Health and Human Services for Persons Who Stutter and Education of Logopedists in East-European Countries

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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 was to report the health and human services for PWS, and educational and therapeutic standards of professionals in East-European countries. There have been occasional reports from single countries (e.g. Adamczyk, 2001; Arutyunyan, 2001; Beliakova & D’yakova, 2001; Pielecki, Bartkowicz, & Checiek, 2001), but no overview of various East-European countries has come to our attention. In the former Soviet Union, speech pathology was a part of what was called defectology (Vygotsky, 1929/1983/1993), 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), phonopedic breathing exercises (vocal exercises with rhythmic expiration), and medical treatment by internists, neurologists, and psychiatrists (e.g. Brajović, Brajović, & Ivanauš, 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.
Method

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 respondents, reporting biases cannot be excluded.

Results

**Incidence and prevalence rates.** Prevalence data reported are within the range of reports from Western countries. They ranged from 1% (Bulgaria: Petkov & 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

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 Euro, and up to 27 Euro 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 Euro. 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.

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.

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, phonographorhythmics (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 (Levina, 1968; Monakova & Taibogarov, 1982; Vesker, 1989), Poland (Tarkowski; 2001), Russia (www.stuttering.ru; www.logoped.ru), Slovenia (Brajovič 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.

*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 hours. 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 nonexistent, 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.

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 or 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 socialistic 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 multifaceted development toward integration into the international fluency community, and internationally stated positions have been adopted. Sponsored memberships of
the International Fluency Association and guest lectures offered by specialists in fluency might have contributed to this development. Several well established stuttering therapy approaches are used increasingly. 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.

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References


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