



AMERICAN
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HEARING
ASSOCIATION

Special
Interest
Division **4**

Fluency and Fluency Disorders

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Eugene B. Cooper

Coordinator's Corner

Steering Committee's Thanks

Our division continues to grow and enjoys a reputation among the division Coordinators as being a prototype of how special interest divisions can serve their affiliates and, simultaneously, the greater good of all ASHA members. Speaking for the members of our Steering Committee, we take pride in this reputation and are deeply grateful to all of you for your continuing support ranging from the payment of your annual division dues, to attending the annual leadership conferences, to serving on the Division 4 committees and task forces, and to your willingness to openly share your thoughts on how the division can best serve those we are committed to serving.

Oliver Bloodstein Receives Fraser Award

One of the most gratifying and moving moments for me at the Sixth Annual Leadership Conference was the presentation ceremony at which Oliver Bloodstein received the Stuttering Foundation of America's Malcolm Fraser Award presented each year at the division's Annual Leadership Conference. It has been my good fortune to know Dr. Bloodstein for more than 40 years, and, for as old as I may grow to be, I will always look up to him as a great man whose work so influenced my own. He was a role model for me as I began my academic career and he

continues to be one to this day. I know of no kinder, gentler, more compassionate, articulate, creative, and caring professional than Dr. Bloodstein. We are all uplifted by his presence at our conferences and, this time, we got to tell him so.

Sixth Leadership Conference

The exploration of creativity in the treatment of those who stutter proved to be a popular topic to 70 plus affiliates meeting in San Diego in late May, 1999. Presentations, ranging from a "strict" behaviorist point-of-view to a "free-the-spirit" type approach that could be described as being spiritually-based, energized the conferees in attempting to identify guiding principles in the use of creativity in the treatment process. After 2 days of discussion, recorders from five break-out groups presented to all conferees the consensus of their group's thinking on the issues involved. It was a stimulating conference and participants were unanimous in expressing their gratitude in being able to address the issues involved. We look forward to the written report of that Conference on which, of course, you will be asked to comment before it is accepted as a



Oliver Bloodstein receives the Malcolm Fraser Award from (left) Jennifer Watson, Division 4 Steering Committee member, and Jane Fraser, Executive Director of the Stuttering Foundation of America.

division-approved document. Steering Committee member Jennifer B. Watson is to be commended for all her good work as the conference coordinator and for her willingness to write the first draft of the conference report.

Seventh Leadership Conference

Plans for the Seventh Annual Leadership Conference to be held in the spring of 2000 are proceeding. The Coordinating Committee is fo-

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cusing on identifying a site on the Southeast coast for the conference in April or May of 2000. You will be kept informed as to the time and place when final arrangements have been made. Once again, we thank ASHA for providing us with assistance in site selection.

The purpose of the Leadership Conference will be to focus attention on innovative models and practices for the clinical training of clinicians in the treatment of stuttering at both the entry and the specialty levels of professional practice.

Curriculum Relevant IEPs

School practitioners rapidly are becoming aware of the ramifications of the recently released new federal guidelines for implementing the Individuals with Disabilities Education Act (IDEA) amendments passed by Congress in 1997. The new guidelines call for all Individualized Education Plans (IEPs) to be curriculum-relevant. ASHA's School Services Unit has initiated a nationwide effort to assist school practitioners in complying with the new guidelines.

With ASHA's continuing efforts at developing functional treatment outcomes measurements through its National Outcomes Measurement System (NOMS) and our own division's efforts at identifying and fostering the development of functional fluency treatment outcome measures, we find ourselves in an excellent position to be responsive to the call for an increased curriculum-relevancy in our treatment goals and objectives. Both the 1997 and the 1998 Division Leadership Conferences dealt with identifying and assessing functional fluency treatment outcomes. Perhaps the most significant result of those conferences was the development of a consensus that the affective, cognitive, and behavioral components of fluency disorders must be included in any attempt to assess functional fluency treatment outcomes. Rather than focusing primarily on the behavioral components of an individual's disfluencies, conferees agreed that affective and cog-

nitive factors are as important, if not more so, than many of the behavioral components that are popularly used today by clinicians to assess fluency treatment outcomes.

As you may recall, our Leadership Conferences on this issue first developed general statements of preferred functional outcomes for fluency treatment from the perspectives of the client, the parent, the clinician, the third-party payer, and society. In the succeeding year, the Leadership Conferees began to develop a series of seven-point scales (in keeping with the NOMS project) to be used in assessing the affective, behavioral, and cognitive features of stuttering. Critical features in each of the three dimensions were identified. Each point along a seven-point scale for each feature was then identified and labeled. Presently, the division's Task Force on Treatment Outcomes is being organized and will be operational by the end of the year. From a review of the preferred fluency treatment functional outcome statements developed by the annual leadership conferees, the relevancy of those preferred treatment outcomes to the curricula-based goals in schools is readily apparent. For example, we should be and probably are more concerned with the child's ability to communicate effectively than we are in the number of disfluencies the child exhibits. Yet, too frequently, we continue to focus on disfluency counts as indicators of the severity of the child's fluency problem when our research and our good common sense tells us fluency counts are one of the least valid or reliable measures of fluency treatment outcomes. I think that the work our division has done and is doing in identifying functional fluency treatment outcomes will be of assistance to school clinicians seeking help in writing curriculum-relevant IEP goals. The goals of fluency treatment as defined in recent Leadership Conferences are consistent, if not identical, to curricular goals pertaining not only to speech, language, and communication skills in general, but to such broad goals as developing good citizenship.

Special
Interest
Division

4

Fluency and Fluency Disorders

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In addition to facilitating school clinicians' efforts at making their fluency treatment program goals more relevant to their clients' school curricula, we will be continuing our work with the NOMS project staff in an effort to increase the validity and reliability of its existing seven-point scales for assessing fluency treatment outcomes. As you know, thousands of clinicians in a variety of work-settings throughout the nation are participating in the NOMS project by utilizing NOMS scales in their assessment activities. We want to be confident that those scales reflect our profession's best estimate as to what are the preferred functional treatment outcomes for those who stutter.

Diagnostic Code Change for Stuttering

Division 4's Steering Committee is continuing its dialogue with ASHA's Private Reimbursement Policy Director as to our Association's request to change stuttering out of its present location in the "Neurotic Disorders, Personality Disorders, and Other Nonpsychotic Mental Disorders." While the Steering Committee favors the placement of stuttering in the section labeled "Symptoms, Signs, and Ill-Defined Conditions (syndromes)," others are suggesting we move it to a section indicating a physiological causality. I do not think it advisable to move in that direction. Many of us agree, based on the wealth of research before us, that chronic stuttering is indeed a syndrome with multidimensional features resulting from the interactions of multiple co-existing etiologies. To continue to think in the simplistic and time-worn two-dimensional framework that suggests problems are the result of either physiological factors or of psychological factors is counterproductive. I think the continuance of many of our colleagues to think and to write as if the chronic stuttering syndrome can result solely from either physiological factors or from psychological factors has not only impeded efforts in educating the public

as to the nature of stuttering, but in treating those who are chronic stutterers. A recent popular admonition is to "think outside of your box." I think we could all benefit from a little more of that.

In the meantime, the Steering Committee will continue its efforts with ASHA in arriving at an agreeable alternative to stuttering being classed as a "neurotic disorder," or, for that matter, as a physiological disorder.

Council for Research in Communication Sciences and Disorders

At an ASHA-sponsored Forum on Interdisciplinary Research in Communication Sciences and Disorders held in Chicago, IL May 21-23, 1999, attendees representing over 30 related professional organizations approved the establishment of an independent organization to promote interdisciplinary research in the discipline. One of the new council's major goals is not only that of providing a forum for scientists in our own discipline, but for scientists in all disciplines concerned with communication sciences and disorders. Speakers noted that while there may be an "erosion" of research efforts within our discipline, there is a veritable "explosion" in research in communication sciences and disorders being conducted by others in disciplines far beyond the "ASHA umbrella." In view of this, conferees moved to create an organization in which all scientists involved in research in communication sciences and disorders (without regard to their discipline) can be brought together for the benefit of all.

ASHA researchers for years noted with alarm that, with an increasingly small percentage of our membership engaged in basic research, our discipline was losing its research base and soon would be no longer capable of producing the new knowledge needed to sustain our discipline. Fortunately, in the past two decades, researchers from many

other research-based disciplines have pursued basic research in the communication sciences and disorders because, as we all know, the processes of communication and its disorders are of basic concern for most, if not all, disciplines. The new Council on Communication Sciences and Disorders will facilitate communication between these researchers for the betterment of all.

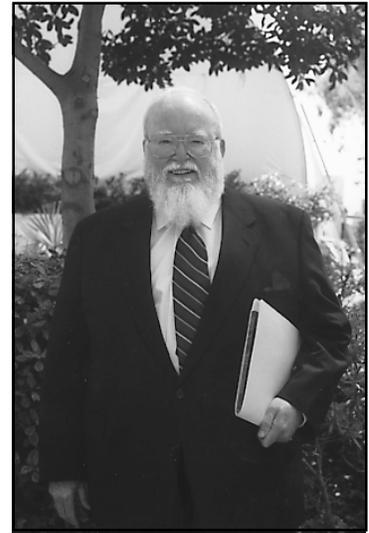
Following the approval of the Council's Bylaws by an eight-member interim Board of Directors, the council will be incorporated as a tax-exempt organization. The council's governance will be determined primarily by representatives of sponsoring organizations who will serve as a Board of Directors empowered to elect its own officers. As your representative to the Interdisciplinary Forum, I am pleased to report that I was appointed to serve as chair of the Bylaws Committee (with Laura Wilber and Peg Williams). The final draft of the bylaws is currently under review by the council's Interim Board of Directors and, hopefully, The Council for Research in Communication Sciences and Disorders will be an incorporated reality in the near future. I'm delighted that our division was there to support the creation of the Council and that I was able to take an active role on your behalf in the council's development.

Coordinator Thanks

At the conclusion of the Sixth Annual Leadership Conference in San Diego, Walter H. Manning and Jennifer B. Watson, on behalf of the Division's Steering Committee, presented me with a Waterford Crystal Clock for the time I have spent over the last 7 years (6 as Coordinator) serving on the Division's Steering Committee. Knowing that my second 3-year term as Coordinator expires in December, they thought it appropriate to present this gift to me at this year's Annual Leadership Conference. I deeply appreciate this gift and thank all those involved in making the award. I will have one more column to write as Steering Commit-

Cooper to Receive the Honors of the Association

Eugene B. Cooper, Division Coordinator for the past 6 of his 7 years on the Division for Fluency and Fluency Disorders Steering Committee, is one of five individuals receiving the Honors of the Association in 1999. The Honors is the highest award given by ASHA. Cooper, the author of over 150 publications primarily in the areas of fluency disorders and professional issues, has presented over 200 workshops throughout the United States, Canada, England, Scotland, Wales, and The Netherlands. In addition to serving on numerous discipline-related committees, boards, and councils over the past 40 years, Cooper served as charter executive officer for four national organizations, including the Council of Academic Programs in Communicative Disorders, the National Council of State Boards of Examiners in Speech-Language Pathology and Audiology, and the National Council for Communication Disorders. He currently serves as Bylaws Committee Chair for the new interdisciplinary Research Council for Communication Sciences and Disorders. Cooper will be presented the Honors during the ASHA's awards ceremony held in San Francisco in conjunction with its 1999 annual Convention.



Eugene Cooper at the 1999 Division 4 Leadership Conference

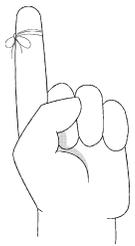
tee Coordinator when I can more adequately express my thanks to Steering Committee members past and present and to all of you who made these some of the most exciting years of my professional life.

Call for Nominations: Malcolm Fraser Award

The Stuttering Foundation of America and the Special Interest Division for Fluency and Fluency Disorders announce a call for nomi-

nations for the 2000 Malcolm Fraser Award, an award bestowed on an individual in recognition of excellence in the field of stuttering. The award, consisting of a plaque and \$2,000 from the Stuttering Foundation of America, will be presented at the 2000 Annual Leadership Conference of Division 4. Among other criteria for eligibility, nominees should have highly respected, distinguished careers in speech-language pathology (or closely related disciplines) with specific and multiple contributions that have made significant positive impact on chil-

dren and/or adults who stutter. Contributions may be in the areas of clinical services, research, support for persons who stutter, and/or professional training or development of clinicians. To request nomination guidelines, please write to: Klaas Bakker, Division 4 Awards Committee Chair, c/o ASHA, 10801 Rockville Pike, Rockville, MD 20852. Completed nomination packets must be received at the same address of ASHA by January 15, 2000.



Don't forget to join us . . .

The Annual Meeting of Special Interest Division 4 will be held on Thursday, November 18, 1999 from 2:00 p.m. to 4:00 p.m. in the Convention Center, Room 120 at the ASHA Convention in San Francisco.

See you there!



Bob Quesal

From the Editor

We are in the process of indexing all of the special interest division 4 newsletters from Vol. 1 all the way through our current Vol. 9. That cumulative index should be included with the next issue of the Division 4 newsletter, coming out in early 2000. In reviewing all of the Division 4 newsletters that have been published since 1991, I noted that months of publication tend to vary. That trend has continued during the 3 years that I have been editor, as well. One might wonder why the newsletter cannot be published in a more "regular" fashion. The simple answer is that we wait until we have enough news for a newsletter, then put it all together and send it out. During the past 2 years, we have had a "beginning of year" issue that has summed up Division 4 events of the previous year, a "pre-Leadership Conference" issue that has set the stage for the Annual Leadership Conference, and a "pre-ASHA Convention" issue that has summed up the Leadership Conference activities and set the stage for events at the ASHA Convention. Because the Leadership Conference was held later this year than in previous years, our final issue of the year is coming out a bit later than in the past 2 years.

In Commission's Corner in this issue, we have *very* important information from Richard Curlee, the chair of the Specialty Commission on Fluency Disorders, regarding a number of issues relating to applying for the Initial Cadre of Fluency Specialists. Anyone interested in fluency specialization should be sure to send the appropriate form(s) to the Specialty Commission. Once Form 101 is received, the Commission will send you a packet of information designed to streamline the application process. The application forms (Forms 101, 102, and 103) were included in the past two is-

Richard F. Curlee

Commission's Corner

The Specialty Commission on Fluency Disorders met three times, before and after sessions, at the Leadership Conference in San Diego. These were our first face-to-face meetings since assuming office on January 1, and we had a lot more to discuss than we had time. A focus of many of these discussions was how to make it easier for applicants to submit all of the documentation needed to support their application for recognition in the Inaugural Cadre of Specialists. This led to our developing a form that requests the types of educational, clinical, and volunteer experiences an applicant has had which documents the qualifications required to be recognized as a Specialist in Fluency Disorders. Much time was spent developing, revising, revising, and revising the form until we realized that mailing the latest draft was preferable to trying to perfect it. So, a revised application packet (with the still to be perfected form) will be sent to everyone who has expressed interest or requested information about the Inaugural Cadre of Specialists.

Several prospective applicants have contacted the Commission about having to spend at least 100 clock hours each year in the management of clients with fluency disorders in order to become and remain recognized as a Specialist in Fluency Disorders. Such hours can be earned in a variety of

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sues of the Special Interest Division 4 newsletter.

Once again, "Fearless Leader" Gene Cooper has put together an informative Coordinator's Corner with up-to-the minute information about a variety of factors that affect our division. As always, it is must reading.

Scott Yaruss shares his insights as a "fluenter" at the National Stuttering Project (now National Stuttering Association) Convention this summer. Marty Jezer's Consumer's Corner piece contains Marty's interesting and informative perspectives on the use of electronic devices in stuttering. We also have two new "Clinical Nuggets," vari-

ous information about International Stuttering Awareness Day, and the usual assorted informative tidbits. In sum, we have enough information compiled to send out a newsletter.

As always, I want to encourage everyone in Division 4 to share with me any ideas or suggestions they have for the newsletter. I can be contacted via email: R-Quesal@wiu.edu; phone: 309-298-1955, ext.249; Fax: 309-298-2049; or U.S. Mail: Speech & Hearing Clinic, 113 Memorial Hall, Western Illinois University, Macomb, IL 61455. Or you can wait and talk to me at the Division 4 membership meeting ASHA Convention.

Commission

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ways—assessing clients, providing treatment in clinic or outside settings, supervising treatment sessions, counseling clients or parents of children with fluency disorders, or consulting with other clinicians or professionals about such clients. Hence, fewer than 2 hours each week need to be provided, on average, from the continuum of clinical services within the scope of clinical practice for this clinical population.

We have also been asked for information on how the Commission uses the \$150 application fee now required. The Commission, like all future specialty commissions recognized by the Clinical Specialty Board of ASHA, is required to support itself, and its only source of funds are the fees it collects. It receives no ASHA support, because members' dues cannot be used for such purposes. Although Commission members volunteer their time for meetings, responding to inquiries and applicants, developing forms and informational material, evaluating applications, communicating with other members and so forth, costs we incur for printing, copying, filing, mailing, etc. have to be paid. Application fees are being used to cover these sorts of costs at present. However, more substantial expenses are involved in obtaining tax-exempt status and liability insurance for the Commission and in the development, administration, and scoring of an examination, which still must be developed. The latter expenses are being covered initially by a start-up grant from Special Interest Division 4. As the number of Specialists, Mentors, new and renewal applications increase, the Commission will likely need part-time clerical assistance, its own computer with appropriate database and accounting software. Of course, only time will tell if current application and

renewal fees will be sufficient to cover expenses.

The Clinical Specialty Board has been discussing alternative titles that formally designate persons who are identified by this and other Commissions as specialists to clients and the general public and how such titles might be protected. We responded to the Board's request for our opinion with, "Commission Recognized Specialist in Fluency Disorders." We also expressed concerns that this title may not prevent persons who are not Commission recognized from identifying themselves as Specialists in Stuttering or in some similar way that would confuse clients and undermine the usefulness and credibility of Commission Recognized Specialty programs. This is still an issue in search of a solution, and we will keep you posted on what is decided as we learn it.

Applications for the Inaugural Cadre of Fluency Specialists are being received at increasing rates during the second half of the year. Although the Commission is able to act on completed applications within 90 days, it has been advised by the Clinical Specialty Board to delay formal actions on applications until after it has adequate liability coverage. In the meantime, we hope that everyone who has submitted applications, and those who are waiting for us "to get our act together" before applying, will continue to be patient. Each of us appreciates the patience that colleagues have shown us throughout the year. Such understanding and civility seem to be increasingly rare in today's society, and we are acutely aware of our good fortune.

If you have additional questions about any of these issues, other concerns, or wish to obtain further information and application materials write: Specialty Commission on Fluency Disorders, P.O. Box 4475, Morgantown, WV 26504-4475.

Consumer's Corner

Electronic Fluency Aids

Marty Jezer

Marty Jezer is the author of Stuttering: A Life Bound Up in Words (Basic Books, 1997). He was recently chosen "Member of the Year" by the National Stuttering Association.

This article is about electronic devices for stuttering. Some call them "fluency aids." I prefer the term "anti-struggling" devices, because what they do is change the nature of my stuttering and, as a result, remove the burden of stuttered speech. Few people who stutter are familiar with them. Other than through self-help and Internet discussion groups, there is no way for the manufacturers of these devices to advertise their existence. In the past, some speech pathologists were hostile towards their use, but that hostility has diminished. While some professionals still oppose their use as a matter of principle (stutterers should not depend on a "crutch" for fluency), many professionals are simply unaware of their existence or, if they are aware, have never seen them used.

In addition to describing some of the devices, I will argue that electronic devices can play an important role in helping stutterers communicate more effectively. They can be put to good use in therapy programs, especially in transfer situations. And they can help young people overcome the traumatic experience of giving public presentations in school. These devices, I will argue, need to be taken more seriously by the professional community.

A brief personal note: I'm 58 and still, measurably, a severe stutterer. I've had every kind of therapy imaginable. I've been through the Hollins precision fluency shaping twice, the second-time for free because early on during my first 3-

week session, Dr. Ronald Webster, who heads the program, noted my difficulty achieving a proper gentle onset, even within the confines of the clinic. I've used electronic devices since 1984. I still stutter, but not as badly. I've become, thanks to the example and encouragement of members of Speak Easy and the National Stuttering Association (formerly National Stuttering Project)—as well as to the portable DAF and Edinburgh Masker devices I use when speaking—an effective public speaker, not only at self-help gatherings but in meetings of people who do not stutter.

The electronic devices I am familiar with are the Edinburgh Masker and those manufactured by Thomas David Kehoe of Casa Futura Technology. I have used the Masker for more than 15 years. In the past year or so, I've been experimenting with the Casa Futura devices. All are portable and battery-operated. Each consists of a small box-like unit that can be worn (and hidden) on a belt or in a pocket. Two wires (hidden under a shirt) attach to the unit. One goes to a dime-sized throat microphone that can be taped (with double-sided tape) to a point on the neck near the vocal cords (it can also be held tight to the spot with an elastic band). The second wire goes to inconspicuous earphones (there are a variety in use). When you speak, you hear a particular noise (depending on the device) and this will aid your fluency.

The Edinburgh Masker produces white noise, a masking sound that drowns out the sound of your own voice. The noise stays on for a fraction of a second after you stop speaking. This allows you to move easily from one word to the next without the masking sound switching on and off. The Masker, which comes from the United Kingdom, is no longer being manufactured, but I've heard from the British Stammerers Association that production might be resumed.

Thomas David Kehoe, himself a person who stutters, manufac-

tures three units. Two are portable. A pocket DAF (delayed auditory feedback) unit and a newer FAF (frequency-shifted auditory feedback) unit. Kehoe also manufactures a desktop model for use with a telephone. Phone companies in some states will provide them free of charge to people who stutter (for information, contact Casa Futura). The desktop models are also used in clinics. They contain components that enable clients to monitor their precision-shaping fluency targets. Many speech clinics use them. I used the desktop model for the telephone and will attest to its effectiveness. But my focus here is on the portable pocket models.

Electronic devices do not cure stuttering; no unit I know of produces perfect or automatic fluency. Each type of device seems to work differently for different people. And studies show different rates of improvement for different people. Some units have a carry-over effect, but not for everyone. There is, I believe, a general consensus that these devices will improve the speech—to a lesser or greater degree—for most everyone who uses them.

In my case, the more conscious I am of using speech techniques (for me, slowing down and using voluntary stuttering) the more success I have with the devices. Once I begin vocalization, my speech comes fairly easily. I still stumble on consonants but my speech moves forward. Speech is no longer an exhausting effort. I still stutter, but I speak effectively.

I don't have much faith in subjective self-reporting (especially my own) and wish that my speech could be studied with and without one of these devices. Empirically, I know that they have made a difference. Friends who I've not seen in a long time almost always comment on my improved speech. More to the point, I speak more, and in all situations. I always battled my fear of speech. To me, avoiding speech is worse than the actual spasms of

stuttering. But sometimes speech was just too difficult—for me and my listeners. There were many times, before I used the Masker, that I wanted to speak but chose to keep silent.

Now, I don't fear talking. Conversation is no longer an issue for me. I consider myself fluent, even though I am still stuttering. With the help of my devices, I've joined Toastmasters, and have come to delight in public speaking, not only at self-help conventions for people who stutter, but for audiences of fluent people. A few days ago, I spoke up at my local school board meeting. It was a heated topic, there was a large audience, and it was being broadcast live on cable access TV. I stuttered, but I held the attention of the audience. Without my DAF unit, I wouldn't have done it. It wasn't the fear of stuttering in public that would have stopped me. It was my level of disfluency; without my portable DAF, the audience would not have understood me. And that, not the fact of my stuttering, would have been humiliating.

I am most comfortable with the Masker, because I've used it longest. The noise sometimes bothers me, as do the plastic (custom-shaped) earplugs. On hot days, my perspiration sometimes short-circuits the unit. (*C'est la vie.*) The Casa Futura devices also have this problem, though the FAF and DAF sounds are much easier to take than the white noise of the Masker.

The Masker (like the DAF) encourages monotonic speech. It wasn't difficult to overcome this drawback. I learned very quickly to make myself aware of inflection and speech dynamics. No one has ever called me a monotonous speaker.

The DAF is my unit of choice for public speaking. It slows my speech and seems to relax my speaking mechanism. I'll use it next week in a "humorous story" competition at my Toastmaster chapter. And I'll use it later at a writer's convention

when I'm on a panel about "memoir writing." The problem with DAF is that it tends to pick-up background noise. Not only do you hear your own speech in a delayed sequence, but you hear what other people are saying with a similar delay. This makes conversation difficult. Kehoe's unit allows you to lower the sensitivity of the microphone pick-up. This does cut down background noise, but it also lowers the volume of the DAF. I know two users who do well with their pocket DAF in conversation. I'm still trying to find an effective balance.

Speaking with the FAF unit is like choral reading. You hear the sound of your own voice as you are speaking. It's possible to adjust the pitch, and I'm still trying to find the optimum setting. Sometimes it works well when the pitch is only slightly altered. Other times it works better when what I hear is the sound of my voice a half or full-octave lower. I've yet to try it at a higher-pitch. For me, the FAF is a work-in-progress. It does lessen my disfluency and diminish my facial and speaking tension. How much? I wish I were part of a study.

Many severe stutterers, who suffer from what Eugene Cooper calls "chronic perseverative stuttering," or CPS Syndrome, could make use of these devices. These are stutterers who simply can't communicate. An electronic aid could ease their struggle and allow them to communicate—even with a residual stutter.

Ultimately, the choice is up to the individual stutterer. But I would like speech pathologists to present these units as an option, especially for their clients who are having trouble transferring their techniques into real-world situations.

These units could also be offered to moderate stutterers as an aid to public speaking, job interviews, and all those high-stress situations where good communication is necessary. A little boost in fluency could help them in their ca-

reers, in their studies, and in their social and civic activities.

What about teens and children? I'd hate for children to become dependent on a device so much so that they'd give up speech therapy. On the other hand, these units, especially the DAF device, can be an aid to therapy, helping the client to slow down and use techniques, even in difficult transfer situations.

There is nothing more devastating for a child who stutters than giving an oral presentation in class and not being able to get a fluent word out. For many kids, the humiliation they feel in class affects their self-esteem and their identity. Kids who are defeated by speech may have difficulty responding to therapy. The weight of defeat is simply too overwhelming. An electronic device is no substitute for a sympathetic counselor, but it might make speaking in class less traumatic. Speaking success in a classroom setting would, I am sure, have a positive affect on the way children who stutter feel about themselves. And this could have a useful carryover affect on their attitude towards therapy, and of helping themselves.

The Casa Futura devices and the Edinburgh Masker are not the only electronic aids on the market, but they are the ones I'm familiar with. My plea, again, is that specialists in stuttering look at these devices as useful adjuncts to formal therapy. And that researchers gather some data on their effectiveness in real-life transfer situation. Electronic devices may, indeed, be a "crutch." But some of us need them. People with hearing problems are encouraged to use hearing aids. Why, then, aren't people who stutter encouraged to use fluency aids?

Not all will choose to use them, but the choice should be ours.

Resources: Thomas David Kehoe, Casa Futura Technologies, PO Box 7551, Boulder, CO 80306-7551, Phone [888] FLU-ENCY. Web site: <http://www.casafuturetech.com>

Clinical Nuggets

Gerald Johnson

University of Wisconsin-Stevens Point

Motivational Trophies for Self-Help Groups

Many years ago, I attended a Toastmasters Club meeting in Lansing Michigan, home of Oldsmobile Cars. One of the awards given out that evening was a tie pin with a miniature sparkplug attached. This was given to the person who "sparked and motivated" the meeting. Later in my career when I began to run an adult self-help group called AIMS: The American Institute for the Management of Stuttering (our logo was a broken arrow and our motto was: "AIMS Knows Stuttering") I was wracking my brain to find ways to additionally motivate the group. I remembered the sparkplug and thought this might work. I bought a full sized sparkplug and a 1 1/2 x 4 inch block of wood and drilled a hole to hold the sparkplug. On the face of this "trophy" I burned into the wood with a hot soldering iron "spark plug award." I thought this would be great for the person who really got the group going, but what about the person who was striving for stuttering modification. It was not necessary for that person to be fluent, but rather to be showing exemplary effort toward his/her goal. Having watched *The Wizard of Oz* with our kids for 100 times, I was hit by the idea of the oil can and the Tin Man oiling up the hinges of his jaw and his squeaking out his first rusty words. There was my idea: get an old small metal oil can and embed the spout into another block of wood and burn into the side of the wood "The Tin Man Award." The members of the group at the end of the meeting would vote for the two persons who would "win" the awards and to be able to take them home with them until the next meeting. You can imagine the dynamics that took place during the meeting and at

the recipients home afterwards. We had great fun and intrigue with these two trophies.

Beth McMillen

Toronto, Ontario

I heard an interesting story told by a very wise man and I'd like to share it.

There once was a little boy who was just starting to talk. He gazed up at the moon, tugged on the man beside him and uttered, "Moon." The man knelt down and together they shared in the little boy's amazement and the magical moment.

Now imagine that same little boy looking at the same night sky and uttering, "M-M-M-M-Moon." Somehow, they may not share the same magical moment. The adult

may feel uneasy, anxious, or fearful and his thoughts may turn to past difficulties or future obstacles. It is difficult to stay in the moment and really share the magic of communication with a child who is struggling to talk to you.

When I heard this story a knot formed in my stomach and I felt the terror I had felt when my own son struggled to speak with me. It was at that moment that I really understood "Listen to what they say, not how they say it." I had heard it said many, many times, but I did not really understand until that day. I did not necessarily tell my son to slow down or relax. I felt like I was supporting him without drawing attention to his speech, but I was worrying about the girlfriend he wouldn't have or the class presentation he couldn't give

rather than just staying in the moment and sharing that time with my child. It seems that children who stutter may have very different interactions with parents and friends than children who do not stutter. This is an example of one of those magic moments that take place at workshops...The speaker was Phil Schneider, and this took place at Hofstra University during a "Year of the Child who Stutters" workshop. I always thought that this story would make a great therapy tool to help parents identify their feelings and reactions to stuttering when they imagined their own child in the story. I would have told you I was handling things well, but this example proved otherwise. Once I could identify my feelings and reactions, I was better able to deal with them.

Reflections on the National Stuttering Project Convention

J. Scott Yaruss

University of Pittsburgh

Stuttering Center of Western Pennsylvania

On June 23-26, 1999, the 16th Annual Convention of the National Stuttering Project was held in Tacoma, WA. Nearly 500 people who stutter, their families, and a growing number of speech-language pathologists gathered together to learn about stuttering and to share their experiences living with stuttering. I had heard from my friends and colleagues about their wonderful experiences at previous NSP conventions, so I was looking forward to attending my first NSP convention.

The program included both educational and motivational presentations aimed at helping people who stutter and their families deal with stuttering in their daily lives. The number of program highlights is simply too great to mention all of them. Examples include: reviews of different theories about stuttering and various treatment philosophies; tutorials about how people who stutter

can reduce their negative feelings about speaking, eliminate avoidance of speaking situations, and increase their participation in life; and discussions of how people can combine participation in the National Stuttering Project with treatment. One presentation that stands out in particular was the moving and entertaining keynote address by motivational speaker Lee Bussard, a person with cerebral palsy whose message is that people are "more alike than different." We can all learn and benefit from this message.

Perhaps the most moving aspect of the convention for me was the Youth Program, which included a series of separate workshops for youth, teens, and their parents aimed at helping families come to terms with stuttering and minimize the impact stuttering has on children's lives. These youngsters showed amazing courage and strength that

enriched and motivated all of the participants at the convention.

In addition to the more than 50 workshops and presentations, the convention was rich with social interaction, giving the feeling that this meeting is more than just an opportunity to learn about stuttering, but also an extended family reunion where people from all walks of life can come together to share friendships forged by common experience and concerns. The members of the National Stuttering Project feel and demonstrate a true and deep respect for each another, and this adds an additional dimension of dignity and excitement to this convention.

One of the most important announcements at this year's convention was that the National Stuttering Project is changing its name. The new name, to be introduced gradually over the course of the next year and then formally launched at the con-

vention in Chicago next year, is the *National Stuttering Association* (NSA). According to Chairman Lee Reeves, "what started as a project, is certainly not a project any more." The new name recognizes the growth of the organization over the past two decades from a small self-help group to a much larger and more influential association that touches the lives of thousands of people across the country.

In addition, the association announced its formal involvement in stuttering research with the creation of a Research Committee consisting of three speech-language pathologist researchers and three people who stutter. The purpose of the committee is to promote research on stuttering and to facilitate interactions between the organization and researchers interested in tapping the wealth

of knowledge and experience the organization's membership holds. The first research project officially sanctioned by the committee, conducted at the convention, involved the collection of survey data regarding the National Stuttering Association membership, as well as preliminary data on a series of experimental measurement instruments designed to assess how stuttering impacts the daily life of people who stutter.

As a first-timer at the convention, I was impressed by the warm welcome I received as a speech-language pathologist *and* person who does *not* stutter. The National Stuttering Association's membership, and particularly the board of directors and other leaders, are truly interested in developing and enhancing the relationship between people who stutter and speech-language

pathologists. This feeling was evident throughout the convention, from the supportive attendance at workshops presented by clinicians, to the public welcome and thanks given to clinicians at the welcoming ceremony, to the recognition given to speech-language pathologists during the awards ceremony.

I strongly encourage all clinicians who work with people who stutter to attend the National Stuttering Association convention, not only to learn more about people who stutter and to support this growing organization, but also to become part of this large community of people interested in stuttering. I am certain that your experience will be as positive and rewarding as mine. The next convention, which promises to be the largest so far, will be June 22-24, 2000 in Chicago.

What is International Stuttering Awareness Day?

Michael Sugarman and Amy Johnson

Below was a joint effort by participants at the ISAD workshop "Think Globally. . . Act Locally — What YOU can do for International Stuttering Awareness Day ~ October 22, 1999" recently held at the National Stuttering Project's 16th Annual Convention in Seattle/Tacoma, Washington. This is a result of a one-hour brainstorming session to focus attention on "What is International Stuttering Awareness Day". Posters and brochures available at ahava1951@aol.com or by writing ISAD, c/o Amy Johnson, P. O. Box 525, Gates Mills, OH 44040.

Interaction between professionals and consumers
Networking
Talking
Educating
Responding to needs
Nourishing the spirit
Asserting our rights
Telling the world
Inviting participation
Organizing activities within your community
Nurturing new programs
Advocating
Listening to each other

Strengthening worldwide efforts
Teaching
Understanding
Thinking in new ways
Teamwork
Early intervention
Reaching out
Initiating dialogue
Now is the time
Global awareness, acceptance & action

Advertising
Writing the media
Alone no more
Replenishing the spirit
Empathizing
New ideas
Empowering
Sharing one voice
Speaking freely
Distributing helpful information
Acknowledging our history
You can make a difference

International Stuttering Awareness Day Online Conference

Judith Kuster

Minnesota State University, Mankato

For last year's ISAD online conference, 50 people from 15 different countries wrote 37 different papers that made up the conference. From October 1 to October 22, 1998, the entire conference site had 23,585 requests for information with an average of 1025 requests daily. (183,417,872 bytes were transmitted during the summary period with an average of 7,974,690 bytes transmitted daily). Those requests came from 31 different countries. Each paper was read by an average of 175 people (which would be a good attendance for a single paper at any conference!).

Feedback about the conference was extremely positive. People who do not ordinarily have an opportunity to talk to the experts in the area of stuttering could ask questions. People from around the world could

share their ideas. Consumers had an opportunity to learn from and just as importantly, to have their ideas heard by the professional community.

This year's conference promises to provide another excellent experience for participants, with invited papers by consumers and professionals around the world. Among the countries represented are the US, Canada, Argentina, Spain, India, Israel, Germany, the United Kingdom, Denmark, Belgium, Australia, and Iceland.

Panel discussions, papers, and poster sessions (short research reports) will be placed online October 1, 1999. The papers are designed to appeal to a general audience, including speech-language pathology students, school speech-language pathologists, private practitioners, uni-

versity professors, and consumers from around the world. Interested individuals will be able to read the papers which each will have a threaded discussion attached (like a bulletin board where questions and answers can be accessed at any time). In this way, individuals from around the world will have easy access to ask questions and to make comments on any of the papers they wish. The authors have agreed to respond to appropriate questions on the threaded discussions.

The online conference will be linked at the top of the Stuttering Home Page (<http://mankato.msus.edu/~stutter>) starting October 1, 1999 and is freely accessible to anyone with a connection to the Internet.

Reminder for Division 4 Affiliates

Affiliates who meet the criteria for inclusion in the Inaugural Cadre of Specialists in Fluency Disorders should submit Fluency Special Interest Form 101 before assembling their application materials. A copy of the form was attached to the May Newsletter. The Commission will then forward additional guidelines and a form that ensures all of the information needed to process an application is submitted. Inaugural Cadre applications must be received no later than June 30, 2000. After this date, the criteria for recognition as a Specialist in Fluency Disorders will change substantially.

Beginning July 1, 2000, an applicant will have to develop a plan for completing 100 clock hours, each, of approved educational and guided clinical practice activities under the supervision of a Commission recognized Mentor, then pass an examination. Until then, applicants need only have the CCC-SLP, 5 years or more of post-CFY experience, continuing education (during the past 3 years) related to fluency disorders, and thorough knowledge of the nature and sustained experience in evaluating and treating persons with a fluency disorder.

Any affiliate who plans to become a Commission Recognized Mentor must first be recognized as a Specialist in Fluency Disorders.

Leadership Conference 2000: Clinical Training in Stuttering

The purpose of the two-and-one-half day Seventh Annual Leadership Conference is to focus attention on innovative models and practices for the clinical training of clinicians in the treatment of stuttering at both the entry and the specialty levels of professional practice. Following presentations by well-known clinical instructors in fluency, conferees in small groups will identify elements of effective clinical training for the treatment of stuttering. Plenary sessions will be held as the conference proceeds to develop a consensus among conferees regarding guidelines for clinical training in the treatment of stuttering.

Editor's Note: The following statement was developed by a 1999 ASHA Executive Board (EB) subcommittee. The subcommittee consisted of EB members (Jeri Logemann and Nancy Swigert, who worked with National Office staff members Debra Busacco, Ellen Fagan, and Arlene Pietranton) appointed to address the issue of professional cross-training (i.e., training individuals in another profession to perform activities within one's scope of practice).

Educating Other Professionals About What Audiologists and Speech-Language Pathologists Do

Many continuing education offerings focus on the multidisciplinary approach to evaluation and treatment of various communication disorders. Such a focus can offer opportunities for audiologists and speech-language pathologists to educate other professions about what our professions do. The real question, however, in this competitive education and health care environment is "Should we educate others **about** what we do or **to do** what we do?" This distinction is a critical one for each speaker/educator to consider. It is a critical question for all clinicians who work in a multidisciplinary or "team" environment as well.

Educating other professionals **about** what audiologists and speech-language pathologists do can expand our service delivery and allow us to reach children and adults with communication disorders who might not otherwise be referred to us or who might be referred too late or later than the optimum. However, teaching other professionals **to do** what we do can be dangerous. All of the particular aspects of what we do that make our treatments and evaluations successful cannot be taught in any short-term continuing education environment to individuals who do not have the intensive graduate education required for audiologists and speech-language pathologists. How we successfully select and apply the assessment and treatment procedures we use depends upon our background knowledge of normal and abnormal function in each of the areas

in which we work. Other professionals do not come to our continuing education programs with that kind of educational background. In addition, to teach another professional to do what we do opens up the possibility of an unnecessary and potentially unhealthy competition that could compromise outcomes for patients or even their well-being.

It is critical that every speaker participating in a continuing education program ask him- or herself, "How can I teach **about** what I do without misleading members of the audience, which may include other professionals, to think that they are now prepared **to do** what I do?" Our scope of practice, our clinical diagnostic and treatment procedures, and our competencies require the in-depth education we receive on the undergraduate and graduate levels. We sell our professions and our clients short, as well as diminish the value of our education, if we try to teach others in a brief, multihour or even multiday continuing education course/workshop to do even a small part of what we do.

As an ASHA CE Administrator you need to be aware of this potential problem in courses your organization may offer. Talk about this issue with your speaker(s) and program planner(s). Look carefully at each speaker's proposed content and the expected outcomes for the participants. If the speaker intends that as a result of successful completion of the course in question the participants will be able to "do" (perform, interpret,

analyze...), then it is important that specific prerequisites be noted so the participants understand what skills and knowledge they should have before enrolling in the course. These prerequisites should be as specific as possible (e.g., attendance limited to speech-language pathologists with prior experience in evaluating patients with _____ disorder). Also, it is important to identify the target audience for the course. It is difficult for a speaker to have different outcomes in mind for different audiences (e.g., speech-language pathologists will be able to do _____; everyone else will be familiar with what speech-language pathologists can do with _____). As the CE Administrator, it is your responsibility to make sure that the printed promotional materials accurately describe the target audience, course content, prerequisites, and the expected learner outcomes so that all potential participants know what to expect if they attend the course. Offerings that are administrative (rather than clinical) in nature may be more appropriate for a diverse audience (e.g., "Understanding the Impact of Reimbursement Changes on Rehab Professionals"). Finally, with some offerings, it is good practice to provide a disclaimer, such as the following: "This 2-hour course does not provide you with all the skills and knowledge necessary to provide a comprehensive diagnosis of swallowing disorders in infants."