Clinical comment

Health and human services for persons who stutter and education of logopedists in East-European countries

Steen Fibiger\textsuperscript{a,}*, Herman F.M. Peters\textsuperscript{b}, Harald A. Euler\textsuperscript{c}, Katrin Neumann\textsuperscript{d}

\textsuperscript{a} Rehabilitation Centre, Region of Southern Denmark, Odense, Denmark
\textsuperscript{b} Fluency Committee, International Association of Logopedics and Phoniatrics, The Netherlands
\textsuperscript{c} Institute of Psychology, University of Kassel, Germany
\textsuperscript{d} Clinic for Phoniatrics and Pediatric Audiology, University of Frankfurt, Germany

Received 16 August 2007; received in revised form 21 November 2007; accepted 4 December 2007

Abstract

The International Association of Logopedics and Phoniatrics (IALP) assessed the therapy status of fluency disorders, service opportunities, and education of logopedists (speech-language pathologists) with a mail survey in Eastern Europe. Information was collected on the following aspects: incidence, prevalence, availability of information, non-therapeutic support for persons who stutter (PWS), providers of diagnostics and therapy, cooperating professionals, therapy approaches, forms, goals, financing, early detection and prevention, training of professionals, specialization in stuttering therapy, needs for improving the situation of PWS, and problems which hinder better care. Stuttering therapy for children is available in many countries and is frequently provided by the educational system. Therapy for adults is provided best by the health services but is not satisfactorily available everywhere. Modern therapeutic approaches coexist with obsolete ones. Lack of resources, awareness, entitlement, and assessment of therapy effectiveness are pervasive problems.

Educational objectives: Readers will be able to describe and evaluate: (1) the therapy status of fluency disorders and service opportunities in various East-European countries; (2) the training of logopedists (speech-language pathologists); (3) specialization in stuttering therapy; and (4) the organizational services for PWS within the health and human service systems.

© 2008 Elsevier Inc. All rights reserved.

Keywords: Stuttering; Fluency disorder; Eastern Europe; Stuttering therapy; Logopedists; Speech-language pathologists

Services for persons who stutter (PWS) are often perceived to be insufficient or limited in East-European countries (Jastrzębowska, 2001). The reasons are assumed to be the lack of nationwide networks and standards, insufficient exchange with international organizations and professionals, as well as low international visibility of national or Russian language publications. Many of the East-European countries have entered a process of transitional integration or association with the European Union. With support from the international professional community, these countries now have a chance to move closer to international standards.

The aim of this communication is to report the health and human services for PWS as well as the educational and therapeutic standards of professionals in East-European countries. There have been occasional reports from single
results. In the former Soviet Union, speech pathology was a part of what was called defectology (Vygotisky, 1929, 1993), which was typically understood and translated as abnormal psychology and learning disabilities, including impairments of vision, hearing, mobility, language, and communication. In East-European states, defectology-oriented stuttering therapy was called “complex method” because it might include physiotherapy, behavioral therapy, speech correction, music therapy, remedial gymnastics, logorhythmics (rhythmic pacing of speech with syllables of equal duration), phonopadic breathing exercises (vocal exercises with rhythmic expiration), and medical treatment by internists, neurologists, and psychiatrists (e.g. Brajović, Brajović, & Ivanaš, 1974; Lechta, 2004; Nekrasova, 1975; Vlassova, 1983).

In 2004, the Fluency Committee of the International Association of Logopedics and Phoniatrics (IALP) initiated the study presented here to review the situation of PWS with respect to therapy standards and service opportunities in East-European countries.

1. Methods

A questionnaire by Wakaba and Mori (2003) on the therapy status of fluency disorders, service opportunities, and the education of speech-language therapists was modified and extended for the present purpose. The following topics, each with several items, were included: (1) incidence and prevalence rates of stuttering and their information sources, (2) government-affiliated agencies investigating incidence and prevalence rates, (3) availability of services, social support, and information, (4) organization and financing of diagnostics and therapy, (5) therapy approaches and efficacy, (6) information to the public about stuttering, (7) early detection, screening, and primary prevention, (8) training of logopedists (training institution, number of training hours, certificating agency), (9) specialization in stuttering therapy (subquestions as before), (10) cooperating professionals in diagnostics and therapy, (11) needs for improving services for PWS, and (12) obstacles in optimal care for PWS. Questions to topics 3, 5, and 7 differentiated between preschool, grade school, middle/high school children, and adults.

The English language questionnaires were sent to 60 professionals in the field of stuttering in those East-European countries from which contact addresses, obtained from the International Fluency Association (IFA), the IALP, and personal sources, could be collected (Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Lithuania, Poland, Romania, Russia, Slovakia, Slovenia). Altogether, 27 persons responded, namely from Bulgaria (11), Croatia (2), Czech Republic (2), Estonia (4), Lithuania (1), Poland (2) Russia (2), Slovakia (1), and Slovenia (2). The responding professionals must be considered a selective group, being well informed about internationally accepted norms and values with respect to services, therapies, and education of professionals in the field of stuttering, which might not necessarily represent the situation at large in East-European countries. Because most surveyed countries were represented by only one or two responders, reporting biases cannot be excluded.

1. Results

1.1. Incidence and prevalence rates

Prevalence data reported are within the range of reports from Western countries. They ranged from 1% (Bulgaria: Yetkov & Yosifov, 1960; Ivanov, 1972) to 5% (Poland) for children. With a few exceptions, the total prevalence – not distinguishing between children and adults – was reported to be between 1 and 2%. Information stemmed from institutions like the Ministry of Education (Bulgaria) or the National Statistical Office (Czech Republic), websites (e.g. www.aif.ru/online/health/320/z39_11), and published scientific reports (e.g. Ivanov, 1972), or seemed to be an estimate of the responder without a specific source given.

Information about stuttering and its therapy may be provided by logopedists in kindergarten, schools, health centers, hospitals, and private practices, but also by stuttering or logopedic associations, stuttering centers, centers for speech and hearing, university clinics, governmental agencies, and municipalities. Information might be given via Internet, telephone, TV, radio, brochures, publications, special activities, open house days, and the International Stuttering Awareness Day. Due to a history of state regulated information, word of mouth information is still common, but the Internet has become an increasingly important information source.
Social support of PWS for financial, educational, social, and employment matters is generally rare to find outside of therapy. The main social support is provided by non-governmental organizations, such as stuttering and logopedic associations, and self-help groups. Job market discrimination (e.g. Bulgaria) and lack of counseling (Estonia, Croatia, Russia, and Slovakia) are reported to be a problem. A difference between EU and non-EU countries may result from the EU Council Directive of November 2000 recommending equal employment and occupation opportunities.

2.2. Availability and coverage of therapy

In all of the responding countries stuttering therapy for children is available and free of charge. Therapy is offered in kindergarten, in schools, or by health services. Coverage of therapy is provided by educational systems, health services, or social/health insurances. In many countries (Croatia, Czech Republic, Estonia, Lithuania, Poland, Slovenia) adults receive free therapy through the public health system or get a full or partial reimbursement from their health insurances. In several countries only a limited number of therapy sessions are paid for. Bulgaria and Russia do not have any financial assistance for stuttering therapy at all.

The costs per session range from €5 to €20, and up to €27 in private practices. These costs are relatively high with respect to the average income level in Eastern Europe. An intensive 25-day in-patient therapy course in Russia was reported to cost €590. In many countries stuttering therapy is performed in private practices. However, health insurance companies only occasionally reimburse the costs of therapy in private practices and often with restrictions.

2.3. Providers of diagnostics and therapy

In all responding countries, treatment is carried out by logopedists, sometimes in cooperation with psychologists and neurologists. Cooperation with other specialists is facilitated where stuttering therapy is provided in a multi-professional clinical setting. The majority of stuttering therapy is provided by the health systems and professionals consider this as desirable. For instance, Bulgarian logopedists strive for the provision of stuttering therapy within the health services.

2.4. Therapy approaches and efficacy

A variety of therapy approaches is reported including those of Western Europe and North America. Fluency therapies are dominant, but parent guidance, non-avoidance approaches, phonographorhythms (a holistic approach with slow and rhythmic speech, searching for concepts on the morphological-semantic level, training of phonological awareness and of turn takings in dialogues; Lechta, 2004) and medication is reported as well. Both extensive and intensive therapy forms as well as out-patient and in-patient treatments have been reported. Apart from international standards of stuttering therapy, many of the responders referred to national reports on therapy approaches, e.g. for Bulgaria (Georgieva, 2005; Ryan, 2001), the Czech Republic (Lechta, 2004; Pešák et al., 2006), Estonia (Monakova & Taibogarov, 1982; Vesker, 1989), Poland (Tarkowski, 2001), Russia (www.stuttering.ru; www.logoped.ru), Slovenia (Brajović et al., 1974), and Croatia (Novosel, 1994). Therapy outcome evaluation, however, seems insufficient compared with outcome evaluation assessment and best practice norms in Western countries.

Early detection, screening, and primary prevention programs are laudably developed in many countries, and were reported for Croatia, Czech Republic, Estonia, Lithuania, Poland, Russia, Slovak Republic, and Slovenia.

2.5. Education and training of logopedists

In all countries, logopedists have a basic training in stuttering therapy as part of their professional education. All countries offer professional higher education including diploma, bachelor, master, or doctor degree. The clinical training hours vary between 80 to more than 600 h. A clinical certification is required in all countries and is authorized by the university, a governmental agency, or a logopedic association. Additional information about educational requirements for logopedists in EU member states is provided by the Regulated Professions Database of the European Commission: https://webgate.cec.eu.int/regprof/index.cfm?fuseaction=regProf.home. Stuttering therapy postgraduate specialization ranges from non-existent, via informal or formal workshops to formal postgraduate education, but in general there are few fluency specialists.
Needs for improving services for PWS are manifold, differ widely between countries and incorporate therapy centers, the inclusion of stuttering therapy in health or social services and insurance, educational activities for logopedists, national organizations for specialists in fluency disorders, stuttering research, employment programs for PWS, counseling for PWS, local organizations for PWS, more public awareness and legitimacy of stuttering, and motivation of PWS and their parents.

3. Summary and conclusion

The survey showed that (1) therapy approaches favored in Western countries are also used in East-European countries and coexist with obsolete approaches, (2) children have better access to therapies than adults, (3) therapies are free of charge only for children in all participating countries, (4) screening, early detection, and intervention programs seem to be better developed and better implemented than in Western countries, (5) efficacy and effectiveness measures are underdeveloped, and (6) resources, social support, and information are lacking for adult PWS.

Social and therapeutic support is better for children than for adults, maybe even better than in many Western countries. Stuttering therapy is often provided early in life, is frequently offered in kindergarten and grade schools, and is free of charge. For adults the situation is less favorable. Therapy costs, especially those from private practices of longer duration, are often not reimbursed. Only some PWS seem to have a private health insurance which covers stuttering therapy. This preference for investment in children rather than in adults might reflect the former socialist ideology with its special attention for care and education of children. As in many Western countries, adolescent PWS are a frequently neglected group of clients.

Stuttering therapy and education of professionals in Eastern Europe is currently undergoing a positive and multi-faceted development toward integration into the international fluency community, and internationally stated positions have been adopted. Sponsored memberships of the IFA and guest lectures offered by specialists in fluency might have contributed to this development. Several well-established stuttering therapy approaches are increasingly used. The majority of stuttering therapy is provided by the health systems. For adults, therapy within the insurance covered health services is desired. Support in the daily life of PWS needs improvement. More investment in therapy outcome evaluation is recommendable.

Acknowledgements

We would like to thank all the responders and we appreciate the help of Miglena Simonska, South-West University of Bulgaria, with the translation of the questionnaire, responses, and references. We are also grateful to Alice Crowley-Gall for help in the preparation of the manuscript.

Note: The questionnaire and more details from the responders are available from the first author.

CONTINUING EDUCATION

Health and human services for persons who stutter and education of logopedists in East-European countries

QUESTIONS

1. Which of the following therapies was developed for the treatment of stuttering in the Soviet political sphere?
   a. non-avoidance approach
   b. complex method
   c. psychotherapy
   d. pharmaceutical treatment

2. In East-European countries, stuttering therapy is generally reported to be free of charge for:
   a. preschool children
   b. primary school children
   c. both preschool and primary school children
   d. adults
3. A general health or social service problem for PWS in Eastern Europe is:
   a. the need for better adult therapy financing
   b. everyday life support (e.g. employment) of PWS
   c. the need for better therapy outcome evaluation
   d. all of the above

4. How are stuttering therapists most often educated in Eastern Europe?
   a. no formal education
   b. university degree in special education
   c. university degree in special education with a supplementary diploma in speech therapy
   d. university degree in speech therapy, sometimes with specialization in stuttering therapy

5. What are the main sources of social support for PWS?
   a. non-governmental organizations
   b. centers for social and employment services
   c. speech clinics
   d. governmental counseling agencies for stuttering

References


Wakaba, Y., & Mori, K. (2003). Questionnaire presented for the IALP Fluency Committee members at the 4th World Congress on Fluency Disorders.


S. Fibiger, Ph.D. is specialized in speech science, stuttering and evaluation; educated in Denmark, Sweden and the United States of America, and has participated in educational and developing projects in Eastern Europe. Chairperson for the Sponsored Membership Committee of the International Fluency Association, and member of the Fluency Committee of IALP.

Herman F.M. Peters, Ph.D. is an associate professor in speech and language pathology, University of Nijmegen, The Netherlands. Main areas of interest: speech motor control in normal and disordered speech, speech/language developmental disorders and fluency disorders. Chair the Fluency committee of IALP. Author of many articles on various aspects of speech motor production in stuttering and editor of several books on speech motor control and stuttering.

Harald A. Euler, Ph.D. was born in 1943, studied psychology at the University of Bonn, Germany, and as a Fulbright Student at Washington State university (Ph.D. 1972). Since 1974 he is a professor in psychology at the University of Kassel, Germany, with a professional interest in stuttering, and in evolutionary psychology.

Katrin Neumann, M.D., is specialized in otorhinolaryngology, phoniatrics, and pediatric audiology. She is medical director of the Department of pediatric Audiology at the University of Frankfurt/Main, Germany, and associate professor in logopedic sciences at the University of Utrecht, The Netherlands. Her research interests are among others neuroimaging of speech, language, and hearing. She is the member of the Fluency Committee of IALP.