Multilingual Aspects of Fluency Disorders
Barry Guitar, University of Vermont, USA

Nature of Multilingual Stuttering

Increase in multilingual speakers, worldwide

Does growing up in multilingual home increase risk of stuttering?

Do multilingual stutterers stutter equally in all the languages they speak?

What are theories about why there may be more stuttering in one language than another?

1. More demand on resources in non-dominant language

a. More demand because of cognitive-motor load finding less-familiar words, less-familiar grammar

b. More demand because speaker needs to suppress dominant language
2. May be most stuttering in the language/culture that speaker had negative experiences in.

For example, a family member may have been very harsh toward the child when she stuttered.

Assessment of Multilingual Stuttering

What languages are used and when?

How much stuttering in each language?

Differences in stuttering in each language?

See Appendix 11.1 “Language History and Proficiency” form in Roberts and Shenker (2007).

Assessing the stuttering

Clinician may be valid judge of stuttering in a language she doesn’t know.

More severe stuttering is easier to judge (than mild stuttering) in languages clinician doesn’t know.

Be sure not to count “language production disfluencies.” These include pauses, interjections, revisions, word and phrase repetitions, and switching languages.
Cultural Sensitivity

Clinician should find out about how client’s culture views stuttering.
Is it considered taboo to discuss? Shameful? Stigma for entire family?

Clinician should learn about the client’s culture’s practice in regard to eye contact, physical contact, family interaction patterns, conversational style, modes of address, and other issues that might be relevant to stuttering.

Clinician should learn about the client’s culture’s practice in regard to:

• eye contact
• physical contact
• family interaction patterns
• conversational style
• modes of address

and other issues that might be relevant to stuttering.

Website with many interesting discussions about stuttering and multicultural issues:

www.mnsu.edu/comdis/kuster/cultures.html
Treatment of Multilingual Stuttering

Ideal for clinician to be proficient in all of client’s languages, but this is unlikely.

When therapy is for children, clinician can teach parent in shared language and then parent can use child’s native language for treatment.

For children, there is strong evidence that treatment outcomes are as good for multilingual clients as for monolingual. (These data are mostly from Lidcombe Program for Early Intervention)

For adults, therapy effects often transfer from the language that treatment was given in to untreated language(s).

For some adults, this transfer to untreated languages doesn’t happen very well.

In these cases, it is important to determine if improved fluency in the other language is critical to client’s work or school or social communication.

If so, then the other language should be treated.
Treatment must be culturally sensitive.

Examples:

Lidcombe was originally developed with the use of verbal praise to reinforce fluency. Some cultures—such as in Asia and Middle-East—are not comfortable with extensive verbal praise, so that other options can be used, such as non-verbal signals given by parent.

---

Anbefalt Lesing


Siste bilde