Communication–Emotional Model of Stuttering... (C–E)

- Describes the possible relationship of stuttering to the processes of speech development, language abilities, experience and emotions.

- The model is designed to provide a framework to facilitate the development and interpretation of research based on the complex interaction of variables impacting fluency disorders.

Genetics & Environment....

- These two areas are considered the antecedent conditions, events, or variables that serve as the foundation for the proximal variables.

- Proximal Variables....
  - Speech & language Planning (organization, retrieval, etc.)
  - Speech & language Production (phonology & language variables)
  - Experiences (the variable that is difficult to define)

Causes of Stuttering
Distal Contributors

Proximal Contributors

- Speech
- Language
- Planning
- Experience
- Production

Proximal Contributors
How does this work?

Assumptions: Thoughts are transformed into a code that informs the speech-motor system and ends in production of a word/sentence.

Lexical -> Retrieval -> Phonological components.

Exacerbation

Emotional Reactivity
- Sensitivity to disfluency?

Regulation
- Ability to monitor strategies?

EXACERBATION

- What causes differences in children with seemingly similar proximal characteristics? PWS may experience these differences longer than so-called normal speakers.

Emotional Reactivity: awareness of the mistake or difference
Regulation: coping or concern resulting in variations in a child's ability to "maintain performance."

Instances of Stuttering: Reactions

- tension
- emotions
- physical

Experience.....

- Overlaps Proximal Contributors and Exacerbation.
- May include: health, sensitivity to communication, situational reactions, and/or temperament etc.

An Example.....

- Genetics: slow, inefficient lexical retrieval & encoding
- Environment: Explicit/implicit modeling & requirements to speak very rapidly
- Result: A system that plans/produces speech-language at rates beyond its abilities to do so efficiently and fluently.
Communication-Social Model may explain......
• Coping Behaviors/Reactions to Stuttering:
• Avoidance of sounds/words/speaking
• Poor carryover of fluency enhancing strategies
• Denial of problem
• Need for perfection
• Unusual speech behaviors/overuse of fillers, etc.

And...........
5. 71.5% did not know about intervention techniques to address bullying.
6. 32.6% could not identify the core behaviors of stuttering.
7. 42% could not differentiate between the two main approaches (fluency shaping & stuttering modification) to stuttering therapy.

A look at statistics..SFA newsletter, Summer, 2007....Glenn Tellis, Ph.D
• Of SLPs who had a full semester graduate course work in stuttering:
  36.6% indicated that they would not treat initially because a child may spontaneously recover.
  27.7% agreed that parents should tell children who stutter to speak slower to reduce stuttering.
  64.4% did not use attitude scales to assess stuttering.
  43.5% were not comfortable working with children who stutter.

Evidenced Based fatigue?

HOW CAN I DO IT ALL?

What is Evidence-Based Measurement?

• Evidence Based Practice is a perspective on clinical decision-making that originated in medicine.
• "Evidence based medicine is the integration of best research evidence with clinical expertise and patient values."

Evidence Based Practice

Clinical Decisions

Scientific Evidence
Client Values
Clinical Expertise

Just cannot pull together programs yet. I apply to all students at all.
Evidenced Based Measurement means...
- Knowing what you are measuring...i.e. a behavior vs. a concept.
- Determining what measurement levels mean in terms of conclusions.
- Knowing the precision of the tools: Reliability (inter and intra) and Validity (complex: are we measuring what we need to measure?).

Our dilemma with Children/Teens who Stutter...
- Evidence based practice means determining which treatment approaches are researched & therefore viable. Many components of stuttering need further study.
- Stuttering is a multi-dimensional disorder: many research studies focus on one dimension.
- Researching, reading and developing treatment activities is time consuming.

As a result......
- Many treatment approaches are focused on one issue or aspect of the disorder such as Stuttering Frequency, Speech Rate, Stutter Like Disfluencies or Speech Naturalness.
- However, documenting the impairment, disability and handicapping aspects of stuttering cannot focus on one dimension.

Multidimensional Viewpoint...
- Clinicians began looking at the A-B-C aspects of stuttering around 1980 (Cooper).
- Affective-Behavior and Cognitive Issues
  - This type of approach evolved from seeing many clients who could not carryover fluency from the treatment room to other environments. This approach evolved into other models: The Communication-Social Model (Conture et. al.)

A working definition!
- Stuttering refers to the individualized and involuntary interruption in the forward flow of speech and learned reactions thereto, interacting with and generating associated thoughts and feelings about one's speech, oneself as a communicator, and in the communication world in which we live.
- Etiology, yet unknown is conceptualized to relate to the interaction of physiological, psychological, psycholinguistic, and environmental factors.
- Stuttering occurs within the context of communication systems, thus affecting and being affected by all persons who communicate with the person who stutters.
- Stuttering is a diagnostic label referring to a complex, multi-dimensional composite of behaviors, thoughts and feelings of a person who stutters.

IDEA.....
TREATING STUTTERING IN THE SCHOOLS...

Slowing down or pausing improves stuttering.
Adding more pauses.
It isn't the child not being cooperative...it is genuinely child wants a break.
IDEA 2004
Qualification & Eligibility Criteria for CWS!

1) Changed "performance" to "academic, nonacademic & functional performance."

2) Increased emphasis on "academic, nonacademic & extracurricular activities."

SLPs & children who stutter...

Stuttering & School performance

- Collaboration between the teacher, parents, the speech language pathologist and the child/teen who stutters is essential to understand the impact of the stuttering on school activities, academic performance and social interactions.
- Is the stuttering impacting a student's performance in any of these areas?

Behaviors of CWS frequently include....

- "Managing" communication by decreasing the amount of talking or avoiding certain speaking situations.

- Coping behaviors such as overuse of filler words, changing words, hesitating so that others can respond or fill in the response, etc.

Response to Intervention Core Principles......

- Prevention model
- Multi-tiered model of service delivery
- Collaborative with all involved in the student's education
- Inclusive of all students: involves screening, education of all participants, identifies behaviors that are important for academic success and includes data collection.
Tier 1: Connecting with the educational standards...

- Core curriculum instruction:
  - Educating all teachers and students about communication differences & stuttering characteristics.
  - Helping all understand that giving a person who stutters some “pressure free” response time is important. May include some flexible grouping; allowing some options for the student who stutters to be grouped with friends or included with supportive listeners.

Tier 2: Support....SLP + Teachers

- Setting up a lab for communication disorders including stuttering to help all learn about this disorder,
- Handouts & resources...helping teachers understand what might help.
- Talking to the student about classroom interactions: reading aloud, & modifying oral reports (example: increasing the number of listeners over time)

Tier 3: Intervention

- Direct treatment with child/teen initiated with an evaluation.
- Comprehensive assessment of the level of stuttering in terms of frequency, attitudes and situational variables. Assessment should also determine how the child or teen views communication and what coping behaviors the student is using to deal with the stuttering.
- Treatment should be flexible to allow for continued educational support.

What Coping / Speech Behaviors might impact School Performance: What changes that might help the CWS in the school setting?

- Decreased participation in classroom interactions. Gradually increasing the number of interactions/modifying the number of listeners (i.e. first with one listener and then in a small group )
- Difficulty giving oral presentations. Increase the number of listeners: first the teacher, then a friend, then more students and finally the class.
- Trouble reading aloud. Talking to the student about what is easier: knowing when/what needs to be read; or designing situations where there are fewer listeners.

The student may demonstrate...

- Trouble introducing oneself when meeting new people. All students could practice this skill in a lab/classroom type interaction.
- Decreased ability to verbally negotiate teasing and bullying situations. This should be monitored by staff, but general education for the CWS and for all students may help students know what to do and how to handle these situations.
- Have difficulty establishing/maintaining interpersonal relationships. Include parents and counselor in this objective. Pair the student with comfortable listeners for cooperative projects.

and the student may....

- Be reluctant to ask the teacher questions for clarification. Set up an agreement with the student to ask questions privately, in small groups and finally in class as he builds confidence.
- Select courses/career paths may be selected that require the least amount of communication. Provide feedback concerning strengths and potential options for education/careers...do some observations in various work settings/meeting older students or adults who stutter.
**Coping Behaviors continued....**

- Reluctance to speak to adults in authority. Have authority figures take the initiative when dealing with this fear.
- May avoid asking for directions when maneuvering around campus/school. Help the student by recognizing various key people (students or staff) who could help with this issue.
- Absent from class when anxious about stuttering in class. The parents and teachers need to work together to manage this behavior. Avoidance is not a healthy option, but the student's fears should be recognized and dealt with by professionals.

**And the student may....**

- Feel that listeners focus on the stuttering rather than the message. The teacher/slp may help the student with this issue by reinforcing the message not giving advice about the student's speech.
- Hesitant to participate in cooperative learning/group projects. Meet privately with the student to work on group members and potential responsibilities in terms of oral reports, etc.
- Difficulty seeking help and explaining conflicts in stressful situations. Adults should encourage slower speech by using pacing (monitoring speed of speech) and provide a calm environment for the student to communicate.

**Teachers must think slower to naturally slow down speech.**

**Additional Behaviors....**

- Decreased ability to express opinions and ideas in a classroom discussion. Turn taking in the classroom will decrease the pressure on the CWS; talking to the student will also help.
- Difficulty talking on the phone to peers to discuss classroom projects/homework. Identify a couple of students to facilitate this process for the CWS.
- Embarrassed to clarify information about assignment deadlines. Some informal, regular meetings with the students who stutters may help.

**The RTI process for CWS...**

- Progress needs to be monitored.
- Data should be collected so that students who do not respond can be identified.
- Support is adjusted as needed.
- Documentation of performance compared to peers should be collected to determine discrepancies due to stuttering.
- Significant discrepancy in rate of progress in comparison to peers following intervention is needed to initiate more direct intervention.

**The SLP....**

- Must consider interactions & performance other than academic when assessing eligibility.
- Can compare the CWs to other students who stutter and to the CWNS in a similar age range.
- Both standardized and non-standardized results can be included.

**On a final note....**

- In this age of texting and computers, many students who stutter negotiate speaking in school and assignments with little oral communication. While it is important that communication skills may be modified for the child/teen who stutters, oral communication is still an essential skill for students. With this in mind, students who stutter should be addressing oral communication in the current curriculum!
CHILDHOOD STUTTERING
SOME FACTS ABOUT

PRESCHOOL AGED CHILDREN
- Stuttering typically begins during the preschool years
- Onset typically occurs during a critical period of speech & language development
- Stuttering occurs during a period of rapid neuromotor development & appears to involve problems in motor control

PRESCHOOL CHILDREN
- Stuttering begins & evolves during a period when the home environment has enormous influences on the child & the shaping of the disorder
- Stuttering has a diversity of subtypes that emerge during the formative stages of the disorder...i.e. 5% of ps children stutter as opposed to 1% of the adult population.

PREVALENCE DATA (ASHA 2003)
- Data from looking at 3,289 pre-school aged children resulted in 2.46% prevalence.
- Gender: Preschool 2.1:1 (M:F); Adults 4:1
- Age of Onset:  Range: 16-60 months  
  Mean: 33.38 months
- Males 33.59 months; Females 32.95 months
- Most Typical: 2-4 yr. range/most before 4

PATTERN OF ONSET (PARENT REPORT)
- Sudden Onset (1–3 days) 41%
- Intermediate Onset (1–2 weeks) 32%
- Gradual Onset (27%)
- Parent Rating of Stuttering Severity...
  - Mild 35%
  - Moderate 45%
  - Severe 20%
  - Parents very accurate in DX of severity

Childhood Stuttering
- Ehud Yairi and Nicoline Ambrose
- University of Chicago
- Part of a team of researchers looking at development of the children in many parameters.
 Comparing dysfluencies

- Age 2: NPS had 1.22 dysfluencies/100 ss (syllables spoken)
- Age 2: PSWS had 10.15/100 ss
- Age 3: NPS had 1.6 ss/100
- Age 3: PSWS had 11.75 ss/100
- Age 4: NPS had 0.91 ss/100
- Age 4: PSWS had 6.87 ss/100
- All: NPS had 1.33 ss/100
- All: PSWS had 10.37 ss/100

NPS: normal preschoolers; PSWS: preschoolers with stuttering

Other interesting facts:

- Parents were very accurate in rating Stuttering Severity.
- Genetics: Stuttering not 100% in identical twins suggesting etiology with a combination of environment and genetics: a multifactored polygenic disorder!
- Suggested that Genetics could impact: structural anomalies; brain processing; auditory processing; motor skills and temperament

Best Predictors of Persistent stuttering

- Family History
- Gender
- Age of Onset
- Stutter Like Dysfluency trends
- Dysfluency length
- Dysfluency type
- Disfluency duration

Secondary Indicators:

- Head and neck movements
- Expressive Language
- Phonology

Other issues showing some relationship:

- Concomitant Disorders
- Awareness: reaction

Measuring Dysfluencies...PS

- Describe the types of dysfluencies present from speech sampling and parent report
- Quantify the stuttering in sampling done during the diagnostic session and video/audio tapes from the parents or from classroom sampling
- Note: The variability of dysfluency in the preschool population makes basing a diagnosis based on one clinical sampling challenging. It is important to obtain other samples if possible.

Diagnosis of Stuttering...

Preschool and School Aged Stuttering
Precepts about PS children

- Time of intense development: social, physical, cognitive, & speech/language!
- Play and fun represent the language of childhood
- Children are insightful, but tend to do and reflect whatever they are told.
- People of all ages have a story to tell....

Important Considerations....

- Obtain pertinent background and history of the disorder
- Assess stuttering in terms of potential risk factors
- Assess other communication skills and related conditions.

Background Information...

- When did the child begin stuttering?
  Note: as the post-onset time increases, the chance for recovery becomes smaller
- What were the initial signs or characteristics?
  Note: It may help to give the parent or teacher samples of different types of dysfluencies

More Background.....

- How did it begin?
  Note: Although severity at onset is not necessarily linked to persistent stuttering, the parents reactions might vary depending on the type and severity of the stuttering at onset.
- What were the circumstances surrounding the onset?
  Note: Was it a time of language growth or were there other family events that could have triggered onset.

Are there other factors?

- Factors could include rapid language growth, delayed language growth, medical issues, behavioral problems, and changes in family dynamics.
- Who might be a contributor? Are there negative attitudes in parents, teachers, grandparents, caretakers, etc.
- How has the stuttering progressed?

PS Assessment continued...

- Case History: genetics, onset of problem, other medical and developmental history.
- Parent Interview: assessment of the problem in a number of settings
- Home/parent/siblings Interactions
  (who, what, when, and level of disfluency)
  (video/taped sample from home)
- Child-Parent Interactions in a session
Assessment Continued
- **Structured Child–Clinician Interactions**
  including fluency disruptors & tasks requiring longer and more complex responses
- **Standardized Measures** of Phonological and Language Development
- Calculating the amount and types of disfluencies present in each interaction.
- **Recommendations** may include a period of treatment and need to include parent training

Assessment of School Aged CWS
- More direct interaction with the child
- Important people in the child/teen’s life including parent/teachers should provide input/observations of communication
- Measure frequency of dysfluency in various types of speaking tasks
- Measure attitudes about stuttering
- Measure situational variables

Diagnosing the School Aged Child/Teen......
- When age appropriate, interview the student about the stuttering:
- When do you remember stuttering?
- How has the stuttering changed?
- What has helped (& not helped) the student?
- What are easy talking situations? Hard situations?
- What have you learned from previous therapy?

In addition, information should be obtained in other ways....
- Parent and Teacher Checklists, interviews with the student, conversational analysis also provide valuable data.
- Observations of the student in various speaking situations especially since information has been collected during the RTI process.

Standardized Measures of Stuttering......
- Test of Childhood Stuttering (TOCS) (age 4–12) Pro–Ed
- The Assessment Battery of Behaviors of Children who Stutter (ages 7–16) Plural Publishing

Input from Important Observers:
- **Parent /Teacher Checklists** (SFA: Chmela Reardon 2001).
- Parent/Teacher interview forms
Cincinnati Children’s Hospital Medical Center  [www.fluencyfriday.org](http://www.fluencyfriday.org)!!!
### Fluency Evaluation:
- **Disfluency analysis**...minimum of 300 words with a preference of 500 words.
- **Ryan’s Protocol for Assessing Stuttering:** Increasing linguistic complexity
  1. Automatic Speech: counting, alphabet, etc.
  2. Echoic Speech
  3. Reading Aloud.
  4. Short speaking samples: topics of choice
  5. General Conversation (Compare results to Normative Fluency Data)

### Minute Monologues
- Topic of choice: connection to child/teen
- Number of words/syllables per minute
- Number of disfluencies/types of disfluencies
- **Real Time Analysis:** can be used to periodically check changes in fluency levels.

### Attitudinal Scales/Checklists!
- A-19 for children K–3
- CAT-R for children 7–11 (older norms)
- S-24: Stuttering Severity Instrument

The above mentioned Attitudinal Scales can be downloaded from [www.fluencyinthy.org](http://www.fluencyinthy.org).

### More Scales.....
- **New Scales:** Behavior Assessment Battery for School-Age Children Who Stutter (Brutten & Vanryckeghem, 2006 Plural Publishing):
  - Communication Attitudes about Talking
  - Speech Disruption – Emotional Response
  - Speech Disruption – Situational Response
  - Behaviors Associated with Stuttering

Contains Updated Norms.....

### ACES
- Developed by Yaruss & Quesal; FFP uses a research copy.
- Published by Pearson Publishers
- This Evaluation Tool is completed by the Child/Teen who stutters. It assesses various aspects of stuttering and the impact of the stuttering on a child’s life.

### CALMS Model
- Download from [http://www.unl.edu/fluency/index.html](http://www.unl.edu/fluency/index.html)
- This evaluation tool can be used in ongoing tx and is completed by the clinician as the student progresses. Comprehensive look at the variables involved in stuttering: Cognitive, Affective, Linguistic, Motor and Social.
Paper & Pencil Tasks....

The School Aged Child Who Stutters: Working Effectively with Attitudes and Emotions (Chmela & Reardon, SFA, 2001)

- What's True for You?
- Count Me Out!
- My Views on School!
- Framing My Speech!
- Hands Down!

Other issues to consider.......

Coping Behaviors: reactions to stuttering, overuse of filler words, decreased talking
Secondary Behaviors: body movements, facial grimacing, looking away, tapping...etc.
Situational Fears: Interview/Scales

Putting it all Together....

Social Issues  Attitudes  Motor

Impact

Writing Goals.......

Direct vs. Indirect Treatment

- Treatment Options – the sip can select a number of options based on the child's stuttering, the needs of the parents and the risk factors from the assessment.
- PS Tx should include a Parent Training Portion: i.e. ways to interact to improve fluency and to problem solve ways to handle various disruptors.

Preschool Disfluency
Treatment Considerations
Parents of CWS

- Interruptions: these behaviors can increase as a function of more stuttering; work towards increasing delays in responses.
- Turn Taking: highly variable across cws but may be a factor especially with siblings or in a situation where there is a speech delay.
- Question usage: not a factor in stuttering but commenting often reduces the anxiety/demand of responding.
- Eye Contact: mothers of cws often provide this more frequently.

Parents–Cont.

- Give the child as many fluent talking experiences as possible. Design activities that result in fluency.
- Keep “stuttering” from becoming a problem...normalizing the fact that “bumpy” speech happens is a way of talking. (Super Silly Speech, Chmela “Focus on Fluency” program.)
- Identify, reduce or eliminate fluency disruptors...turn taking with siblings, multiple languages in household, time pressure etc.

Procedures

- Establish fluency in basic communication tasks.
- Develop a resistance to fluency disruptors by increasing the complexity and length of the speaking situations.
- Encourage discussions of feelings about communication...in a simple way!
- Maintain fluency enhancing interactions in all settings.

Demands/Capacity Based.....

- Goals include generating spontaneous fluency and a positive attitude toward fluency and oneself as a communicator.
- Objectives are targeted in age appropriate activities with transfer as the main goal.
- Provide vocabulary to talk about communication.
- Number and Frequency of Sessions can be adjusted as the child progresses.

Lidcombe Program

- Requires supervised training and strict adherence to procedures/protocol.
- Parent treatment program with emphasis on training the parents to assess and monitor fluency levels.
- In addition, parents provide appropriate reinforcement to various levels of disfluency.

PS Treatment–Multiple Process Approach...in Treatment

- Teach parents to respond to/interact with the child without drawing attention to the disfluency.
- Model good listening skills; allowing the child to stutter with a neutral reaction.
- Simplify, slow and soften the daily speech model (pacing)
Comparing Tx Approaches: Multi-component & Lidcombe....

- What causes stuttering may or may not maintain it.
- Need to consider the three P's: Predisposing factors (genetics);
  Precipitating factors (growth issues);
  Perpetuating factors (response of the child/care takers) etc.

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<th>Lidcombe</th>
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Two Different Approaches

- Multi-component, demands/capacity: the child's capacity to manage speech/language/social/cognitive and physical changes during a period of rapid growth may contribute to dysfluent speech
- S. Gotwald & W. Starkweather
  Stuttering results from a complex interaction between the child's environment & the capacities that the child brings to that environment.

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Assessment

- Looks at phonology/articulation; language; oral-motor skills; cognition; and social-emotional development.
- Looks at families strengths and weaknesses: stress levels, schedules, rate of talking, expectations, questioning & reactions to stuttering

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Differences .......

- Carefully assess child & environment
- Identify strengths & abilities (fluency capacities)
- Identify environmental variables that support a child's capacities & those that stress those capacities

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Finally.....

- Clinician demonstrates steps in tx
- Assists parent's learning of the program activities.
- Therapist must undergo intensive 2 day training program; now adding a school aged component.
- Research based results.

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Differences continued...

- Expand the child's capacity for fluency by altering speech output in some way
- Modify environment to provide the best match for the child's current fluency

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- Parents learn to measure the child's stuttering/evaluate progress/identify problems in tx.
- Looks only at the dysfluency of the child; goal is to decrease stuttering in an operant format

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- Parent's communicate directly about the child's speech, commenting primarily on fluency & only occasionally when the child stutters.
- Not programmed or criteria based.
- Casual assumptions about early stuttering are not critical to tx.

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- Looks at families strengths and weaknesses: stress levels, schedules, rate of talking, expectations, questioning & reactions to stuttering
- Objective frequency measure
- No severity label
- Good intrajudge reliability
- Can be used as repeated measure over tx.
- Parents measure frequency
- Not time consuming
- Rating scale of 1-10

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What about Treatment of the Older Student???
- Activities need to be relevant and appropriate to the goals of the CWS or TWS.....yet address the results of the evaluation.
- Motivation is an issue.
- Activities must deal with coping behaviors such as "avoidance" or dealing with teasing.
- Activities need to target what the child/teen feels is relevant to communication.

Where to Begin?
- Education about Stuttering
- What causes it?
- What does the "S" word mean?

An explanation of the variables.......... Motor

Thinking

Basic Goals

Feelings

The Balance of Communication......

Foundation of Knowledge
- Normal Speaking Process
  1. Air from Lungs
  2. Vocal cords vibrate (abrupt vs. easy onset)
  3. Tensing (too much/we need a little)
  4. Timing (continuous phonation needs to come first)
  5. Sounds (smooth, continuous movements between sounds)
Counting Dysfluencies....

- **Real Time Analysis**: Counting Disfluencies from a conversational interaction
- **Using various segments of the sample**
- **Separate** stutter like and more typical disfluencies
- **Allows for analysis of longer samples**
- In some cases, actual transcription of the sample may help

What are Stutter Like Disfluencies?

- Disfluencies have **tension**:
  - Word Repetitions
  - Interjections (3x)
  - Sound/syllable reps
  - Prolongations
  - Blocks
  - Multi-
  - Component

Strategies for Modifying Tension in Speech....

- **Light Contacts**
- **Easy Onset**
- **Breathing**
- **Pausing**
- **Pacing**

Other Strategies......

- **Chunking** of information: learning to flow through phrases and manage air flow (phrasing)
- **Wait Time**: learning to decrease speed before responding.
- **Cancellation**: Repeating a stuttered response in an easier way.

Other Strategies...

- **Relaxation Exercises**: learning to relax/tense various muscles involved in speech production & learning general body tension.
- **Negative Practice**: Stuttering on purpose and then using strategy.
- **Triads**: 1) hard stutter 2) easy bounce and 3) exaggerated slide/prolongation followed by easy transition into each sound of the word. (can modify as needed)

Helpful Activities

1) **Tension Bars**.....1–10: help the student rate levels.

2) **Visual representations of various strategies**, drawings, stop–yellow–go traffic lights, etc.

3) **Rating Scales**.....overall, how is your tension/speech today?
Learning to apply various strategies/ideas is a process that takes time and must be reviewed frequently...

Treating Negative Thinking.

- I can’t say "d" words
- Strategies don’t work
- I hate stuttering
- If I don’t talk, I won’t stutter
- It helps if I talk fast.

What about Reactive Behaviors to Stuttering....

Positive Self-Talk...

- First, the CWS must be able to recognize negative thoughts...(writing them down as the child is speaking, making a log)
- Then, these thoughts need to be reframed into positive thoughts.
- Changing Thoughts Worksheet!
- Points to Ponder: How can I say it in a different way?
Developing the Positives...

Feelings
- **Who am I?** - a list of adjectives to describe.
  FFP we use an activity called "All About Me!"

- **Alphabet Feelings** - generating a list of emotions beginning with each letter of the alphabet.

- **Gentle questionning:** "I am wondering how you were feeling when you were giving your talk". "I am thinking about kids who are teased...how do you think they might feel?"

Feelings cont....
- **The Stuttering Monster:** draw a picture of what stuttering looks like to them.

- **Make discussion webs:** the center is the situation, the spokes are things that happen in that situation; the borders are possible ways to handle the situation.

Stuttering homepage
Situational Variables.....

- **Traffic Light** to represent talking situations that are a "Green – Go".....little difficulty; "Yellow – Caution".....sometimes a problem; and "Red – Stop".....are very difficult. These can be evaluated periodically...attached with sticky tape.
- **List making**..... "pick the situations that are important to you".

I am the Expert!

- **Giving a talk to classmates**: FFP web page contains a sample Power Point: Irv Wollman & Ricky.
- **Sharing information** with peers and teachers.
- NSA (National Stuttering Association) has a handout to facilitate this process.

Some Ideas.....

- **Teach me how you stutter**....
- **Empower your student to discover** the behaviors you are trying to change
- **Set up experiments** to practice these goals
- **The Stuttering Fingerprint**
- **Describe aspects of stuttering including avoidance and emotional reactions**
- **Replace these with other ways of talking**

Cognitive Restructuring...

- **Modifying Core Beliefs**......then attitudes & assumptions....then automatic thoughts...then emotions...then behavior
- **Core Beliefs**... I am smart, I am weak, I am a failure, I am different, I am a failure...

Causing Automatic Thoughts..

- **Spontaneous and often not rational**..
- **I am stuck**
- **She'll think that I am stupid**
- **I can't say that.**
**Leading to Emotions...**

- Panic
- Fear
- Embarrassment
- Guilt
- Shame
- Worry
- Tension

**These beliefs lead to....**

- Stuttering is the worst thing in the world.
- I am going to do everything I can not to stutter.
- If I work harder, then I won’t stutter, then I will be happy.

**Resulting in Behavior....**

- Excessive muscle tension
- Pushing or pulling back
- Returning to old behaviors and resulting in judgments...I can never change..it doesn’t work..
- Not volunteering or answering in class.
- Missing events in school that require speaking

**Maintaining Fluency**

- **Relapse**: more likely to occur in CWS who have been stuttering longer. CWS may relapse due to habit strength, poor self-monitoring skills or the strength of coping/reaction behaviors. Talk about these issues.
- **Prepare your students for relapse.** "Normalize" relapse as part of dealing with stuttering. It is going to happen. Help them understand WHY? Also to understand that sometimes there is not explanation.

**Transfer Ultimately depends upon the Child or Teen!**

- Transfer involves risk taking & problem solving.
- Transfer involves modification of core beliefs from the student which takes time.
- Transfer involves dealing with the stress of certain speaking situations.
- Transfer requires some active attention to speech and some planned risk taking from the student.

**As a result, the SLP will need to..**

- Teach skills & model different ways of speaking
- Guide the child through risk taking & problem solving.
- Deal with the emotional/attitudinal aspects of speaking
- Counsel significant others in the child’s environment

**Prepare parents & students for relapse**

As a result, the SLP will need to..
OK...What does this all mean??

- Counting disfluencies is only one objective and may not be the most important variable in the treatment plan.
- Goals need to include the emotional, attitudinal and cognitive beliefs of this disorder.
- Accepting that fluency is not just about working harder (although this is needed) but it is also about acceptance!

Transfer of Fluent Speech!

- Transfer needs to be addressed in the treatment plan right from the beginning!
- Transfer activities should focus real life conversations & interactions!
- Transfer tasks manipulate a number of variables; initially the tasks should occur in “safe” speaking environments.
- Transfer includes a “team” of people supporting the child/teen.

Help the client..

- Program his/her inner computer with positive images
- Trust himself to “Let it Happen”!
- Let go of judgments about mistakes.
- Learn that change comes step by step

Getting the client to start.....

- Letting go of past behavior
- Rating and problem solving difficult talking situations
- Comprehending the many variables of communication
- Educating others

Getting the Parents & Others to accept the following:

- This is not about trying harder.
- Emotions impact performance
- Strategies & tools are transferred as part of a process that takes time.


- Stress
- Don’t know
- combination of genetic, behavior & environmental factors
- Being too fast paced
- something in the brain
- Learned speech behavior
- nerves
- genetic predisposition
- If I knew I would fix it.
When my Child has difficulty talking, I say/do....(FFP-2003)
- Slow Down
- Relax
- In social situations, I struggle with what to do
- Use slow speech
- nothing
- listen

When my child has difficulty speaking, I feel.... (FFP-2003)
- A need to help them
- bad, can see the frustration on their face
- empathy
- frustrated
- do I help or do I let him flounder
- sorry

PowerPoint Teaching for Children & Teens who Stutter
Diane C. Games, M.A. CCC-SLP BRS-FD
Tri-County Speech Associates, Inc.

Development of the PowerPoint Activities...
- These presentations have been designed using students' suggestions for wording, important points and graphics.
- Some of the presentations are concluded using slides specifically developed by each child/teen which are shared with other students on my caseload. This allows communication of ideas and thoughts when a group is not possible.

PPT Treatment provides....
- Children/Teens who stutter need a venue/stage for talking about stuttering and discussing difficult communication situations
- Children/Teens also need time to think & problem solve issues concerning their communication! PPT provides a format to help them plan strategies.

Changing thinking.....behaviors.....attitudes!!

Goals
- Positive
- Realistic

Ideas
- Real Life
- Easy to talk about

Activities
- Motivating
- Child - Teen generated
Defining Terms & Explaining Coping Behaviors....

- Children who stutter need a vocabulary to describe communication...both stuttered and fluent...because talking about stuttering and other behaviors related to stuttering is often difficult.

- When a child/teen can describe a behavior, then solutions or changes in behavior become more manageable.

Evaluating the Impact of the Behaviors

- Students need time to think about the consequences of behaviors such as avoidance or reactions to various time pressure situations.

- Power Point presentations allow them to see how others view various reactions and why certain coping responses may not be the best choice.

Developing Solutions....

- Problem Solving is an important aspect of treatment and Power Point presentations.

- No solution is omitted but all are discussed and frequently shared with other students on the caseload. PPT allows students to "communicate" without being in the same room.

Seven Presentations.....

- What is a Stutter?
- Time Pressure in Communication Interactions
- Avoidance
- My Story
- Analogy to Star Wars
- James Earl Jones
- What was I Thinking!

Stuttering Foundation of America

- From the website: The Stuttering Foundation provides free online resources, services and support to those who stutter and their families, as well as support for research into the causes of stuttering. We are the first and the largest nonprofit charitable organization in the world working toward the prevention and improved treatment of stuttering, reaching over a million people annually.

- http://www.stutteringhelp.org/

National Stuttering Association

- From the website: The National Stuttering Association (NSA) is the largest self-help support organization in the United States for people who stutter. Our mission is to bring hope and empowerment to children and adults who stutter, their families, and professionals through support, education, advocacy, and research.

- http://www.nasastutter.org/
Stuttering Homepage

This page was developed and managed by Judith Kuster at Mankato State University. From the website: The Stuttering Homepage is dedicated to providing information about stuttering for both consumers and professionals who work with people who stutter.

http://www.mnsu.edu/comdis/kuster/

Link to this page is a special page with a significant amount of readings and materials collected and organized by members of ASHA's Special Interest Division-4 (Fluency and Fluency Disorders)

http://www.mnsu.edu/comdis/kuster/sid4page2

Specialty Board on Fluency Disorders

From the website: This website is designed to help consumers and professionals locate speech-language pathologists who are Board Recognized Specialists in Fluency Disorders; professionals who have gone beyond the basic clinical certification (SLP-CCC) awarded by the American Speech-Language and Hearing Association (ASHA).

http://www.speech-language-disorders.org/index.html

Specialists in Ohio:


Fluency Friday Plus

From the Website: Fluency Friday Plus (FFP) is an intensive day-and-a-half treatment program for children with stuttering disorders, K-12th grade. FFP combines supervised treatment experience for graduate students, parent/family education and continuing education opportunities for community Speech-Language Pathologists. The website for FFP serves as a valuable resource for all those with an interest in stuttering. Here you will find resources for parents and teachers, articles and treatment ideas, research tips & guidelines, as well as related links. You can also learn all about Fluency Friday Plus, register for FFP 2006, and see what happened in years past.

Diane Games MA CCC-SLP is the director of FFP.

http://www.fluencysaturday.org/index.html

ASHA's Special Interest Division-4

ASHA’s special interest division-4 publishes the Perspectives on Fluency and Fluency Disorders and sponsors many different continuing education activities. The website contains information about stuttering.

http://www.asha.org/members/divs/divs/divs/div_4.htm

Special Programs in Ohio

The following facilities in Ohio have special programs for children who stutter:

- Fluency Friday Plus- Contact Diane Games- DGames@SLPPath.com
- Bowling Green State University Multifaceted Stuttering Program for Children and Families (starting summer 2010)- Contact Rodney Gabel rodgabel@bgsu.edu
- Cincinnati Children's Hospital- Contact Irv Wolfman at iwnelson@chmmc.org
- Cleveland Hearing and Speech Center- Contact Michelle Burnett at mburnett@chsc.org

In the words of Andre Agassi

Take care of the many little things as you achieve, but your plan should include a lot of little victories every day!