



# Key Concepts in Stuttering Treatment: School-Age Children Who Stutter



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## I. Introduction

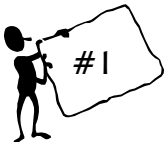


- A. Numerous surveys show that many speech-language pathologists are uncomfortable treating children who stutter -- Stuttering rates *lowest* in rankings of disorders clinicians prefer to treat!
- B. In part, this is because stuttering is a confusing disorder that can be difficult to treat – but, then again, nearly *every* disorder we work with can be confusing and difficult to treat!

## II. Purpose

- A. To present a framework for considering the entire stuttering disorder from the perspective of the child who stutters, so you can help children overcome the burden of stuttering
- B. To briefly discuss current strategies for helping school-age children who stutter
  - 1. Increase their fluency and change the way they stutter
  - 2. Reduce their negative reactions to stuttering
  - 3. Minimize negative environmental reactions (parents, teachers, peers)
  - 4. Communicate effectively and participate fully in their lives

## III. Most Important Fact # 1: “Stuttering is more than just stuttering”

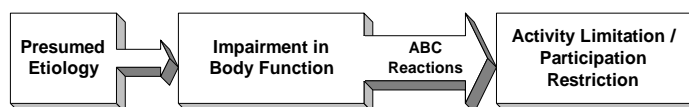


- A. *Int'l Classification of Functioning, Disability & Health* (World Health Organization, ICF 2001).
  - 1. A classification systems for understanding the broad nature of the stuttering disorder
    - a) **Body Function & Structure:** major physiological/psychological functions of the body
    - b) **Functioning and Disability:** major areas of people's daily lives
  - 2. *Impairments* in Body Function and Structure can lead to limitations in a person's ability to perform activities or restrictions in the person's ability to participate in life



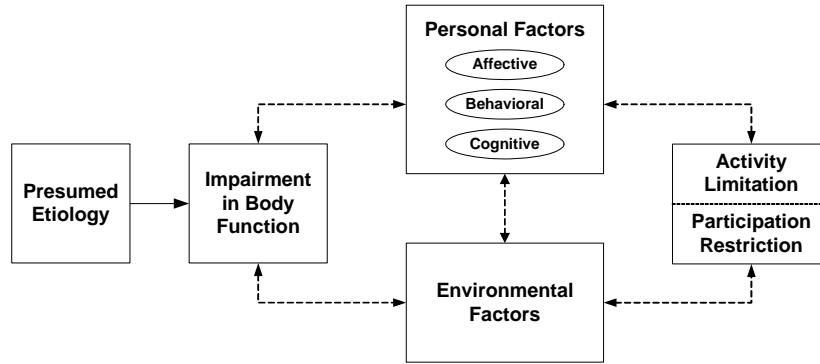
### B. The Role of Reactions

- 1. In stuttering, the link between impairment and the resulting negative consequences is largely mediated by the speaker's *reactions* to stuttering
  - a) **Affective:** Feelings, attitudes, emotions
  - b) **Behavioral:** Actions (Avoidance, tension, struggle)
  - c) **Cognitive:** Thought-processes, self-evaluation



- 2. Finally, the reactions of those in the speaker's *environment* also play an important role

### C. Considering the Entire Stuttering Disorder



Model for representing stuttering based on the ICF (adapted from Yaruss, 1998; Yaruss & Quesal, 2004)

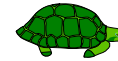
### IV. If stuttering is more than just stuttering, then stuttering treatment is more than just treatment for stuttering... We must treat the disorder, not just the behavior!



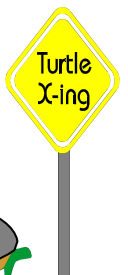
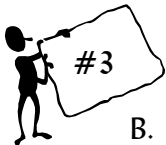
- A. **Impairment:** Change speech production to improve fluency
- B. **Child's Reactions:** Improve speech attitudes/acceptance; Reduce avoidance, tension, struggle
- C. **Activity Limitation / Participation Restriction):** Focus on communication, not just fluency
- D. **Environmental Reactions:** Educate others about stuttering; Help child learn to handle bullying

### Techniques for Treating the Entire Disorder: Improving Communication

#### I. Addressing Impairment I: Improving Fluency / Reducing Stuttering



- A. Most techniques for improving fluency focus on changing timing or tension
  1. Changing Timing: Reducing Speaking Rate, Pausing and Phrasing, Reducing Pace, Easy Starts
  2. Changing Tension: Light Contact, Easy Starts / Easing In, Pull-out / Easing Out, Cancellation
  3. **Remember... Techniques only work when you use them**
- B. Changes to Timing and Tension
  1. One of the most common techniques for improving fluency is reducing speaking rate
  2. Children can also increase *pause time* between words and phrases
  3. *Light contact* can minimize physical tension in the articulators
  4. *Easy Starts* combine changes to both timing and tension
- C. Changing Timing: **Speaking Rate**
  1. One of the most common techniques for improving fluency is reducing speaking rate
  2. For preschoolers, "turtle speech" helps children and parents slow their rate, facilitates fluency
  3. I prefer a more "natural" sounding slow speech, especially for school-age children
  4. Guidelines for Reducing Speaking Rate
    - a) Practice using slow rate before you try it — get a feel for too slow and not slow enough
    - b) Use natural intonation and rhythm
    - c) Do not use "choppy" or "robot" speech or s t r e t c h out all the words
    - d) Slower (but still natural) speaking rates can be incorporated into all activities as a positive model for the child, *but don't go too slow!*



## D. Changing Timing: *Pausing*



1. Increase *pause time* -- the length of time between words and phrases
2. Pauses should occur at natural locations, e.g., between sentences and phrases
3. Pauses should not be so long that the child feels uncomfortable with the silence (~1 sec)
4. It may take some *practice* for the child (and you) to develop comfort with silence

## E. Changing Tension: *Light Contact*

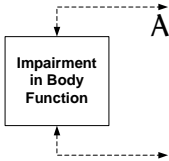


1. Physical tension builds during both fluent and disfluent speech
  - a) The more tension, the more stuttering
  - b) Child can try to *reduce physical tension* as their articulators are touching one another
  - c) Similar to the gentle laryngeal onset used in therapy for voice disorders, but for all muscles
  - d) Takes a lot of practice, and may cause the child's speech to sound (and feel) less natural

Notice how many of these techniques require *practice* (all of them)  
**Nothing Comes For Free: MODIFYING SPEECH IS HARD!**



## II. Addressing Impairment II: Techniques for Modifying Stuttering



### A. With fluency techniques, children do become more fluent (particularly in the therapy room);

1. However, no fluency technique is perfect...even successful students will still stutter sometimes
2. To improve communication further, we also need to help children *stutter more easily*
  - a) Modifying tension during stuttering
  - b) Reducing child's discomfort with stuttering

### B. Exploring Stuttering. To help children change stuttering, we help them learn *what they are doing* when they stutter by staying in and exploring stuttering

1. First, they need to learn about their "speech machine"
2. Next, they learn about how their articulators move during both stuttered and fluent speech
3. By staying in the block, they can explore how to move their articulators to change stuttering
4. **This also helps develop self-monitoring skills and desensitizes children to stuttering**
5. Exercise: Exploring Stuttering (Pretending to stutter / *pseudostuttering*)
  - a) Pretend to stutter (pseudostutter). Consider what *your* muscles do during stuttering and how this contributes to physical tension
  - b) Try to *imitate* the type of stuttering behaviors one of your students exhibits
    - (1) If you can't do it, have your students teach you and grade you (this is a great therapy exercise)
    - (2) Consider what kind of ABC reactions *you* have
    - (3) This exercise helps your student (and you) overcome negative reactions and reduces struggle



### C. Tension & struggle are **NORMAL** reactions to the child's stuttering

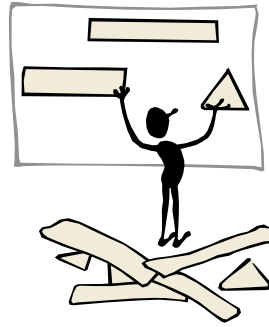
1. Children require PRACTICE to learn how to reduce tension so they can stutter more easily
2. Exercise: Pseudostutter with physical tension, then repeat the stuttering *with less tension*
  - a) This "negative practice" helps the child to learn to modify tension *after* it occurs ("cancellation")
  - b) Eventually, the child can learn to modify tension *during* stuttering ("pull-out" or "easing out")
  - c) (Help the child move from practicing on pseudo-stuttering to using techniques with real stuttering)



### III. How Do I Write Goals for All This Stuff?

#### A. First, a quick review.

1. Goals contain several components:
  - a) What you want the child to be able to **do**
  - b) **How often** you want the child to do it
  - c) What **task** and **setting** the child will do it in
  - d) How much **support** the child will have
2. Goals must be objective and measurable
3. Goals must be focused on the state's learning objectives to facilitate the child's *educational, social, and vocational* endeavors



#### B. Some Key Reminders

1. “What the child will be able to do” is not the same as “what the child will *always* do”
2. We should measure what we've actually taught the child to do (techniques), not the by-product that we hope will result (fluency)
3. Be sure to measure all the domains you treat
4. “Measurable” does not always have to mean straight “percentages”

#### C. Sample Goals: Impairment-Level

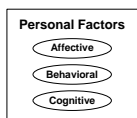
1. Child will demonstrate the ability to...
  - a) Use easy starts to enhance fluency
  - b) By exhibiting 5 easy starts
  - c) During oral-reading in the therapy room
  - d) With prompts from the clinician
2. Child will demonstrate the ability to...
  - a) Use easing out to reduce physical tension
  - b) By easing out of 10 blocks
  - c) During an oral presentation in the classroom
  - d) Without cues from the teacher or clinician

### IV. Addressing Impairment: A quick review

- A. Most techniques for increasing fluency and reducing stuttering involve changes to **timing & tension**
- B. Techniques are easy to learn, but hard to use
  1. Every time the child uses them, it requires effort
  2. Practice makes it easier, but it never becomes fully automatic for most children
- C. When measuring children's success, Don't expect 100% fluency
- D. Be sure to measure what you actually *taught* the child to do

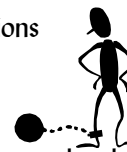
## Addressing the Rest of the Disorder

### I. Techniques for addressing the child's ABC reactions



A. Negative reactions to stuttering can increase the severity of the disorder and reduce the likelihood of successful treatment

1. Fortunately, many techniques for addressing impairment also reduce the child's reactions...
2. For many children, this is not enough! Helping the child develop healthy reactions paves the way for greater overall communication success



B. Child experiences many difficult emotions connected with stuttering

1. Stuttering is confusing, frightening. Child feels uncertain about himself, embarrassed, ashamed
2. Child needs to be able to express emotions. SLPs can help, and very few other people can (Don't forget about support groups – more on this below)
3. Is it REALLY okay to talk about stuttering? YES! It's even okay to say the "S" word!




C. Reducing Shame

1. Shame is a feeling of failure in who we are...there's something wrong with us
2. The way to reduce shame is to face the thing we're ashamed of
  - (1) Talk about it
  - (2) Think about it
  - (3) Express our feelings about it
  - (4) Learn about it
  - (5) Teach others about it
  - (6) Own it
  - (7) Become more comfortable with it
  - (8) Accept it



3. Re-framing Attitudes

 I don't know why this is happening  
Nobody likes me because I stutter  
I stutter because I did something bad  
There is something wrong with me

I know what I do when I stutter... I am the expert  
I can stutter and still have lots of friends  
Stuttering is not my fault!!!  
I stutter and I AM OKAY!!!



D. Addressing Cognitive Reactions

1. Understanding: Help child learn what stuttering is, and that he has some control over it
2. Perception: Help child understand that some disfluencies are a normal part of speaking; help the child become desensitized to stuttering
3. Tolerance: "Normalize" stuttering...it is just something some people do when talking
  - a) Many people stutter and still achieve their goals at school and in life
  - b) Help child learn...IT IS OKAY TO STUTTER
4. Support: Help child meet others who stutter through support groups (NSA, Friends)



### II. Okay, so what about Measurable Goals for *this*?!? (these are just samples!)

A. Child will demonstrate the ability to...

1. Reduce negative reactions to stuttering
2. By using 10 pseudostutters
3. During structured conversation in the cafeteria
4. With visual cues by the clinician

B. Child will demonstrate the ability to...

1. Understand what he does during stuttering
2. By explaining the moment of stuttering 10 times
3. To different listeners, in different settings
4. Without cues from the clinician

Activity Limitation
Participation Restriction

### III. Addressing the Negative Impact of Stuttering

- A. By reducing the child’s impairment and ABC reactions, we reduce the *likelihood* that he will experience negative consequences
  - 1. To reduce educational, social, vocational impact, we focus on *generalization* into real-world settings
  - 2. Child needs to be able to do *every technique* in *every setting* he faces on a typical day
- B. Exercise: Generalization Scavenger Hunt
  - 1. Help child create a grid listing every situation faced in a typical day--and the key techniques he has learned
  - 2. Have the child fill in every box of the grid by doing the task on their own 5 (or 10 or 15) times

T	H	Situation	Easy Start	Easing Out	PseudoStutter
1	1	At home with Parents			
2	4	Talking to Brother			
3	2	Saying Good Morning to Bus Driver			
4	5	During Oral Reading			
5	3	Talking to Friends at Lunch			

C. This helps the child practice and ensures generalization (and goals are already written for you!)

### IV. Addressing the Child’s Environment

- A. Children who stutter live in an environment that does not understand their disorder
  - 1. **Peers** may tease children about stuttering because it stands out, it looks different, and they don’t understand why the child is doing it
  - 2. **Teachers** may be afraid to draw attention to the child, yet they don’t know how to help
  - 3. **Parents** simply want the child to “stop stuttering” – and they believe this should be possible because “he’s fluent sometimes”

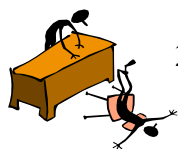


Environmental Factors
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- B. Teasing and bullying: Insulating the child
  - 1. Just telling the child to “ignore it” doesn’t help – but it would if the child could truly ignore it!
    - a) Bullies only bully you about things that bother you
    - b) The less the child is bothered by stuttering, the easier it will be for him to respond appropriately
    - c) (Notice how much of our therapy has focused on reducing the child’s concern about stuttering)
  - 2. We can enhance success by helping the child learn *other* appropriate reactions to bullying, e.g.: Matter-of-fact comments that defuse the situation and show the bully it doesn’t matter

#### C. Teachers: It’s Up T o Us!

- 1. Variability leads people to believe that children could just stop if they only tried hard enough
- 2. It is up to us and the child to educate them.
  - a) Unless they understand the disorder, they will not understand treatment
  - b) Help the child write a letter to teach teachers about stuttering



#### D. Parents: What do they want for their kids?

- 1. To help parents understand the broader goals of treatment, ask them:

**Assuming your child does continue stuttering,  
what would you like his life to be like in five years?**

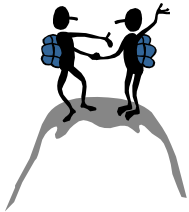


- 2. Most want him to be happy, healthy, well-adjusted, not held back by stuttering, able to communicate, to have friends. **These are exactly our goals!**

3. The Value of Support: Perhaps the best person to help a parent come to terms with a child's stuttering is *another parent of a child who stutters...someone who's been there*
  - a) The National Stuttering Association has listservs, local chapters, conferences, and "parent liaisons" to connect parents of kids who stutter with other parents
  - b) "Working with the NSA helps me do my job better" -- We don't have to do this alone!



#### E. Bringing Parents ALL THE WAY on board



1. There is so much involved in good therapy for stuttering, we can't expect the parents to get it all from brief meetings and parent conferences
2. Just as the child has been involved in therapy on a daily basis, the parents has to be involved
3. The child is the best person to teach parents about therapy SO...
4. After each and every session, I have my kids review the entire session with their parents so *they* "come along for the ride"

### V. What About Goals for the Environment-Level?

- A. Child will demonstrate the ability to...
  1. Educate his peers about stuttering
  2. By giving 1 classroom presentation
  3. During a report on Int'l Stuttering Awareness Day
  4. With support from the teacher and clinician
- B. Child will demonstrate the ability to...
  1. Educate his parents about stuttering
  2. By re-enacting therapy sessions 4 out of 5 times
  3. With the parents at home
  4. Without reminders by the parent or clinician

### VI. How Do We Know When We're Done With Therapy? (Dismissal Criteria)

- A. Therapy is over when the child can *successfully manage* stuttering and *communicate effectively* (Or, when he has "learned to be his own clinician")
- B. That doesn't mean he might not want or need more therapy later, when his goals change. Think of setting specific goals, accomplishing them, then moving on to other goals as the child grows older, and as he continues living with stuttering



### VII. Summary

- A. Stuttering is about more than just stuttering, SO, therapy is about more than just stuttering.
- B. The goals of therapy are focused on helping children become *effective communicators*

### VIII. Key Stuttering Organizations and Resources

- A. Stuttering Foundation of America (SFA): [www.stutteringhelp.org](http://www.stutteringhelp.org) -- (800) 992-9392
- B. National Stuttering Association (NSA): [www.WeStutter.org](http://www.WeStutter.org) -- (800) We Stutter (937 8888)
- C. Friends: Association for Young People Who Stutter: [www.friendswhostutter.org](http://www.friendswhostutter.org)
- D. Specialty Board on Fluency Disorders: [www.StutteringSpecialists.org](http://www.StutteringSpecialists.org)
- E. The Stuttering Home Page: <http://www.stutteringhomepage.com>

### Some Helpful Resources

(This is just a selection. There are many resources available to help clinicians improve their confidence in helping people who stutter)

Bloodstein, O. (1995). *A Handbook for Stuttering* (5<sup>th</sup> ed.) San Diego: Singular Publishing.

Brutten, G., & Vanryckeghem, M., (2006). *The Behavior Assessment Battery for school-aged children who stutter*. San Diego, CA: Plural Publishers.

Chmela, K. & Reardon, N. (2001). *The school-age child who stutters: working effectively with attitudes and emotions*. Memphis, TN: Stuttering Foundation of America.

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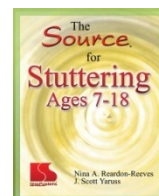
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Manning, W.H. (2001). *Clinical decision making in fluency disorders*. (2<sup>nd</sup> ed.). San Diego: Singular Publishing.

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