

Abstract

Onslow, M. & Yaruss J. S. (2007). Differing Perspectives on what to do with a stuttering preschooler and why. *American Journal of Speech-Language Pathology*. 16, 65-68.

Purpose:

In order to produce a compact and readable overview of clinical issues for clinicians, the authors (M. Onslow and J.S. Yaruss) developed a “1,000-bites” format in which they discuss the topic of “differing perspectives on what to do with a stuttering preschooler and why”.

Method:

The format is designed to give the reader a contemporaneous feeling observation of a conversation between 2 authors. To that guide the format guidelines are as follows:

- a) Alternating responses from the authors with no response greater than 100 words
- b) A maximum of 1,000 words per author
- c) When one author has used 1,000 words, the other can complete 1,000 words in a final response or opt to not use a final response
- d) Debate may be controversial and vigorous but must be collegial
- e) A noncontemporaneous edit by an author to a response requires the agreement of the other author

Results:

Question:	
“Last week in a clinic somewhere, a practicing ASHA member formed the view that a 4-year-old child should be treated for stuttering. What treatment do you recommend?”	
Authors	
J.S. Yaruss	M. Onslow
Treatment Recommendations	
<ul style="list-style-type: none">• Individualized approach aiming at normal fluency, based on the factors involved in the disorder (Yaruss et. al. , 2006)OR• Family-focused approach (i.e. as presented by Kelman et. al., 2005)	<ul style="list-style-type: none">• Lidcombe Program of Early Stuttering Intervention (Onslow et. al., 2001)
Reasoning for specific treatment recommendations	
<ul style="list-style-type: none">• Research results that have been conducted on the above mentioned treatments so far are promising• An individualized approach further accounts for specialized issues, which may be associated with some clients such as former treatment experiences of families etc.	<ul style="list-style-type: none">• Advanced research (Phase III studies) suggest high success rate of the Lidcombe program• No cohort of children who failed to respond to the treatment have currently been identified by research

Critique of each other's treatment recommendations

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| <ul style="list-style-type: none">• Current research suggest that almost half of the participants in an individualized approach (Yaruss, et. al., 2006) continued to stutter in some form after completing the treatment• Many clients were in need of continued treatment post completion of an individualized approach | <ul style="list-style-type: none">• Limited refinement of the Lidcombe approach since it was first developed• Approach depends upon regular family participation/involvement• Limited flexibility of "individualizing" the approach |
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