To: ISA Members  
From: Michael Sugarman  
Regarding: 2013 February eNewsflash

10th World congress for People Who Stutter
Netherlands Monday 10th until Thursday 13th June 2013

Visit the congress website here.

ISA Membership Meeting Sunday 9 June 2013

One of the very important tasks is to elect a new ISA Board of Directors.

Currently we estimate there will be 7 vacancies to fill.

Please will you advertise these vacancies via all your normal means of communicating with your members.
Potential Board Candidates

If you wish to self nominate at the ISA membership meeting on the 9th June 2013 for one of the 7 vacant positions on the Board of Directors for the next 3 years until 2016 please will you consider that you need to let us know how you will spend a few hours a month to

- help the ISA to meet our goals
- serve the membership of the ISA
- serve PWS around the world

It is also a requirement to have the approval of your National Association to represent their views to the ISA.

Please provide this information before the end of April 2013.

If you need any information about the job of an ISA Director, or have any questions please ask Michael Sugarman or Keith Boss.

You will need to register to attend the ISA members’ meeting on the 9th June. Check out this link.

11th World Congress 2016

Another very important task is selecting where we will have the next World Congress.

Do you want to host the world Congress in 2016?

If so, you need to make a bid during the Membership meeting on Sunday.

Registration

It is still possible to go for the early registration with a discount.

Please register for the 10th World Congress for by People who Stutter by going to the congress website.
Draft

A Declaration by the Bundesvereinigung Stottern und Selbsthilfe (BVSS, Germany), Demosthenes (the Netherlands) and the European League of Stuttering Associations (ELSA).

1. Although research in recent years has demonstrated a neurological root cause of stuttering (which may relieve possible feelings of guilt), there is no treatment that is guaranteed to be effective in terms of recovering normally fluent speech.

2. Despite this improvement in understanding, most people who stutter, and parents of children who stutter, still know very little about the causes and treatment of stuttering. So, when they seek help, they are often faced with a wide and potentially confusing range of interventions.

3. To further confuse matters, many treatment providers advertise aggressively, often promising a fast and complete ‘cure’ giving false hope to those who stutter and fuel misconceptions amongst those who don’t. But there is no easy ‘cure’ for stuttering, in the medical sense of the word.

4. Although there is still little evidence to support the total effectiveness of any one therapy, it can reasonably be claimed that therapy will usually help people who stutter to improve their fluency, as well as their life skills and resilience.

5. However, it is widely accepted that the chances of full recovery are very much more likely if treatment is sought at an early age, ideally within 15 months of onset. Postponing treatment for too long after onset reduces the likelihood of a recovery.

6. In order to help people who stutter and parents of children who stutter, the national stuttering associations of Germany and the Netherlands have, with the support of the European League of Stuttering Associations, drawn up this declaration, in order to help identify the hallmarks of good therapy.

(i) Not all suppliers of stuttering treatments are qualified speech and language therapists; in some cases, the therapy offered is based mainly on personal experience – which, because of the very personal and individual nature of stuttering, is unlikely to suit many people who stutter. Our advice: ask critical questions about a therapist’s academic and vocational training and also if possible seek feedback from their current and past clients.

(ii) Professional therapists are bound by a code of ethics, which ensure the therapists abide by the code, continues their education throughout their working life and allows a client to seek redress if they are unhappy with the service they received. Our advice: ask about membership of relevant professional bodies.
(iii) The frequency and severity of stuttering can sometimes be reduced very quickly by making simple changes in the manner of speaking, sometimes with the help of fluency devices. This may give the impression of a short term ‘cure’. However, for most people who stutter, these simple changes do not continue to work in the long term, when they return to their normal daily lives. **Our advice:** be skeptical of therapies which concentrate on learning methods designed to improve speech fluency quickly.

(iv) It is generally accepted that successful stuttering therapy requires a good deal of personal input, over a period of many weeks or months and often years. **Our advice:** be very careful about ‘miracle’ treatments, promising success within a short time.

(v) A major aspect of many stuttering therapies is that they require the long term implementation of techniques learned in daily practice. Relapses into old patterns of speech and behavior are common. The quality and the duration of aftercare, following a therapy course, is therefore crucial. **Our advice:** ask critical questions about whether and how the aftercare is provided by the therapy provider.

Feedback :

Growing evidence supports possible modifying protocols in stuttering treatment for management of anxiety for adults who stutter. Two possible avenues can be by training speech language therapists in strategies to address anxiety. And/or to collaborate with Behavioral therapists in your community. Email me your thoughts: msugarman1@sbcglobal.net

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One Voice

Please send articles for OV33 to Keith Boss.

Articles should be sent before 10th February 2013.

Have a very good 2013.

Warmly,

Michael