

***The Atypical Stutterer:
Principles and Practices of Rehabilitation***

Editor: Kenneth O. St. Louis
Publisher: Academic Press, Inc.
Reviewer: Julianne Labreche,
Children's Hospital of Eastern Ontario

This book focuses upon seven subgroups of stutterers who do not fit the speech language pathologist's conception of "average". These include: the female stutterer, the exceptionally severe stutterer, the psychologically maladjusted stutterer, the mentally retarded stutterer, the clutterer, the adult neurogenic stutterer and the stutterer whose culture is not North American.

Wisely, the editor points out in the introduction that all stutterers, being unique human beings, are, in a sense, atypical. Nevertheless, this book serves the useful purpose of identifying specific minority groups of stutterers requiring special consideration in conceptualization, diagnosis and therapy.

The authors argue against standardized treatments that can be applied uniformly to the stuttering population. According to St. Louis, the editor, the collective viewpoint is as follows: "Whenever possible, consistent, predictable, data-based treatments should be applied to all stutterers, but sensible variations should be applied to individual stutterers as needed, and, it is hoped, before they become the oft-ignored, small, but ever-present failure statistics."

The book provides many useful insights. Females, for instance, report a longer lag time than men in beginning speech therapy. A study by Silverman and Zimmer, 1982, showed that women reported entering treatment at 11.4 years. Men, in contrast, recalled entering treatment at 9.8 years. Another study, by Seider, Gladstien and Kidd, 1983, reported that female stutterers tend to recover earlier and to be younger at the onset of the problem.

Clinicians working with clients of another nationality may find their therapy attempts hampered by cultural differences. The male client may resent an assertive female clinician, coming from a culture where the female is subservient. A client may consistently arrive late for an appointment, being from a culture where arriving anywhere at the appointed time is considered an insult. A client may even storm out of a therapy session if a clinician's gesture, a positive one in this culture, is considered an obscenity in the client's culture.

Behaviourally oriented therapy programs are especially effective with the mentally retarded stuttering population. The psychologically maladjusted stutterer can benefit from a multidisciplinary approach, with concomitant psychotherapeutic intervention. For many neurogenic adult stutterers, pacing boards are recommended.

The book is an academic one, citing case studies, research results and published therapy material. Its approach is fresh and novel. Its lesson is clear: stutterers are not a collective entity. Individualized programming remains essential.

***Children on Medication: Epilepsy,
Emotional Disturbance and
Adolescent Disorders (Volume II)***

Author: Kenneth D. Gadow
Publisher: College Hill Press, 1986
Soft Cover \$17.95, 249 Pages
Reviewer: Lina Zatzman, M.A., Reg. O.S.H.A.
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This book seeks to inform primary caregivers and teachers of the behavioural and medical side effects of drugs used in the treatment of epilepsy and emotional disturbance in childhood and adolescence. It is a companion book to Volume I, which deals with hyperactivity, learning disabilities and mental retardation.

The first chapter gives a brief overview of pharmacotherapy. There are sections on the classifications of drugs, with examples of each type and easy-to-understand descriptions of how these drugs work.

The rest of the book is divided into three sections, each dealing with one of the disorders named in the title. Each section begins with a historical overview of drug therapy used to treat the disorder, incidence of occurrence, problems and methods of diagnosis and descriptions of the disorder and its subcategories.

The author consistently stresses the importance of weighing the risk to benefit in drug treatment. The child as a whole must be taken into consideration, and performance in all areas must be assessed. Dr. Gadow recognizes and emphasizes the importance of input from all those involved with a child on medication. He encourages teachers and caregivers to become active participants in the pharmacological treatment process and, more importantly, encourages the physician to seek and take this input into consideration when treating the child.

Charts with lists of generic and trade name drugs, average dosages and schedules of treatment are included in each section. There is only one chart, which indicates side effects of each drug; this would also be useful in the other sections or in an appendix so as to give a quick and easy reference to the readers.

Dr. Gadow is careful to avoid scare tactics. He recognizes that careful medical monitoring, frequent reviews and direct observation at home and in school are important when placing a child on medication. He also stresses that drugs do not always provide a magic solution and that behaviour management or counselling may need to be considered.

This book will assist primary caregivers and

teachers to become informed consumers. Its common-sense approach and easy-to-read style provides valuable information in a clear and concise manner, which will allow caregivers to ask the correct questions when treatment recommendations are being made. Overall, this book is recommended as an excellent resource for primary caregivers, teachers, clinicians and doctors.