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Speech Therapy

Stuttering Therapy: Treating the Whole Child

By: Marilee L. Fini, M.A. CCC/SLP

I. Introduction

- A. Background information
- B. Preview of workshop
- C. How do we treat the whole child?

II. My Story

- A. Early experiences with stuttering
- B. Speech therapy
- C. Discovery of NSA

III. Understanding Stuttering

A. Definitions

1. Stuttering-“A communication disorder involving disruptions in the forward flow of speech.” (Yaruss & Reardon, 2004, p. 11)
2. Secondary behaviors-“Extra behaviors”

B. What does it feel like to stutter?

According to Starkweather & Givens-Ackerman (1997), “The person who stutters in the middle of a block experiences diminished awareness of his or her surrounding. They lose awareness of where they are, what they are doing, to whom they are talking or any details in their immediate environment.” (p. 34)

C. How do we feel in the moment of stuttering?

Art Activity: Draw how it feels to be a listener in the moment of stuttering (p. 9)

IV. Evaluation Process

A. Physical components

1. Stuttering Severity Instrument (SSI)
2. Stocker-Probe for Fluency and Language

B. Emotional components

1. Interview/observations
2. Surveys
 - a. A-19 Scale for Children who Stutter
 - b. Modified Erickson Scale of Communication Attitudes
 - c. Overall Assessment of Speaker’s Experience of Stuttering (OASES)

3. Art

V. Treatment Techniques for Preschool Children

A. Determining goals

1. Overall goals
 - a. Stabilize fluency
 - b. Create healthy attitudes about talking
2. Specific goals
 - a. Client will initiate speech in a smooth manner at the beginning of the sentence when the clinician uses fluency enhancing strategies with 90% acc.
 - b. Client will use easy and slow speech with 90% acc.
 - c. Client will reduce the severity of stuttering (# of repetitions, length of prolongations, tension) through a variety of strategies with 90% acc.

B. Indirect therapy vs. direct therapy

1. Create a fluency-enhancing environment
 - a. Slow rate
 - b. Delayed response
 - c. Avoid interrupting
 - d. Re-framing
 - e. Modifying questions
2. Direct therapy- Working directly with child and providing them speech strategies to make talking easier
 - a. Rationale for a direct approach
 - Frequency of stuttering is increasing
 - Struggle/tension more evident
 - Increased frustration level with stuttering
 - b. Integrating both approaches
 - Using fluency enhancing strategies simultaneously while using direct therapy

VI. Treatment Techniques for School-age Children

A. Determining goals and techniques

1. Overall goal: EFFECTIVE COMMUNICATION

According to Reardon (2003), a child must, “say what they want, when they want, how they want, to whom they want.”

2. Specific techniques

a. Slow rate-Using easy and relaxed speech

- *Client will use easy and slow speech with 90% acc.*
- *Client will use appropriate phrasing and pausing with 90 % acc.*
- *Client will use continuous phonation with 90% acc.*

b. Easy starts- “Starting words in sentences with less physical tension and a slightly slowed rate of speech.” (Reardon, 2003, p. 4)

- *Client will use an easy start at the beginning of the sentence with 90% acc.*

c. Pull-out-“During the moment of stuttering, staying in the tension and sliding out by breaking down the tension in the speech mechanism before continuing on with the production of the word.” (Reardon, 2003, p. 4)

- *Client will use a pull out strategy in structured tasks with 90% acc.*

d. Freezing the moment-Staying in the moment of stuttering

- Purposes: -More knowledge of stuttering
-Takes the emotionality out of stuttering
- *Client will freeze the moment of stuttering for 3 seconds with 90% acc.*

e. Voluntary stuttering-Stuttering on purpose

- Purpose: Gives power back to the client
- Preschool children ~ add some normal dysfluencies to your speech
- School-age children/adults ~ doing voluntary stuttering together
- Use written models
- Have client teach another person how to stutter
- Use “non-feared” words FIRST and then progress to “feared” words
- Stuttering awards ~ “longest stutter,” “scariest stutter,” “shortest stutter”
- *Client will voluntary stutter 3x during a conversation.*

VII. Building Communication Skills

A. Increasing verbal interaction

➤ *Client will verbally express himself in structured situations with 90% acc.*

B. Working on eye contact

1. Why is eye contact scary?
2. How do we improve eye contact?

➤ *Client will hold eye contact in the moment of stuttering on the word level with 90% acc.*

C. Turn-taking skills

➤ *Client will take turns appropriately in a structured task with 90% acc.*

VIII. Working with Parents

A. Effective strategies for working with parents

1. Knowledge- Providing information/resources on stuttering
2. Support- NSA newsletter, "CARE"
-Parent Support Groups
3. Validation
"It looks like you're feeling embarrassed. I bet that feels uncomfortable."

B. Hands-on activities

IX. Working on Negative Beliefs and Emotions (Rentschler, 2004 p. 2)

A. How do we know there is an emotional component?

1. "reports of feared words, sounds or situations"
2. "secondary characteristics"
3. "lacking confidence as a speaker"
4. "introversion; withdrawal in speaking situations"
5. "difficulty articulating feelings/emotions about stuttering"

B. Primary emotions associated with stuttering

1. Fear
2. Anger
3. Anxiety
4. Embarrassment

C. Determining goals

1. Client will express his/her feelings about stuttering when prompted with 90% acc.
2. Client will identify 5 negative beliefs about stuttering concerning a certain speaking situation with 90% acc.
3. Client will complete 1 task on their hierarchy of feared situations with 90% acc. (p. 11)

D. Activities for treating negative beliefs and emotions

1. Writing /Art (p. 12)
2. Role-playing activities
3. Providing positive feedback about talking
 - a. Exercise: What's working in my speech? (p. 15)
 - b. Examples of positive comments
 1. "You have such a great voice."
 2. "I love your stories."
 3. "You are a really good talker"
 4. "You express yourself so well."
4. Scale of 1-10
("On a scale of 1-10, how are you feeling about entering this speaking situation?")

1	2	3	4	5	6	7	8	9	10
(SCARY)									(COMFORTABLE)

X. Conclusions

"You see things that are and say 'why' But I dream things that never were and say 'why not.'"

-George Bernard Shaw

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SURVEYS

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ORGANIZATIONS/RESOURCES

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Friends The Association of Young People Who Stutter

Directors: Lee Caggiano/ John Ahlbach
145 Hayrick Lane, Commack, NY 11725-1520
Phone #: 1-866-866-8335
E-mail: Lcaggiano@aol.com
Website: www.friendswhostutter.org

National Stuttering Association

119 W. 40th Street, 14th Floor
New York, NY 10018
Phone #: 1-800-937-8888
E-mail: info@WeStutter.org
Website: www.WeStutter.org

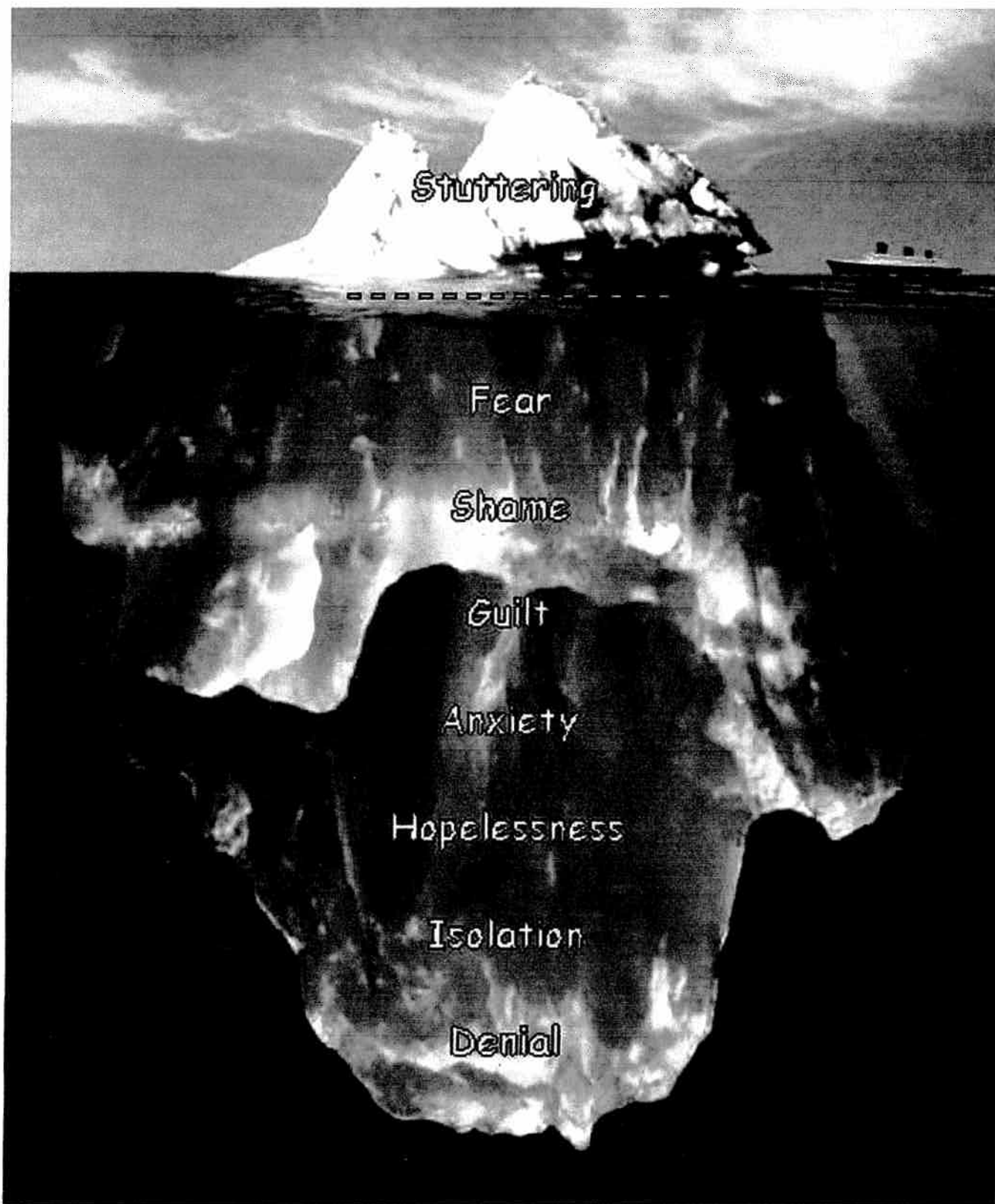
Stuttering Foundation of America

Director: Jane Fraser
3100 Walnut Grove Rd., Suite 603
P.O Box 11749
Memphis, Tennessee 38111-0749
Phone #: 1-800-992-9392
Website: www.stutteringhelp.org

Resources on the INTERNET

www.stutteringhomepage.com
www.mnsu.edu/comdis/kuster4/part60.html
(Contains a list of many resources for kids and teens who stutter)

The Iceberg Analogy of Stuttering



www.russhicks.com/iceberg

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ART ACTIVITY

DIRECTIONS: Draw a picture of how it feels to be in the stuttering moment

EXERCISE: VOLUNTARY STUTTERING

Word Level

I, I

Mom, Mom, MOM

Ba, ba, ba, BALL

Pa, pa, pa, pa, pa, pa, pa, pa, pa, pa, POP

M.....ovie (hold “m” sound for 5 seconds)

O.....n (hold “o” sound for 15 seconds)

Sentence Level

Mommy, Mommy, Mommy come here!

We are going to the st, st, STORE.

W..... hen (hold “w” sound for 5 seconds) will we go?

I want to go see Gr, Gr, Gr, Gr, Gr, GRANDMA.

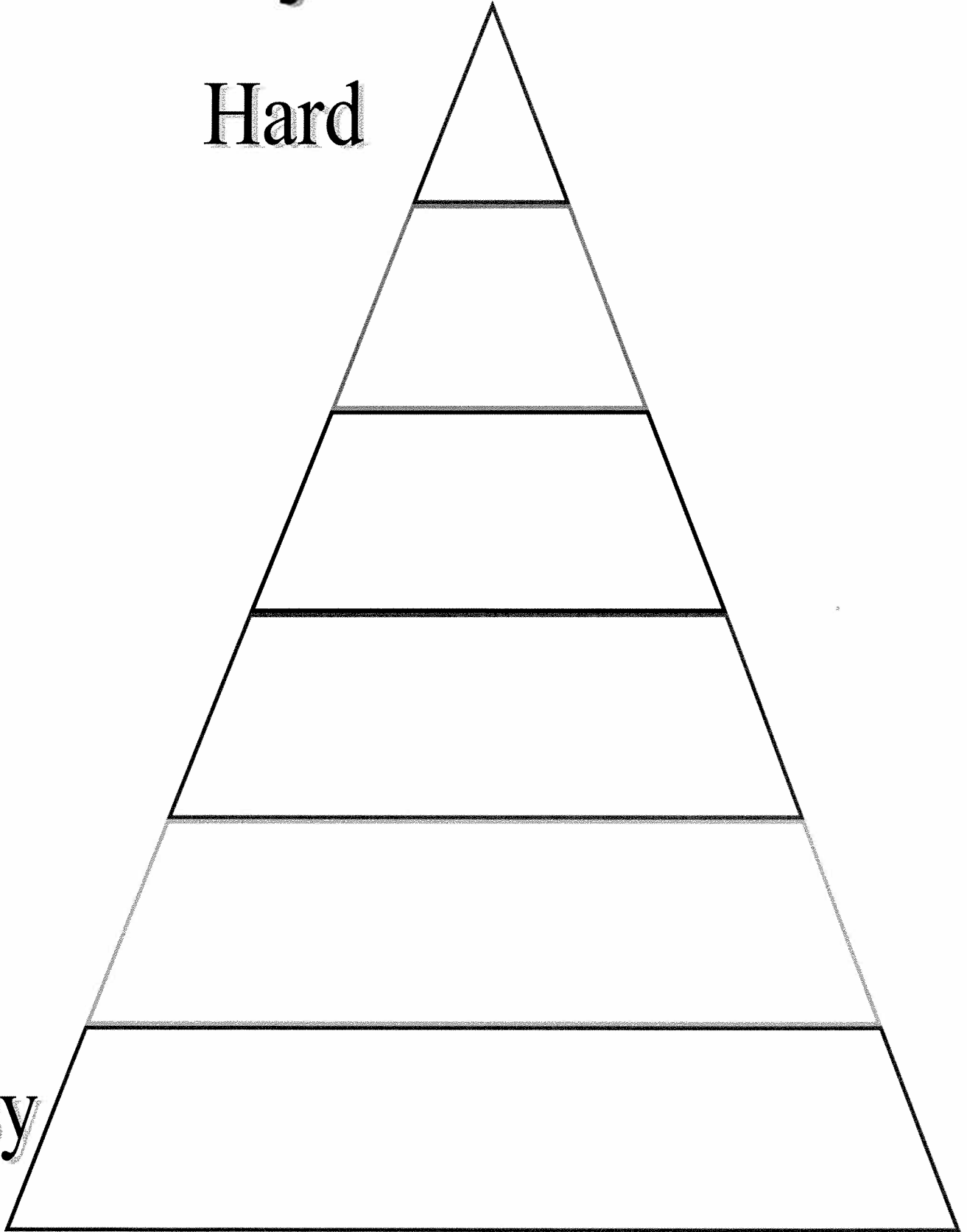
It has b.....een (hold “b” sound 10 seconds inaudibly) a
l.....ong (after 5 seconds of holding the “l” sound, increase
tension and shake your head and then say the word) day!

Conversational Level

Have a 2-minute conversation with your partner about the weather and voluntary stutter 5x during the conversation.

Hierarchy of Feared Situations

Hard



Easy

STUTTERING: WRITING TOPICS

1. What are my thoughts about starting speech therapy?
2. How do I feel about my current speech?
3. How would I like my speech to be? What would I change in my speech?
4. What are my thoughts while in the stuttering moment?
5. What scares me most about stuttering?
6. What is most embarrassing about stuttering?
7. What aspects of stuttering anger me?
8. What are my thoughts about a particular feared speaking situation?
9. In what ways do I hide my stuttering? Why do I hide my stuttering?
10. What aspects of stuttering cause me discomfort?

Role-Playing Activities

Play #1

Child: I want a n----ew mouth.

Mom: Why?

Child: My mouth doesn't doesn't work; it gets st-st-st-uck.

Mom: O, it does, that must feel bad.

Child: Yes, it does...

Mom: Sometimes when kids are learning to talk they go through bumpy times with their speech. It will get better.

Child: Other kids do this too?

Mom: O, yes and it's OK to have bumpies....You're just learning to talk.

Child: It is???

Mom: O, yes...

Play #2

Mom: Come on Billy, it is time to go to school.

Billy: I am am am not going.

Dad: Billy, come on you have to go to school.

Billy: I AM NOT GOING TODAY!

Julie: O, scared to go to school because you talk so funny....

Dad: That's enough Julie. Your brother sometimes stutters.

Julie: It sounds funny and kids tease him all the time. Yesterday, there was a bunch of kids laughing at him while he was reading aloud.

Mom: Billy, is this true?

Billy: Y.....es

Mom: Why didn't you tell us?

Billy: I didn't want anyone to know.

Mom: Why not?

Billy: I hate how I ta-ta-talk. It sounds so funny and I am not like the other kids.

Mom: It must be hard to talk differently than everyone else.

Billy: It It It is.

Mom: Just because sometimes you stutter, doesn't mean you can't talk. You have such great things to tell us, it just might take a little longer.

Billy: But, k-k-kids don't th-th-think so.

Mom: I am going to call the teacher and we are going to stop this teasing. You need to go to school because you have so much to give and share with everyone. You tell such funny jokes.....

Billy: OK, I'll get dressed.

WHAT'S WORKING IN MY SPEECH?

HANDS-ON ACTIVITIES

EXERCISE: PARENT COUNSELING

- 1) Mary is 2 years old and exhibits mild stuttering characterized by mostly whole word repetitions and a few part-word repetitions. Mrs. Black speaks with a very fast speech rate and interrupts Mary frequently. When the speech pathologist suggested using a slow rate of speech with pauses, Mrs. Black said, "I have talked the same way with my other 2 children and they are fine, why do I have to do something different for Mary? Besides, she will eventually outgrow this stuttering." What would you say to Mrs. Black?
- 2) Susie is 3 years old and exhibits mild-moderate stuttering characterized by part-word repetitions and prolongations. Mr. Smith is upset that Susie stutters because he stuttered as a child. He feels like it is his fault that she stutters. As a result, he spends a great deal of time ignoring her and refuses to use any fluency-enhancing strategies at home that the speech pathologists suggested. What would you say to him?
- 3) Johnny is 5 years old and exhibits severe stuttering. Speech is characterized by mostly prolongations and many secondary behaviors. Mrs. Jones is very embarrassed about Johnny's stuttering and will look away when he stutters or appear very uncomfortable. Mrs. Jones will not openly admit her embarrassment about Johnny's stuttering, rather she will say, "I am not embarrassed of his stuttering, each child is different and we have to accept them for who they are." It is apparent that Mrs. Jones' reaction to Johnny's stuttering is affecting him evidenced by his fearing of talking when she comes in the room and increased stuttering when she is present. What would you say to Mrs. Jones?
- 4) Mark is 8 years old and exhibits mild stuttering characterized by occasional part-word repetitions. Often, he can carry on an entire conversation fluently. However, Mark often avoids feared words and many speaking situations. Mark receives speech therapy at school 1x weekly. Mrs. Hill (Mark's mother) has difficulty understanding why he still needs therapy, if he is so fluent. What would you say to Mark and his mother?
- 5) Mike is 14 years old and exhibits severe stuttering with many secondary behaviors. His stuttering is characterized by many inaudible prolongations, lasting 30-60 seconds in duration. Mike has had therapy consistently for 9 years both in school and private clinics. Currently, he is being seen by a speech pathologist in a private practice 1x weekly. Mike doesn't want to attend therapy and often refuses to do homework assignments. As a result, progress has been slow. His parents believe he should continue in speech therapy due to the severity of his stuttering problem. What would you say to the Mike and his parents?

Notes To Listeners: *What to know and what to do when speaking with a person who stutters*

Stuttering Can Be Confusing

When you are talking to someone who is having trouble producing sounds and words smoothly, they are most likely stuttering. You will probably react appropriately by instinct, but if you are not sure what to do, you are not alone.

Stuttering is often misunderstood. When a person is having difficulty speaking, it can cause listeners to feel anxious or uncertain about how to respond. If you keep the following suggestions in mind, the experience can be more comfortable for you and for the person who stutters.

**Thank you for being interested enough
to learn more about stuttering**

What To Know

About 1% of adults and 5% of children stutter. That translates to approximately 3 million people who stutter in the United States.

Stuttering typically starts in childhood. Most people start stuttering between the ages of 2 ½ and 5 years. Boys are three times more likely to stutter than girls.

People who stutter are normal. They simply have difficulty producing sounds and words smoothly.

Stuttering is not a psychological disorder. Although we do not know exactly why people stutter, we do know that it is *not* caused by psychological or emotional factors.

The cause of stuttering is complex. Current research suggests that many different factors may be involved.

People stutter in different ways. Some repeat syllables and others stretch out sounds or “block” while speaking. There are as many different ways to stutter as there are people who stutter.

Stuttering varies. Some days, it is harder to speak smoothly, and other days it is easier. It is not always possible to figure out why a person stutters more at one time than at another.

Stuttering is not easy to change. Stuttering may look like an easy problem that can be solved with simple advice. For most adults who stutter, however, it is a life-long disorder.

There are no limits to what people who stutter can do. Many people have learned to manage their stuttering so it has little or no impact on their daily lives.

What To Do When Speaking With A Person Who Stutters

Be patient. Most people who stutter strongly prefer to speak for themselves. You may be tempted to finish a person’s sentences or “fill in” words, but this does not help.

Remember that it’s okay to stutter. Don’t give advice such as: “slow down,” “take a breath,” or “relax.” Maintain eye contact, listen, and wait patiently until the person is done speaking.

Remember that stuttering varies. Don’t be surprised when a person stutters more in some situations than in others.

Remember that stuttering is NOT caused by nervousness. While a speaker may appear nervous, keep in mind that the nervousness is a result of embarrassment about their stuttering rather than a cause for it.

Be a good listener. Let the speaker know, by what you say and do, that you are listening. Focus on the message and not how it is said.

If you’re not sure how to respond, ask the speaker. Although some speakers may be uncomfortable talking about their speech, most will appreciate your interest.

The National Stuttering Association

The NSA is a 501 (c) (3) nonprofit organization supporting people who stutter and their families since 1977. Contributions are welcome and tax deductible.

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