Keynote Speakers

Rachel Everard comes from the UK and has stammered herself since a very early age. Her experience of therapy and meeting other people who stammer in her 20s was a turning-point in her life – she decided to change career and train as a speech and language therapist. For the last 5 years she has worked at City Lit, a specialist centre in adult stammering therapy in London. She has also had experience of working with children who stammer and has strong links with the British Stammering Association.

STAMMERING AND THERAPY: A PERSONAL AND PROFESSIONAL VIEW

In this presentation Rachel will bring together the personal and professional strands of her life as she describes her journey from a young woman who rejected herself and stammering to becoming someone older and more accepting, wanting to support and empower others who stammer.

Dr. Mark Irwin is Chair of the International Stuttering Association having served on the board since 1998. He is a Past President of the Australian Speak Easy Association as well as a past president of his local Toastmasters public speaking club. A Division finalist in several public speaking competitions, he has studied stuttering informally through his 15 year involvement with stuttering self-help groups and has 2 years of formal tertiary education in psychology and anthropology. A father of 3, he is self-employed as a dentist in private practice in Adelaide South Australia.

50 YEARS EXPERIENCE WITH 14 STEPS FOR CHANGE- WHAT WORKED, WHAT DIDN'T AND WHY

Information will be shared on the experience of living with a stutter for over 50 years, as well as having a 15 year involvement with local, national and international self-help groups. Topics include

- steps for changing attitudes, changing feelings and changing behaviour.
- the value of self-help groups
- strategies for supporting the development of group members
- stuttering as a disability –does it encourage a victim mentality
- stuttering defined – what are the issues
- how therapists can help most.

Shinji Ito established the first self-help group of persons who stutter in Japan in 1965. Since then he has been actively involved with its activities for 42 years. After leaving his post at a national university of education to train students to become speech therapists in public school systems he opened his private clinic in Osaka. As well as serving as the Executive Director of the Japan Stuttering Project he gives lectures and workshops on stuttering, teaches courses on stuttering at universities and vocational schools and has also been supervising speech therapists in school systems. In 1986 he served as the chairperson of the first International Conference on Stuttering in Kyoto. Later on he was involved with the founding of the ISA as a member of the board of directors. He has published 10 books on stuttering.

FROM “FIGHTING AGAINST STUTTERING” TO “LIVING WITH IT”: LEARNING FROM ORIENTAL THOUGHT AND 42 YEARS OF SELF-HELP GROUP ACTIVITIES

During my 63 years of life as a person who stutters, I have been involved with self-help group activities of persons who stutter for 42 years including 17 summer camps I organized for children who stutter and their parents. Through these activities I learned ways to deal with my stuttering and to live with it. This philosophy of “not fighting against stuttering but finding ways to live with it” comes from the teachings of Buddhism and Taoism.

1. Until age 21 my life was focused on tackling my stuttering, hiding the fact that I stuttered and avoiding speaking situations. During the summer when I was 21 I experienced a four-month course of intensive speech therapy. 300 people who stuttered were also there, and we ended up facing the fact that complete recovery from stuttering was not possible.
2. In 1965 I organized the first self-help group of people who stutter in Japan. I raised an issue that the fantasy for the cure of stuttering and consuming all the energy in the efforts to attain fluency prevents us from accepting ourselves as persons who stutter and living with stuttering. I was able to verify my approach that “the cure is not most important for us but how we live with it is more important” through my contact with persons who were seriously affected by the condition as well as those who stuttered but led significant lives when I visited many parts of Japan in order to present lectures, workshops and consultation to persons who stuttered. These experiences gave me an insight into the fact that not all those who stuttered were adversely affected by their stuttering. Through many years of self-help group activities I have seen many people who stuttered have new perspectives on stuttering and gain strength. Some of them found jobs which required public speaking situations, such as school teachers, even though their stuttering symptoms still remained unchanged. They never imagined earlier this would be possible for them. These new perspectives changed their lives and helped them to increase their self-esteem.
3. In 1986 when our group organized the first International Conference on Stuttering in Kyoto many participants from overseas asked for specific approaches to stuttering. Since then our group, drawing upon Sheehan’s iceberg theory, has been working on the approaches to emotions (anxiety and fear), behavior (hiding and avoidance), thought (to regard stuttering as inferior or bad) and body (tension in the body while speaking). We found that these approaches also work effectively for children who stutter.

Dr. Joseph Kalinowski is an associate professor at East Carolina University. He received a master’s degree from Northeastern University and his doctorate degree from the University of Connecticut, during which he conducted research at Haskins Laboratories. Dr. Kalinowski is widely published in the field of fluency disorders in both peer-reviewed journals and in the popular media where he has recounted his own problems with stuttering and available treatment options for stutterers. He has over 70 peer-reviewed journal publications in the field of stuttering and is a co-inventor of the SpeechEasy device with Drs. Stuart and Rastatter.

CHICKENS ARE HERE TO PRODUCE EGGS AND STUTTERING IS HERE TO RELEASE STUTTERING: A NEURAL INHIBITION MODEL

In this paper we present a neural model that views stuttering as central involuntary neural block occurring whose cause and origin within the brain are currently unknown. The most important assumptions here are that stuttering is 1) inherently involuntary and 2) neurological in origin. The basis of this conclusion is not compelling scientific data but rather deductive logic. In other words, to the best of our knowledge, all other possible etiologies have been explored, with no site or lesion being identified that invariably results in stuttering.

This model explains three levels of stuttering behaviors 1) overt stuttering; 2) sub-perceptual forms of stuttering which are stuttering-like characteristics in the acoustics and kinematics of speech production that are not perceivable by the human ear and only can be identified using sophisticated measurement tools; and 3) Covert stuttering that includes forms of linguistic avoidances, substitutions and circumlocutions. This model highlights the involuntary nature of stuttering and the loss of control. It anticipates the development of the disorder over time and illustrates why only self reports can assess its dynamic nature.

That is, in therapeutic settings where counts of overt stuttering are made, the inherent nature of the therapist-client relationship places a demand bias on the patient such that they may use covert strategies to conceal overt stuttering events in the presence of their clinician. In addition, we argue that “droned” speech, though often stutter-free cannot be considered fluent and simple frequency counts of stuttered syllables do not reflect its unnatural and tenuous nature, nor its susceptibility to relapse. Similar to depression, panic attacks, post traumatic stress disorders, etc., stuttering encompasses an experiential sense of ‘loss of control’, and to understand the nature of its dynamics and its complexity we advocate the use of experiential perspectives.

Therefore, the importance of self-report for tapping into the experiential aspects of stuttering cannot be overstated. Although a person may be completely stutter-free for a period of time following speech retraining methods, few, if any, would deny a constant awareness of their stuttering, a need to monitor their speech, and the continued use of strategies to avoid certain situations. Self-reports can quantify experiential aspects of stuttering such as the use of avoidances, substitutions, circumlocutions, speech comfort, ease of speech production, speech naturalness and the loss of control over extended periods and in all speaking environments during and following the completion of therapy.

Dina Lilian

I have been qualified as a Speech Therapist and Audiologist for four years and am currently employed as Head of the Department at South Rand Hospital. In addition, I have an after-hours Private Practice which consists mainly of People Who Stutter. I re-established Speakeasy, the Self Help Group for People Who Stutter, in 2001, after it was disbanded due to poor attendance and was appointed Chair Person. I completed my Masters degree in Speech Therapy part-time and was invited to enroll for my Doctorate at the University of the Witwatersrand in Johannesburg, South Africa. In June 2006, I successfully completed a six month Hospital Management Diploma which was sponsored by the Department of Health.

In 1998 and 2001, I was asked to speak at The 5th Triennial World Congress for People Who Stutter, held in Johannesburg, as well as The South African Speech Language and Hearing Association’s (SASHLA) Annual Congress, held in Sun City. In 2003, I presented my Honours research entitled “Perceptions of People Who Stutter towards Self Help Groups” at The 7th Triennial World Congress for People Who Stutter in Australia. Over the past year, I have been fortunate enough to attend The National Stuttering Association in USA and The 5th World Congress of Fluency Disorders in Ireland.

Sandra Merlo stutters since 4 years old, graduated in Speech-Language Pathology in 2000, got her master degree of science in Linguistics in 2006, works with fluency disorders and is the scientific director of Brazilian Fluency Institute.

MY VIEW ON STUTTERING AS A PERSON WHO STUTTERS AND AS A SPEECH-LANGUAGE PATHOLOGIST

Growing up with stuttering has definitively changed my life. As a child I collected several information about stuttering: 1) I learned stuttering could run in families, because there were three people who stuttered in my own family; 2) I learned stuttering was not easily controlled no matter how hard I tried; 3) I learned there were waxing and waning periods which seemed relatively independent of my will; 4) I developed several tricks for disguising and hiding my stuttering; 5) I believed stuttering was entirely psychological, because my fluency got worse when I talked with some people or in some situations; 6) I learned there could be a great silence around stuttering; 7) I did not know there was any kind of treatment for stuttering. Although I got these information, I did not understand why these things happened. Therefore when I was 15 years old, I decided to be a speech-language pathologist. I intended to understand the world I was living in. My personal experience with stuttering provided a good background to organize the scientific theory I had contact in my years of college and graduate school; because of my personal experience, scientific information quickly made sense. Then I have learned: 1) stuttering may run in families because of a possible hereditary factor; 2) stuttering is not so easily controlled because it is involuntary; 3) waxing and waning periods are intrinsic to the disorder; 4) the tricks I had developed by myself are common to virtually all people who stutter and, despite the tricks can achieve some degree of success in some occasions, they do not bring well-being; 5a) speech fluency is the result of brain processing and stuttering may be the result of inadequate functioning of some brain regions; 5b) emotions also result from brain processing and emotional disorders are not the cause of stuttering, but they can really make stuttering worse and they may be one of the consequences of several years of unpleasant living with stuttering; 6) the great unfamiliarity regarding to stuttering is generalized and, therefore, parents use the common sense knowledge they have to try to eliminate stuttering from their child; 7) there are several treatments for stuttering with different degrees of scientific precision (speech therapy, psychological therapy, pharmacological therapy and so on). Theoretical and practical learning from being a speech-language pathologist has explained some topics I really wanted to know but also has provided another background to reinterpret a lot of my previous experiences with stuttering.

Professor Mark Onslow is the foundation Director of the Australian Stuttering Research Centre at The University of Sydney. He is also a Principal Research Fellow of the National Health and Medical Research Council of Australia. He leads a team of researchers who recently were awarded a multi million dollar grant from the Australian government for stuttering treatment research. He is a member of the international Lidcombe Program Trainers Consortium, and is in constant demand as a speaker internationally. Professor Onslow has authored more than 200 publications dealing with stuttering, including journal articles, books and chapters.

SECURING A PLACE IN SOCIETY FOR THOSE WHO STUTTER: A TALE OF TWO COHORTS

Verbal language enables everyday interactions with others, around which social and occupational networks are established, developed, and sustained. Verbal language development begins in the first years of life and is inseparable from the development of the person. It is not surprising, then, that chronic stuttering may present challenges in establishing a place in society. Among the best known of those potential challenges are attaining appropriate occupational status, avoiding speech-related social anxiety, and obtaining functional verbal language. This presentation is a researcher's personal view about how well

science has assisted those who stutter to deal with such challenges. In scientific research, a cohort is a group of people who participate in research, but a group with particular characteristics. The characteristics of the cohorts of interest here are, simply, that one is very young and the other is not very young. In this personal view, what science has done for these two cohorts is a different, and interesting, story.

A DICHOTOMY

As a child, I underwent many years of speech therapy with different Therapists but nothing seemed to help my stutter. During my formative years, I was in a constant state of internal conflict and only at the age of seventeen, with the help of intensive therapy, did I begin to accept that stuttering was an integral part of my life. For the first time in my life, I came to the realization that my stutter did not have to be the major, negative overpowering central force that had ruled me for so many years. This new outlook was one of 'the' turning-points in my life.

In a matter of one year, my life long goal irrevocably changed. At the age of 16, my dream was to become a Secretary and answer the telephone fluently. However, once I had attained a level of acceptance that I was a Person Who Stutters, I was able to manage my speech more effectively and career options which I never thought possible became achievable. My new-found ambition was to become a Speech Therapist and 'give back' some of the invaluable advice and guidance that were given to me over so many years.

At the age of 19, I completed a four year Honours Degree in Speech Therapy and Audiology at the University of Witwatersrand in South Africa. The following year I was appointed to South Rand Hospital where I re-established the Department of Speech Therapy and Audiology and simultaneously completed a two year Masters Degree part-time. Due to the success achieved, I was promoted to Head of Department and subsequently expanded the Department by employing two Junior Therapists. I also set up the Speakeasy Self Help Group For People Who Stutter which was disbanded two years previously due to poor attendance. Over the last several years, I have attended and / or spoken at numerous national and international conferences.

This keynote address will outline my life-journey thusfar, my experiences, the lessons learnt and some of the insights I have gained. I will also address one of the challenges that continuously confront me, that is, the dichotomy of being a Person Who Stutters whilst simultaneously being a Speech Therapist whose special interest is in aiding People Who Stutter.

Abstracts

A

SCHOOL-AGE CHILDREN WHO STUTTER: COPING WITH ATTITUDES AND EMOTIONS... MADE SIMPLE! Joseph Agius

Although my stuttering was not cured during my school years, the school clinicians did accomplish several important things. They provided a place where I could come and talk, where no one would laugh at me or scorn me, where I felt free to communicate even if I did stutter. What a great feeling that was! (Dell, 2000:9)

Research has shown that children who stutter view speaking more negatively and experience more negative speech-related emotions than do non-stuttering peers (De Nil & Brutton, 1991). However, practical strategies for helping children who stutter change their feelings and beliefs about stuttering are limited.

We need strategies to use in treatment that would help us help children make changes. We need tools to assist the child in finding a balance between modifying speech and developing and maintaining healthier attitudes and feelings.

Teaching of thinking as a skill using Prof. Edward de Bono's "Direct Attention Thinking Tools" are used to help children "problem solve" and broaden perception to develop and maintain positive attitudes toward themselves and communication.

The purpose of this workshop is to explore shifts in the feelings, attitudes and frequency of dysfluency in school-age children who stutter following a thinking skills programme.

DEALING WITH WHAT'S BELOW THE SURFACE OF THE STAMMERING ICEBERG Tanveer R. Ali

The Workshop is about how I am trying to deal with my stammering iceberg mainly what's below the surface. It is about how changing my perspective towards my own stammer is helping me gain control of my stammer, not only dealing with my speech but my attitude towards my own speech.

When I was younger I have always wanted only one thing – to be fluent. I believed that if I am fluent, I can do anything I want in life and everything – success, happiness depended on me being fluent and when finally confronted by the fact that I may never be fluent again, I realised that I had looked at myself and my stammer through a wrong perspective and I started changing my beliefs.

The workshop will include a

Brief introduction to the Stammering Iceberg, explaining about its origin and importance

Working on the different areas of the hidden part of the iceberg – fear, shame, embarrassment, hopelessness, anxiety, isolation and denial.

Interactive discussion on how we react to situations and how changing our reactions can help us have more control of our stammer and lives. Considering life as a choice, rather than things happening to us. We are constantly making choices – taking this as a powerful context which enables us to take action rather than waiting for things to happen to change our life.

Different approaches to reduce fear and embarrassment for e.g. desensitisation using voluntary stammering, tackling word substitution, situation avoidance etc.

Positive affirmations, including an exercise called "Anchoring" where participants would be asked to concentrate and think of a very positive and empowering moment of their lives and practise connecting that moment to a physical action (for example: clenching of the fist) so that an empowering state can be realised during a disempowering situation by doing that practiced physical action.

Interactive Sharing experiences

Ways to expanding comfort zone and how it benefits us. How contributing to the PWS community can also help us in expanding our comfort zone (including talking about my personal experiences of what I got by getting involved with other PWS and PWS events).

WASSP: WRIGHT & AYRE STUTTERING SELF-RATING PROFILE

Anne Ayre & Louise Wright

WASSP, the Wright and Ayre Stuttering Self-Rating Profile (2000), provides a framework for recording how a person who stutters perceives their stuttering. It has been described as “one of the most notable recent additions to the list of instruments designed to assess various aspects of the stuttering disorder” (Yaruss and Quesal, 2006). It is very quick and easy to use and addresses both overt and covert aspects of stuttering. The summary is presented in the form of a visual profile. It is designed to measure change as a result of stuttering therapy but has also been found to be an invaluable tool for planning therapy.

WASSP consists of five reliable sub-scales:

Behaviours: Frequency of stutter, physical struggle during stutters, duration of stutters, uncontrollable stutters, urgency/fast speech rate, associated facial/body movements, general level of physical tension and, loss of eye contact.

Thoughts: Negative thoughts before during and after speaking.

Feelings about stuttering: Frustration, embarrassment, fear, anger and helplessness.

Avoidance: Of words, situations, of talking about stuttering with others and of admitting the problem to yourself.

Disadvantage: At home, socially, educationally and at work.

WASSP (2000) has been used internationally for assessment, planning therapy and outcome measurement. In 2006 a review of the clinical use of WASSP was carried out and this confirmed that WASSP is a useful tool whatever the severity of the stutter and irrespective of whether or not a person’s stutter is overt or covert.

Louise Wright and Anne Ayre are currently making further developments to WASSP and are interested to include the views of people who stutter. This workshop will allow people to look at completed WASSP profiles, and to explore ways in which they feel it may be useful for themselves or their clients. New ways of working with WASSP, which were identified through the review, will be shared. The Stuttering Information Centre of Denmark has recently published their translation of WASSP and we can describe and discuss their experience and the process of translation. A new version of WASSP to use with adolescents is being developed, and there will be the opportunity to share ideas and discuss this work in progress.

B

TESTIMONY OF MY LIFE AS A STUTTERER AND WORKING FOR A POSITIVE SUCCESS

Jonas Berinyuy

I am Jonas Berinyuy, a college teacher at The All Saints Bilingual College Bonaberi, Douala. I am a stutterer and have stuttered since I started to speak to present. I am a member of the SPEAK CLEAR ASSOCIATION OF CAMEROON (SCAC) and occupy the post of the School Liaison Officer (SLO) and General Secretary of the Association. I am also a sponsored member of the INTERNATIONAL FLUENCY ASSOCIATION (IFA). I am a regular contributor and presenter in the ISAD online conference. I was also one of the organisers of the first ever African conference held in Douala – Cameroon and managed the area of the conference Secretariat.

I will be very pleased to be honoured for the first time as one of the conference presenters for the 2007 World Congress of PWS. I would like to present my testimony as a prodigal stutterer and experiences in my 25 years of stuttering without any intervention. What I did to help myself and what I am doing now to prevent what had happened to me as a child from happening to other children and that are living with a stuttering disorder in Cameroon. A disposition of cohesive forces for stuttering awareness and for the rights of stutterers in Cameroon.

I now suffer the consequences of the difficulties I faced back in school. I could not be what I am today, its so sorrowful. I am 35 years old today and think it’s not late for me to put things right in the other half of my life. I have taken a positive step to build up a defense for PWS, especially school children in my country by creating stuttering clubs and support groups to converge stutterers represent their interest and to contend that the needs and challenges they face are considered in the state context.

HOW PEOPLE WHO STUTTER CAN INFLUENCE SPEECH PATHOLOGISTS AND THEIR TREATMENT: A MODEL

Susan Block

Stuttering can be a difficult problem to live with. It can have devastating effects on an individual and it can

significantly influence the path the person who stutters chooses in life. Treatment is often difficult to obtain, it is often expensive and success can vary. There are several things that people who stutter can do to improve this situation.

It is essential that those people being educated to work with people who stutter have a clear understanding of what stuttering is, how it can be treated and most importantly, how it can impact upon the person who is stuttering.

The School of Human Communication Sciences at La Trobe University in Melbourne, Australia has developed a model which provides a variety of experiences for the student speech pathologists learning about stuttering. It also provides several unique opportunities for those who stutter. Through the interactions between the students and the people who stutter, a variety of treatment options and experiences have been undertaken and developed. From the students' perspectives, these experiences have led to increased understanding of stuttering, an enjoyment of working with people who stutter, and experience learning and delivering variety of treatment programs. From the perspective of the people who stutter, they have been able to influence the knowledge and understanding of the students, they have been able to undertake a variety of treatment programs and they have had numerous speaking opportunities. Additionally, several well-developed education programs have been produced and some collaborative projects between students and the Australian Speak Easy Association have eventuated.

This presentation will present the model which outlines the type of interactions between the students and those who stutter. It will present the outcomes as well. Discussion will also focus on how the model might be adapted in various locations around the world to enhance the well-being (and fluency) of those who stutter.

MAKING A CHANGE – THE POWER OF SELF-HELP

Anita S. Blom

Anita S. Blom is born and raised in the Netherlands, but now living in Sweden. At the age of 27 she found out she was not alone with her stuttering and from that moment on she got involved in the self help movement, bringing stuttering out in the open and on the political agenda, with a special focus on young people who stutter. She is a member of board on the local chapter, the chair person of the national stuttering association, SSR, the vice chair of the European League of Stuttering Associations, ELSA, a member of the advisory committee of the International Stuttering Association, ISA, as well as a member of the local disability committee. She also works two jobs, as a secretary for their own company and at a school for adults, with IT and teaching and she has a husband and a daughter.

Abstract

This presentation is about a walk of life. From being an outgoing little child, through being a silent teenager with no hopes for tomorrow, into a woman with a voice, stronger than ever.

This presentation is about the power of being together. From being all alone in a world that lacks understanding, through doors being opened to carefully peek through, into a world full of people.

This presentation is about making changes. From being all alone in that therapy room, through support from all over the world, into giving support to others.

This presentation is about having a voice. From talkative pre-school children, through self-confident teenagers, into successful adults.

This presentation is about stuttering being so much more than a speech problem. Therapy is so much more than speech training. Research is so much more than finding a cure. To solve this puzzle we need to bring together all involved. People who stutter, therapists and researchers. Through the internet, in self help groups and at congresses like these and find the friendship, respect, information and experiences among each other.

This presentation is about chat groups, youth meetings and children camps. About children learning from their class mates, teachers learning from their students, parents learning from other people who stutter. About working together to create the perfect situation for all to feel good and to get answers to all those questions. It's also about raising our voices together, PWS, as well as therapists and researchers. Children and teenagers, as well as adults of all ages, to make people listen, those close to us as well as our governments. Work together to get more help, money and understanding. For children to love to go to school. For teenagers to make that presentation. For adults to go for that dream job. To help each other to deal with stuttering, stand up for who you are and pass it on to others and make our own place in society instead of waiting for others to make it happen. Because if we don't join hands and make this work, nobody else will.

Self help is not just about PWS gathering once a month. Self help is all of us together, making a change in our situation as well as in society. And it all starts where people meet. Here, at this congress.

MY PAST, MY PRESENT AND THE FUTURE**Keith Boss**

I intend to break the workshop into three parts; my past; my present; the future, plus a general discussion period.

I will cover briefly my experiences of being a PWS; my insecurities; my Jekyll and Hyde mindsets. On one hand I avoided, and melted into the background so that I was not seen or engaged in conversation and on the other hand, in the role of a parent wanting the best for his children at school, or in the role of a husband looking after his wife, I went outside my comfortable life and did things which amazed me. An example of this was to be a school governor in both the primary and secondary schools whilst my children were at the schools. I will talk about my investigations on the Internet earlier this year about Stammering / Stuttering. I will talk about the things that resonated in my mind as being very relevant to my Stammering and the way I thought and acted in my life; the tools which I selected to help me to speak more fluently more of the time and the alterations I made in my mental thinking to help me to establish permanency to the increasing fluency. To achieve permanency, I will talk about my own melting Stammering iceberg. There will be interactive discussion on voice projection and comfort zones.

The present will be about the BSA (British Stammering Association); the ISA (International Stuttering Association); and the role I am undertaking in the BSA and ISA Outreach Indian project. This will cover the new Indian website, www.indiastammering.com and the new Yahoo self-help group, stuttering self help, which in addition to helping with the Indian project will also help with the other ISA outreach projects in different parts of the world. There will be interactive discussions on what is wanted from National and International Associations and how to “connect” with more PWS who are reluctant to socialize or talk, even with other PWS.

I then want to talk about my views of self-help groups. The advantage of self-help groups when they are used in support of professional therapy and also the advantage of them in countries where access to professional therapy is difficult for whatever reason. I will cover some of the issues to be considered when setting up an effective self-help group as well as offering some of my thoughts on the kind of activities which I think would help to make the self-help group useful and beneficial to PWS and to train the SLTs / SLPs. There will be interactive discussion on the ways and means of trying to attract more covert PWS to become overt and join or start new groups.

The general discussion will begin with a reading of Alan Badmington’s poem “Changing the words around” (Alan has given his permission) and allow time for any questions on the workshop or for general discussion.

SUCCESS OF THE SPEECH THERAPY: SUBJECTIVE ASSESSMENTS, FEELINGS AND ATTITUDE TOWARD SPEECH BY THE PEOPLE WHO STUTTER**Martina Burazer & Dubravka Prpić**

The goal of the adolescent and adult stuttering treatment is controlled fluency or acceptable stuttering. Besides core behaviors those people also react in secondary behaviors that influences attention of the listeners. Regarding to their long term stuttering experience filled with pressure and anxiety intensive vegetative reactions often occur before, during and after the speech. Self-concept is based on this reactions. Therapy should decrease speech fears to the minimum and help developing positive attitudes regarding their speech.

Our goal was to determine how the persons previously involved in speech therapy help themselves in everyday speech and to what extent they use learned techniques. We compared them to persons that stutter but never been involved in speech therapy. Both groups self-estimated their speech. We have also compared their attitude toward speech and how much the stuttering influence their self-esteem, education and choice of occupation.

The questionnaire was given to the two groups of examinees. The first group was formed of persons who stutter and have been or still are in speech therapy, and the second one of stutters who have never been included in speech therapy.

Based on given data we stress the necessity for renewal of speech-techniques that have been forgotten and also for the additional education of the therapists due to inappropriate treatment.

It is very significant that most of the people who stutter never went through speech therapy because it was not established in this region, and moreover they consider themselves too old to start now. The analysis of given data shows that both groups are insufficiently informed about stuttering, therapy, literature and activities of Croatian Association for People Who Stutter “Hinko Freund”. Everything noted points to the lack of public informing and the need for more frequent presence of this subject in the media.

CONFIDENCE TIPS FOR STAMMERERS

Jaik Campbell

An exploration into improving the self-confidence needed to help improve speech for stammerers, based on the principles Jaik has used to overcome his own stammer by doing 6 years of stand-up comedy. Jaik aims to encourage other stammerers to be more positive and to improve their self-confidence and self-esteem, using a sense of humour and increased awareness and appreciation of their surroundings. How to overcome self-consciousness and being less worried about listener reactions will be other key themes. Finding the humour in one's own impediment will also be explored.

FACILITATING TREATMENT OF STUTTERING IN CHILDREN AND ADOLESCENTS

Hermann Christmann

Treatment of stuttering in children in Denmark is carried out in municipally based small treatment sites within the school administrations, working with all kinds of speech and language impediments; none of the SLPs are working exclusively with stuttering.

As reported by Christmann (2001, 2003, 2004a, 2004b), Humphreys (2002a, 2002b), and Humphreys, Hayhow, and Roulstone (2003), systems with such characteristics – irrespective of being affiliated to a local or a nationwide organization – tend to have serious flaws such as: Non-sufficient basic training of therapists; A decentralized treatment system that tends to result in a non-sufficient on-the-job training; Problems recruiting specialists; No amassing, but rather a decrease of skills as compared to more centralized and bigger treatment sites; Sites are vulnerable to loss of knowledge and skills when qualified staff members are leaving for other jobs or going into retirement; The services rendered depend mainly on enthusiastic individuals, hence “system-embedded” rendered service is virtually non-existing resulting in a volatile service. We certainly cannot do without enthusiastic individuals among SLPs, but they need systematical support and incentives from their managers and workplaces, their services thus being embedded in the system.

This paper reports the immediate results of the project with the aim of developing models for small treatment sites to render a standing and consistent service of adequate quality to children who stutter. An important aspect of this project working with the interaction of organizational, managerial, and educational components is getting SLPs becoming familiar working with organizational matters thus getting the services explicitly embedded within the organization.

EMERGING SELF HELP MOVEMENTS IN EQUATORIAL GUINEA

Adeline Chuyume

I am the founder and Chair Lady of the only support organisation helping people who stutter in Equatorial Guinea – “Associaion Abla – Alto” (ASA). Equatorial Guinea is completely a virgin area in the field of speech therapy. Equatorial Guinea is a small country located between Cameroon and Gabon with a population of about 540 000 inhabitants. It is an area where about 5 300 people stammer their whole lives. There are no specialists here and my hopes are that in the next decade we too will boast of a good number of speech therapists in my country.

I am a teacher and a counselor. I have committed my life to teaching not only children but also adults because the work of counselling has no boundaries. I have been and still am aware of my own stuttering most of the time and I think I am an expert in stuttering, especially my own. I am always aware of other people's stuttering when I compare it to my own, especially in my early age – I think with much compassion about people who are hindered by stuttering.

The formation of the “Association Alba – Alto” is an outset for stuttering awareness in Equatorial Guinea. Our Priority is to use ASA as a canopy to spread stuttering awareness in the whole country. Also set up a project on stuttering information and documentation centre where members and public can shop information on stutter. This is a tool we are considering much in the enhancement of the ground work on stuttering.

My paper is going to talk a lot about my journey to the world of stuttering, formation of the support group named ASA, as well as objectives and experiences in a difficult beginning.

HOW TO HELP CHILDREN WHO STUTTER IN ELEMENTARY SCHOOLS: THE SCHOOLS PROJECT OF ACB

Moussa Dao

One of the main objectives of our Association is to develop means to help children who stutter (CWS). Through our own experiences and testimonies, we know that the situation of CWS is difficult in general and particularly in schools. Many of them are forced to drop out of schools and others are deeply and negatively marked by their

school year. Adults and adolescents get help in our self-help group. But what could be done for children? In our country (Burkina Faso, west Africa) there are no speech language pathologists. When parents come to our Association, we advise them and give them parent brochures. But as the situation in schools are particular, we had to reach directly children in schools. During the World Congress in Perth we received a CD-ROM developed by ISA. It appears to be a wonderful resource that might help.

Since 2004, ACB has developed a project for children support at schools. The aim of this project is to sensitize teachers and parents about how to treat children who stutter. Once teachers identify children who stutter, we meet them in order to reinforce their self-esteem and response to their preoccupations. This project will take several years to cover all the elementary schools of Ouagadougou. Started in a difficult situation without any support, year after year this project became our pride. Several partners support us in allowing children who stutter to have a normal school life. Through this project they estimate that the theme of stuttering is worthy.

So, how did our project start?

What do we do during meetings?

What is the impact of our action?

INTERNATIONAL SPEECH PROJECT: FIRST MISSION IN TOGO

Moussa Dao

ISP is a project developed by ISA in order to launch the concept of a self-help group in developing countries and to contribute to setting up speech services in those countries. It was launched in October 2004 in Douala, Cameroon during the first African conference on stuttering. From May 25th to June 1st 2006, Anne Marie SIMON, a Speech language pathologist (France) and Dr Moussa DAO (Burkina Faso), an advisory board member of ISA, conducted the first mission of ISP in Lomé. Lomé is the capital of a west African country called TOGO. The objective of this mission was to sensitise population, to launch the concept of self-help groups and to help people who stutter in Togo to set up their association.

The mission was successful.

This mission involved the collaboration with Handicap International. It reveals the benefit for such mission is to when a speech language pathologist and a person who stutters work together. How was this mission conducted? What have we accomplished? What are the impacts of our actions? Will our presentation provide answers to the above questions?

RELATIONSHIP BETWEEN STUTTERING SEVERITY OF CHILDREN WHO STUTTER AND THEIR MOTHER SPEAKING RATE

Ali Dehqan

Abstract

Stuttering is a complex disease that influence on occupational, social, academic and emotional achievements. In the present research effects of maternal speaking rate on speaking rate of five up to twelve years old children and their subsequent stuttering severity were investigated. Thirty five paired children who stutter (CWS) and their mothers were participated in this study. The entire mother-child interaction during a structured experimental condition was recorded. The speaking rate of mother and CWS were calculated on syllable per minutes (syl/m). Also, the stuttering severity was measured based on Stuttering Severity Instrument. The research results outlined a significant relationship between the mother speaking rate and stuttering severity in children ($p < 0.01$). Also there was a significant relationship between mother and child speaking rates ($p < 0.01$) and mean speaking rate of children and their stuttering severity ($p < 0.01$). The results suggest that speech rate of CWS mothers and children are an important indicator of fluency levels and should be incorporated in the assessment and treatment of stuttering. This study represents a first attempt to identify the possible subtypes of developmental stuttering.

PRACTICAL EXERCISES IN POSITIVE THINKING

Harry Dhillon

This talk will focus on the way we think. In particular it will look at how we often resort to negative thinking with regards to events in our lives, without even being aware that we are doing so.

This thinking quite often becomes a habit and it generates unnecessary stress. We can learn to recognise and reduce this type of thinking and reap the benefits from doing so.

In further detail, the talk will focus on:

- Explaining the relationship between the way we feel, the thoughts we have and the words that we use. How changing any one can have an impact on the other two.

- Thought Awareness. Explaining how and why we should become aware of the thoughts we are having.
- Identifying 10 different types of distorted thinking. Listing and giving examples of these. This is one of the key areas of the talk.
- Showing practical ways to replace these distorted thoughts with more objective and positive thoughts.
- Explaining how a lot of the “problems” we all have are not really problems at all, but just examples of our negative thinking.

The audience will be provided handouts summarising the main ideas of the discussion, and they would be involved throughout in the communication. They would be asked to provide real-life examples of situations that have caused them stress, or made them feel unhappy. Then using the techniques learnt earlier, their thoughts towards the event would be analysed with the intention of showing how to change their perception of it.

The aim of this workshop is to leave the listeners with some practical and useful mental tools to take away with them. Tools which they can start using from the very moment they leave the workshop.

THE LIDCOMBE PROGRAM, A PARENTS’ PERSPECTIVE

Peter Dhu

A lot has been said about the Lidcombe Program at previous conventions, both IFA and ISA. People have asked: “How will it affect the child?”, “What is the role of the parent?”, “Surely it can’t be good to draw attention to a child’s stutter?”

Peter Dhu’s son Brendon started stuttering at age three. Peter himself is a person who stutters, comes from a family where his father stutters and his brother stutters and when his son was going down the same path it was his worst nightmare. Fortunately a newly graduated speech pathologist knew of the Lidcombe Program, which had just started and referred Brendon to a centre specialising in it.

Learn from Peter’s first hand experiences of the Lidcombe Program from a parents’ perspective. He will share with you the highs and the lows and the success that now sees Brendon as a fluent young adult with no recollection of ever stuttering or his treatment.

THERAPEUTIC SPEECH MASSAGE FOR STUTTERERS

Elena Diakova

THERAPEUTIC SPEECH MASSAGE (TSM) is a method of active mechanical action which changes the condition of the muscles, nerves, blood vessels and tissues of the peripheral speech apparatus. This method is a speech therapy technique, which may contribute to normalization of articulation, voice characteristics, speech breathing, as well as the emotional state of those with speech disturbances.

TSM can be an important component in a program for the rehabilitation of children, adolescents and adults. This massage is used in speech-therapy work with those having dysarthria, cleft palate, voice disturbances, as well as stuttering.

In general, TSM may be used in all cases in which anomalies of muscles tone are present. TSM-is only one part of a complex system of special help for patients with speech disturbances. Often, TSM is a necessary condition in a successful speech-therapeutic action intervention. But it is important to remember that TSM will normally be used in conjunction with other forms of speech therapy, including for example, exercises for articulation, the training of speech breathing, and voice therapy.

THE SPECIFICS OF VOICE OF A STUTTERING PERSON

N. Dobrota Davidović, M. Lazić Petrović, Darinka Šoster & N. Jovanović Simić

Stuttering is a multidimensional problem as much in diagnostics as in therapy. In our country, high technology in diagnostics and therapy weren’t used enough so far. By applying new technologies, path to remediation becomes shorter and more sure then ever.

The goal of this work was to present some specifics of voices of stuttering adolescents in diagnostic procedure. During our research we used laboratory for voice’s analysis, Kay Elemetrics Corp. Model 4337.

The results indicate that stuttering persons have some specifics in their voices. We can conclude from this research that it is necessary to use highly sophisticated methods and procedures in order to make well oriented and much more effective therapeutic program than so far.

G

STUTTERING AND CONCEPTUAL INTEGRATION

Ana Flavia Lopes Magela Gerhardt

I'd like to present a discussion about my life as a PWS and at the same time a person who investigates the always rich relationship between language and cognition – a special way in which I can see a kind of an intersection between these two worlds, where it's possible to think about stutter through a social-cognitive perspective, according to which the majority of the cognitive and mental processes, including language, take place and are structured through interaction, and the self-recognition of a person demands a gestalt and organic perception of the space around e what is included in it.

Specifically, I talk about the idea of conceptual integration (also known as conceptual blending), developed in the work of Gilles Fauconnier and Mark Turner, who propose a relationship between elements of (perhaps different) two domains from a generic space with aspects common to them, in order to form a fourth space, called blend space. It is important to say that conceptual integration is present in every meaning construction, also in the meanings that emerge in interaction – included here are the images of the speaker and the hearer. For the studying of stutter as a social-cognitive phenomenon, together with its consideration as a genetic, neuro-physiologic, psychoanalytic etc. condition, the use of a representational-descriptive model such as conceptual integration allows us to observe and analyze stutter in terms of cognitive science, as well to understand how exactly we can talk about the projection (or mapping) of personal images that the common sense considers when we interact, and, specially, when we stutter.

The conceptual integration model is a powerful way to demonstrate the event of stutter in real time, say, show the event as it unfolds, with its participants and its manifestations in the moment they occur, and this way revealing stutter as a meaningful phenomenon, because it is part of the integration of concepts that subsumes interactional negotiation, it can be found among its components, and it takes part of the result of the process. As a meaningful condition, stutter signals particularly to each PWS, and it is his/her concern (better with professional support) to learn about his/her own signs, to be literate in his/her own language.

For me, especially, this speech is both a way of dealing with my stutter I'd like to pass on to others and a report on the research I do about stutter and cognition; in this sense, this discussion becomes important because it has allowed me self-awareness about how I can delineate my ways of relationship, and what things are involved in my particular stutter events.

STUTTERING AND RHYTHMIC ORGANIZATION

Helena Maria de Jesus Germano

When we speak about stuttering, the focus is usually on specific stuttering behaviours. Therefore it hides the person in itself, making it difficult to recognize the perception of other aspects of his/her own organization and existence.

Fluency is directly linked to the temporal dimension of speech. Rhythm is one of its components deeply connected with relationships and affects. The understanding of the rhythmic organization (the interrelations of corporal, biological and relationship rhythms) becomes a fundamental aspect when we look at stuttering, as speech is part of our life that includes that organization.

We think that stuttering is a symptomatic manifestation of the disorder of rhythmic organization that stands out from other symptoms as it is the most handicapping condition for people in their relation with the world.

Therefore to consider the question of inclusion – building a place for oneself in the world, first we have to help the person to create a place for himself/herself in themselves, giving back his/her body, feelings, subjectivity, being in himself and in the world.

PUBLICLY FUNDED TREATMENT SOLUTIONS FOR PRESCHOOLERS WHO STUTTER IN YORK REGION, CANADA

Marlene Green

Marlene currently works as a Speech-Language Pathologist for the York Region Preschool Speech and Language Program, Ontario, Canada as well as in private practice. She attended the Workshop for Specialists in Stuttering Therapy in 1992, and has continued to pursue her passion in this field. She has always had an active interest in self-help for people who stutter, and was involved in organizing the 4th World Congress for People Who Stutter in 1998, when she still lived in South Africa. She sat on the board of directors of the International Stuttering Association from 1998-2001 and is currently on the advisory board. She is also a board member of the Speech Foundation of Ontario.

Abstract

In Ontario, Canada, the government funds a province-wide initiative to identify communication disorders and provide intervention for children up until their entry into senior kindergarten at around 5 years old. One of these programs is the York Region Preschool Speech and Language Program (YRPSLP), which is staffed by Speech-Language Pathologists and Communication Disorders Assistants. Annually, YRPSLP receives upwards of 100 referrals of preschoolers who stutter. Within our limited public budget, creative solutions were developed for handling this large caseload in order to provide best-practice intervention as quickly as possible after referral. The focus of this paper is the protocol developed by the YRPSLP to handle all stuttering referrals. Underpinning the protocol is the philosophy of the demands/capacities model of stuttering, with a major focus on the role of parents as intervention partners.

One of the hallmarks of this process is our 4 session group Parent Fluency Workshop, where the needs of the parents, as well as those of the child, are dealt with sensitively and supportively to enable families to cope with the challenges facing them. The Parent Fluency Workshop provides an opportunity for parents, in a group format, to access good information about stuttering and to learn strategies to manage their child's stuttering, while benefiting from the support of their peers. During this process there are also two individual family consultations, where parents are videotaped practicing strategies with their child.

Therapy alternatives after the Parent Fluency Workshop are also described, as well as the process of helping these children make the transition to kindergarten and a different system of intervention.

The impact of parents' stories of their experiences as they try to help their children master communication is invaluable in helping other parents, as well as the clinicians treating them. To illustrate this presentation, I will draw on the stories of several families who have shared their experiences before, during and after the Parent Fluency Workshop.

HEAR ME, LOOK AT ME... I'M TALKING TO YOU

Mirjana Herold, Maja Managić Gulin & Irena Zovko

Say it already, bring it out, come on say it... hurry up... These are just few sentences that stuttering persons face with every day. Persons that talk to people that have stuttering problems sometimes are not aware how those statements can affect speech ability of person with stuttering problem.

Main aim of this poster is to educate general public about persons with stuttering problem. What persons with stuttering problem are expecting from person they are talking to? Which reactions of interlocutor have disturbing and obstructive effect, and which are helping them and making their everyday communication easier?

Statement gathering is done through questionnaire. Questionnaire is filled-in by people with stuttering diagnosis which are currently included in speech therapy in polyclinic SUVAG. Questionnaire is going to be filled-up by 50 people. With questionnaire analysis we would get information on which reactions of interlocutor make an impact on stuttering person, what those people are feeling, thinking and expecting while talking to person with stuttering problem.

As well, intention of poster is to gather as many statements as possible from congress participants from all over the world (from people with stuttering problem, those who had it and those who are speaking fluently).

As speech therapist in our polyclinic are trying to help persons that have stuttering problems and their families and schools to accept and understand them better, with this results we could advance this kind of help.

Main words: stuttering, attitudes, statements, reactions, environment.

LIBERATED BY SELF HELP FOR PEOPLE WHO STUTTER, PERSONAL STORY

Gadom Guy Honore

The presented will give an account of his life prior to 2002 when he read an article in L'EFFORT CAMEROUNAISE' a local newspaper in Cameroon that talked of a structure grouping people who stutter in Douala, the economic capital of Cameroon. He will talk of changes that he has recorded in his life as a result of his involving in local self help and how in 2005 he had a remarkable change in his life as a result of his attending an african stuttering conference in Cameroon.

The presentation will end with an exchange of ideas with other people who stutter on what changes they have got in their lives as a result of joining self help groups for people who stutter.



DEMONSTRATION SELF-HELP GROUP MEETING HOW SELF –HELP GROUPS CAN ASSIST PERSONAL DEVELOPMENT AND INTERPERSONAL COMMUNICATION

Mark Irwin

This workshop will give participants an opportunity to learn, develop and practice skills for personal development and interpersonal communication. The techniques and exercises are those the presenter has acquired after 12 years involvement in the self-help movement and over 30 years as a student of psychology, anthropology, philosophy and religious studies. The workshop will function as a demonstration self-help group meeting in which all attendees are invited to participate.

SPEECH THERAPY FOR PEOPLE WHO STUTTER IN LITHUANIA: THE RESULTS OF A SPEECH-LANGUAGE PATHOLOGISTS' SURVEY

Regina Ivoskuvienė & Vilma Makauskienė

Authors presents the results of a survey of speech therapists in Lithuania. The study involved a two-page questionnaire that was distributed to speech language pathologists in different cities in Lithuania. 253 questionnaires were completed properly. Presentation provides demographic data about the participating specialists, analyses forms of in-service training, examines the most frequently applied stuttering therapy methods and assesses their effectiveness. The most common stuttering therapy programs and an analysis of the types of sessions used with people who stutters are represented as well. The study reveals the nature of stuttering interventions in Lithuania and the practice of integrating both fluency shaping and stuttering modification approaches. The dimensionality of Lithuania's speech language pathologists' therapeutic approaches is disclosed by employing the explorative method of multidimensional scaling. The results demonstrate a theoretical model of stuttering intervention which involves fluency shaping and stuttering modification therapies. This survey of Lithuania's specialists shows that professionals in this European Union member country (a former Soviet Union state) concentrate mainly on fluency shaping when working with people who stutter, while the employment of social participation skills is not a prominent field of discussion. A therapy approach to "real life", with wider use of social participation based therapy methods, should become a priority in helping people who stutter.

Educational objectives: The reader will learn: (1) the relation between two stuttering therapy approaches in Lithuania, as a former Soviet state and as an EU country today; (2) the correlation between SLP's demographic data and stuttering therapy methods; (3) the multidimensionality of stuttering intervention.

INFLUENCE OF HEREDITY ON STUTTERING IN CYPRIOT PRIMARY SCHOOL CHILDREN

Nadica Jovanović & A. Andreou Stelios

As we know until today most of the research shows that heredity clearly plays a basic role in many cases of stuttering. The view that heredity plays an important role in the appearance of stuttering is supported by many scientists in Europe and USA. Also, the literature contains an abundance of reports of large proportions of stutters giving a history of stuttering in the family background. We know that role of heredity is quite complex and it is not known today how genetic factors might act. Even though these difficulties are known we'd still like to further examine whether they are relevant to primary school children who stutter in Cyprus.

Our research was conducted on children in fifteen Cypriot primary schools, in Nicosia, Limasol and Paphos. The total number of children who took part in our research was 38 children who suffered from stuttering, and 38 children who represented the control group.

We found out that 18 (14 were boys and 4 were girls) of 38 children had one or more relatives who suffered from stuttering. This data means that 47,36% of the children who took part in our research had close relatives with speech disorder and the possible cause of the creation of their disorder was the hereditary factor. This great percentage is surely a significant finding because all the other known factors for stuttering which we found during our research in these children such as speech delay, brain injury, family problems and serious fears represent only 21% of the sufferers. The percentage 31,57%, which is also large represents the children with unknown etiology for their stuttering. Of 38 non-stuttering children who took part in our research as a control group, 3 (8%) had 3 relatives who suffered from stuttering.

Of 18 children who had relatives with stuttering, 5 had parents (four fathers and one mother) who suffered or suffers with the same speech disorder. These 18 children had 27 relatives who suffered or suffer from stuttering. The 14 boys had 20 relatives with stuttering and the 4 girls had 7 relatives with the same disorders.

REHABILITATION OF STUTTERING IN KOSOVA

Luljeta Kabashi, Ardita Devolli & Afërdita Dragaj

The aim and the subject of this work are the presentation of the research and treatment of people who stutter in Kosova. Research and treatment of persons with verbal and non-verbal communication impairment started when the first special school started to work in Kosova, but the quality treatment of stuttering started in 1970 with the beginning of practice of the first Speech pathologist in Kosova – Emrush Bejtullahu.

Larger number of persons with the above mentioned impairment started to be taken for treatment in 1973 when the first Center for Rehabilitation of speech and hearing impairment pathology was opened within QKU in Prishtina and in Prizren.

All speech pathologists currently working in Kosova, which are educated abroad, offer their services within QKU, special schools, preschool institutions as well as private practice. They largely use most advanced methods for rehabilitation of persons with impairments in communication – stuttering. These methods comply with methods used in other various centers for rehabilitation of stuttering worldwide.

The percentage of people who stutter in Kosova is approximately the same with the percentage of the people who stutter in the world. This fact is illustrated with data collected in QKU, where during 2006 there were 207 general cases for treatment, among them 59 with stuttering.

In 1986, Association of Defectologists of Kosova published the first scientific monography titled: “Stuttering”, from the well known author from Kosova, Behlul Brestovci, whose researches are internationally recognized. This association published the scientific magazine “Acta Defectologica”. One of the works published and presented in the magazine was the work of Mr. Ilhami Kryeziu titled “How can I help the person who stutter”, who back in 1949 in Graz (Austria) calls it FREMDSPRACHENTHERAPIE, whereas in 1980, in Prishtina as professor in Faculty of Philosophy he reworked this theme and it is published as “Therapy of stuttering through foreign languages”.

In 1989 in Prizren-Kosova was held the Second Congress of Logopedists from ex Yugoslavia.

With the idea for actualization of the problem of stuttering, there were several published works related to stuttering from Ms. Ardita Devolli at Medical Magazine “Shëndeti”.

Based on the best practices in the field of Logopedy worldwide, in Kosova is recently founded the Association of Logopedists of Kosova, which accepted the codex of European Association with the main accent on:

Protection and realization of professional rights, exchange of knowledge, experiences, working methods, initiation and starting the studies of Logopedics in Kosova etc.

The association shall initiate and support establishment of Associations for Stuttering in Kosova.

PROPOSAL OF A NEW THEORETICAL MODEL FOR THE PATHOGENESIS AND THE TREATMENT OF STUTTERING

Efthymios Kakouros & Katerina Maniadaki

Stuttering is currently classified as a communication disorder in the DSM-IV and the treatment of choice is usually speech therapy. However, several features of psychological nature importantly differentiate stuttering from the other disorders included in this diagnostic category. Moreover, although several treatment approaches for stuttering have been proved effective, to a certain degree, relapse rates are so high that treatment outcomes can rarely be considered stable in the long term.

This paper aims to present a new theoretical model regarding the pathogenesis of stuttering with implications for its classification in the current diagnostic systems and its treatment as well. This model is based: a) on a synthesis of the clinical and research data currently available in the field of stuttering, b) on Bandura’s social learning theory regarding self-efficacy, c) on clinical and research data of other fields of psychopathology, like anxiety disorders, and d) on the authors’ long clinical experience in the diagnosis and treatment of stuttering.

The main idea of this model is that stuttering shares many important features with anxiety disorders and may better be perceived as a “disorder of perception” since it is based on the use of cognitive mechanisms that result in distorted interpretation of internal and environmental stimuli. It is supposed that the distorted belief of the stutterer that he/she can hardly achieve fluency seems to be the core problem. The development of this belief can be attributed to the interaction of a series of constitutional (e.g. phonological difficulties, temperament characteristics, etc.) and environmental factors (e.g. demanding environment). Due to these factors, the person focus simultaneously on the fluency and content of speech, which causes interference in the automatization of the patterning of speech, leading to stuttering. The avoidance of certain sounds and / or speaking situations that usually follows may lead to the development of pervasive stuttering.

Implications of this model for the effective treatment of stuttering are discussed and the basic principles of the multi-level approach, with the use of cognitive-behavioral techniques, are presented.

PARENTS' AND TEACHERS' BELIEFS ABOUT THE CAUSES OF STUTTERING

Niki Kakourou, Christina Papaeliou, Katerina Maniadaki, Paraskevi Dalapa

It is well-known that stuttering is strongly related to the listeners' reactions, especially during the preschool period when parents' and teachers' reactions to the onset of stuttering may greatly influence its outcome. These reactions are guided, to a certain degree, by their perceptions about stuttered speech.

The present study aims to examine teachers' and parents' beliefs about the causes of stuttering in relation to their feeling of self-efficacy to cope with the problem. Participants were 100 teachers and 100 parents who completed a questionnaire adapted from the Parental Account of the Causes of Childhood Problems Questionnaire (PACCP, Sonuga-Barke & Balding, 1993).

Factor analysis produced the following causal factors: organic/psychological problems, heredity, upbringing methods, child's perception about his/her ability to speak and anxiety. According to the results, both parents and teachers believe that the main causal factor of stuttering is anxiety (90% and 93% respectively), followed by the child's perception about his/her limited ability to speak fluently (39% and 42%, respectively), and bad upbringing methods (39% and 41%, respectively). Regarding feelings of self-efficacy, parents seem to feel more competent to deal with the problem compared to teachers ($t=-2.96$, $p=.003$). Moreover, teachers' feeling of self-efficacy correlated significantly negatively with their belief that stuttering is an outcome of the child's perception about his/her limited ability to speak fluently ($r=-.264$, $p=.009$), but it was not correlated with the causal factor of anxiety ($r=-.090$, $p=.381$). On the other hand, parents' feeling of self-efficacy did not correlate with any of the causal factors studied.

Discussion focuses on the necessity to inform parents and teachers about the causes of stuttering as well as their role in its treatment in the framework of cognitive – behavioral therapy.

LONG-TERM EFFECTS OF ANTI-STUTTERING DEVICES

Thomas David Kehoe

Dozens of studies have investigated the immediate effects of anti-stuttering devices, typically finding 60–80% reductions in stuttering. However, only a handful of long-term studies have been published.

Two studies investigated Casa Futura Technologies' School DAF anti-stuttering device. In the first study, nine adults used the devices thirty minutes a day for three months. They didn't receive speech therapy. No statistically significant "wearing off" of effectiveness was seen when wearing the devices after three months. When the subjects weren't wearing the devices, at the end of the study, they stuttered on average 55% less ("carryover fluency") than at the start of the study. In other words, the subjects needed the devices "less and less as time passes" due to improved physical speech. (Van Borsel, 2003) A second study found similar results after one year, combining the device with speech therapy. (Radford, 2005)

One long-term study investigated the SpeechEasy DAF/FAF anti-stuttering device. Nine subjects used the devices about seven hours per day, for twelve months. At the end of the study there was no statistically significant change in fluency when wearing the device (i.e., no "wearing off" of effectiveness) or when not wearing the device (i.e., no "carryover fluency"). This study suggests that SpeechEasy users don't experience needing their devices "less and less as time passes." (Stuart, 2004)

An unpublished study of SpeechEasy anti-stuttering devices tested six subjects after on average eighteen months use of the device. Two subjects were stuttering about as much as before they purchased the device. The other four subjects were worse. On average, the subjects' stuttering had increased about 50%. (Runyan, 2005) Why do some devices improve users' speech over time, leading to the users needing the devices "less and less as time passes," but other devices don't, or possibly make users' speech worse? Are the effects due to physical changes in users' speech, or due to psychological changes? How could anti-stuttering devices be improved, or how should consumers use the devices, to maximize positive long-term effects?

Casa Futura Technologies has developed several innovations to improve long-term effectiveness. First, octave-scale FAF downshifting is used, which studies of non-stutterers found induced changes in vocal pitch, due to changes in speech motor (muscle) activity such as relaxed breathing and relaxed vocal folds. (Elman, 1981)

Second, Casa Futura Technologies Pocket Speech Lab monitors the user's vocal fold tension. When the user speaks with tense vocal folds, the device switches on DAF and FAF to induce speech motor changes. When the user speaks with relaxed vocal folds, the device switches off the sound. The user is thus trained to speak with relaxed vocal folds, without relying on DAF and FAF.

Third, improved training materials (including a video) encourage consumers to use the devices to help them slow their speaking rate by stretching vowels (continuous phonation), to speak with relaxed breathing and vocal folds, and to make psychological changes such as talking more or identifying and reducing speech-related fears and anxieties.

A PRACTICAL DESCRIPTION AND DISCUSSION FOLLOWING THE PROGRESS OF 46 CHILDREN UNDER 5 YEARS OLD WHO WERE DIAGNOSED AS STUTTERING AND THE LONG-TERM RESULTS OF THERAPY

Patrick Kelly

There is still much controversy surrounding the effectiveness of therapeutic intervention with very young children who stutter. At what stage does a speech and language therapist intervene – if at all? Is it a stutter or normal non-fluency? Do we provide direct or indirect therapy for these children? These are just a few of the issues we all face when working with these children. Recent well-documented debates between Yairi and Onslow have highlighted this controversy and these mixed opinions appear to typify the opinions of many professionals in the field. In today's climate of cost-effectiveness in the treatment of stuttering should we intervene as early as possible or do we "wait and see" if these children will "grow out of it"?

As a therapist working with people of all ages who stutter for more than 20 years it was always felt that if the disorder can be resolved as near to its beginnings and it must surely be not only cost-effective but also prevent a great deal of misery and frustration for all concerned. Over those years it has also become apparent that a very high percentage of children seen in the early stages no longer stutter and probably never will. With this hypothesis in mind it was decided to carry out research on all the children who had been referred to speech therapy and diagnosed as stuttering or dysfluent. These children are all from a catchment area of around 19,000 people in a rural part of North-West Ireland which has approximately 1,800 children under 5 years old. As the only speech therapist in post for that area over the past 13 years it meant that all the children who stutter could be followed up over a long term because all the referral agencies such as Doctors, Teachers and Community Nurses all work as a team and children up to 17 years old would almost certainly be referred or re-referred to therapy. Those questioned had all been assessed between 1993 and 2003 and all received either direct or indirect therapy. A total of 64 questionnaires were sent with 46 responding. Those who failed to return the questionnaire are also being monitored and anecdotal evidence indicates a similar degree of long term fluency.

This article is not meant as a research paper but more of a discussion item based on practical data from children seen in a community clinic in rural Ireland.

EMPOWERMENT VS. RETIREMENT: CHANCES AND RISKS OF SELF HELP MOVEMENTS

Blanka Koffer

This speech shall serve as a starting point for a discussion about the questions, why and how the motivations of engaging actively in a local self help group or in a national association of stutters change during the years. What solutions can we as members of self help associations find to encounter this problem? Examples can be found in the 30-year-history and the recent situation of the German Bundesvereinigung Stotterer Selbsthilfe e.V.

THE WORDS OF A SILENT MAN

Prem Kumar

Good Morning Croatia,

I am thankful to the ISA, Udruga Hinko Freund, BSA and Other associations, especially Dr. Mark Irwin, Mrs. Suzana Jelcic Jaksic, Mr. Radha Krishna and Mr. Joseph Lukong for their kindness towards me.

I, Prem Kumar stand here on behalf of population of India, where 3 to 4 percentages are affected by stammering. The situation of PWS in India is so miserable, as there are no any associations, societies, clubs or groups. The Government and Private Organizations have completely neglected this social problem. The Indian PWS have no direction, destination and they have been left to their fate. Recently a few great personalities like Mark Irwin and Keith Boss have taken historical decision to concentrate on Indian PWS. It's my countless thanks to Keith Boss for his service to bring all the Indian PWS at one circle.

Due to the lack of awareness of stammering in India, the PWS in India are leading the very worst life. Mostly they are facing problems in their jobs, marriages even though they are highly educated. For example, I possess 13 government certificates, without a small job. Many had to change their career path, just because they stammered. Many are forced to lead isolated lives, just because they stammer. When he/she takes a long time to say his/her own name, imagine the reaction of audience. Many children in their tender years in school are ridiculed. This results in the child being socially withdrawn. Like me he cannot concentrate in his studies, and constantly loathes himself for not being able to speak like everyone else. He feels he is abnormal. He feels discriminated. He feels like an outcaste. He feels "different" from the rest. This raises two significant issues, how the stammerer portrays himself to the audience, and how the audience reacts to the stammerer. Because of ignorance, there are faults on both sides. So I am requesting you, all delegates, scientists, SLPs and Associations to think about the PWS throughout the world, especially India, where it is poor political background, various

cultures, languages, religions, classes, castes, colors and financial defects.

There are nearly 25 people who are affected by stammering in my family tree. Finally I met Mark Irwin, Susanne Rosenberger, Uppala Radha Krishna and Joseph Lukong. It's my special thanks to Radha Krishna, a scientist who has come to India and visited my house two times and he is on the way for his research on my family.

MY PLANS: I am going to establish an association in India for the sake of MY FRIENDS.

Arranging GET TOGETHER meetings.

Awareness programs.

Arranging FUN GAMES and picnics.

Training on Public speech, Talent Skills, Presentation skills.

Help in seeking jobs in Government and Private sectors.

Encouraging for further education.

Arranging marriages.

Involving political parties and leaders to get some reservations and other benefits.

Fight against showing the stammering in films for comedy purpose.

Reducing the Telephone Tariff for PWS.

DRAMA THERAPY FOR CHILDREN WHO STUTTER

Nina Kupusović

Project "Drama Therapy for Children Who Stutter" was implemented last year within program of Center for Culture and Film "August Cesarec" of Zagreb, in cooperation with Croatian Association for People Who Stutter "Hinko Freund" and Polyclinic for the Rehabilitation of Listening and Speech "SUVAG".

Nina Kupusovic, the advanced university student of Speech and Language Pathology and Drama educator was the author and the project leader. Twelve children who stutter, ages from 9 to 11 participated in project, and after attending drama workshops, prepared and performed at theatre going public the theatrical performance named "DA ili NE" /"YES or NO"/ in "EXIT" Theatre, Zagreb.

Aforementioned workshops were organised as oral verbal and nonverbal expression exercises for children with speech impediments through drama work and theatre play as well as learning social skills through group interaction, therapy methods of Drama therapy and speech pathology treatment.

Primary aim of this project was to improve attitudes of persons who stutter toward their speech and speech/verbal situations, moreover improving their communication quality in general and alleviation of oscillations and instabilities of speech production through Drama game, in order to open possibilities to realise their everyday efforts and lead successful and productive lives.

The goal was to encourage creativity, imagination and expressing, social skills, oral verbal and nonverbal communication development, self-understanding, self-confidence, art consciousness, and sensing gestures and voice.

This form of Drama therapy work is an excellent complement for primary treatment and rehabilitation of stuttering. Introversions, emphasised self-criticism, avoiding communication and general negative attitude in behaviour of people who stutter usually become dominant characteristics of personality and therefore can easily lead to more complicated, socially unexcepted forms of behaviour (delinquent, addiction, violence, etc). On the other hand, every person who stutter is an individual. Therefore individual and above all, diverse approach to their personality is essential, in order to have development of creative potentials and life achievements at individuals after breaking negative attitudes caused by stuttering.

In four months of intensive work, the project was successfully realised. Advisors, supervisors, expert collaborators, parents, children – participants and leader herself were very satisfied with the implementation of the project and final results after the set goal was realised. As this was about the group of mostly younger children and different ages (participants were children of third, fourth and fifth grade of elementary school), establishing the group, gaining work habits, accepting basic drama principles, that later resulted in excellent group cohesion, creative atmosphere, game engagement and smooth-running work. Play performance itself went very well and was excellently accepted by actors-participants-children who stutter and audience.

It would be good to share positive experience of children – participants and author – leader with participants of 8th World Congress for People Who Stutter, with theme Inclusion: Creating Our Place in Society and to present our work through introducing multimedial presentation and performance of the play.

INTERNATIONAL STUTTERING AWARENESS DAY: CONSUMERS AND PROFESSIONALS WORKING TOGETHER

Judith Kuster

The impetus for International Stuttering Awareness Day (ISAD) originated in the "consumer community" with

strong support from the “professional community”. The International Stuttering Association (ISA) developed a “wish list” at their conference in Linköping, Sweden in 1995, which included an International Stuttering Awareness Day. At the International Fluency Association (IFA) conference in San Francisco, CA, USA, in August 1997, Friday was designated as “consumer day,” a day set aside for the professional members of the IFA to learn from those who stutter and to recognize the alliance of professionals and consumers. It was on that Friday that another step was taken when it was again suggested that there should be an international day for stuttering awareness to recognize on an international basis the alliance of consumers and professionals in helping people who stutter. By May 1998 the IFA Board of Directors had approved an International Stuttering Awareness Day and gave Michael Sugarman responsibility for it.

International Stuttering Awareness Day has been an impetus in establishing important connections between people who stutter, their families, clinicians and researchers. The stated purpose of International Stuttering Awareness Day is “to promote awareness and understanding and to show appreciation for people who stutter and the speech language professionals who work with them”. When one considers the accomplishments of the first International Stuttering Awareness Day, pulled together in about one year’s time, it is truly amazing to witness the dedication, creativity, and determination of the world-wide community of people affected by stuttering either personally and/or professionally working to accomplish that stated purpose.

This poster session will highlight information about a unique ISAD event, the International Stuttering Awareness Day Online Conference, organized annually by Judith Kuster. It can be verified that the first nine ISAD online conferences have reached people in 135 different nations. The conferences are designed to connect consumers and professionals from around the world in a unique forum for three weeks (from October 1–22) each fall, culminating on International Stuttering Awareness Day (October 22). The papers are written in a reader-friendly style and designed to be accessible even with limited computer access. This poster session will also highlight several of the successful events that have taken place throughout the world, including important advances in supporting people who stutter in many countries where there had previously been no therapy or appropriate information about stuttering.

HEREDITARY FACTOR AS A CAUSE OF STUTTERING

Joseph Lukong Tardzenyuy

Joseph Lukong Tardzenyuy is a person who stutters and cofounder and Coordinator General of the Speak Clear Association of Cameroon SCAC. He has been involved for several years in stuttering awareness and research in Cameroon and Africa. In 2002 he was admitted as a member of the International Fluency Association, IFA. He was elected in 2004 as a Board member of the International Stuttering Association, ISA. He is conference convenor of the First African Conference on stuttering that was held in Douala Cameroon in October of 2005. He has presented papers on stuttering during workshops and conferences organized in Cameroon, Britain, USA, Germany, Australia and recently in Ireland.

Abstract

Of late particular attention is being paid to genetic transmission of stuttering by researchers, speech language pathologists and persons who stutter themselves. Many lines of evidence do suggest that genetic or inherited factors can play a significant role as a cause of stuttering. Studies in some laboratories and elsewhere suggest that adults who stutter may have a clear history of stuttering in their families. In such families, stuttering may not occur with a simple pattern of inheritance.

An important opportunity for research on the genetic cause of stuttering occurs in Cameroon, a country in Central Africa where several large families have been identified that have several individuals who stutter, suggesting the presence of a gene in these families that cause stuttering. These families have been identified by the Speak Clear Association of Cameroon SCAC which is a national support group movement for people who stutter in Cameroon in its outreach and stuttering awareness Campaign in that country. The said families are being studied by a group of human Geneticists lead by Dr. Denis Drayna of the National Institutes of Health NIH Washington DC in the United States of America. The presentation will describe the said study and plans that are on the way for the future as far as this project is concerned.

SELF HELP IN SERBIA

Ognjan Maletić, Ljiljana Pešić & Marko Nastić

In October 2005 first self help association for people who stutter was registered in Serbia. Group of PWS with support of professionals decided to join efforts and offer something as the addition to the official therapy. Best practices from the similar organizations were implemented. Today, association is trying to improve public understanding by informing media and printing leaflets. Weekly meetings are organized to offer support,

encourage improvements and enhance ability to use techniques learned in therapy. Various workshops are organized. Members are encouraged to be actively involved in the functioning of the group. One of the main goals for the future is to make connections with other associations and to exchange experiences and ideas.

LETTERS FROM SARAJEVO

Walt Manning, Laura Plexico & Miodrag Hodak

Miodrag first contacted me (Manning) via the internet during the Fall of 2002. He was a college student from Sarajevo, Bosnia-Herzegovina who stuttered and was looking for help. Miodrag and I corresponded over several weeks and quickly established a dialogue which we hoped would provide some of the assistance he was seeking. My primary role in our conversations was that of providing understanding, support and feedback in response to his written comments. I also offered encouragement and acknowledgement for his many successes. We spent some time discussing problem solving issues that were unique to his situation (e.g., educational and social situations). We were not conducting treatment in any formal sense in this long distance relationship. Mio viewed our exchanges that took place every two to three months as self-therapy. As Mio and I continued our correspondence it became clear that he was making important, often dramatic, changes in how he viewed himself and his ability to communicate.

Because the first two authors had experience with a content analysis procedure that evaluates Pawns and Origins statements we used this procedure as one indicator of change. We analyzed a total of 17 letters from Mio, which he sent from the fall of 2002 through the spring of 2005. Two authors (Manning & Plexico) identified and tabulated Pawn and Origin statements. Pawn statements indicate an external locus of control while Origin statements indicate a more desirable internal locus of control. The results of this analysis provided a clear indication of progress in the form of a reduction in pawn statements and a corresponding increase in origin statements.

In order to provide another indication of the global changes in Mio's life, we chose a recently developed comprehensive self-assessment measure titled the Overall Assessment of the Speaker's Experience of Stuttering Scale. (OASES) (Yaruss & Quesal, 2006) His OASES scores improved from an overall rating of Severe in 2002 to Moderate in 2005.

The interactive nature of the internet correspondence between Sarajevo, Bosnia & Herzegovina and Memphis, Tennessee, USA provided the opportunity for Mio to obtain the information and support necessary for initiating changes in his life and his ability to communicate. Through analysis of his narratives, we were able to document some of the ways that Mio is changing his experience with stuttering. These changes were evident in the evolution of his statements as indicated by his Pawn and Origin scores as well as the improvement in his OASES scores.

This presentation will provide a description of the nature of our correspondence, how we documented Mio's successes (figures of Pawns and Origins data, OASES scores, and examples of Mio's narratives) and the nature of his progress through the fall of 2006. Mio will have the opportunity to comment on and respond to questions about his internet experience. This presentation will also provide an opportunity for all the authors to meet for the first time.

APPLICATION OF MICRORESONANT THERAPY IN TREATMENT OF STUTTERING

Milivojka Marković, Lazo Ćuk & Slavica Golubović

In treatment with this method are used apparatuses with highly frequent electromagnetic waves which are scaled in Hertz and with very low intensity. They are real "Health Generators" which, without using of medicaments, with special electromagnetic waves are normalising disturbed electromagnetic field and lead to normalisation of physiological processes. Microresonant therapy is unpainful, simple and pleasant version for apply.

Microresonant therapy is applied in treatment of stuttering of two children, one boy and one girl, after applied logopedy treatment and parallel with them.

Boy (5.8 years old) with paresis of facialis which is result of complication vaccine pertusis began to stutter after his brother was born. His father began to speak later. His cousin also stutters. Girl (3.3 years old) born with torticollis has articulation disorder – thetism and stutters. In logopedy treatment for both of children were applied articulation treatment of sounds, KSAFA, vibraphone, reduction of psychomotoric, relaxation and regulation of rhythm and tempo of speech.

After six treatments with microresonant therapy in lasting of 30 minutes, motor coordination was noticed, tension was lower, emotional stabilisation and concentration of attention were better, efficiency of speech was higher, articulation disorders were removed and after four months stuttering stopped.

A LIFE-TIME JOURNEY TO SUCCESS

Phyllis McKnight

I will take my audience through my journey of frustration and avoidance, giving an insight to the life I led for many years with stuttering. This involves the many tricks I used to avoid speaking.

I will share with the audience the changes in the direction of my journey when successful treatment became available in Western Australia, in the early 1980s.

My journey is one of discovery from a shy introverted person to a confident self assured member of society who served as President of The Speak Easy Association of Western Australia. I am currently a life member of the association.

ONE PART OF MY LIFE

Mario Medven

My name is Mario Medven. I'm 24 years old and I live in Zagreb. I'm a student at the Faculty of Mechanical Engineering and Naval Architecture, at the University of Zagreb. I've stuttered since my early childhood, to be more precise, since I became aware of myself. Until the age of 17 I stuttered periodically. Sometimes my stutter would become very intensive, at other times I just wouldn't talk, unless I was 100% sure that I would be able to finish my sentence without stuttering. Sometimes I felt less worthy and I was ashamed of not being able to say whatever and whenever I wanted to. I used to substitute words to finish what I wanted to say. Stuttering would appear in many, for other people, normal situations such as in a grocery store, on the phone, in a larger group of people, at school, in any kind of public situation and at any place where I tried to make a good impression. In the circle of my family and friends it was a little easier because I knew that they know about my problem, but when somebody new showed up I totally blocked. People reacted differently to my problem, but in most cases negatively. Normally, I am not a shy person.

I like meeting new people, but stuttering has presented a big problem for me in communication with them. At school I also had problems, because some teachers didn't show any understanding of my problem.

That remained the issue until I was 17, when I told myself that this had to come to an end. My mother took me to a speech therapy where I learned its basis. I realized that I had to change my attitude to stuttering, because having a negative one would only impede my further personal development. After the speech therapy, which I took for one year, things got much better.

I started speaking fluently and became satisfied with myself. At the same time The Croatian Association for People Who Stutter "Hinko Freund" began its work in Zagreb. I joined the Association's self-help group for adults which helped me maintain my speech fluency. After some time I became the leader of the group, which encouraged me and, hopefully, all the others, even further. There I met many people with similar problems, which gave me the motivation to continue working on my development and showed me how to help others. Working with people can often be very difficult, especially when you work in the field such as stuttering is.

On many occasions I was interviewed by the TV and radio, where I appeared as a representative of the Association "Hinko Freund". It was a big challenge for me, especially because just a few years before I couldn't have ever imagined giving an interview.

I always wanted people to listen to what I say, not how I say it. During the interviews I tried not to focus much on my speech, and that was what helped me stay fluent and thus concentrated on the subject.

Today stuttering doesn't create any problems in my life and I am able to fulfill my daily responsibilities much easier. With all the difficulties and negative situations I went through, I still managed to reach my maximum potential in therapy, which I never thought I was capable of. Stuttering helped me become aware of my possibilities, and develop more self-esteem.

EXPERIENCE AS A STUTTERER: LESSONS FOR FELLOW STUTTERERS

Daniel Mumba

Life of a stutterer is such a big challenge, whereby if one is given to a lot of emotions, and self-pity, they could easily give up on life and lead a terrible, and miserable life, even terminate one's own life. As a stutterer, I have had to go through experiences that almost made me take my life because from the beginning things never made any sense. I hated almost everything in the world. My situation was close to being dumb, and having been born into a poor family in one of the remotest rural areas in Zambia in Africa, it never occurred to me or to anyone that I would ever step my foot into a classroom, and be able to go through a normal study process, and earn a first class Master's Degree from one of the best universities in the United States of America.

As a child, sometimes it took me even more than ten minutes to utter a single word. In most cases, I never

finished sentences, and just ended up crying. This was a terribly awful and frustrating situation that cast a dark cloud over my future. But I endured and persevered to surpass some of the most eloquent personalities I have met. At elementary school level, for 7 years, I maintained first position in all classes. In my Masters study program, I emerged as one of the best graduating students at the University of Oklahoma in the United States of America, where I studied on the US State Department sponsored prestigious Fulbright Scholarship, which was fiercely contested by over 100 candidates. I was a minority and a person of colour in class.

My work life has also been a challenge, as I have suffered discrimination, but have been able to fight it. It's also been an interesting experience where you are a stutterer and head of a department, supervising fluent speakers as your subordinates. I am now able to chair meetings and make presentations at workshops. With experience I have been able to devise techniques of how to reduce and control stuttering.

People who saw me when I was a child, and almost dumb, get surprised when they listen to me now. In Africa, it's difficult for kids with such disabilities to succeed in education.

ABOUT THE SUPPORT GROUP FOR PARENTS AND PRESCHOOL CHILDREN, ZAGREB, CROATIA; AN EXPERIENCE OF A PARENT OF A CHILD WHO STUTTERS

Vanja Brdar Mustapić & Dražen Mustapić

In my fifteen-minute talk I shall refer to the activity of a support group for parents and preschool children from a position of mother of child who stutters, having a four-year experience of attending group sessions.

I shall explain in short how the group is organized (parents group and group therapy for children). During the session which includes the discussion with the group leader and with other parents about current situations and problems which are displayed and analysed parents gain knowledge of stuttering, its symptoms and characteristics with children and learn how to communicate with their children better and more appropriate. Moreover, these meetings are helpful for parents in solving some uncertainties and overcoming emotional problems. I shall also stress how useful the group is for children, not only in strictly logopedic sense, but also in developing culture of communication, and, above all, in developing self-confidence which helps in everyday life and situations.

Finally, I shall mention the continuity and good results of this group, due mostly to the great knowledge, experience and unselfish commitment of its leader Ph.D. Senka Sardelić, senior lecturer.

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SUPPORT GROUP FOR CHILDREN AND TEENAGERS WHO STUTTER

Charn Nang

Developing and maintaining healthy social and psychological skills are pivotal for teenagers who stutter. Bullying throughout school is often reported in children who stutter and they often experience negative experiences when trying to communicate to other people. Often, these children constantly battle with self-acceptance of their stutter. As a result, they feel isolated, misunderstood and excluded.

Recognising that there are few services available for older children and teenagers who stutter in Western Australia, The Speak Easy Association of WA started a support group for children (approximate ages 9–12 years) and teenagers (approximate ages 13–17 years) who stutter.

Majority of these children have completed the “Fluency for Fun” program at Curtin University of Technology supervised by Speech Pathologists Di Franklin and Janet Beilby. This program was designed to teach children how to control their stutter and also social skills based on the “Aussie Optimism” program developed by Psychologist, Clare Roberts. The program received much positive feedback from both parents and children and was presented at a National Speech Pathology Conference this year in May (Speech Pathology Australia Conference 2006) by Janet Beilby and Di Franklin.

The Speak Easy program follows the adult self-help model that Speak Easy established over 25 years ago. As with the adult support groups, children are able to further develop their social skills and self-esteem by maintaining social networks and talking about their experiences with stuttering.

This presentation will detail the program and investigate the outcomes of attending a support group for older children and teenagers who stutter.

CHARACTERISING THE SPEECH OF PEOPLE WHO STUTTER USING AN ACOUSTIC ANALYSIS PROGRAM

Charn Nang, Kim Kirsner & Kathryn Hird

Stuttering is commonly conceptualized as a disorder of speech motor control, thus analysis and descriptions are required to reflect the mechanisms governing the characteristics of the speech signal. However, traditional stuttering count methods commonly used to characterise the speech of people who stutter fail to capture the

relationships and temporal properties of their disfluencies. Regardless of the underlying deficit, overt speech is what researchers can investigate. This raises concerns for the data language of stuttering, which is hampered by subjective descriptions of speech.

Reliable and objective description of the nature of the disfluencies (e.g., non-verbal, stuttering type) for the speech of people who stutter is required for all aspects of stuttering management and research. More specifically it is required for evaluating the outcomes of stuttering therapy, for defining participant criteria, and for explaining experimental results. Methods of characterizing stuttering are also required to reflect the mechanisms underlying the speech system.

This preliminary study aimed to characterise the speech of adults who stutter using detailed acoustic analysis procedures. Categories of acoustic events were devised to classify speech behaviours for people who stutter. An acoustic event is defined as any interruption to the fluency of speech that can be seen and heard from the acoustic speech signal. Acoustic events were associated with overt stuttering behaviours but could also occur in the midst of a fluent speech segment. Temporal measures of the acoustic events were investigated, including the distributions of the acoustic events and the durations of the acoustic events. This presentation will provide you with the background to the study and detail findings from a case study of an adult who stutters.

EASY SPEAK ASSOCIATION

Joseph Nsubuga

Dear Brothers and Sisters in the struggle,

I am Joseph Nsubuga, aged 34 and I am a Ugandan, married, have 2 children, a boy and a girl. I started stammering at the age of 3. Today I still stammer. I work as a salesman and I am teased, laughed at, denied sales orders and important meetings because of my stutter.

When my academic progress was hindered by stammering, I started up an association of people who stammer with a goal of addressing our problems and getting a bargaining base in early 2005. Special thanks go to Mr. Norbert of BSA, Mark Irwin, S. Hoffman, Mr. Sugarman, Joseph Lukong who have kept us moving tirelessly.

STAMMERING / STUTTERING IN UGANDA

Stammering in Uganda is still a private affair and allegedly brought by failure to please gods, offer human and non-human sacrifices to ancestors etc. by the parents of the victims. Therefore, there's a lot of traditional curing approaches in this regard, such as worshipping at the source of big rivers, lake shores, shrines and burial sites etc.

SOCIAL CONSEQUENCES

There are lot of cases of parents leaving their children on the garbage heaps, streets etc. for fear of being labelled unfaithful to the gods, spirits and ancestors.

Cases of bullying and teasing at schools and colleges.

Job discrimination becomes rampant without any government help.

Early school dropouts by the stammering students, hence a social setback.

Academic hatred of the stuttering pupils.

HOW WE HAVE ADAPTED TO STUTTERING EFFECTS:

Creation of EASY SPEAK ASSOCIATION provides counseling, books on therapy from BSA, campaigns in schools, Radios, Churches when some money is raised and Magazines etc.

Pig farming to become self reliant when academic ground is not fair and ready to get us jobs.

Encouragement in practical courses, such as computers.

Chicken farming on village level, where marketing and acquisition of loans is easier.

WE SHOULD BE CO-OPERATIVE MULTI-NATIONALLY.

Books on stammering/stuttering from mature associations around the world.

Sharing of treatment methods from other associations.

Sharing of information on counseling and home based approaches.

Training in speech and language therapies which are almost unavailable in Uganda.

Provision of markets to our locally produced farm outputs like Hot pepper, Sweet potatoes, Bananas, Ground nuts, Cassava. This will help us get funds for our survival and financing of our association's needs, like magazines in schools, T-shirts.

Get-together conferences, such as online conferences.

INTRODUCTION OF ASSOCIATION HOPE FOR STUTTERS (EBP)

Ayodé Edith Ochoumare, Magloire Grégoire Gansou, Vincent Djeguede & Dodji Jacob Fansinou

The Association Hope for Stutters was founded on 17, 2005 at Cotonou, in the Republic of Benin, and registered

under the N° 2006/0297/DEP-ATL-LITT/SG-Assoc of July 20 2006. Its purpose is to:

- make known stuttering and its psychological and social repercussions
- create and appropriate setting of meeting and develop a synergy between stutters, therapists and the authorities
- break the taboo on stuttering and get stutters out of isolation
- develop research-action in taking charge of stuttering

Since its creation, the Association Hope of Stutters has conducted several activities among which we can talk of.

- The organisation of world day on stuttering on the 22nd of October 2005. At the meeting, a conference was given by the Association and doctors, psychologists, speech therapists, stutters, stutter's relatives, teachers and journalists also participated.
- The mediatization of the conference allows many people to tie up with the Association, in order to get information on stuttering and also to join the Association.
- Individual and group taking in charge of stutters.
- Broadcast press campaign on stuttering and the Association EPB

At the International Level, the Association Hope of stutters has taken part into the first African conference on stuttering, held in Douala from 6 to 8 October 2005 on the theme: "Stuttering knowing and treating it". It has also taken part in March 2006 at Toulouse, into the 4th International Meeting of the Association Parole Begaïement (APB) of France on the theme: "Stuttering and the art or the art of stuttering". Very recently in May, it participated in Lomé at Togo, to the seminar of training of the agents of rehabilitation and community base and to the preparatory meeting for the creation of Togolese association on stuttering. Specialists in taking in charge stuttering such as speech therapists, psychologists, doctors, psychiatrists, traditional lealer, persons resources, stutters, teachers.

The representatives of Executive Bureau of the EPB are:

President: Dr GANSOU Magloire Grégoire

Vice-President: DJEGUEDE Vincent

Secretary General: FANSINOUE Dodji Jacob

General Treasurer: OCHOUMARE Ayodé Edith

For 2006–2007 school re-opening, EPB will carry out its project of piece of information and sensitization in nursery schools, primary and high schools. It is also looking forward to setting up a self-help group.

THE LIDCOMBE PROGRAM OF EARLY STUTTERING INTERVENTION

Mark Onslow

The topic of this presentation is the Lidcombe Program of Early Stuttering Intervention. This is a treatment that has been shown to be efficacious in various clinical trials, including a randomised controlled trial. It involves response contingent stimulation treatment and is administered by parents. The Lidcombe Program incorporates weekly clinic visits to the speech clinic by the child and parent, during which the speech pathologist trains the parent to present three verbal contingencies for the child's stutter-free speech, and two verbal contingencies for unambiguous stuttering. The verbal contingencies for stutter-free speech are acknowledgment, praise, and request for self-evaluation. The contingencies for unambiguous stuttering are acknowledgment and request for self-correction. The parent administers the contingencies in everyday conversations, and the parent and clinician use speech measures to guide the treatment process as stuttering is alleviated.

The purpose of the presentation is to comprehensively overview the treatment with reference to its origins, procedures, evidence base, and planned future development. The presentation is not intended to replace clinical training such as provided by the Lidcombe Program Trainers Consortium (see below). No knowledge about the Lidcombe Program is assumed. The presentation begins with a discussion of the context of the Lidcombe Program with reference to other treatments for early stuttering that evidence based practitioners might select. The treatment procedures are overviewed and key features are demonstrated with video footage. Then a 20-minute video production is screened that is designed to convey what the publications about the treatment do not convey. The video deals with how children and their parents experience the treatment, and the experiences of a clinician who does the treatment. The crucial elements of the evidence base for the treatment are outlined. The final part of the formal presentation is an outline of the early stuttering treatment research currently in progress at the Australian Stuttering Research Centre.

The manual for the Lidcombe Program can be downloaded free of charge from the website of the Australian Stuttering Research Centre (www.fhs.usyd.edu.au/asrc), and a comprehensive clinical text can be purchased from that site. The Lidcombe Program Trainers Consortium of clinical educators for this treatment method has

been established and operates worldwide. Consortium training can be accessed at the website of the Australian Stuttering Research Centre.

WHERE DO WE GO FROM HERE: A MEMBERSHIP CONSULTATION EXERCISE BY THE BSA

Velda Osborne

In the summer of 2005 the British Stammering Association (BSA) was in the process of developing a strategic plan to help define the direction and priorities of the Association over the next five to ten years. As a part of the process, Trustees and staff identified what they thought were the most important issues of concern, both for the Association and for people who stammer. These issues were grouped into eight key themes:

- Campaigning for better speech and language therapy
- Supporting research into therapies
- Campaigning on behalf of preschool children
- Supporting school-age children
- Stammering in the workplace
- The cost of stammering to society
- Adapting to new technologies
- Organisation of the BSA

The views of the membership (around 1600 persons at the time) were then sought using the appeal that “As members of the Association you are in a prime position to influence the discussion about what BSA, as the leading organisation supporting people in the UK of all ages who stammer, should be doing in the next five to ten years to improve the quality of life for everyone affected by stammering. Remembering that resources will always be finite, this is a vital step in ensuring that we set priorities that have membership backing and are realistically achievable.”

The detailed issues were listed under each key theme and members were asked to rank each theme on a 5-point scale of importance, where importance could be either for the BSA, for the respondent as a person who stammers or as a parent of a stammering child or as a speech and language therapist. They were also invited to add comments and to identify the three most important issues for the BSA to tackle.

The BSA received nearly 100 responses to this appeal – a healthy response rate considering the complexity of the enquiry. Unfortunately lack of resources have prevented the returns being analysed until now. This activity is now in progress and both the background to the exercise and the results of the consultation will be presented.

RECOVERING FROM STUTTERING/STAMMERING. THIS IS HOW I DID IT.

Michael O’Shea

I am a person who Stammers/Stutters and I have done so for over forty years. In October 1999 I completed the McGuire Programme in Ireland this course and the path that I have chosen to take has completely changed my speaking life. I now am a Primary Coach on the McGuire Programme which means I teach and coach Graduates of the Programme. I am also a Course Instructor which means I Instruct Courses for the McGuire Programme, I am also a Staff Trainer, I teach and instruct Primary Coach’s, Course Instructors and carry out Staff Training for the Irish Region of the McGuire Programme.

I am a member of the Irish Stammering Association. In the past I have done numerous TV, Radio and Newspaper Interviews to heighten the awareness of stammering in my own Country. I give presentations to Teachers, Trade Unions, and Social Organisations and give them advice on Stammering/Stuttering issues. I have studied Stammering for the past six years I have helped and supported over six hundred people who Stammer/Stutter and this is ongoing.

In May 2005 I started the research for a book I am writing on my life as a stammerer. The book is called “Why I called my Sister Harry”, I have decided to write it to heighten the awareness even further on stammering to let fluent people know and understand what it is like to stammer every day of your life. To let people who stammer see that there is light at the end of the tunnel, that people are willing to help and support them, to share valuable knowledge with them and to help them apply that knowledge.

People of all ages between four years old and fifty will be able to see a part of themselves in this book. During the research for the book over two hundred people have been interviewed, people who stammer, Parents, Teachers Speech and Language Therapists etc.

The workshop that I would like to do a presentation on would be on my own recovery, what I have learned beyond the McGuire Programme which has brought me to where I am today a Powerful Speaker. To give advice from what I have learned from the research of the book, to get people to interact with me regarding their own speech.

The workshop would last up to one hour if time permits, fifteen minute Introduction, thirty minute Question & Answer Session and fifteen minutes to re-cap – take notes.

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MY STUTTERING LIFE STORY – FACING AND OVERCOMING FEARS

Irina Papancheva

My name is Irina Papancheva. I am 31 and I started stuttering when I was three. At the age of 5 I was a wonderful storyteller and I did not know that the short interruptions in my speech were called stuttering. At the age of 11 I already knew due to my schoolmates' mockery. And I hated speaking in public. Gradually I started hating speaking on the phone with unknown people, going into office and asking something etc., etc.

Later at the Sofia University I got in touch with the chairperson of the Bulgarian Stuttering Association (NASIZ) Peter Tonev. Two months later I attended the ELSA Youth Meeting in Nijmegen, which changed my life.

Being back to Bulgaria I became a trainee at a newspaper. I was meeting lots of people every day, interviewing them and telling them with a smile: "I stutter, so please, be patient". And they always were. I worked as a journalist for nine years, changing different media and never being stopped performing my job by the problem in my speech. I also never missed the opportunity of writing about stuttering and other disabilities.

At the end of 2003 I attended the ELSA meeting in Strasbourg which inspired me a lot. At that time NASIZ had been practically dead for five years. I was back to Sofia on October 21 and on October 22 – ISAD, I put a piece of paper with a short text calling on people who stutter to contact me in the Sofia centre streets. I also called few persons from NASIZ and we met again after all these years. That is how we decided to establish a new association SIZ and I was appointed its chairperson. For two years and a half we developed a large activity with lots of events, information campaigns and media appearances as well as a website with a forum which has been attracting more and more people to share their experiences.

In 2005 I published the first Bulgarian illustrated book for children on stuttering, called *I Stutter*, with the financial support of ELSA. At the end of the same year I was appointed Deputy Mayor of the Municipality of Sofia for Health, Social Services and Integration of People with Disabilities.

Now I have been at that post for ten months. I had to face my last and largest fear – speaking in public. And I accepted the challenge. I remember how scared I was at the beginning. But to me it was not only a question of personal victory over my fear but also a way to defend the dignity of people who stutter. To show that it is possible: we could stutter and speak, and stutter and be self-confident and reasonable. I have crossed the line. I was on the other side for a long, long time and I know how it is like. But I also know that everyone is capable of crossing it. If only he/she believes it and dares.

FILM "UNSPEAKABLE"

Directed by: John Paskievich • Produced by: Joe MacDonald • Written by: John Paskievich

Stuttering is as old as human speech. The biblical Moses stuttered. Winston Churchill, Marilyn Monroe, King George VI and James Earl Jones were also afflicted with the disorder – yet it remains a medical enigma. Unspeakable examines the nature, history and treatment of a speech impediment that affects about 1% of the world's population regardless of language, culture, class or ethnicity.

Throughout the ages there have been all sorts of explanations for what causes stuttering but attempts at curing it have been as frustrating as finding its cause. While stuttering inevitably causes emotional distress, which aggravates the disorder, there is no evidence that it is a personality disorder. Speech therapy for pre-schoolers who stutter can be quite effective but treatment for older children and adults is often frustrating and disappointing.

John Paskievich, the film's director, is a person who stutters. He also narrates and is an active participant in the film. His story and the stories of others in the film are poignant, funny, angry and courageous, providing eloquent testimony to what it means to live imprisoned in what the poet W.H. Auden called "the tower of stutter."

According to Paskievich, "the film is a call for liberation, not from stuttering, but from the ignorance and stigma that surround it."

Year: 2006 • Running Time: 89 min 04 s

INDICATORS OF SUCCESSFUL COPING WITH STUTTERING

Laura Plexico & Walter Manning

In the health care literature, the way in which humans cope with problems is extensively studied and frequently discussed. Coping, can be described as an attempt to deal with, adjust to, or overcome some problem or difficulty, which is often described as a stressor. Thus, any effort to manage a stressor (e.g., like stuttering) could

be considered a coping response. Our interest in coping centers around the idea that certain ways of coping with a stressor like stuttering may be more effective or beneficial than others in terms of promoting emotional well-being and in terms of adjusting or modifying both cognitive and behavioral features of the disorder. Grounded theory, a qualitative method, was chosen to evaluate the coping responses of people who stutter because it fosters the development of a model that is derived from the personal experiences of those who best understand the phenomenon of interest. To obtain the first hand accounts of the experience of coping with stuttering, nine adults with a history of developmental stuttering were interviewed about their experiences. After analyzing the interview transcripts, we created a hierarchical model of coping for individuals who stutter. The resulting model emphasizes how coping with stuttering involves emotional, cognitive and behavioral processes that can be best understood when both personal and environmental factors are taken into consideration. The basic nature or essence of coping with stuttering was found to be primarily a struggle to replace concerns over listener discomfort and undesirable reactions with a sense of self-acceptance and approach-orientated behaviors. The participants' beliefs about stuttering, beliefs about listeners, and the ways in which they construed their environment and listener reactions (real or perceived) appeared to be a major influence in their ability to successfully cope with stuttering.

When the participants' primary focus was on protecting the listener from experiencing any discomfort and themselves from negative listener reactions, coping responses included avoidance and other escape strategies and behaviors. Although the participants indicated that these methods provided momentary relief and a feeling of control, they also indicated that they resulted in some degree of isolation, frustration and emotional suffering. However, through the development of both a broader perspective of themselves and the nature of the stuttering experience, the participants were able to achieve increased levels of self-acceptance, which fostered an increase in the use of approach strategies and a reduced reliance on methods of escape. This, in turn, helped the participants to improve their self concept and their fluency. Thus, a basic principle of long-term successful change with these participants was their ability to successfully re-construe themselves, their stuttering and their ability to manage their situation.

The results of this study support a multifactorial approach to understanding and treating stuttering and indicate again, that coping with stuttering for adults involves far more than dealing with overt stuttering behaviors. That is, beyond the person's ability to change the nature of his or her stuttering it is important for speakers to also alter their constructs of themselves as a speaker.

A WAY OF DEALING WITH STUTTER, STUTTER – CHALLENGING SUCCESS

Vlasta Podbrežnik, Steven Loy & Damir Škraban

According to the vast experiences in the Institution for deaf and hard-of-hearing people in Ljubljana, Section for Speech and Language Pathology, Slovenia, in treating people with speech impediment – stutter, we have come to the conclusion that the greatest test of a sutterer's speech and behaviour is when the person is capable of speaking publicly with self esteem. What was once considered a critical situation (greeting, shopping, ordering, conversing, making a telephone call, etc), became a surmounted barrier due to newly-applied techniques and comprehensive treatment.

All the theoretical knowledge, interpersonal experiences, advice and interests can be applied by joining the Association for People with Speech Impediments "Vilko Mazi", which contributes to shortening the time of rehabilitation and with it material expenses. We emphasise the importance of constructive co-operation between the rehabilitating institution and associations that offer help to people who stutter, the two of whom should work hand-in-hand. Realising this enhances the possibility of a successful life for one who stutters.

In this contribution we will present representative individuals who will discuss how they managed with their speech impediment along with their experiences, helping others to get the most out of their treatment in enhancing their self-esteem, good interpersonal relationships and to improve the quality of life.

Here is an summary from the letter of our 67-year-old patient at the Institution for deaf and hard-of-hearing people and who is also an active member of our Association for People with Speech Impediments "Vilko Mazi": "Exercises at different stages of therapy are helping to improve my speech, but self-esteem, the most necessary, I got from socialising with members of the Association, and then I discovered I was on the right way to succeed. When I first spent time with them, I got to know very pleasant children and their parents, young people and their friends, and all those who with their knowledge enrich our meetings. This is why the exercises in real life situations, excursions. that are prepared by the Association are pleasant, instructive and help build the self-esteem of all those who need it and can also offer help to the individual. At our meetings we practice fluent speech gained with exercises in real life situations, courses of rhetorical skills and interpersonal communication. This help and co-operation are welcome and necessary even after completing the treatment at the Institution, because we always need some affirmation of our improvements."

A younger member of the Society adds: “The very precise and comprehensive nature of the physiological side of the therapy gives the patient not one but many tools with which to deal with their stuttering, while the group meetings and various social activities open doors to unhampered self-expression, helping to increase one’s self-confidence.”

A LONGITUDINAL STUDY OF THE EFFECTS OF THE SPEECHEASY DEVICE IN NATURALISTIC ENVIRONMENTS

Ryan Pollard, J.B. Ellis, P.R. Ramig & D. Finan

Purpose: The SpeechEasy is a prosthetic altered auditory feedback (AAF) device designed to improve fluency in persons who stutter. The purpose of this project was to measure and describe the effects of the SpeechEasy over time in authentic settings and during activities of daily living.

Method: A multiple single-subject, ABA, repeated measures design was used. 11 adult subjects received custom-fit ITC devices to wear for 4 months. SpeechEasy fitting protocols were followed for establishing optimal settings and providing training to optimize the effects of AAF. After a 1-month baseline period, subjects wore SpeechEasy devices for 4 months, followed by a 1-month withdrawal period when the device was removed. Speech samples were taken every 2 weeks during 3 conditions: oral reading, conversation, asking a question to a stranger. This allowed for a total of 15 samples to be collected over 6 months for each subject. Percent stuttered syllables (%SS) scores were calculated and significant fluency improvement was defined as a %SS score falling at least 2 SD below the mean of that subject’s baseline. Several questionnaires were administered for pre/post-treatment comparisons. Qualitative data was gathered through weekly written logs, exit interviews, and speech naturalness ratings.

Results: Currently, 5 subjects have completed the study, 4 are nearing the end of the study, and 2 subjects chose to drop out. For all subjects but one (S3), the SpeechEasy appears to provide some level of sustained benefit in at least one speaking condition. Variable results have been found across speaking conditions, as the reading condition (63% of samples show significant improvement) has shown more improvement than the conversation (43%) and question (27%) conditions. Group data thus far reveals a significant ($p < .05$) treatment effect for the reading condition, but not for the conversation or question conditions. An unexpected finding has been that discrepancies may exist between fluency counts and subjects’ perceptions of the device’s effectiveness. For instance, some subjects (S3, S8) experienced almost no measurable fluency improvement during formulated speech, but nonetheless reported a positive experience from wearing the device. Alternately, some subjects (S4, S11) showed significant fluency enhancement but reported that they did not like the device. Overall, we report highly variable results across subjects. 7/10 (70%) of our subjects report that they would continue to wear the device if cost was not a concern, while 4/10 (40%) plan to buy/have bought the device at a substantially reduced price after completing the project. Qualitative analysis of the weekly logs and exit interviews reveals several emerging trends. The most commonly reported advantages are: 1) speaking on the telephone, 2) increase in confidence. The most commonly reported drawbacks are: 1) background noise, 2) some subjects report the device does not help them.

Discussion: Our results do not support previous research reporting group stuttering reductions of 75–85% under AAF (e.g., Stuart et al., 2006). However, our data suggests that the SpeechEasy is effective at reducing stuttering and/or increasing confidence for some who stutter, and thus has merit as a clinical tool for the management of stuttering.

R

BEING A TEENAGER WHO STUTTERS

Lucija Radenić

I have decided to conduct a survey about stuttering, because I wanted to know how people feel about it and how much they are familiar with this problem. When I asked them what stuttering meant to them, most of them replied it was a communication disorder marked by unfluent speech with occasional repeating of syllables. Generally, people did not think of it as a serious problem. They thought stuttering was easy to control and that people who stutter could speak fluently if they wanted to. If only dealing with stuttering was that easy!

Stuttering is more than just repeating words or syllables. People who stutter are aware of their stuttering and they often feel uneasy or even embarrassed of their unfluent speech. They are, in fact, afraid of other people’s reaction. It is why they sometimes avoid speaking in certain situations. I think stuttering is a problem which can be solved or at least diminished by confronting those situations we fear most.

As a person who stutters I feel stuttering is not something to be ashamed of. In fact, I feel there is also a good side to stuttering. In my opinion, stuttering helps us to become better people by having more sympathy for others. If somebody asked me whether I would like to start my life all over as a person who doesn’t stutter, my

answer would be NO. It is my stuttering that made my attitude towards life more mature and made me a person that I am today.

STUTTERING: GENETIC ANALYSIS OF INDIAN AND WEST AFRICAN FAMILIES WITH AN AUTOSOMAL DOMINANT INHERITANCE AND REDUCED PENETRANCE AND EXCLUSION OF THREE KNOWN CANDIDATE REGIONS BY LINKAGE ANALYSIS

Uppala Radhakrishna, Uppala Ratnamala, Ari Sreenivasarao & Jitendra V. Solanki

Stuttering (STUT) is an early childhood speech disorder characterized by involuntary syllable repetitions, sound prolongations or interruptions (audible and silent). It begins in childhood between the ages of 3–6. It is a painful symptom and greatly interferes with a child’s emotional and psychological development and also affects their daily social or occupational functioning. It has an average prevalence of one in 100 individuals, but varies among various ethnic groups. It affects disproportionately between genders (4:1 male–female ratio). The genes responsible for STUT1 (OMIM 184450) and STUT2 (OMIM 609261) have been mapped to chromosome 18p and proximal 18q (Am. J. Med. Genet. 124A:133-135, 2004) and 12q (Am. J. Hum. Genet. 76:647-651, 2005), respectively. No causal gene(s) has yet been identified. We have studied 18 Indian and one large West African nonsyndromic pedigrees with stuttering in which the anomaly segregates as an autosomal dominant trait. The onset is during early childhood. The pedigrees consist of 750 individuals with 225 affecteds. The age distribution of these affected is 4–85 years. Severity of the phenotype was quite variable among families and skipping of generations was observed. Linkage analysis was done on selected pedigrees. Two-point linkage analysis and haplotype data generated using markers in the known candidate loci on chromosomes 12 and 18 did not show involvement of the above linked regions. Systematic genome-wide linkage analysis, using Affymatrix 10K microchips is in progress to identify the stuttering causing cause gene(s) in these families. The identification and characterization of stuttering gene(s) will contribute in determining the molecular pathophysiological basis of this disorder.

NEODIALOG TECHNOLOGY – A NEW APPROACH OF TRAINING THE EFFECTIVE COMMUNICATION, APPLICATION TO STAMMERING

Iliia Rasskazov & Natalia Rasskazova

These three basic principles underlie the development of NEODIALOG technology:

1. Virtual modeling of talk situations.
2. Objective feedback – objective assessment of speech quality (rhythm, intonation) and NVC (nonverbal communication).
3. NVC as the positive critical variable.
 1. The results of our questionnaire speak in favor of taking into consideration the psychology of NVC, behavioral grounds of stuttering as a system neurosis. At the present time 704 people took part in voting. Technical solution excluded the possibility of double or repeated voting by the same user. The PWS answered the following question: Do you stutter when you speak “alone in a room” (when you are saying your own thoughts out loud or reading aloud, speaking to the animals, when nobody can hear you)? The obtained results showed that 68,47% (482 people) don’t stutter and 25% (176 people) stutter significantly less under this circumstances. Only 5% (36 people) continue to stutter as in real conversation with 1,43% that found it difficult to answer this question. The software, developed on the basis NEODIALOG technology serve as the virtual model of behavioral situations. The person develops communication skills in the situation “alone in a room”, when stuttering is absent in majority of cases, and concentrates his or her attention at NVC with the virtual environment. NEODIALOG models hundreds of various situations of communication – criticism, flattery, anger, request, friendliness, aggression and other situations that are specially recorded by professional actors for the program database as speech patterns. Having heard the phrases of a “virtual interlocutor” through the headphones a user can pronounce the recommended in this situation answer into the microphone.
 2. NEODIALOG measures objectively the following parameters of the speech
 - Dynamics of voice fundamental frequency – stammering is very often accompanied by monotonous speech. The expressiveness of intonation and freedom in communication directly depend on the person’s psychological state. The higher level of tension the person suffers – the more tense his vocal chords become what results in monotonous speech.
 - Speech tempo-rhythm pauses – stammering manifests in this particular component of intonation.
 - Level of NVC.
 3. Mirror neurons, which were found by Rizzolatti’s team in monkeys, later were found in human beings. These

brain cells are responsible for understanding of intentions and actions of the other people, for ability to be sympathizing and empathic and for ability to make non-verbal rapport.

NEODIALOG affords to train the congruent communication (e.g. non-verbal rapport). The training is based on the objective assessment of the person's ability of "mirroring" such dynamic parameters of speech as tempo and pauses, speech monotony – expressiveness. If the PWS' attention is drawn to the way he/she makes nonverbal rapport, instead of customary fixation on the way he or she stutters, then level of NVC becomes the positive critical variable, following of which leads to significant speech improvement. NEODIALOG is an instrument for such training.

It's possible to learn more about NEODIALOG software package in detail at workshop or at the site www.neodialog.com

"NEODIALOG SPEECHHELPER" – SOFTWARE FOR SPEECH TRAINING AND DIALOG MODELING

Iliia Rasskazov & Natalia Rasskazova

NEODIALOG objectively analyzes and trains following parameters:

- Dynamics of voice fundamental frequency – stammering is very often accompanied by monotonous speech. The expressiveness of intonation and freedom in communication directly depend on the person's psychological state. The higher level of tension the person suffers – the more tense his vocal chords become what results in monotonous speech.
- Speech tempo-rhythm pauses – stammering manifests in this particular component of intonation.
- Level of NVC.

Before modeling the talk situations the PWS can train his/her speech via Speech Training. During Speech Training the PWS can repeat the pattern phrases, heard in the headphones. All phrases are recorded with different rhythm and intonation. The program measures the coincidence of user's rhythm and intonation with the corresponding speech patterns, and gives necessary recommendations in case of their discrepancy.

NEODIALOG SPEECHHELPER helps to draw PWS' attention to the way he/she makes nonverbal rapport, instead of customary fixation on the way he or she stutters. Thus the level of NVC becomes the positive critical variable, following of which leads to significant speech improvement.

More than 300 specially recorded voice patterns serve as the models of various behavioral communication situations – criticism, flattery, anger, request, friendliness, aggression and other situations that are specially recorded by professional actors for the program database as speech patterns. The aim of the user is to listen attentively to the voice pattern and afterwards to reply congruently. The person speaks aloud into the microphone with the same tempo rhythm and speech expressiveness (intonation) as in voice pattern. The user can choose recommended reply, proposed automatically by the program or answer his/her own variant.

The percentage of NVC is determined automatically after each reply of the user; the recommendations on improvement of NVC are given. Each exercise is fixed and recorded. Assessment and control are available. These functions are developed for the SLP. The specialist can choose the number, the sequence and level of complexity of exercises for the PWS. The program affords to listen to any voice pattern of any exercise. Graphic depicts the dynamics of development of nonverbal communication skills. Clinical Netware version of the program is also available.

It's possible to learn more about NEODIALOG software package at the site www.neodialog.com and HYPERLINK "<http://www.speechhelper.com>"www.speechhelper.com

ISA WEBSITE

Benny Ravid

ISA web (www.stutterisa.org) site is the main contact channel between ISA board, ISA member associations and people who stutter around the world.

During the last three years, ISA web site went through a process of development and expansion. Many new web pages were added and many other were updated.

ISA webmaster and his group did their best to make the ISA web site efficient and pleasant for the readers. But, maybe, things could be done better...

According to emails we got from many friends around the world, we know, that there are a lot of excellent ideas, concerning ISA web site improvement and farther expansion.

We will have an opportunity to discuss such ideas on a meeting that will take place on the 8 congress for people who stutter.

STUTTERING: A BIOPSYCHOSOCIAL PERSPECTIVE

Pedro R. Rodriguez C.

A theoretical explicative model of the origin and maintenance of stuttering is proposed based on the concept of man as a biopsychosocial being. This model conceives stuttering as a speech disorder of initial biological origin, but developed and maintained by the interrelation of biological, social and psychological elements. As derived from the model, stuttering is a speech disorder that affects the communication process characterized by involuntary interruptions in speech fluency. These interruptions are accompanied by face and neck muscular tension, fear and stress which become the visible expression of the interaction of the organic, psychological and social factors that determine the particular characteristics of being, acting and feeling of a stutterer. Based on the model proposed, therapeutic experiences developed in self-help groups are presented.

EXPERIENCES OF WORKING WITH EMOTIONS AND THOUGHTS: HOW IT HAS INFLUENCED THE WAY I COMMUNICATE AND STUTTER

Per Rydengren

People used to tell me to think more positive and to visualize a good outcome. Until a couple of years ago this was almost impossible for me. None of these advices would ever work on me and I would often get frustrated. Five years ago I found myself in a situation where I constantly felt stress and anxieties. My body started reacting very strange. My muscles where cramping, I had difficulty sleeping and focusing. I had for some time wanted to learn more about how we humans work psychologically but I had never found a way in to the subject. One day I got hold of a book about finding the right tempo in life. I found it easy to read and I could relate too many of the stories from other people.

After this I got really curious and I wanted to learn more. I started reading a lot more than I ever had in my life. I read about stress, state of exhaustion, depression, fears, anxieties, panic attacks and social phobia. This turned my old world up-side-down and I felt quite bad from time to time and I had to seek professional help at some occasions. Learning about emotions was something new to me and I had to tear up some painful wounds from the past. This made me start looking at my stuttering in a new perspective.

In the last year I have been able to concentrate more on my thoughts. Recognizing different patterns in how I perceive the world and trying to expand my comfort zone. I don't think the key has been the psychology itself but the fact that I tried something different.

I started stuttering at the age of five, today I am 31 (32 in April 2007). My stuttering has been quite severe from time to time, but I have spoken almost fluently in many situations. These times has however felt random. Even though I today speak almost fluently I still feel a lot of fear and anxiety when I communicate with other people. This is an area I have to work on.

My aim with this 30-minute presentation is to share my experiences of the last couple of years. I have found it very useful to hear other people's insight and I hope to give something back.

INFLUENCE OF IMMEDIATE WAR ACTIVITIES ON FREQUENCY OF STUTTERING

Jelena Salić & Slavica Golubović

The war took place in the territory of former Yugoslavia and Bosnia from 1991 to 1995 affected the youngest population too.

The research was focused on children from the 2nd to 5th grades of primary school who had been through different war situations at early and preschool age.

The corpus was formed on the basis of answers of parents surveyed through a questionnaire covering 17 war situations that their children had been through. The experimental (E)group included children who had been through a few "difficult" war activities and situations, and the control (C) group included those children who had been through situations typical of environments outside the war activities zone. A total of 428 children, 214 in the experimental and 214 in the control group, there were 120 boys and 94 girls in each group attending the third and the fourth forms of the elementary school aged 8, 9, and 10, of the normal hearing, seeing, and of the normal intelligence.

According analysis of results of frequency appearance of stuttering in group E was 18 (8,41%) and in C group 10 (4,67).

Research pointed that is immediate need, after life danger is stopped, for making conditions for preventive acting and following, discovering and giving advisory and direct speech and language help.

SITUATION AND PROBLEMS RELATED TO THE TREATMENT OF PEOPLE WHO STUTTER IN BOSNIA AND HERZEGOVINA

Nevezeta Salihović & Sadeta Zečić

The main purpose of this paper was to present the situation and problems in Bosnia and Herzegovina related to the treatment of stuttering individuals, and also to present the most common approaches in the treatment of stuttering individuals. Well-organized and professional logopedic treatment of stuttering individuals has been present in Bosnia and Herzegovina for 60 years. A privilege to attend logopedic treatment had only those persons who lived in the major cities, because the logopedic services were mostly initiated as a part of greater health centres. Individuals who were interested in logopedics had an opportunity to study only in Zagreb and Belgrade, the capital cities of neighbour countries. At the end of 1993 Faculty of Defectology (currently Faculty of Education and Rehabilitation) was founded in Tuzla as a first and only institution of higher education of its type where students can study to become professionals responsible for the treatment of speech and language disorders. Foundation of the Faculty of Defectology initiated different stuttering phenomenology and prevalence research in Bosnia and Herzegovina. The first research on stuttering prevalence in Bosnia and Herzegovina was carried out in the region of Tuzla Canton. During this study a total number of examined preschool and school children and adolescents was 32 933. This research revealed 380 stuttering subjects or 1,15 %, sex ratio was 3,16:1, in favour of males. This research project on stuttering prevalence lasted for two years, and it was carried out in the period from 1995 till 1997, and financed by “Research Support Scheme of the Higher Education Support Programme” for Central and Eastern Europe Prague, Czech Republic. Large number of stuttering children discovered during this study were involved in stuttering therapy, and teachers and parents were advised and instructed how to recognize and reduce conditions which can have negative influence on speech fluency, and how to strengthen those conditions that could improve speech fluency.

Approaches used in stuttering therapy were directed towards reducing of stuttering severity. The most common therapy approaches used until ‘90 were: “Control of speech rate and rhythm”, “Reading”, “Easy speech”, “Relaxation”, “Delayed auditory feedback”, and “Conscious synthesis of development”. The stuttering therapy approaches that has been used recently are “Stuttering modification therapy” and “Fluency shaping therapy”. A greater number of graduated logopedists and their employment in kindergartens, schools and healthcare institutions provides an opportunity to work even more on stuttering prevention in Bosnia and Herzegovina, and it would also provide a chance for the majority of children to be involved in logopedic treatment. In Bosnia and Herzegovina there is The “Association of Logopedists of Federation of Bosnia and Herzegovina”, but unfortunately we still haven’t formed The Association for stuttering individuals. We strongly hope that “8th World Congress for People Who Stutter” will motivate us to initiate new activities that will improve the status of people who stutter in Bosnia and Herzegovina.

PHYSIOLOGICAL REACTIONS TO STUTTERING AND THEIR IMPACTS ON PEOPLE WHO STUTTER AND THEIR LISTENERS

Tim Saltuklaroglu

Numerous researchers have reported that people who stutter are thought to be nervous, tense, shy, quiet, reticent, and self-derogatory relative to people who do not stutter. Recent studies have reported on the possible genesis of these negative stereotypes. Using naive participants, Guntupalli et al (2005, 2006) showed significant changes in skin conductance and heart rate when witnessing stuttered speech relative to fluent speech. Using a similar paradigm, Bowers et al (2006) found significant differences in eye-gaze measures (i.e., number of blinks, fixation time, rapid eye-movements and pupil dilation) during observations of stuttered versus fluent speech. These physiological reactions appear to be temporally linked to stuttering events and suggest that stuttering evokes negative emotions.

We hypothesize that during stuttered communicative exchanges, persons who stutter, via mirror neurons, may sense the negative emotions and feelings of observers as they respond to stuttering. This perception-production link allows humans to “feel” the emotions in others as if they were occurring within themselves, providing a highly sensitive mechanism for emotion recognition and empathy.

Thus, we also hypothesize that the aberrant nature of stuttering leads to negative feelings in listeners that are reflected back onto the person who stutters creating a sphere of discomfort in the communicative exchange. Both parties may leave the exchange uncomfortable, anxious and/or with a general sense of unpleasantness that may have long lasting effects: These feelings may have a ripple effect from that point onwards: 1) contributing to the use of covert strategies for hiding stuttering in the person who stutters and 2) contributing the development of negative stereotypes as listeners assimilate their general perceptions of those who stutter from the emotional states induced by stuttering.

INTRODUCTION TO NEPAL STUTTERS' ASSOCIATION

Indra Shrestha

1. INTRODUCTION TO NEPAL

Nepal is a landlocked country. It is situated between China & India. East, South & West is surrounded by India and China is in North side. It occupies 0.03% area of the world and 0.3% of the Asia. Mount Everest is situated in Nepal.

2. INTRODUCTION OF NSA

NEPAL STUTTERS' ASSOCIATION was established by a group of stutters in 11 June 2003. Executive Committee of Nepal Stutters' Association comprises a group of stutters who came from different sectors and are educated, highly motivated towards the welfare of stutters. It is run by the people who are stutters themselves.

3. REASONS FOR NSA FORMATION

Stuttering was not officially recognized as a "handicap" in Nepal.

Stutters in Nepal are scattered.

Most of the people in Nepal are unaware that stuttering is a communication disorder.

There was no self-help organization to look into the problems of stutters.

4. OBJECTIVES OF NSA

To provide information to people about the facts of stuttering.

To organize the stutters in Nepal.

To conduct income generation programs for stutters.

To help the stutters, increasing their fluency.

To contribute to improving understanding about the attitudes of people toward stuttering around the world.

5. ACTIVITIES OF NSA

A workshop was organized on 10 April 2003. The theme of the workshop was "How to communicate with a person who stutters"

The NSA organized a stuttering orientation program held on 19 July 2003. The theme was "Stuttering Problems and Awareness".

The NSA celebrated a one day seminar in occasion of International Stuttering Awareness Day on October 22, 2003.

NSA celebrated the year 2004 as International Child Stutter 2004.

"One day Orientation workshop on stuttering Awareness" for School inspectors, Teachers on Nov. 27, 2004.

One day Orientation workshop on stuttering was held on May 15, 2005.

NSA organized one day workshop on stuttering on December 9, 2005.

NSA organized one day orientation workshop on stuttering on 12 November, 2006

Speech Therapy service is available once in a week in NSA Office.

6. STATUS OF ORGANIZATION

Number of District Committee: 6

No. of District Covered: 25

Number of Member: 276

7. ACHIEVEMENTS OF NSA

Stuttering is recognized as disability in Nepal

NSA is member organization of International Stuttering Association

It is member of National Federation of Disable Nepal

It has 276 members in 25 district of the country

It has six district working Committee

8. NSA FUTURE PLAN

Formed, organised and institutionalized 12 district committee in 12 districts of the country at the last of 2008

Increase the membership to 700 in 50 district all over the country in next 5 years.

THERAPEUTICAL WORK WITH PARENTS OF STUTTERING CHILDREN

Budimirka Simić-Ružić, Aleksandar Jovanović, Jelena Tadić & Nada Dobrota Davidović

Research, as well as our experience in practice, point to the importance of parental motivation for successfulness of therapy of different speech and language disorders, including stuttering. When stuttering children are in question, good motivation of parents for active involvement in therapy is of extreme importance. This is often achieved by individual work with the parental couple. However, if inadequate functioning of family and inadequate attitudes toward child's stuttering is present, it is indicative to include group treatment for parents as well. Therefore, in such cases, group therapy for parents of stuttering children is included in therapeutic program.

In this paper authors will present principals and manner in which group therapy of the parents of stuttering

children is conducted on our Institute, as well as the positive and negative aspects of this kind of therapy that we have noticed so far.

ART THERAPY AND MUSIC THERAPY AS A PART OF GROUP THERAPY FOR PEOPLE WITH FLUENCY DISORDERS

Petr Staníček, Pavel Florian & Ilona Kejklíčková

Group therapy is practised by individual and collective form and is aimed to the whole personality of patient and his difficult combination of problems. This combination must be solved by therapists in cooperation. Our team consists of: speech therapist, psychologist, neurologist, phoniatrist, art therapist and music therapist.

The program is focused to control of speaking mechanisms: soft vocal beginnings, correct breathed routines, time, rhythm, melody and psychological point of views on the failure. The therapy uses items of art therapy and music therapy. Patients express their feelings by using art techniques. Drawing, modelling of potters clay etc. Patients get to know many interesting information about them selves. This information is very important for whole image of failure. Using music therapy methods patients modulate fluency of speech. Music therapy works with melody, rhythm and speed of speech. Patients exercise skills during therapies for reacting in situations when changes of fluency appear.

Art therapy is part of comprehensive diagnostics. Therapist found a lot of important information about patient's inside process of thinking or acting. During art therapy process client open his conscious and also unconscious tendencies. Art therapy works as a diagnostics and also therapy method.

We found big success with using art therapy and music therapy in treatment process of fluency disorders. Art therapy has strong influence to personality of patient and his self-understanding. It is necessary for fluency correction. Our aim of treatment is patient's self-confidence, self-understanding and sureness during speaking and positive view to communication.

I CAN SUCCEED

Peter Stevenson

Peter Stevenson is a young man who has come a long way.

From a shy withdrawn teenager who struggled at school and was advised not to go on to further education, Peter has done remarkably well despite these set backs, despite his stutter and communication disability.

Peter has been able to gain employment, has a good job, has completed his Certificate in Museum Studies and will graduate shortly with a Bachelor of Arts, after 6 years of working full time and studying part time.

Peter will share his personal struggle with the system, his knock backs at school, his efforts to gain a job and his successes. Peter's determination, dedication and single-minded approach to achieving his goals, despite everyone saying he couldn't, is an inspiration to all people who stutter.

Peter is a member of the Western Australians Speak Easy Association and was one of the organisers for the 2004 World Congress. He puts his success down to Speak Easy, his Speech Pathologist and his single-minded determination.

Come and hear Peters motivating story.

MULTIMODAL VOCAL THERAPY

Milena Stojanović, G. Tomić, M. Svetel, P. Stanković, M. Vasić, M. Vukašinović, R. Dergenc

Multimodal vocal therapy (MVT), includes the battery of vocal and respiratory training techniques which identify all dysfunctional vocal habits, reduce vocal tension and pitch brakes, establishing new motor pattern which is applied in communication. We can recommend it as an assessment in dealing with motor speech disorders of various etiology, when tempo and rhythm of speech is compromised. This is the presentation of the procedure for spasmodic dysphonia (laryngeal stuttering) where we can show you our approach to treatment of stuttering.

Multimodal vocal therapy (MVT) is related to indirect and direct methods of vocal therapy. Indirect methods of vocal therapy include advisory interview and defining of phonatory problems, correction of inadequate respiratory patterns, position of neck and head, establishing optimal motor patterns of respiration, relaxation and auditory and visual feedback training. Direct methods of vocal therapy include structured training for adequate pitch, intensity, focus, glottal attack, glottal fry, pitch variability and so on.

Speech training is real-time, dual-screen module which analysis, documents, educates and reports of acoustic data of speech segment through different applications following: sound waves, intensity, frequency Fo, spectrogram, Power and LPC spectrum, vowel distribution and statistic report.

IMPLEMENTATION OF AN IN-THE-EAR DEVICE TO ALLEVIATE STUTTERING: RESEARCH EVIDENCE

Andrew Stuart & Joseph Kalinowski

The design and operating characteristics of the first self-contained in-the-ear device incorporating a micro-digital signal processor capable of delivering altered auditory feedback (AAF) for persons who stutter (PWS) was recently described (Stuart et al., 2003). Evidence from our laboratory supports the contention that this device may be a therapeutic alternative or adjunct to present therapy options: The proportion of stuttering during reading and monologue at 12 months post fitting was significantly reduced relative to pre-fitting. Self-report of behaviour related to struggle, avoidance and expectancy was significantly reduced at 12 months following initial fitting. The naturalness of speech produced by users while reading and during monologue with the device was rated by naïve listeners as more natural sounding than produced by users without the device. Additional data also supports the contention that not only can AAF reduce stuttering episodes for PWS, the duration of the residual stuttering is also significantly reduced as well as the total amount of time stuttering. No differential effect on the reduction of proportion of stuttering type (i.e., prolongation, repetition, or silent block) was evidenced with AAF. The observation that AAF does not have a differential effect on stuttering type was surprising. It was our initial clinical impression that those individuals who have stuttering predominately characterized by silent blocks were less likely to benefit from AAF. That is, it was our opinion that when one is “locked” in a silent block there is no auditory alteration in their speech signal to “push” them through their stuttering episode. It appears that this is not the case and it does not appear to explain the individual variation in responsiveness to AAF.

REDUCTION OF SPEECH ANXIETY AND SUBJECTIVE DISTRESS CAUSED BY CO-SPEAKERS’ REACTIONS ACHIEVED DURING STATIONARY GROUP TREATMENT OF ADULT STUTTERERS

Darinka Šoster, Jelena Tadić & Nada Dobrota Davidović

Due to the fact that enclosure into the group represents connecting with others, development of the feeling of belonging and mutuality brings necessary adjustment, group treatment in stationary conditions significantly contributes to resolving the problem of stuttering. Speech anxiety and increased subjective distress caused by reactions of co-speakers from social environment are characteristic of stutterers. On our Institute this form of therapy has become a part of therapeutic program with stutterers. In this paper successfulness of stationary group treatment is shown through review of reduction of speech anxiety and subjective distress caused by co-speakers’ reactions. Subjects are a group of 12 adult stuttering patients involved in a two-week stationary treatment.

Assessment of speech anxiety in 18 speech situations and subjective distress caused by co-speakers’ reactions for 13 different reactions is undertaken at the beginning and the end of the treatment. Results are showing significant reduction of speech anxiety and moderate reduction of subjective distress caused by co-speakers’ reactions.

STAMMER CAUSED BY STRESSFUL WAR SITUATION. HOW MUCH STRESS CAUSES STAMMER IN CHILDREN

Nevenka Špidla & Ljiljana Špidla

The research has been conducted on small randomly selected sample consisting of 11 children – five boys and six girls. All participants reported stammer that had occurred during the war. The stammering was influenced by both parents’ informing on the problem and their level of education. Cause of the disorder in speech fluency, heredity and phonological speech development in compliance with chronological age at participants was conducted by instrument measuring intensity of stammer (G.D. Riley). Some of the variables relating to stress non-adaptive situation were included. Statistics data show that that percentage is big. Post operative condition and hereditary factors influence stammer in children. Parents’ education as a variable was considered because of motivation and rehabilitation outcome.

Aim of the paper is to determine stammer intensity that occurred during the war in children affected by given situation; encourage the need to help and support that will motivate the child for rehabilitation and that will help him to overcome his difficulties in communication with others, in school, in a shop, with his peers, in public place etc.

ARTICULATORY DISORDERS AMONG STUTTERING CHILDREN

Jelena Tadić, B. Simić-Ružić, D. Šoster & N. Dobrota Davidović

In our work with children who exhibit speech and language disorders, we often come across combined disorders. Many research point that stuttering children have articulatory disorders more often than non-stuttering children.

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The goal of this paper is to establish frequency of articulatory disorders and logomotor competence among stuttering children. Speech and language evaluation was done on 15 children, aged 5.5–8, who came for the treatment at our Institute for stuttering, and whose parents noticed stuttering only as a problem. Some of the tests used were Global test for articulation for the evaluation of articulation of Serbian language voices and Test of logomotor competence. Results show significant presence of articulatory disorders and lower logomotor competence. Considering the results, we argue that it is necessary to do a complete speech and language evaluation on stuttering children and organize adequate individual therapy plan and program for each child.

HOW DRAMA-THERAPY CAN BE EFFECTIVELY USED IN THE TREATMENT OF ADULT AND ADOLESCENT STUTTERERS

Donatella Tomaiuoli, Paola Falcone, Roberta Castiglione, Eleonora Pasqua & Francesca Del Gado

Different forms of arts have been in recent years always more used as a therapeutic support, with interesting, various and successful applications.

This is due to the ability of arts to feed the spirit, stimulate patients to the treatment, activate and valorise individual resources, in the perspective of personal development, induce emotions, and stimulate creativity.

The artistic tool becomes a therapeutic medium, able to validly support traditional paths.

The same is for the treatment of people who stutter.

In this field, drama-therapy becomes a tool of special relevance, for its ability to develop both verbal and non-verbal language, in a demanding context, in consideration of the presence of an audience.

Learning and experimenting theatre improvisation techniques, mime, between play and drama, enables people who stutter to test and improve their communication and expression skills.

On stage, the person who stutters has the possibility to interpret different roles from the ones already experimented, and this makes him/her develop imagination, explore alternatives to rigid roles and daily behaviours, finding a new way of being, feeling, and presenting him/herself to the world. Doing so, the person positively re-defines the borders of his/her potentialities.

Body and mind are simultaneously engaged, between artistic expression and cure.

The result is an individual re-modelling and reinforcement of self-esteem.

The authors of the paper have developed and experienced from several years an integrated therapeutic protocol, made of both traditional- and arts-therapy, with a specific focus on drama.

The paper and its presentation will describe and analyse a drama-therapy experimentation supporting traditional logotherapy to a group of both adolescent and adult people who stutter.

In the experiment both therapeutic and artistic personnel have been involved.

The drama-therapeutic path, as in the protocol, has followed an initial cycle of logotherapy, which was aimed at the necessary learning of verbal facilitation techniques.

It concerned the preparation of a comic theatre-show and has produced results on both the improvement of verbal fluency, non-verbal language and the reinforcement of individual self-esteem.

EFFICIENCY OF BOTULINUM TOXIN THERAPY IN PATIENTS WITH SPASMODIC DYSPHONIA

Gordana Tomić, M. Stojanović, M. Svetel, P. Stanković, M. Vasić, M. Vukašinić & R. Dergenc

Spasmodic dysphonia (laryngeal stuttering) is primary fonological deficiency of verbal communication which is characterized by the presence of involuntary, unperiodical movements including hyperadduction, hyperabduction or tremor of glottis and supraglottis, followed by disfunction of phonatory breathing and changed facial expression.

Quality of life of our patients is significantly disturbed, and no satisfactory or longlasted effects of former medical and surgical therapy have been achieved. Application of Botulinum toxin in vocal cords seems to be the most efficient therapy for most of our patients. The first instillation of Botulinum toxin was performed by Andrew Blitzer, 1984. Due to specific demands for application, we have started with this treatment two years ago.

In order to research the efficiency of Botulinum toxin therapy in treatment of people with spasmodic dysphonia, we examined 10 patients. They underwent medical diagnostic procedures, perceptive and acoustic multidimensional computer evaluation of the voice and speech and initial phase of vocal therapy and then sent to Botulinum toxin instillation.

In our examination, correlation of perceptive and acoustic analysis of voice and speech, and subjective self-estimation of vocal handicap, before and after treatment, revealed the positive effects and significant improvements of almost all modalities of voice and speech of Botulinum and vocal therapy in treatment of patients with spasmodic dysphonia.

AN INVESTIGATION OF COMMUNICATION ATTITUDE, QUALITY AND LOCUS OF CONTROL IN STUTTERERS AND NONSTUTTERERS

Jennifer Tseng & Lin-Fen Hsieh

Adult Stuttering is not only speech disfluency, it might have an adapted or social problem. So stuttering is a communication disorder. This study was to investigate the communication attitude, communication quality and locus of control of the stutterers in Chinese. There were 31 stutterers: 25 males and 6 females, age average 26.84 ± 7.46 (range 18–47), average of education degree was 14.16 ± 2.60 (range 9–18), and 31 matched groups of nonstutterers, 25 males and 6 females, age average 28.52 ± 8.72 (range 18–48), average of education degree was 14.23 ± 2.38 (range 9–19). Evaluation included Locus of Control, Modified Erickson Scale of Communication Attitudes (S-24) and Quality of Communication Scale. The result showed that there was significant difference between the stutterers and nonstutterers with regard to S-24 and Quality of Communication Scale, however, significant difference was not reached in Locus of Control.

In conclusion, stutterers have more negative communication attitude and less satisfaction of quality of communication than the nonstutters in Chinese.

STUDY ON TREATMENT EFFECTS OF INTEGRATED APPROACH FOR STUTTERING ADULTS

Jennifer Tseng, Shu-Lan Yang

There are 200 thousand stutterers in Taiwan. In addition to disfluency, they may have social or work adaptation problem. The purpose of this research is to study the efficacy of integrated approach combining stuttering modification therapy and fluency shaping therapy in stuttering adults. Seventeen stuttering adults were included in this study. The experimental group consisted of 7 males and 4 females with average age of 26.73 (SD= 7.37). The average age of the control group was 26.67 (SD= 7.92), which consisted of 5 males and 1 female. The members of experimental group attended a two-day stuttering workshop for 14 hours, then participated in 10 sessions of group therapy for 25 hours. Total duration of treatment was 39 hours. Evaluation of efficacy of treatment included Locus of Control, Modified Erickson Scale of Communication Attitudes (S-24), Quality of Communication Scale and self-evaluation. Covariance analysis was applied in our data management. The results showed that integrated approach for stuttering adults decreased the frequency of stuttering significantly on their interview and reading task. However there was no significant improvement in Locus of Control, S-24, Quality of Communication Scale and self-evaluation. According to our study the integrated approach was effective in the treatment of stuttering adults in three months. But it may need longer to change the attitude of stuttering.

STAMMERING WORK IN KENYA

Salad Jillo Tutana

My name is Salad Jillo Tutana and I am a stutterer since my childhood. First and foremost I would like to thank the organizers of this conference for giving this global family the opportunity to meet in this beautiful country, Croatia. This conference will give some of us an opportunity to socialize and make friends, learn and, above all, the confidence to overcome stammering.

I am the last born in a family of four and nobody in my family stammers. I found this strange communication disorder making my life difficult ever since childhood. Although stammering is rare, nobody cares a lot if stutterers get teased and laughed at. The traditional curing methods, which are applied, are not successful enough and in need of further research. One such traditional method is that the stammerer is hit with the lung of the slaughtered sheep on the back at the time of his stammering. This is believed to scare away the stammer. The same was done to me at age the of 8 and it failed to work. During my school days I never asked any questions to avoid embarrassment and this greatly affected my learning.

Then it happened, I was surfing the internet and came across the 1st Conference For Stutterers in Africa that was held in Cameroon. I attended the conference and learnt a lot from it. ISA's launch of a self help group was a real breakthrough for us and together with others we started the organisation called Speak Easy Promotion org (SEPO). Arrival from Cameroon was marked by the 1st interview with the leading TV station in the company of Mark Irwin. The interview was broadcasted across the country twice and it was a special feature dubbed "Life line". Showing video clip (5 minutes).

Then we did the following:

Public campaign and awareness through barazas, workshops, and newspapers.

Advocating for the recognition of stammering as a disability in the disability Act, which was accepted.

This week we celebrated the UN Disability Week from 27th to 3rd December.

There is no other organisation in the country that deals with stammering. There are only two speech therapists

at The Agh Khan hospital with their support group. The University of Kenya does not offer any course on stammering. So, the gap is wide and we need to do a lot in terms of reaching out to people who stammer, their fundamental rights and acceptance in society. We have also registered with the umbrella Organisation of People with Disability.

In 2008 we set to plan for a ground-breaking national conference with ISA and this will be held in either of the three countries of East Africa, that is in Kenya, Uganda or Tanzania.

The 8th Conference for People Who Stutter in Croatia will set a pace for us to review and embark on the preparation and planning for our conference in 2006.

W

LIES, DAMN LIES AND RANDOM CONTROL TRIALS?

Tom Weidig

Random control trials (RCTs) are successfully applied in many areas. Recently, they have been used to evaluate treatment success: see Lidcombe and Pagonis study. I explain why a standard RCT in stuttering faces several conceptual difficulties, and might lead to an overly positive outcome. Specifically, I look at the statistical analysis of the outcome data of early childhood intervention. The natural recovery rate of dysfluent children significantly complicates the statistical study of the outcome data. I argue that the standard random control trial setup needs to be modified, because children are randomly assigned to the treatment or control group and by chance one group will have a higher natural recovery rate. I also point out other methodological difficulties like the possibility of distortion by a faster recovery of children that would have recovered anyway.

STUTTERING – PROBLEM OR CHALLENGE FOR THE SOCIETY?

Michael Winkler

The characteristics of stuttering itself make it sort of inescapable, so that particularly those people affected by stuttering connect negative experiences with their “little weakness”, such as public shame, loss of self-determination while speaking, decreasing self-confidence, etc., in the first place. However, why do stuttering people seem not to think about the other side of the medal, the “positive side effects”, i.e. the advantageous characteristics? If there is Yin, what is the Yang though? In many other fields of life we also don’t have any problem ignoring the negative or disadvantageous aspects of some things, e.g. pharmaceuticals, nicotine, alcohol, money, etc., or at least we do not pay too much attention. Why is this so difficult when thinking about (one’s own) stuttering?

Many stuttering people ask themselves from time to time why is it that they out of all people are the ones who stutter. Whereas this “Why” is often related to the backward aspect of stuttering – the cause – they normally do not take the forward aspect – the meaning of stuttering – into consideration. What makes us stuttering people different from “normally speaking people”? What are the consequences of stuttering people’s tendencies often to be the listeners and not the speakers? What ways do they go in their probably more distinctive introversion – is it an “inward escape” or moreover an “inner search”? Could an advanced work on one’s own speech problem really lead to a more intensive dealing with the psychic “I” – the Self? How did persons like Demosthenes, Isaac Newton, Winston Churchill or Marilyn Monroe – to name but a few – manage to reach exponential positions in the society? Did they do it in spite of or because of their stuttering?

The list of questions could be extended easily – every stuttering person would have her or his own questions and also her or his own answers. The biggest problem and at the time the biggest challenge as well is most probably that we ask ourselves such questions not often enough or even not at all. The presentation aims on the one hand at introducing reflections from the point of view of a “changed” stuttering person and on the other hand implementing established but also “new” strategies – for the single person as well as for the work in the self-helping groups. How can the topic “stuttering” find its way to the public more “customer-friendly”, i.e. more efficient, more laid-back, more appealing etc. in order to bring about more motivation and joy to the stuttering person as well as to the public.

Y

THE STORYTELLING WHICH MAKES AN EFFECTIVE FOR PHYSIOLOGICAL TRAINING AND MENTAL TRAINING WITH PLEASURE

Paco Yamaguchi & Tommy Nakagami

In self-help groups there are many philosophies, ways and opinions on how to deal with stuttering. I don’t want to impose my opinion on other stutterers who are willing to accept their level of stuttering.

First of all a stuttering self-help group is an oasis for stutterers where we can choose our way freely. Even if we are of different races, we all have the same mental pain, twinges, so we can feel like family for each other in these groups.

We can respect each other as friends and understand the same mindset for each other too. Non-stutterers can't understand a stutterer's true mental pain, and almost no non-stutterers are interested in stuttering. In stuttering self-help groups, we can study anything about stuttering and exchange information regarding stuttering treatment and research.

I was a member of Tokyo Genyu-kai (Japanese stuttering self-help group) for about 3 years. During this time I studied anything about stuttering and I thank the self-help group very much for this opportunity.

This time, I want to talk about, "How to treat stuttering in adults".

I really want to show Japanese storytelling to audience and also talk about my theory and method.

Anyway, I want to do my best and make a cheerful presentation.

As you may know that there is Beijing (Peking) Olympic Games in 2008, so that I want to show "Tokyo Olympic opening ceremony".

I will say 93 countries named in alphabetical order at a stretch in English and in Japanese.

Of course I'll include some English in order to help foreigners understand the storytelling.

Paco Yamaguchi's Theory!

We must rightly try to understand about stuttering, before we think stuttering treatment.

What is stuttering?

Stutterers' muscles of vocal organs are tightening, when stutterers feel nervous and tense. So, it seems that stuttering is made by mental problem of stutterer.

Stuttering treatment has become more international nowadays.

We have got to know most important things about adult stutterers.

There are adult stutterers same percentage (1% of population) in every country.

What causes it?

Speaking is only movement of the body. Why can you drive the car safely?

Because your body movements are controlled by your brain.

What does stuttering treatment means?

Stuttering treatment means Reform and Improvement. Get remission by speech training and practice then keep remission by more difficult training.

Paco Yamaguchi's Method!

My method was made by my experience and I took about 10 years. Of course I used to stutter and I have a small stuttering treatment clinic now. We must rightly try to understand about stuttering before we think about stuttering treatment.

Step 1. Elemental (basic) speech training.

Step 2. Practice and elemental speech training.

Step 3. Take situation gradually which you can't avoid and hide of speech in public.

Step 4. Learn the act of storytelling and compete with non-stutterers who perform the storytelling well.

Step 5. Please be a good teacher of stuttering treatment.

PERCEPTIONS OF PERSONS WHO STUTTER REGARDING THE EFFECTIVENESS AND VALUE OF ELECTRONIC DEVICES

Ursula Zsilavec, Corné Wright & Rebecca Berry

Introduction

Stuttering is a communication disorder, which impacts on the social quality of life. The role of audition in stuttering has attracted a great deal of speculation and controversy, yet research has not addressed this topic adequately to date. Over the past decades technology has become more advanced and the electronic devices more sophisticated. Electronic devices offer a range of different kinds of feedback. The different types of auditory feedback offered by these electronic devices are frequency-altered feedback (FAF), delayed (DAF) or masking noise. From previous research it is evident that individuals who stutter react differently to different types of auditory feedback. For this reason the challenge for the speech therapist lies in offering the client as many as possible valid treatment programmes, especially one that addresses the uniqueness of the client.

To date there a dearth of information exists on the long-term effects on fluency of electronic devices. Some questions posed are whether these devices should be used only in the therapy to enhance proprioception or as an assistive device in conjunction with therapy. There is also a need to identify indicators, which would guide therapists in appropriate decision-making with regard to effective intervention programmes. Electronic devices are costly and should these devices not meet the needs of the client who stutters the question arises whether these devices foster false expectations.

Two separate undergraduate studies at the Univesity of Pretoria attempted to answer some of the research questions therapists have; namely what the perceptions of users and non users are regarding these devices as

well as the perceptions and personality types of individuals who chose to use devices.

Design and Method

The aim of the first study was to determine the perceptions and attitudes of persons who stutter with regard to the effectiveness and value of the Speech Easy[®] device.

The second study investigated the self perceptions of people who stutter and receive therapy either using conventional methods or electronic device. In the introduction the student reflects on various intervention approaches and highlights the need for a holistic approach to stuttering therapy.

A qualitative, non-experimental descriptive research design was followed. Subjects comprised of people who stutter who were users of the devices, as well as non-users. Questionnaires were compiled for each group. A preliminary study was performed to determine the validity, reliability and errors in the questionnaires.

Results and conclusion

Results indicated that users of the Speech Easy[®] device were highly satisfied. The non-user group stated that traditional therapeutic methods were effective to reduce stuttering. Results might provide therapists with valuable information regarding views and perceptions of users and non-users of the Speech Easy[®] device.

In the second study regarding personal perceptions and personality types indicated that individuals with a chronic severe stuttering pattern does not necessarily choose to use a device and often relies on conventional therapy.

VALMOD PROGRAM – PROGRAM FOR THE WHOLE LIFE

Ilka Zupanič Dougan, Nuša Zorko & Jasna Krump

Stuttering is a very involved communication disturbance. Rhythm and tempo of speaking is disrupted, fear, strain and insecurity are always present causing various responses from the patients. Overall approaches in diagnostics and therapy substantially improve the quality of life of certain individuals. Tendency for recidivism is considerable as stuttering is concerned. Careful preparation for considering all the therapeutic principles in the everyday life is needed. We suggest to renew in deepen the principles accepted during therapy when the already gained results begin to loose.

At the Center for hearing and speech in Maribor we decided to help people who stutter, according to the ValMod program, a program introduced by Dr. Novosel and his cooperators. The advantage of the program is in the multi-dimensional approach to the diagnostics and therapeutics of stuttering. The program acknowledges an individual in all individual specialties. It incorporates various techniques, therapeutical approaches, supplementations and program modifications into the work. It provides a large amount of creativity and innovativeness.

The basic program is based on:

a program of relaxing with the use of autosuggestion

the Emg-biofeedback technique, which helps us to balance the muscle dynamics in the pre-phonatory, phonatory, and post-phonatory phase.

the phonation and respiration training

the myofunctional exercises with coarticulation

informing individuals with the problem of stuttering

an intensive communication through monologue, dialogue, discussion and preparation to various situations

the use of telephone

reading exercises

working in graphic life situations (street, market, travel agency, etc.)

preparation to constant work in every-day life after 12 days of intense therapy

the education of environment (family members) about the problem and ways of helping after 12 days of intensive work.

To an individual, the program offers possibilities, how to cope with and solve the problem. Persistence, patience and constant work on the problem are essential. The work has to take place in every real-life situations with paying attention to all the rules.

After the 12-day therapy we must:

continue the every-day work on the entire therapeutical program,

maintain control guidance with a therapist,

maintain contacts with other members of the group and members of other groups,

ensure the understanding and appropriate encouragement from the environment,

consider including an individual into the program again, if they did not learn therapeutical principles in whole,

renew the therapeutical principles after a certain time, which depends on the individual.

The ValMod program, with its width, constant supplementations, new experience and findings, enables individuals to improve mutual relationships, mutual communication, thus improving the quality of their lives. It

is necessary to accept the principles of the therapy and learn to live with them.
The thought is the beginning of everything.

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