

Book Review

Behavior Assessment Battery for School-Age Children Who Stutter

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Ask clinicians to define 'stuttering', and they will almost certainly mention speech disruptions. But whilst dysfluent speech is the unifying factor amongst those who are stutterers, it is also widely recognized that this is not the only characteristic of the disorder. The debate continues as to the extent to which other features should contribute towards the definition of stuttering. Indeed, the authors of this assessment highlight the importance of viewing stuttering in a multidimensional way. Cooper (1999: 10) suggests 'the label does not apply unless the disfluencies are accompanied by feelings, attitudes, and other behaviours characteristic of the stuttering syndrome'. The internal reactions of children who stutter have been researched by these authors over many years and have led to the development of a set of assessments which now make up the Behaviour Assessment Battery for School Aged Children Who Stutter (BAB).

The information that this assessment gathers aims to provide an inside view of children's feelings, coping abilities, and thoughts about their speech. The authors recognize that this information should be used in conjunction with a clinician's external observations. The main purpose of the BAB is to provide a diagnostic tool through which clinicians can gather information regarding children's inner reactions to their speech and compare them with those of children who stutter (CWS) and children who do not stutter (CWNS) using standardized procedures that provide reliable and valid normative data. The clinician will, therefore, be able to establish whether or not a child's inner reactions are like

those of a child who stutters and, if so, to what degree. In addition, the BAB is intended to provide the clinician with the information needed in order to plan therapy and to measure effectiveness of intervention.

The BAB is divided into three separate subtests: The Speech Situation Checklist (SSC), Behaviour Checklist (BCL), and Communication Attitude Test (CAT). The SSC is composed of a two further subtests - Speech Disruption and Emotional Response — which together aim to evaluate the type and extent of speech disruptions and the child's emotional reactions to them across a range of speech situations. The BCL investigates the various coping responses that a child uses and the CAT measures a child's beliefs and attitudes to their speech and their speech ability. The authors suggest that all the subtests of the BAB should be carried out and the results analysed together in order to be able to examine the relationships and intercorrelations between the three tests. A comprehensive, although at times a little repetitive, manual accompanies the BAB and provides detailed information regarding relevant research and data as well as clear instructions as to how the BAB should be administered, scored, and interpreted.

Each of the subtests of the BAB is carried out through the completion of a form. It is suggested that for younger children the items are read out aloud to the child and that older children can probably read the items and complete the forms independently. The authors state that the child 'needs to fully understand that his or her answers to the questions need to truly reflect his or her own reactions' (p. 7). This clearly requires the child to have a certain level of comprehension and cognition. As many children experience dysfluent speech secondary to, or as part of, other difficulties, clinicians would need to use their clinical judgement about whether a child will be able to complete the BAB reliably — and, therefore, whether it will be a useful assessment

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tool to use with that particular child. Any child completing the BAB would also need to have well-developed attention skills, particularly as it is recommended that all of the subtests are completed together. Each of the forms has several questions for the child to complete the two subtests of the SSC, for example, each contain 55 questions which the child needs to consider and respond to using a rating scale. Clinicians may, therefore, need to complete subtests separately if time is limited. A screening assessment consisting of parts of each of the tests would perhaps be useful in assisting the clinician to establish quickly which areas may need further investigation. Care should be taken when introducing a child to each subtest as - although the authors stress the importance of reassuring the child that they are not taking a 'test' - the forms themselves are headed 'test instructions' and are laid out in a way that could give the sense of a right or wrong answer being possible.

This most recent version of the BAB provides a tool that brings together information related to children's feelings, reactions, and thoughts about their speech. Currently, there is no other assessment available that collects the same

amount and type of information or that provides valid normative data on this population of children. Whilst most clinicians currently rely on measurements of speech disfluencies alone to diagnose children who stutter, the information obtained from the BAB adds depth and enables a more comprehensive assessment and, therefore, a more reliable diagnosis. The results and interpretation of the BAB could form a useful base for discussion with anxious parents and/or school staff. Although clinicians may find they need to use the BAB with flexibility in order to maximize its value, it certainly provides a very useful tool for diagnosis and for the planning and evaluation of intervention.

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Reference

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