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Multicultural Stuttering and Treatment: A Cross-Cultural Analysis.

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According to Tellis and Tellis (2003), speech language pathologists (SLPs) often report that they encounter difficulties when treating stuttering patients of cultural and linguistic diversity (CLD). Persons who stutter (PWS) of CLD populations, also referred to as "ethnic minorities" (Wright & Sherrard, 1994) often struggle with cultural and self perceptions. Additionally, CLD may influence patients' understanding regarding current treatment techniques for dysfluency. Furthermore, PWS of diverse backgrounds may hold folk beliefs that prescribe ineffective treatment approaches for their pathology (Tellis & Tellis, 2003). Research has demonstrated that CLD individuals may have negative attitudes towards PWS, and that these negative attitudes differ significantly amongst cultures.

Challenges faced by SLPs and PWS regarding professional and personal aspects may be magnified by CLD attitudes and beliefs, generating a great need of understanding from all involved, involving educational actions based on research findings (Cooper & Cooper, 1996). A review of the available literature regarding the relationships between SLPs, CLD individuals and CLD PWS should begin by asking the crucial questions for conducting further research, which includes: the nature of the relationship between PWS and their individual cultures; how CLD individuals perceive their stuttering counterparts; how this relationship developed and changed over time; the nature of the SLP-client relationship in regards to stuttering therapy; and how these questions differ amongst cultures. It is hoped that asking these questions will reveal the complex dynamics comprising multicultural stuttering.

Cultural and Linguistic Diversity (CLD)

Stuttering perceptions vary greatly amongst different cultures (Tellis & Tellis, 2003). Some CLD individuals may have negative attitudes towards PWS within their own cultures (Ogundare, Ambrose, & Franca, 2011). Factors such as degree of exposure to stuttering,

education, and amount of direct contact do not change negative perceptions of PWS within their cultures and have not yet decreased negative attitudes towards PWS, subsequently inhibiting positive interactions and relationships with PWS within their CLD environments (Al-Khaledi, Lincoln, McCabe, Packman, & Alshatti, 2009).

Several investigations have examined the influence of culture on stuttering development (Blood, Blood, Kreiger, O'Connor, & Qualls, 2009; Daniels, Hagstrom, & Gabel, 2006; Finn & Cordes, 1997; Shames, 1989). However, the majority of the data and understanding about stuttering stem from mainstream American populations (e.g., White, middle-class children and Midwestern college students) (Shames, 1989). Nevertheless, stuttering has an impact on identity, quality of life, relationships, and interactions within society, all of which are critical aspects in the quality of life of CLD populations (Al-Khaledi et al., 2009; Daniels et al., 2006; Klompas & Ross, 2004; Wright & Sherrard, 1994; Yaruss, 2003).

In the fall semester of 2009, I conducted a survey of 177 students at the University of Illinois regarding their cultural perceptions of PWS (Ogundare et al., 2011). Participants were not required to be stutterers. Survey responses were analyzed based upon CLD and gender to assess perceptions of CLD individuals about PWS. The survey was a questionnaire composed of 14 questions, eight of which were multiple choice and six of which required short answers. Responses were analyzed based upon cultural background and gender to assess Tellis and Tellis's (2003) claims related to unique perceptions of individuals from multicultural backgrounds about PWS. In addition, I conducted in-depth interviews with four PWS from diverse cultural origins, in order to obtain a perspective of the participants experience and the unique journey that led them to seek assistance from an SLP. The majority of the survey participants were not familiar with SLP services. Consequently, they had no knowledge about

therapeutic means to treat stuttering. For example, 10% of the survey respondents stated that if they stuttered they would decline SLP services. This particular finding, amongst several other relevant indications, inspired the pursuit of the internal perspective of four PWS; how the myriad of cultural influences shaped their journeys and changed their lives.

Experiences of Persons who Stutter (PWS)

Experiences of PWS vary greatly among cultures. Although this is not the case for all, it is feasible that many PWS claim having had negative experiences in relation to their stuttering from a person, a group, or an institution at some point during their lifetimes (Ogundare et al, 2011).

CLD childhood interactions with PWS

Negative perceptions of stuttering begin early in life; fluent children as young at 3 years of age can recognize dysfluencies, and children as young as 4 years of age have negative reactions to dysfluent peers (Langevin, Packman, & Onslo, in press). Also, of the 49-56% of school-age children reporting bullying incidents during their lifetimes, 81% were children with dysfluencies (Blood, Blood, Tellis & Gabel, 2003; Langevin, 2001). Early in life, bullying and teasing (reported to be one of the worst aspects of stuttering), can negatively impact a child academically, socially, and emotionally (Langevin, 1997).

Many researchers, including Bloodstein (1995), have suggested a direct relationship between stuttering prevalence rates in a given culture and the demands and social pressures put on young children. Investigations of early speech dysfluency in young children have almost exclusively focused on English speaking children from Anglo-European cultures. Nevertheless, because dysfluency is a disorder observed across all cultures, there is great value in education regarding dysfluent speech in young children of CLD in order to prevent inappropriate

generalization of research involving English speaking children to those of other cultures (Carlo & Watson, 2003, p. 38). Similarly, Leavitt (1974) suggested that high incidences of stuttering amongst Puerto Rican children in San Juan, in comparison to those residing in New York City were due to high pressure child rearing practices associated with the Puerto Rican culture. Lemert (1953), in his study of the coastal Indians residing in the North Pacific, also referred to "rigorous child-training procedures" (Lamert, 1953, p. 173), in relation to the elders' high expectations regarding their children's verbal performance. These negative experiences tend to continue throughout the lives of PWS, and often result in additional problems such as personality disorders (Iverach et al., 2009), social rejection, anxiety, social isolation, and low self-esteem (Lemert, 1953). Lemert's (1953) research provided a clear illustration of these aspects in his description of the treatment of PWS in coastal Indians, in comparison to their treatment of individuals with physical disabilities (e.g., overweight, hunchbacked, cockeyed, or undersized) as objects of "pity, mockery, satire, and humor" (Lemert, 1953, p. 172). Lemert (1953) reported that CLD PWS were described by their peers with alterations in word suffix changes carrying implications of "smallness, childishness, animal quality or some physical defect" (Lemert, 1953, p. 172).

Responses of my investigation about cultural perceptions of PWS revealed that the four PWS coped with their stuttering within their unique cultural frameworks (Ogundare et al., 2011). For example, one interviewee reported "being silenced" as a result of his cultures' treatment of stuttering. Some of the negative attitudes reported by interviewees included lack of patience from family members and verbal abuse from peers. Finn and Cordes (1997) echoed these sentiments when they stated that many PWS of CLD react to their own stuttering with fear, frustration, embarrassment, or shame. Conversely, an interviewee of Chinese ethnicity reported reacting to

criticism about his stuttering with equivalent critic behavior. Furthermore, results revealed that factors such as negative experiences, lack of awareness, low socioeconomic status and fear of rejection influenced decisions not to seek treatment. Strong correlations of interview responses and survey results were identified, supporting the validity of the survey participant's reports. For example, the survey data suggested that the Asian culture had the lowest negative perception toward stuttering of all the cultures surveyed. In parallel, the interviewee of Asian origin described his family's lack of awareness of his stuttering.

Preliminary results of my investigation demonstrated significant divergences in perceptions of PWS from various CLD (Ogundare et al., 2012). Stuttering is perceived differently amongst various cultures (Bebout & Arthur, 1997). Bebout and Arthur (1997) stated that a person does not have necessarily to born in a given country to be influenced by the cultural patterns of their family's heritage. For example, when comparing US born participants (USBP) with non-US born participants (N-USBP) in their preferences regarding SLP services, results showed that over 50% of N-USBP rejecting treatment were of Asian ethnicity, whereas Asians comprised only 20% of the USBP choosing to reject SLP services (Ogundare, Ambrose & Franca, 2012). Additionally, 43% of Asian N-USBP without exposure to PWS had no familiarity with SLPs. The trend of SLP unfamiliarity was consistent throughout all CLD participants surveyed. Of African American USBP, 75% rejecting SLP services also claimed no familiarity with SLPs. Preliminary results suggest that CLD individuals' lack knowledge about therapeutic means to ease and possibly eliminate stuttering.

Speech Language Pathologists and CLD PWS

SLPs' lack understanding regarding the impact of multiculturalism on CLD PWS. Most SLPs have not been trained to work with multicultural groups (Tellis & Tellis, 2003). In Britain,

most SLPs are from a Caucasian background, having received little to no training in CLD

populations and needs, and reporting concerns regarding delivering therapeutic treatment of

dysfluency (Wright & Sherrard, 1994).

SLPs have reported feeling overwhelmed and uncomfortable when treating diverse PWS

in general. Culture involves behaviors, beliefs, and values shared by a group of people (Battle,

1998). Changing times in the United States are challenging SLPs to modify their approach to

therapy and assessment of PWS in order to become more culturally sensitive, with a better ability

to provide services to CLD clients. With the increase in multicultural populations, it is expected

that many SLPs will provide services to clients whose beliefs, attitudes, and backgrounds may be

diverse from their own (Finn & Cordes, 1997). Clinicians should, therefore, develop a

multicultural framework for which to evaluate the similarities and differences between clients

and their cultures, and understand the relationship between a client's culture and communication

disorders (Tellis & Tellis, 2003).

Stuttering is a communication disorder so rooted in the personal and social identity that it

is very difficult to treat PWS without taking all dimensions of their lives into account (Wright &

Sherrard, 1994). SLPs must become more skilled in counseling techniques in order to increase

efficacy in treating multicultural PWS. It can be inferred from US census data that around a

century ago, SLP caseloads may have consisted mostly of Caucasians (Tellis & Tellis, 2003).

Census data as of the year 2000 reported that out of 281 million people, 33.9 million were

African American, 35.3 million were Hispanic American, and 10.1 million were Asian American

(Tellis & Tellis, 2003). With the increasing consistency of this growth, one could accurately

predict much larger numbers of non-Caucasians residing in the United States in the near future

(Bebout & Arthur, 1997). Therefore, it is possible that, in the near future, SLPs' caseloads will consist in CLD groups.

SLP perceptions of stuttering severity have been reported to be frequently skewed in relation to CLD PWS. Therefore, SLP personal cultural expectations and assumptions of cultural norms and stigmas (within their cultural frameworks) may affect their interpretations of the nature of a client's dysfluency, and may overshadow the client's individual cultural needs (Finn & Cordes, 1997).

Cultural norms and social stigmas differ greatly amongst individuals of CLD, and have a significant influence on thoughts and actions, which can impact SLPs' perceptions of CLD PWS. For example, the meaning of direct eye contact is perceived differently in the United States than in other countries and cultures; in the US, maintaining direct eye contact is generally considered polite, while in other cultures it may not have the same interpretation. According to Leith (1986), in some Middle Eastern cultures maintaining eye contact is considered a cultural taboo and could be perceived by some CLD individuals as sexually aggressive or hostile. Finn and Cordes (1997) provide a valid observation when they state that "English-language severity judgments often include the assumption that stuttering with reduced eye contact is somehow more severe than stuttering with maintained eye contact, but this might not be true amongst all languages or cultures" (Finn & Cordes, 1997, p. 227).

Additional aspects of cultural influences in CLD PWS therapy are the role of speech (verbal interaction) across cultures, and gender –related factors. For example, in some CLD populations such as Asian American cultures (Taylor, 1994) children are taught to 'be seen and not heard', whereas in others such as some African American populations (Taylor, 1994), children are encouraged to freely express their thoughts and ideas. Additionally, gender roles can

differ significantly across cultures (Lynch & Hanson, 1998; Watson & Kayser, 1994). For example, in some cultures (e.g., Middle Eastern cultures) females may feel discouraged from speaking freely with males, especially single males who are not part of the family. Similarly, men from Japanese and Mediterranean cultures may feel discouraged from speaking freely to women (Leith, 1986). Therefore, when attending fluency therapy, CLD clients are often challenged in the area of discussing personal matters with SLPs, particularly at the beginning of a relationship, and particularly if they judge the SLP to differ on account of culture, gender, age, or other variables (Finn & Cordes, 1997). SLPs must be aware that pertinent information to the client's personal struggle with their stuttering may not immediately be revealed, and may require rapport, patience, time, and understanding to be shared.

Moreover, SLPs may experience challenges with identifying dysfluencies in languages different from their own. It has been suggested by some researchers that regardless of the first language or cultural background, dysfluencies are represented in the same manner; therefore prolongations, repetitions and blocks may still be identifiable even in a foreign language (Watson & Kayser, 1994). Additionally, Finn and Cordes (1997) suggested the SLPs should dedicate interview time with the client's family or caregivers, leading open-ended and unbiased inquiries regarding specific cultural and language based impressions of dysfluencies.

Counseling should be a vital component of stuttering therapy (Sidavi & Fabus, 2010). This may have particular significance in relation to therapy with CLD PWS. It is critical that SLPs acquire knowledge and skills in multicultural issues, in order to provide high quality services to an evolving clinical population (Blood et al., 2009). Sharing information regarding diverse racial and ethnic backgrounds is critical for PWS and SLPs, enabling them to increase their cultural competence and responsiveness (Blood et al., 2009). On the other hand, CLD

groups need to acquire knowledge about the importance of therapy for PWS to improve their quality of life. Negative attitudes, cultural perceptions, religious beliefs and folk tales are just a few of the factors involved in education regarding CLD PWS (Tellis & Tellis, 2003).

Cultural Beliefs of Non-PWS CLD Individuals.

Several CLD groups hold superstitions about the origin of stuttering. According to Tellis and Tellis (2003), in the Hispanic American culture some believe that stuttering can be treated by methods such as surgically cutting the tongue, putting a pencil under the tongue, receiving treatment by a folk healer, getting scared, seeking the help of a priest, putting a spoon in the mouth, and putting the head under water. Additionally, there are other Hispanic American groups who believe that stuttering could be caused by receiving the "evil eye" (i.e., being looked upon by the devil) (Tellis & Tellis, 2003).

Some beliefs that stem from the African American culture include that stuttering is caused by a mother's ingestion of improper foods while nursing, a child getting a hair cut before saying the first word, a mother seeing a snake during pregnancy, and when a child is scared by a person or event (Tellis & Tellis, 2003). Additionally, some African Americans believe that stuttering can be caused by a baby being dropped on its head, by a child being tickled too much, by a person looking into a mirror as a baby, or by a dog biting a child (Klompas & Ross, 2004; Tellis & Tellis, 2003).

In Germany, during the 1980's, PWS were admitted into mental institutions, and hypnosis was believed to alleviate emotional problems caused by stuttering (Gorin, 1980). According to Al-Khaledi et al. (2009), in the Arab culture there is a belief that any disability, such as a communication disorder, is an act of God and therefore worth accepting. In their study,

Al-Khaledi et al. (2009) found that although most people in Kuwait were aware of and familiar with stuttering, their knowledge about stuttering was limited. Finally, according to Van Borsel, Brepoels and De Coene (2011) many investigations have shown that CLD PWS are stereotyped by CLD populations as nervous, tense, insecure, shy, withdrawn, introverted, nonassertive, quiet, and afraid (Craig, Tran & Craig, 2003; Doody, Kalinowski, Armson, & Stuart, 1993; Hughes, Gabel, Irani, & Schlagheck, 2010; Klassen, 2002; Lass et al., 1992, 1994; Woods & Williams, 1971, 1976; Yairi & Williams, 1971).

PWS and Discrimination

Throughout all stages of life, PWS experience discrimination in a variety of forms from a variety of individuals. There are many sources of discrimination against PWS including from parents (Crowe & Cooper, 1977; Fowlie & Cooper, 1978; Woods & Williams, 1976), school teachers and administrators (Crowe & Walton, 1981; Dorsey & Guenther, 2000; Lass et al., 1992, 1994; Silverman & Marik, 1993; Yeakle & Cooper, 1986), student-peers (Bebout & Author, 1992; Betz Roth, Blood, & Blood, 2008; St. Louis & Lass, 1981), store clerks (McDonald & Frick, 1954), employers (Hurst & Cooper, 1983a), vocational rehabilitation counselors (Hurst & Cooper, 1983b), and even SLPs (Cooper & Cooper,1996; Cooper & Rustin, 1985; Kalinowski, Armson, Stuart, & Lerman, 1993; Lass, Ruscello, Pannbacker, Schmitt, & Everly-Myers, 1989; Silverman, 1982; Turnbaugh, Guitar, & Hoffman, 1979). Discrimination from parents can affect a child's emotional development and well-being. In an investigation conducted by Hearne, Packman, Onslow, and Quine (2008), participants reported that stuttering was rarely discussed during their development and that, in some cases, it was criticized and blamed on the children themselves. Hearne et al. (2008) stated that "Silence surrounding any issue has the potential to be damaging and can lead to a child thinking they are doing something

'wrong' " (Hearne et al., 2008, p. 87). Many CLD PWS experience challenges with negative perceptions and treatment from their CLD family members, particularly parents and caregivers (Gorin, 1980). Gorin (1980) reported that many parents and caregivers of PWS feel some embarrassment regarding their children's dysfluencies. Cooper and Cooper (1996) found a stronger criticism and resentment towards abnormal speech behavior in the parents of PWS, than in parents of children with other speech language disorders. Additionally, there were misperceptions of parents regarding the nature of stuttering (e.g., the belief of some parents that stuttering is within the child's control), impeding the progress of the PWS (Cooper & Cooper, 1996). According to a study conducted by Crabtree (2007), there is evidence of social stigmas and negative attitudes within the Arab family settings. For example, mothers reported that their husbands had feelings of shame and disappointment regarding their children who stuttered, and placed the burden of support and acceptance on the mothers. These views corroborate Johnson's (1944) early diagnosogenic theory that attributed a child's dysfluency to "a culture of inappropriate parental expectations about young children's speech" (Finn & Cordes, 1997, p. 220).

Consequences of discrimination in the school environment may also have a direct effect on the child's academic environment. It seems that negative views from school teachers and administrators can affect a PWS's education and opportunities for academic success. According to Klompas and Ross (2004), over 50% of participants who stuttered reported negative effects on their education as a result of their stuttering. Cooper and Cooper (1996) reported that, in their investigation regarding clinician attitudes towards PWS, 91% of participants who stuttered were in agreement that teachers lacked knowledge regarding working with PWS in classrooms. Participants of another study reported that teachers often ignored their stuttering, and that the

ones who acknowledged it typically did so in an ineffective manner (Hearne et al., 2008).

Additionally, discrimination from fellow students can affect a PWS's ability to make friends,

form relationships, and relate to their peers. Cooper and Cooper (1996) observed that children

tend to have more unfavorable reactions to their stuttering counterparts than those with other

speech disorders. Participants of a study regarding adolescent PWS reported that support from

friends had a significant impact when it came to protection from teasing in school (Hearne et al.,

2008). According to Borsel et al. (2011), discrimination against adolescent PWS can negatively

affect opportunities in a variety of ways, including the formation of romantic relationships.

Furthermore, discrimination from employers may affect the job prospects of PWS in their chosen

careers, as well as opportunities for advancement and promotion. In summary, it appears that

discrimination can have an effect on opportunities available to CLD PWS.

PWS and Cultural Challenges

Characteristics of stuttering such as fear, frustration, shame and embarrassment are

universal among many cultures (Gorin, 1980; Tellis & Tellis, 2003). In some cultures, PWS are

viewed as if they have a disease, instead of having a communication disorder that can be treated.

For example, some Asian Indians believe that it is appropriate to hide a child with a disability

from public view because the disability is seen as a reflection on the entire family (Tellis &

Tellis, 2003). In other cultures, PWS are treated as if they are abnormal or less of a person

because they stutter. For example, in some Greek, Arab and Chinese sectors, there are reduced

expectations for children with disabilities to attend school, play with neighborhood children, and

be included in family activities (Tellis & Tellis, 2003). As such, PWS are not offered the same

opportunities as others, and are affected by discrimination in many areas of their lives (Klompas

& Ross, 2004; Tellis & Tellis, 2003).

Lack of knowledge and education about stuttering and other communication disorders prevents CLD populations from seeking help and becoming aware about how proper assistance can improve quality of life for many individuals (Gorin, 1980). In her research, Gorin (1980) discussed the lack of publicity (e.g., information available through the media) surrounding public clinics and centers providing fluency therapy in Lima, Peru, and suggested that this may be a contributing factor for why PWS forego less expensive services of public clinics. It is important that SLPs educate CLD populations about PWS, eliminating stereotypical beliefs and negative opinions associated with communication disorders such as stuttering (Al-Khaledi et al., 2009).

Understanding individuals of Cultural Linguistic Diversity (CLD)

SLPs should consider their clients as multidimensional individuals, functioning under judgments and expectations. Daniels et al., (2006) explored the importance of identity and its relevance in communication disorders such as stuttering, in light of its strong association with social judgment and interactions. Results indicated that, for African American men who stutter, stuttering is an additional disadvantage, in addition to being a social minority, increasing the difficulties involved in functioning typically in society. History has shown that the culturally constructed image of the African American male is a difficult one to live up to; stuttering is not a component of that image (Blood et al., 2009). Participants in the study reported that the challenge of functioning amongst fellow African Americans lay in the inability to fully live up to the expectations of a "true" African American male. Blood et al. (2009) discussed the "double jeopardy" that must be faced by male children who stutter (CWS), and stated that male CWS are significantly more likely to exhibit co-occurring disorders than female CWS. According to the authors, a male CWS may present a higher likelihood of coexisting disorders (e.g., personality disorders) if he is from a CLD background. The increased risk factors of children's racial and

ethnic backgrounds make it necessary for SLPs to be mindful in effectively evaluating and

treating children with this purported double jeopardy characterization (Blood et al., 2009).

Therefore, it is very important that SLPs view CLD clients as multidimensional systems, instead

of just assessing them as they would if they were in the majority population (Daniels et al.,

2006).

CLD PWS and Education

PWS from CLD backgrounds typically lack education regarding services available to

PWS (Gorin, 1908). Even when education to increase awareness regarding stuttering is available,

there are many CLD PWS who would still prefer not to be treated. Reasons listed by PWS for

seeking stuttering therapy include the need of inclusion in groups of people with similar

challenges, communication in the workforce, severity, timidity with public speaking, and

mockery (Hearne et al., 2008). One must question why some PWS from CLD backgrounds

would not seek treatment that could significantly improve their quality of life.

Louw (1996) defended that stuttering often represents a significant part of an adult's

identity. Some adults who stutter would not consider receiving therapy because after years of

emotional pain and anguish, they have grown accustomed to themselves as PWS and that

considering therapy would result in loss of identity (Klompas & Ross, 2004). This is a situation

that should be prevented. No individual should be forced to be comfortable with or accept a

disorder that can be successfully treated, should they desire it. Treatment for stuttering may be

frustrated by attitudes and beliefs such as denial, passivity, helplessness, guilt, shame, and anger

(Leith, Mahr & Miller, 1993).

Manning, Dailey, and Wallace (1984) found that the majority of mature PWS perceived their stuttering as less disabling than when they were young adults. Al-Khaledi et al. (2009) found similar results in their study conducted in Kuwait, and claimed that individuals of CLD (under age 39) had strong negative reactions to the hypothetical thought of being a PWS. These results support the idea that acceptance increases with age and experience, and also serves as a helpful suggestion to give assistance to children while they are still young and developing. There also lies an importance in educating the parents and caregivers of children. Having the ability to understand a parent from an ethnically diverse background and providing that parent with the tools to best assist their child can be invaluable, not only to the families of PWS, but to others surrounding who may not have the same opportunities for assistance (Al-Khaledi et al., 2009).

In light of increasing educational awareness regarding PWS, SLPs are encouraged to accumulate as much knowledge as possible, keep open minds, share their research findings with the community, and most of all, not to make assumptions about CLD. According to Finn and Cordes (1997), most assumptions regarding multiculturalism and stuttering are made in the absence of supporting evidence. Individuals vary as significantly within cultures as cultures vary amongst each other. Assumptions can be made in a variety of ways, often without SLPs realizing they have done so. Assumptions can also be made in terms of age tendencies, cultural norms, gender relations and many other factors. It is important to remember that although research findings are fundamental, they may not always account for all individuals, and furthermore, individuals of CLD within the United States.

Significant distinctions lie within individuals of CLD born and residing in the United States and those born abroad who now reside in the United States. Not all individuals of CLD identify with their culture's beliefs and practices. In fact, many CLD individuals of the new

generation identify more with American values than those of their cultures, and therefore have varying perceptions regarding their dysfluency. For example, investigations such as Blood, et al. (2003) revealed that adolescent PWS do not identify adolescence as a more difficult stage of life than non-PWS peers. Additionally, they also found that majority of adolescent PWS consider dysfluency to be a non-stigmatizing condition influenced by social relationships with non-PWS peers. Without knowledge, or awareness of the research, many may assume the opposite of this and direct therapy accordingly.

Conclusion

SLPs must bridge the gap between their services and PWS from multicultural backgrounds (Tellis and Tellis, 2003). It is critical to adjust to current times in order to provide high quality services to a rapidly changing population. Increased awareness of SLPs about multicultural issues associated with stuttering, and education of PWS from diverse backgrounds, will result in more effective services.

There are many important factors that must be identified and validated before assumptions are made about CLD PWS. The key to a meaningful client-SLP relationship is honest communication. SLPs should be encouraged to ask sincere questions and to be unbiased and non-judgmental in their listening. This will not only diminish discomfort feelings felt by the clients, but also encourage them to reveal additional information that could be pertinent to therapy. Furthermore, therapy appears to be a two way street. Additionally, SLPs should feel free to ask questions but also be open to answering them. Clients who understand that they can ask questions may feel more secure with sharing information about themselves.

In summary, emphasizing that the therapy room is a secure environment of complete privacy and free of judgment is essential to change a client's demeanor upon entering the therapy

room. This could mean the difference between long periods of unsuccessful fluency therapy leaving the SLP pondering what did not work.

Positive reports of successful therapy with CLD PWS and advancement in perceptions of CLD individuals are increasing with new research regarding CLD and stuttering. Cooper and Cooper (1996) reported a significantly optimistic shift in SLP perceptions regarding PWS over a two decade period. Negative perceptions regarding the emotional stability and stereotypes of PWS are decreasing as a result of enhanced awareness and education (Wright & Sherrard, 2004). Globally, SLPs are increasing their efforts to reach out to CLD individuals who stutter in a multitude of ways. Additionally, therapy should be specially catered to family comfort and preferences, creating a safe environment for family, SLP, and client to work together (Gorin, 1980).

A frequent challenge for SLPs in fluency therapy with CLD individuals is the language barrier, where the clinician may speak a diverse language or dialect than clients and their families (Finn & Cordes, 1997). Efforts are being made around the world to accommodate this issue. For example, according to Wright and Sherrard (2004), SLPs in Britain are making an effort to increase their use of interpreters in therapy with CLD PWS and their families. Researchers have emphasized the importance of taking caution in the careful utilization of interpreters who are trained and supervised in speech language pathology, in order to avoid the unacceptably low levels of inter-judge validity and reliability (for dysfluency) often present in unspecialized, inexperienced interpreters (Cordes & Ingham, 1994; Kayser, 1995; Young, 1984). An additional example is from Lima, Peru where attempts have been made to increase the availability of fluency therapy as a specialty (Gorin, 1980). SLPs in Lima, Peru emphasize the

power of academic education for PWS, and encourage those in the lives of PWS to love and accept them.

This is a review of the literature regarding perceptions of multicultural individuals who stutter in contrast with the SLP-client relationship. Exploring the lives of CLD PWS in the dimension of their personal experiences and how these have been shaped by cultural influences is significant in the advancement of this discipline. Furthermore, is understanding how SLPs can better treat clients in stuttering therapy in a manner that caters to their multiculturalism.

In conclusion, increasing awareness regarding CLD PWS is critical and requires understanding between all three groups involved in this process: SLPs, CLD populations, and PWS. Proper education will aid and support progress in this area, ultimately leading to better outcomes, so all three groups can function in harmony, serving and teaching each other, ensuring a higher quality of life for all PWS.

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