I. Catalog Description and Credit Hours of Course:

Etiologies, comprehensive assessment and treatment of a variety of fluency disorders primarily identified by stuttering behaviors in children and adults. (3).

II. Prerequisite(s): CD230; CD340; or consent of instructor.

III. Purposes or Objectives of the Course:

Student will:

A. Gain factual knowledge regarding normal disfluency and stuttering (*IIIC and IVG).

B. Develop skills in identifying need of referral for evaluation following screening of children with disfluent speech characteristics (*IVG).

C. Demonstrate knowledge of etiologies and characteristics of fluency disorders (*IIIC).

D. Apply course materials to make decisions regarding appropriate assessment protocols for diagnosis of stuttering and associated disorders in persons of all ages (*IIID and IVG).

E. Make decisions regarding appropriate management protocols for the individualized and group treatment of persons of all ages with fluency disorders (*IIID and IVG).

F. Identify principles related to the development of fluency in young children and communicative behaviors in children, adults and their communicative partners that foster fluent speaking (*IIID).

G. Develop skills in team participation and clinical management of fluency disorders through activities that simulate assessment and treatment of children and adults who demonstrate fluency disorders (*IIID and IVG).

[*denotes Knowledge and Skills Acquisition (KASA) standards from the American Speech-Language Hearing Association.]

IV. Expectations of Students:

Students will be expected to assimilate and demonstrate an understanding of the information in class discussion and on activities designed to develop identification, assessment and treatment skills. They will be expected to demonstrate knowledge of
identification, assessment and management skills applied to persons of all ages who exhibit fluency disorders on written examinations.

V. **Course Content or Outline:**

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<tr>
<th>Unit</th>
<th>Course Title</th>
<th>No. of Class Hours</th>
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<tbody>
<tr>
<td>I</td>
<td>Identification of Stuttering and Normally Disfluent Speech</td>
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<td>1. Terminology pertaining to fluency and fluency disorders</td>
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<td>2. Quantitative and qualitative analysis of fluency and perceptual dysfluencies</td>
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<td>3. Secondary behaviors</td>
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<td>4. Classification of levels of stuttering</td>
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<td>5. Covert/Interiorized stuttering</td>
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<td>II</td>
<td>Etiologies of Fluency Disorders</td>
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<td>1. Theories regarding etiology of stuttering</td>
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<td>2. Language and constitutional factors related to stuttering</td>
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<td>3. Development of stuttering in children</td>
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<td>4. Cluttering</td>
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<td>5. Psychogenic stuttering disorders</td>
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<td>6. Neurogenic stuttering disorders</td>
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<td>7. Tourette’s syndrome</td>
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<td>III</td>
<td>Incidence and Prevalence of Stuttering</td>
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<td>1. Contrast between incidence and prevalence</td>
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<td>2. Developmental disfluencies</td>
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<td>3. Spontaneous recovery</td>
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<td>IV</td>
<td>Assessment Protocols</td>
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<td>1. Screening children for fluency disorders</td>
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<td>2. Preschool assessment protocols</td>
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<td>3. Parent/child interview</td>
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<td>4. Perceptual assessment protocols for younger school-aged children</td>
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<td>7. Psychosocial assessment protocols for younger school-aged children</td>
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<td>8. Psychosocial assessment protocols for adolescents</td>
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<td>10. Client interview</td>
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<td>11. Secondary behaviors associated with stuttering</td>
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<td>V</td>
<td>Management of Fluency Disorders</td>
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<td>1. Fluency Shaping and Stuttering Modification compared, contrasted, and integrated</td>
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<td>2. Indirect and direct treatment protocols for preschool children:</td>
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<td>i. Lidcombe Program,</td>
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<td>ii. Shine Systematic Fluency Program,</td>
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iii. Easy Does It For Fluency,
iv. functional family centered therapy

3. Counseling with parents of young children who stutter:
   i. functional family-centered therapy
   ii. support groups

4. Individual and direct behavioral treatment protocols for school-age children, adolescents and adults who stutter:
   i. cancellation
   ii. pull-outs
   iii. preparatory set
   iv. adaptation
   v. bouncing
   vi. desensitization
   vii. conditioning
   viii. easy-onset
   ix. light consonant contact
   x. rate reduction
   xi. relaxation
   xii. attitude changes
   xiii. respiration and breathstream management
   xiv. continuous phonation
   xv. transfer and maintenance
   xvi. Fluency Rules
   xvii. Message Therapy
   xviii. Stocker-Probe Technique for Stuttering Modification

5. Group behavioral treatment protocols for adolescents and adults who stutter:
   i. McGuire Stuttering Program,
   ii. Generating Fluent Speech,
   iii. Ron Webster’s Hollins College Program,
   iv. Precision Fluency Shaping Program

6. Support Groups
   i. National Stuttering Association
   ii. FRIENDS: The Association of Young People Who Stutter

7. Bibliotherapy

8. Devices used to treat stuttering
   i. Delayed Auditory Feedback
   ii. pacing/metronome
   iii. SpeechEasy7
   iv. biofeedback
   v. Fluency Master
   vi. Edinburg Masker

9. Covert/Interiorized Stuttering

10. Neurogenic Stuttering Disorders
11. Psychogenic Stuttering Disorders
12. Cluttering
13. Other communication disorders co-occurring with stuttering
   i. language
   ii. articulation/phonological disorders
   iii. voice disorders
   iv. cognitive disorders

Unit VI: Documentation and Reimbursement Issues
1. Individualized Education Plan (IEP)
2. Private Insurance reimbursement for behavioral therapy and fluency devices
3. Writing goals, measuring outcomes, terminating treatment
4. SID4; Recognition for Fluency Specialists

VI. Textbook(s) and/or Other Required Materials or Equipment:


Other Selected Readings and/or Materials or Equipment (placed on reserve):

**Books:**

**Videotapes from the Stuttering Foundation of America:**
Counseling with Parents of Children Who Stutter
Desensitization
Diagnostic Interview
Do You Stutter: Straight Talk for Teens
Identification
If You Stutter: Advice for Adults
Making Sound Clinical Decisions
Modification-Cancellation
Modification and Monitoring
Stabilization
Stuttering: Straight Talk for Teachers
The Child Who Stutters: Practical Advice for the School Setting
The School-Age Child Who Stutters
The School-Age Child Who Stutters: Dealing Effectively with Guilt and Shame
The School-Age Child Who Stutters: Working Effectively with Attitudes and Emotions
The School Clinician: Ways to Be More Effective
Variations

Websites:
http://www.fluentspeech.com
http://www.freedomsroad.org
http://www.mankato.msus.edu/dept/comdis/kuster/stutter.html
http://www.nsastutter.org
http://www.stuttering.org

To be provided by the instructor: audio and video samples of persons exhibiting a variety of fluency disorders, assessments and samples of clinical interventions.

VII. Basis for Student Evaluation:

The weight of evaluation criteria may vary at the discretion of the instructor and will be indicated at the beginning of each class.

A. Student will be evaluated on the basis of performance on two written examinations (objective and subjective). The examination grades will compose 40% of the final grade (*IIIC, IIID and IVG).

B. Student will be evaluated on the basis of ability to complete perceptual assessments of dysfluent speech and secondary behaviors from videotaped samples, develop evaluation reports, and make recommendations for management. These assessment grades will compose 20% of the final grade (*IIIC, IIID and IVG).

C. The student will be evaluated on the basis of a written report and oral presentation regarding a specific treatment protocol for a fluency disorder. This grade will compose 25% of the final grade (*IIID and IVG). Graduate students will make an oral presentation and provide a written report of 8-10 pages in length following APA guidelines. Undergraduate students will be expected to make an oral presentation and provide an outline of their presentation. The formal paper requirement is waived for undergraduate students enrolled in this course.

D. The student will be evaluated on the basis of practical assignments requiring participation in pseudo-stuttering and community activities and respond in writing to outcomes of these activities. This grade will compose 15% of the final grade (*IIID and IVG).

Violations of academic honesty represent a serious breach of discipline. Engaging or knowingly assisting in academic dishonesty, including plagiarism, cheating, and those
acts which would deceive, cheat, or defraud so as to promote or enhance one’s scholastic record may be considered grounds for disciplinary action.

When a student is accused of academic dishonesty, the accusing faculty member must contact the student to discuss the allegation in either an informal or formal process.

Sanction for violation of the Academic Honesty Policy may include faculty imposed sanctions (i.e., a grade sanction and/or require the student to redo the work, fail the student on the work or require the student to receive additional instruction as provided by the University Library, Writing Center, or other University resources). Additional sanctions up to disciplinary probation or suspension may also be imposed. Students should speak with faculty members regarding their expectations for academic honesty.

Please refer to http://www6.semo.edu/judaffairs/code.html for the complete policy on Academic Honesty at Southeast Missouri State University.

Approvals:
   Department: 01-30-2004
   College Council: 04-07-2004
   Graduate Council: 09-16-2004