

**Critical Review:**  
**How do speech-language pathologists provide therapy to school-aged children who stutter and have a concomitant speech or language disorders?**

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This critical review examines the options when providing therapy to school-aged children (ages 5-12) who stutter and have a concomitant speech or language disorder. The research includes one experimental treatment program, survey research, and information articles. Based on this review, there is tentative evidence to suggest that the best therapeutic intervention is to address both the fluency disorder and concomitant disorder simultaneously. The results of the present review should be interpreted with consideration of the inherent limitations of the methodology used in the reviewed studies.

*Introduction*

Stuttering is a communication disorder in which the cause is still unknown. It is believed that genetics, child development, neurophysiology, and family dynamics all contribute to the predisposition or precipitation of stuttering (Guitar, 2006). The prevalence of stuttering is about 1% in school-aged children and occurs in more males than females at a ratio of 4:1 (Guitar, 2006). Although there is no cure for stuttering, research reports that 20%-80% of children do spontaneously recover without treatment (Guitar, 2006). For those children who do receive therapy, the goals are to make talking easier and to develop more positive feelings and attitudes about talking. In most therapy approaches, techniques are taught that require an understanding of instructions and an ability to incorporate the task into everyday speech.

Researchers began studying concomitant speech and language disorders in children who stutter in the 1920s. The concomitant disorders seen in the research include: articulation or phonological impairment, syntactic and/or morphological delay or disorder, word-finding difficulty, and voice problems (Nippold, 1990). Since the 1920s, numerous studies have been published investigating these concomitant disorders, the effect they have on children who stutter, and the effect they have on the treatment of these children.

In a 2004 study, Nippold concluded that studies that survey SLPs about their caseloads may overestimate the rate of concomitant disorders in children who stutter because these children are more likely to be on the SLP's caseload. When evaluating the literature, it is important to be mindful of the fact that the frequency rates of children who stutter and

have a concomitant speech or language disorder may differ between clinical studies and the real world.

In order to keep the interest of the child in mind (e.g., addressing fluency needs, language needs, or both), the SLP should have an evidence-based method of providing therapy to those children who stutter and have a concomitant disorder.

*Objectives*

The objective of this review is to critically examine the literature to determine how SLPs provide therapy to school-aged children (ages 5-12) who stutter and have a concomitant speech or language disorder. Recommendations regarding the preferred therapy approach will be provided based on the reviewed literature.

*Methods*

**Search Strategy**

Computerized databases, including ERIC, Medline, and PsycInfo, were searched for articles related to the topic. The search terms used were "stuttering AND concomitant speech or language disorders".



questionnaire-return response rate. 241 SLPs responded to the Arndt and Healey (2001) questionnaire (response rate of 48.2%) and 1184 SLPs responded to the Blood et al. (2003) questionnaire (response rate of 59.2%).

The treatment approach designed by Conture, Luko, and Edwards (1993) clinically supports the data collected from SLPs via questionnaires, concluding that treating both problems at the same time is more effective.

### **Informational Articles**

Informational articles are a way to provide guidelines and suggestions for treating children who stutter and have a concomitant speech or language disorder (Bernstein Ratner, 1995; Logan and LaSalle, 2003), through reviewing information from previous studies and providing insight, but without doing so

