ISTAR helping stutterers speak smoothly

school in grade nine. There were

no speech pathologists in Alberta

at the time, so later in his life he

received treatment in the U.S.

Boberg received his training in the

States also and since 1971 has con-

of ISTAR which was recently

opened in Edmonton. The clinic

has treated about 500 patients from

all over Canada, with two patients

from the U.S. and one from Den-

The treatment program covers a three week period with intensive 8

This is followed by a mainte-

nance period of 1-2 years. During this period the patient regularly vis-

its his local speech pathologist, local

self-help groups, and returns to the Institute 2-3 times a year for

hours per day training.

mark.

check-ups.

Boberg is the Executive Director

centrated on helping stutterers.

by Faith Gray

Do you stutter or know someone who stutters? The Department of Speech Pathology and Audiology at the U of A has a new therapy program for stutterers

Dr. Einer Boberg and his colleagues have founded the Institute for Stuttering Treatment and Research (ISTAR). This is the first institute in Canada to specialize in helping those who stutter.

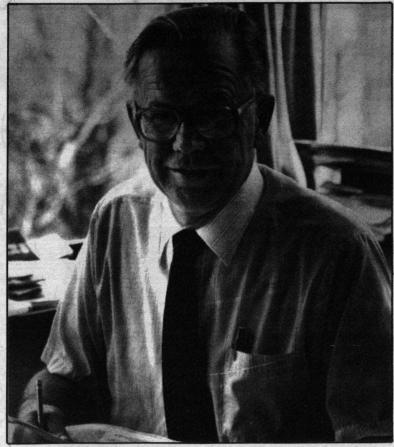
There are many people who suffer from this "invisible handicap." Boberg said that between 0.5 - 1 per cent of the population is afflicted, which means that more than 10,000 people in Alberta

"This is a serious handicap," he said. We all take for granted our ability to speak and communicate effectively, he added.

Both adults and children suffer from stuttering. But it can be especially devastating to a child. Boberg explained that stuttering affects a young person's ability to form friendships, answer in class, make dates, etc.

As the child grows a stigma develops. People don't know how to respond adequately, so some sympathize and pity, while others tease

Boberg's interest in helping stutterers stems from experiences in



Speech pathologist Einer Boberg

his youth. As a child, Boberg stuttered severely and dropped out of a systematic training of speech that is incompatible with stuttering, said Boberg. The patient is taught fluency skills in which the components of normal speech are broken down very, very slowly. Once the patient has progressed to a certain level, he is given the opportunity to practice his skills in various everyday public facilities.

Everyone improves initially. Many make dramatic improvements," said Boberg. The problem is in maintaining that level. It's just like the problems of alcoholism and obesity, said Boberg, in that returning to the home environment brings back all the factors surrounding the handicap.

Boberg said that a large group of patients get better dramatically but then have to struggle to maintain their new speech habits. A small group remain better and have no further problems. However, a very small group get better but cannot maintain the treatment at all. Individual differences determine the effectiveness of the therapy for each patient.

Stuttering is much more common in males than in females. In fact, it occurs in a five-to-one ratio of males to females. This higher incidence in males is traced to a neurophysiological condition thought to be the major cause of stuttering.

Boberg said, "There's a huge psychological component (to stuftering) however, the neurophysiological factor gets it going.

He explained that normal speakers use the left hemisphere of the brain for speech and language. Stutterers, however, are more right hemisphere dominant. Therefore they are using a less efficient system to do the task

If you measure the onset and offset time of vocal cord vibrations in the voice box, you notice that stutterers take long to start the folds vibrating and longer to stop them, said Boberg.

The difference in brain lateralization also explains the higher incidence of stuttering males. In general, males are more right hemisphere dominant and females are more left hemisphere dominant. This, coupled with the fact that girls develop faster than boys (including left hemisphere development), accounts for the greater frequency of stuttering in boys.

Once the neurophysiology has been established, psychological factors take over to establish the child as "a stutterer". The environmental catalyst may be the parents' admonishing of the child when he stutters, followed by the child's fear of talking and embarassment.

An earlier popular theory was that the environment was solely responsible for the occurrence of stuttering. This was called the Diagnosogenic Theory meaning that the genesis or beginning of it is with the diagnosis of it," said Boberg.

It was thought that parents who were extremely uptight, successoriented, and intolerant of normal childhood speech (which contains elements of stuttering), scolded the child and pressured the child to speak properly. This led to increased flaws in speech and the child stuttered more often.

This theory is no longer held very strongly mainly because of the neurophysiological evidence and the fact that most stutterers are slow in other aspects of growth, said Boberg.

ISTAR is a non-profit corporation and receives no financial support from the government or from the University directly. The Institute was made possible by grants from the Alberta Elks Association and the National Elks Purple Cross

ISTAR welcomes any additional funding which would help in research of causes and more effective treatment for stuttering, said Boberg. The Institute also accepts ref-

errals from any source. Those requesting more information can contact the Department of Speech Pathology and Audiology at 432-5900.

ISTAR has helped people who could barely utter their names progress to the level of holding normal conversations. Said Boberg, "We're here to help.

Tuesday, April 7, 1987

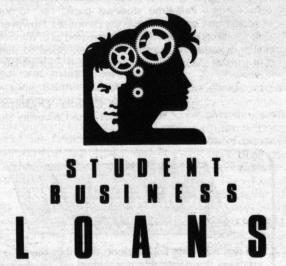
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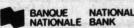
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