



# COMPARISON OF THE ASSESSMENT OF THE CHILD'S EXPERIENCE OF STUTTERING (ACES) WITH STUTTERING SEVERITY INSTRUMENT (SSI) IN KANNADA SPEAKING CHILDREN

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## INTRODUCTION:

Stuttering is a complex disorder involving interactions among what the child does, how he feels, and what he thinks (Bennett, 2006; Smith & Kelly, 1997).

Stuttering can make it difficult to communicate with other people, which often affect a person's quality of life.

Some features of Stuttering are disruption in flow of speech, avoidance or fear of speaking, breaks in the forward flow of speech, such as repeating a sound or syllable of a word, stretching the beginning sound, or being unable to say a word at all (Guitar, 1998).

Stuttering is common among young children and is a normal part of learning to speak. They may stutter when their speech and language abilities aren't developed enough to keep up with what they want to say. Most children outgrow this developmental stuttering.

The cause of stuttering is still unknown. Some features known to influence stuttering are: family history of stuttering, gender, age at the time of onset, and/or the presence of other speech and/or language disorders (Conture, 2001)

To evaluate a child's stuttering, we typically use parent reports, disfluency frequency counts, Stuttering Severity Instrument -3 (SSI-3; Riley, 1994) scores, Stuttering Prediction Index (SPI) scores and severity ratings, Overall Assessment of the speaker's Experience of Stuttering (OASES) and measures of the overall impact of the child's stuttering, such as the ACES (Assessment of the Child's Experience of Stuttering; Coleman, Yaruss, & Quesal, 2004).

A comparison study between SSI scores and OASES scores was carried out by Bragatto et al., (2012), in the Brazilian version which revealed that, it is not possible to establish equivalence between SSI scores and impact scores of OASES. The people with Stuttering (PWS), exhibited more concern on their self esteem, self confidence and enthusiasm in life, which is in correlation with the study done by Caroline, Mathis, and Yarrus (2006).

### **The need of the study:**

- To compare and contrast children in shaping their self awareness on disfluency in different perspectives
- Incorporate both formal and informal tests in the assessment process along with self-rating scales.

## **OBJECTIVE OF THE STUDY:**

To find if any correlation exists between the assessment data obtained from Stuttering Severity Instrument (SSI) and the Assessment of the Child's Experience of Stuttering (ACES) in age range of 8 to 10 years

## **METHODOLOGY:**

30 Kannada speaking male children participated in the study. The age range of participants for this study was from 8 to 10 years. Those with any cognitive or neurological deficits were excluded from the study. The study was carried in two phases.

### STUTTERING SEVERITY INSTRUMENT (SSI):

It evaluates the four areas of speech behavior: 1.Frequency, 2. duration, 3.physical concomitants, 4.Naturalness of the individual's speech.

### ASSESSMENT OF THE CHILD'S EXPERIENCE OF STUTTERING (ACES):

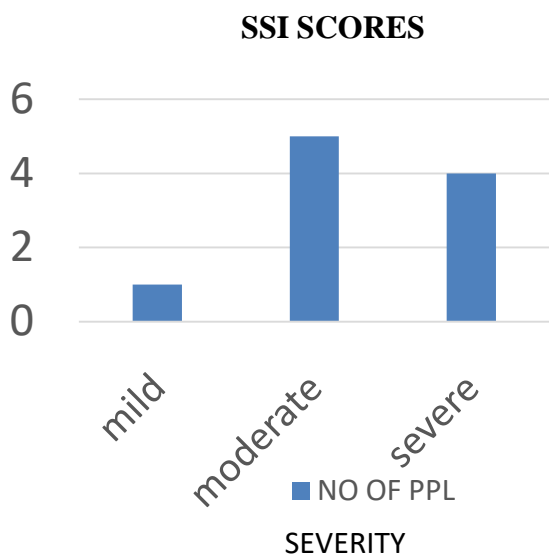
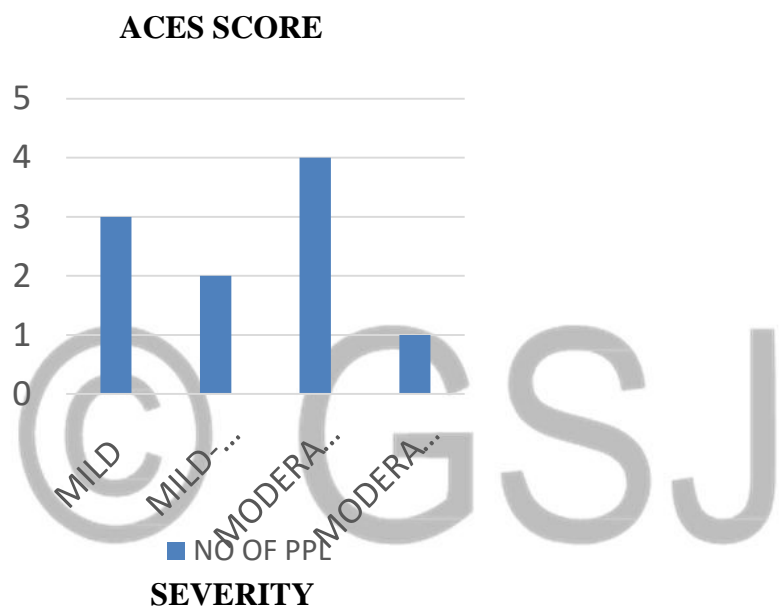
It is a 100 item questionnaire with four sections on; (a) general perspectives about stuttering, (b) affective, behavioral, and cognitive reactions to stuttering (c) functional communication in Daily situations (25 items), (d) impact of stuttering on the speaker's quality of life. The responses are rated on 5 point Likert scale.

## **Procedure:**

**Phase I:** An informed consent was obtained from all the participants' parents and appropriate instructions were provided before administering the questionnaire. A data sheet was filled for each subject that included demographic data (gender, age and education) of the patient and certain characteristics of stuttering (anticipation, avoidance and coping behavior.)

**Phase II:** The Stuttering Severity Instrument (SSI) (Riley, 1980) was also assessed for all the participants. Assessment of the Child’s Experience of Stuttering (ACES) questionnaire was given to all the respected children and they were asked to read each of the questions carefully before filling. The overall time to complete the questionnaire was around 25 to 30 minutes.

**Statistical analysis:** The data was analyzed using SPSS 16.0 version. Pearson co-relation was used to assess relationship between Assessment of the Child’s Experience of Stuttering (ACES) impact scores and SSI scores.



## **RESULTS AND DISCUSSION:**

12 individuals who had mild degree in SSI show moderate degree in ACES and 9 with moderate had moderately severe degree and only 9 individuals showed vice versa results i.e., SSI scores revealed severe degree whereas ACES impact scores interpretation was moderately severe. Therefore we can see that

- No significant co-relation between SSI scores and impact scores of ACES
- Both the tools assessed different skills and revealed completely different results.

## **CONCLUSION:**

Therefore ACES focus on the rating of stuttering by the child himself

While SSI is based on the formal assessment procedures

We can thus conclude that both tools are helpful to assess the stuttering in different perspectives.

## **Limitations:**

- Sample size can be implied with increase in number of subjects

## **Future Implications**

- Can be done in other age ranges, other languages
- Gender differences can also be included specifically

**Key words: Disfluency, Physical concomitants, Frequency, Functional communication, Anticipation**

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