



## Validation and evaluation of the Dutch translation of the Overall Assessment of the Speaker's Experience of Stuttering for School-age children (OASES-S-D)



Romy S. Lankman<sup>a</sup>, J. Scott Yaruss<sup>b</sup>, Marie-Christine Franken<sup>a,\*</sup>

<sup>a</sup> Erasmus University Medical Center, Sophia Children's Hospital, Department of Otorhinolaryngology, Speech and Hearing Center, Rotterdam, The Netherlands

<sup>b</sup> Department of Communication Science and Disorders, University of Pittsburgh, 4033 Forbes Tower, Pittsburgh, PA 15260, USA

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### ABSTRACT

**Background:** Stuttering can have a negative impact on many aspects of a speaker's life. Comprehensive assessment must therefore examine a range of experiences in order to reflect the overall impact of the disorder.

**Purpose:** This study evaluated the Dutch translation of the Overall Assessment of the Speaker's Experience of Stuttering – School-age (OASES-S; Yaruss & Quesal, 2010), which examines the impact of stuttering on the lives of children ages 7–12.

**Method:** The OASES-S was translated to Dutch (OASES-S-D) using a forward/backward translation process. Participants were 101 Dutch-speaking children who stutter (ages 7–12) who were recruited by speech-language therapists throughout the Netherlands. All participants completed the OASES-S-D, the Children's Attitudes about Talking-Dutch, a self-assessment of severity, a clinical assessment of severity, and a speech satisfaction rating. A control group of 51 children who do not stutter also completed the OASES-S-D to determine whether the tool could differentiate between children who stutter and children who do not stutter.

**Results:** All sections of the OASES-S-D except section I surpassed a Cronbach's alpha of 0.70, indicating good internal consistency and reliability. Comparisons between the OASES-S-D and other tools revealed moderate to high associations. The OASES-S-D was able to discriminate between children who stutter and children who do not stutter and between participants with different levels of stuttering severity.

**Discussion:** The OASES-S-D appears to be a reliable and valid measure that can be used to assess the impact of stuttering on 7- to 12-year old Dutch-speaking children who stutter.

**Educational Objectives:** The reader will be able to: (a) describe the purpose of the OASES-S-D measurement tool; (b) summarize the translation process used in creating the OASES-S-D; (c) summarize the aspects of stuttering measured in the different sections of the OASES-S-D; (d) describe with what measurement tools the validity of the OASES-S-D was investigated; and (e) describe the differences between the American-English version and Dutch translation of the OASES-S.

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\* Corresponding author at: Erasmus University Medical Center, Sophia Children's Hospital, Department of Otorhinolaryngology, Speech and Hearing Center, Dr. Molewaterplein 60, 3015 GJ Rotterdam, The Netherlands. Tel.: +31 10 7036073/4.

E-mail address: [m.franken@erasmusmc.nl](mailto:m.franken@erasmusmc.nl) (M.-C. Franken).

## 1. Introduction

Numerous studies have shown that stuttering is often associated with a negative impact on a speaker's quality of life (Chun, Mendes, Yaruss, & Quesal, 2010; Craig, 2010; Craig, Blumgart, & Tran, 2009; Davis, Howell, & Cooke, 2002; Klompas & Ross, 2004; Koedoot, Bouwmans, Franken, & Stolk, 2011; Langevin, Packman, & Onslow, 2010). Such impact can be seen in the experience of negative emotional reactions (including anxiety and shame), difficulties in functional communication abilities, and restrictions in the ability to achieve life goals (e.g., Erickson & Block, 2013; Koedoot et al., 2011; Tran, Blumgart, & Craig, 2011; Yaruss, 2010; Yaruss & Quesal, 2006).

The majority of the research in this area conducted to date has examined adults who stutter; however, there is also an indication that children who stutter can experience an adverse impact on their quality of life (e.g., Chun et al., 2010). Although recent studies did not reveal diminished Health-Related Quality of life in *preschool* children who stutter (De Sonnevile-Koedoot, Stolk, Raat, Bouwmans-Frijters, & Franken, 2014; Reilly et al., 2013), other work has clearly shown that children from the school-age years and older do experience adverse impact. For example, school-age children who stutter tend to perform below average levels at school, are at risk for having a lower social status compared to children who do not stutter, and are more likely to experience social rejection by peers (Blood & Blood, 2007; Davis et al., 2002; Klompas & Ross, 2004; Langevin, 2009; Langevin, Packman, & Onslow, 2009; Langevin, Packman, & Onslow, 2010; Vanryckeghem & Brutten, 2007). Children who stutter are also at significantly higher risk of experiencing bullying than children who do not stutter, and bullying has been shown to cause even greater communication and other difficulties for children who stutter (Blood & Blood, 2007; Langevin, Bortnick, Hammer, & Wiebe, 1998). Moreover, stuttering may negatively impact the siblings of children who stutter and the relationships within the family unit (Beilby, Byrnes, & Young, 2012).

In order to provide people who stutter with comprehensive therapy that fits their specific needs, it is important to recognize and assess the wide range of difficulties that speakers may experience as a result of stuttering. Based on the research cited above (as well as frameworks that describe the speaker's experience of stuttering, as discussed below), these areas include the impact on social, emotional and mental well-being, as well as difficulties experienced in day-to-day communication with other people. Comprehensive assessment also provides the data that are needed for evaluating stuttering treatment outcomes and for describing the types of changes that people who stutter may experience in their lives following treatment.

In the past, several instruments have been designed to assess these covert aspects of the stuttering problem. In adults who stutter, the Perceptions of Stuttering Inventory (PSI; Woolf, 1967) assesses client-perceived struggle, avoidance, and expectancy behaviors. The Scale of Communication Attitudes (S-Scale, Erickson, 1969) and the S-24 (Andrews & Cutler, 1974) investigate the attitudinal dimension of stuttering, while the Wright & Ayre Stuttering Self-Rating Profile (WASSP, Ayre & Wright, 2009) seeks to provide a more comprehensive assessment by examining clients' perceptions of stuttering behaviors, avoidance, feelings, and disadvantage.

For younger speakers who stutter, the Communication Attitudes Test (CAT, Brutten & Dunham, 1989; CAT-D for Dutch speaking children, De Nil & Brutten, 1991) investigates the speech-associated attitudes of children from age 6 to 14. The CAT-D has been shown to be a valid and reliable questionnaire (Vanryckeghem & Brutten, 2003), and research using this tool has shown that negative speech-associated attitude in children who stutter may already be present as early as six years of age (De Nil & Brutten, 1991; Vanryckeghem & Brutten, 1997). Investigations using the Kiddy CAT (Vanryckeghem & Brutten, 2007) reveal that even very young children, close to the onset of stuttering, may show negative communication attitudes (Clark, Conture, Frankel, & Walden, 2012; Vanryckeghem, Brutten, & Hernandez, 2005).

One tool that attempts to provide a comprehensive view of the stuttering disorder for both diagnostic and treatment evaluation purposes is the *Overall Assessment of the Speaker's Experience of Stuttering* (OASES; Yaruss & Quesal, 2006, 2010). The OASES was designed to measure "the entire experience of the stuttering disorder from the perspective of individuals who stutter" (Yaruss & Quesal, 2006, p. 90). It includes questions designed to examine a speaker's understanding of stuttering, the negative emotional reactions experienced as a result of stuttering, functional communication difficulties that accompany stuttering, and the impact of stuttering on overall quality of life. Its development was based on the World Health Organization's International Classification of Functioning, Disability, and Health (ICF; WHO, 2001) as specifically adapted to the study of stuttering (Yaruss & Quesal, 2004). Three versions of the OASES have been published: the OASES-A for adults (ages 18 and above), the OASES-T for teenagers (ages 13–17), and the OASES-S for school-age children (ages 7–12). All have shown strong reliability and validity (e.g., Yaruss & Quesal, 2006, 2010). Although it was developed in American English, the original English version of the OASES has been studied in other English-Speaking countries and cultures (e.g., Beilby, Byrnes, & Yaruss, 2012; Blumgart, Tran, Yaruss, & Craig, 2012). Translations have been prepared or are being prepared for nearly 30 other languages, including Portuguese (Bragatto et al., 2012; Chun et al., 2010), German, Swedish, Mandarin Chinese, Korean, and particularly relevant for the present research Dutch (Koedoot, Versteegh, & Yaruss, 2011). The Dutch version of the OASES-A showed good reliability and validity, comparable with that found in other studies of the OASES-A. To date, however, Dutch versions of the OASES-S and OASES-T have not been presented and validated, leaving clinicians without a comprehensive tool for measuring adverse impact of stuttering in younger populations.

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