

Facilitating Treatment of Stuttering in Children and Adolescents

Hermann CHRISTMANN

The Association for Stutterers in Denmark, Kløverprisvej 10 B, 2650 Hvidovre, Denmark

hc@has.dk

Summary

Treatment of stuttering in children in Denmark is carried out in municipally based treatment sites within the school administrations, where Speech Language Pathologists are working with all kinds of speech and language impediments; none are working exclusively with stuttering. This paper reports the process and results of a project with the aim of developing models to enable small treatment sites to render a standing, consistent service of adequate quality to children who stutter. An important aspect of the project is to work on speech language therapists becoming familiar working with organizational matters in order to get the services explicitly embedded within the organization.

1. Introduction

The present project is a spring off of the project presented at the IFA-Congress in 2000, where Christmann (1999, 2001a, 2001b) and Niclasen (2001) reported, that treatment of stuttering in the municipally administered school system in Denmark is characterized by a volatile service that furthermore varies greatly from one municipality to another. Though organized and financed very differently from the Danish sites, the same kind of problems seems to exist in the National Health Service in the UK (Humphreys, 2002a, Humphreys et al 2003). In both countries the service rendered varies very much dependent upon whether the Speech Language Therapists (SLT) in a given site are devoted to working with stuttering or not and of their level of competency regarding treatment of stuttering. The managements of these settings seemingly have not accomplished setting up adequate frames for the professional staff enabling it to secure a consistent service characterized by an adequate level of quality. Based on these findings from two very different organizational set-ups one might assume, that a considerable part of the problem is due to the small-sized and scattered treatment units with small staff numbers, the skills of which do not necessarily encompass all kinds of speech, language, and hearing impediments that, due to legislation, are mandatory topics of treatment for the sites.

In Denmark, each municipality has the authority to tax its citizens and it has as well to a certain degree the authority to decide upon its own service level dependent upon its political aims, priorities, and the legislation. In other words, the municipalities have a high degree of political autonomy, which means, for example, that economic problems in a given municipality can hamper the carrying into effect of the national legislation despite the fact, that it according to legislation is mandatory to provide service toward speech disorders including stuttering. This kind of conflict is very difficult to handle because there are not really any sanctions against the municipalities for infringing the law.

2. Stuttering as a low incidence phenomenon

The flaws reported by Christmann (1999, 2001a, 2001b, 2004a) are: Non-sufficient basic training of therapists; A decentral-ized treatment system combined with a "low-incidence" (see Humphreys, 2002a) disorder 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 central-ized 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 are based mainly on enthusiastic individuals, hence "system-embedded" rendering of service is virtually non-existing, which results in a volatile service. We cannot do without enthusias-tic individuals, but they need systematical support and incentives from their managers and their workplace, their services thus being embedded in the system. Hence the idea arose of initiating a project working with the interaction of organizational, managerial, and educational conditions for rendering a qualified service for stuttering children and their parents.

Treatment services are provided by the school administrations run by the local municipalities, many of which are too small to recruit a staff in the possession of the wide range of skills required to secure a sufficient amassing of specialized competen-cies in all the areas within the field of speech, language, reading, and hearing that are covered by the treatment sites. Al-though mandatory according to legislation, "small" areas like stuttering in reality only get a treatment that is professionally adequate in a small minority of the sites. Furthermore there usually are too few clients, especially school children, resulting in an insufficient on the job training. Insufficient continuing education budgets mean further erosion of treatment skills. Many of the initiatives of treating stuttering that have been taken, have not been initiated as the result of a managerial (or political) decision on the basis of a discussion of ways and means, but have simply been started by enthusiastic SLTs who did not pay much attention to management and red tape.

The Association for Stutterers of Denmark is managing the project as a co-operation between the Association and the seven participating treatment sites. The project is financed by a grant from the Danish Ministry for Social Affairs.

3. Objective

The objective of the project is to develop models that will secure any stuttering child to get a professional qualified service at any time. In other words the aim of the project is to establish a consistent service based on explicitly expressed rules that are confirmed at administrative and political levels and integrated in the administrative procedures, such as budgeting and formal

reporting of plans and activities. Thus the project addresses organizational development issues, including items such as knowledge management, knowledge creation, changing work routines, and learning, as much as it addresses pure stuttering treatment issues. One of the efforts of the project is to embed the treatment of stuttering within the organization, thus not solely relying on enthusiastic individuals. The process and the results of the project are published giving other treatment sites the opportunity to find inspiration for enhancing their own provision of service toward stuttering.

4. Project stages

The project is divided into four stages:

Stage 1: Establishing contact to participants, each participating site formulating its objectives;

Stage 2: Identification, looking for good practices, planning the activities;

Stage 3: Concrete measures undertaken for enabling the settings rendering the services;

Stage 4: Embedding of the gathered knowledge on how to obtain the services aimed at. The project started July 2001 and it terminates in 2005.

5. Introduction of the participating treatment sites

Seven treatment sites are participating in the project. Overall the participating treatment sites are working in communities somewhat larger than average of all communities in the country. The seven municipalities nevertheless vary greatly in population and in staff sizes. The population varies from 7,000 in the smallest to 280,000 in the biggest, average is 81,000 inhabitants, and median is 29,000 inhabitants. The substantially smaller median than average is due to two of the participating municipalities (the second and fourth largest municipalities in Denmark) being much bigger than the remaining five. If we exclude these two municipalities, the average population of the remaining five is 24,000 inhabitants, which is more in line with the average population of all Danish municipalities of 19,000 inhabitants.

The SLT staffs in the seven sites vary from 1 to 32 full time positions. In most of the sites a sort of specializing has emerged, as a couple of SLTs are doing most of the work with stuttering, while the other SLTs working "out in the districts" predominantly are referring to the more specialized therapists, but most of them are also doing counseling work and some treatment of the moderate cases. None of the specialized therapists are exclusively working with stuttering, they have other job assignments as well. The number of the specialized therapists varies from 2 to 4 in most sites, though in one site there is only one therapist covering all impediments including stuttering, and in another site there are as many as 12 therapists who are working with therapy of stuttering on a regular basis.

It was striking to the project manager, that even though working with stuttering is not a negligible part of their time, very few of the SLTs felt, that they were specialists in the sense that they had much to offer, as for instance writing articles; neither did they feel comfortable devoting their time to study much literature on stuttering. Thus they expressed the need for textbooks and other material that were directly applicable to their everyday working situation.

6. Method

The reasons given by the SLTs in the sites for participating in the project crystallize into an overall wish of rendering a good service. Some of the explicit reasons quoted were: To obtain a more "streamlined" (i.e. system-embedded and systematized) service; To enhance our professional qualifications; To participate in a network; To be able to extend our services; To avoid stuttering becoming a life-long handicap; To maintain our competency.

Regardless of the size of the site, all speech therapists are busy doing their work. This represents a certain problem to the project manager, who can not rely on the participating persons devoting their full attention to working with the project, which off course is quite natural, the project being an additional assignment to their normal chores.

A two day start-up seminar arranged by the project manager addressed some of the key issues in strategic planning, such as setting up a vision, objectives, and goals, as well as following-up on goals and evaluation of objectives. Further the participants addressed their own sites' strengths and weaknesses, their actual situation, and how to work to get closer to the objective from where they were at that time.

The treatment sites were asked to set up their respective objectives and goals for their outcomes participating in the project. This obviously is a new way of thinking for SLTs, who traditionally have been thinking solely in terms of speech therapy. Now they had to extend their work to encompass organizational matters too in order to be able to strive to secure therapy provision by embedding it within the organization i.e. the SLTs also need to think in terms of organizational theory and organizational development, although in a very straightforward and practical "down-to-earth" manner. Specifically they have to think of how to act in the given context to obtain their goals of providing good services, e.g. influencing their managers, having the services explicitly entered into the working plans and budgets of the treatment sites, working on getting the administrative as well as the political system familiar with stuttering and treatment of stuttering.

7. Results

In a project of this type it often is difficult to distinguish clearly between process and outcome as in fact the process itself is part of the outcome.

The objectives set up by the SLTs were overall reflecting their desire to render a service that is consistent, permanent, visible (to the public as well as to colleagues and management), of a good professional quality, and based on politically approved plans and budgets.

The objectives and goals set up have crystallized into activities to carry the sites closer to the states envisioned. The activities can be roughly classified into four categories: (1) Dissemination of information, (2) Embedding the work into the administrative and political level in the municipality, (3) Continuing education, (4) Treatment. As mentioned earlier, the seven sites are rather different; hence some sites have decided to enter into activities that do not pose any problem to other sites. The following list of the main activities reflects this broad range of activities. Each category heading is printed in bold, and the corresponding activities are listed under the each category.

Dissemination of information – visibility and raising the awareness of stuttering

- Informing school teachers making it clear that treatment involves the associates of the child, including school teachers. Some of the participants have found it extremely difficult to reach the teachers, arising, at least partly, from the very strict regulations of the work conditions of the teachers. As part of the project these participants are trying to find ways to overcome this problem.
- Informing colleagues within the treatment sites – raising awareness among staff members who do not work with stuttering.
- Rendering information to parents, kindergarten personnel, and nurseries through local media and addressing the different groups in person through public meetings.
- Introducing the work the SLTs are doing with stuttering on the web site of the municipality and/or the treatment site.
- Raising public awareness through participation in The International Stuttering Awareness Day, public meetings, and writing articles in the local newspapers and advertising weekly papers.

Embedding the work into the administrative and political level in the municipality

- Describing the planned activities for the coming school year regarding stuttering and enter it into the formal activity plan for the whole site. In that way the work with stuttering is explicitly expressed and thus will gain more attention among administrative managers and political leaders
- Providing a standing, yet flexible, service. Having the work with stuttering explicitly described and politically approved as one of the activities of the site.
- Establishing statistics on the work in order to enhance the service, to share knowledge and skills among the speech therapists working with stuttering, and to describe the children in the groups.

Continuing education

- On the job training, where less experienced therapists learn from more experienced during a group therapy.
- Preparing a “binder” for all colleagues not working with stuttering. The binder includes information on the service, such as legal requirements, diagnostic procedures, treatment procedures, etc.

Treatment

- Involving a psychologist in the work with stuttering
- Establishing groups of stuttering school children in different age brackets.
- Establishing a “café” for adolescents who temporarily do not feel like going into therapy.
- Establishing a Lidcombe Program.
- Developing models to evaluate treatment outcome.

Co-operation and networking as informal continuing education

Many feel a need to co-operate and discuss problems with other therapists as a way of enhancing their skills. One such way is participating in networks provided by the Stuttering Information Center of Denmark (these are networks for working with young children, working with school children and adolescents, working with adults, and a network of psychologists working with stuttering).

From the beginning the start-up seminar was the only seminar planned to take place throughout the whole duration of the project. However, the start-up seminar proved to be a success beyond the more formal lectures, especially in terms of networking and discussions across sites and in providing time and space for much needed intra-site discussions. Hence the project plans were adjusted and annual seminars were arranged.

Another type of co-operation is referring children with a severe stutter to more specialized treatment sites. As mentioned many municipalities have a quite small population and thus too few stuttering school age children to form a group in a given age bracket. In these cases a co-operation across the municipal boundaries with the SLTs in the adjacent municipalities could be warranted. All these activities were blended into the project work and the daily work and not explicitly formulated as activities entailing the project work, although in some cases the project had triggered the decision to enter into these networking activities.

Many of the project activities in the communities will continue beyond the termination of the project, which will continue conveying the project results by means of a web site and of information and counseling work on demand when asked for by interested treatment sites.

A book (Christmann 2004b) is published serving the same purpose. It contains the reports from 11 treatment sites setting up their stuttering treatment services. The cases – how to establish the services – are described in some detail and the book thus may serve as a source of inspiration and stimulus to others contemplating establishing services in their own sites.

8. Discussion and Summing up

The initiation of the project reported was due to the results of a previous project which pointed out, that the services provided for stuttering children have serious flaws. Especially direct treatment of pre school children and treatment of school children is insufficient in the vast majority of the municipally based treatment sites. The services are decentralized to a high degree and there are political endeavors to drive this decentralization even further. This situation results in a gap between the needs of children who stutter and the stuttering therapists' abilities to meet these needs.

Three elements are salient:

- SLTs' poor basic training in working with stuttering.
- The organizational set-up of the treatment sites, which does not give any incentives to secure the rendering of a consistent service.
- The overall small treatment units, which do not give space for sufficient amassing of professional competencies in working with stuttering, and the number of stuttering school children is often too small to form a stuttering group within a given age bracket.

A strong motivation factor for embarking on the project has been the SLTs' awareness that their basis for rendering a consistent service is fragile, and one salient result is that they themselves have to work on enhancing it by being visible within the organization and to their management and by working on having the stuttering services formally and explicitly established as one of the services rendered, thus pursuing their aim of obtaining better work conditions and, consequently, rendering better services.

The activities suggested by the SLTs has encompassed aspects such as being visible, having their services regarding stuttering recognized as even as important as all their other work assignments, conveying information, and enhancing their professional skills. The suggested activities were generally rather small and restricted in scope. Some of these activities were already familiar to some of the speech therapists, others were not. In particular working with how to act within the organization to obtain one's goals seems strange yet rewarding to people who are used to working solely with speech and language pathology ("...a new way of thinking..." as some participants put it). Many of the activities are still ongoing; a few have been terminated as planned. By and large the participants have gained increased awareness of the importance of deliberately acting within the organizational framework in order to pursue their interests in terms of augmenting their capacity as professionals working with stuttering.

Conveying information on the results of the project will continue beyond its termination based on a web site and giving lectures and papers at gatherings and for interested SLTs.

All of the participants have participated in the project with enthusiasm and all have learned from each other and from external sources, and all have been working on the project with all their excess capacity. Working with ways and means and deliberately working on organizational matters were quite new to the SLTs, though rewarding as many mentioned. At present there have emerged tangible results in various degrees in terms of treatment of stuttering in youngsters and school children. And step by step many of the sites are succeeding in transforming themselves into systematically working stuttering treatment sites.

9. Epilogue

One year after termination of the project, on January 1st 2007, the administrative set up of Denmark was totally reformed resulting in bigger municipalities were supposed to – by getting bigger, so the fathers of the reform – obtain the strength to cope with a larger array of tasks than before, many of those tasks formerly being the responsibility of the counties, who were eliminated by the reform.

Now the municipalities carry the whole responsibility for rendering stuttering treatment. A new project application by the Association for Stutterers in Denmark to go on working with the problems uncovered by the project and to facilitate the transition into the bigger municipal units was put down by the parliament. Hence we can only hope that the hitherto fragile and volatile stuttering treatment service rendered by the municipalities is improved in the time to come.

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