


School Age Stuttering Therapy:

Looking at the "Big Picture"


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Short Course
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School Age Stuttering Therapy

- The Art and The Science
 - We are an evidence-based practice; knowing the SCIENCE behind what we do in therapy
 - And part of EBP includes the ART of therapy: blending the clinician's expertise with the client's needs and values in the therapeutic process (ASHA Report of the Joint Coordinating Committee on EBP, 2004)



What we will talk about...



- Is current in evidence
- Is an "integrated approach"
- Is not an exhaustive list of concepts
- In NOT a program
- Is not the ONLY way to do school age stuttering therapy!

The Goal of School Age Stuttering Therapy

is not Black & White





What are the goals of school age stuttering therapy?

- "Effective Communication in a variety of settings" [read any good 'state standards' lately?] through:
 - Increased knowledge of speech and stuttering
 - Increased fluency
 - Decreased stuttering/struggle
 - Enhanced positive beliefs and feelings
 - Acceptance of stuttering and self



Self-Portraits

- Ethical issues
- How good is "good enough?"
- How long can we "get by?"
- Are we prepared with EBP?

-ASHA Trilateral Principles of EBP

What is our "depth of field?"

Can we wear the many hats of stuttering therapy?

| | | |
|---------------|---|-----------------|
| <u>NEED</u> | | <u>Our ROLE</u> |
| Knowledge | → | Teacher |
| Understanding | → | Guide |
| Managing | → | Coach |
| Acceptance | → | Counselor |



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Viewing our Role through a Wide Angle Lens



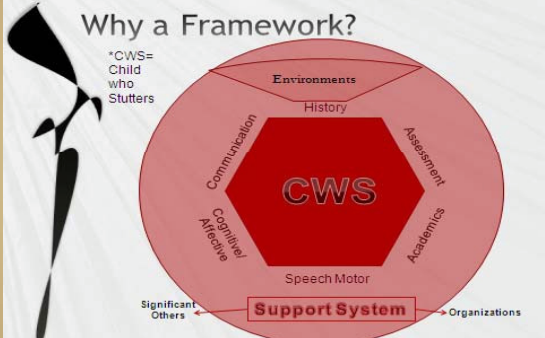
- Learn the Story
 - Understand the impact
- Stop fixing
- Know WHY you do WHAT you do
 - And help the child to know why you do what you do
- DO whatever you ask of the child
- Balance therapy goals
- Be flexible
- Include others
 - Get the child/family connected

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"Framing the Big Picture"

Why a Framework?

*CWS= Child who Stutters




From: Reardon-Reeves, 2008/ASHA

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"Quick" Overview of Assessment

- Appropriate Observations
 - What, when, where?
- Thorough Case History
- Speech and Language Components
- Other areas of concern
- Academic/Non-academic/Extra-curricular Impact
- Measures of Disfluency
- Cognitive/Affective



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Appropriate Observations

- DON'Ts
 - Because we know stuttering is a VARIABLE disorder, it makes sense that we **do not** make determinations of referral based upon an observation of one situation on one day...
- DOs
 - We **must** view a child's speech in more than one speaking situation on more than one day
 - We must also take into account the observations of others, including parents and teachers...
 - If they can describe stuttering or imitate it... we don't need to SEE it to go forward with a complete evaluation!

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Assessment: Thorough Case History

- When did the child begin to stutter?
- How has the stuttering changed over time?
- Is there a family history?
- Past evaluations and/or therapy?
- What has the family been "doing" about the stuttering?
 - What factors seem to adversely affect the stuttering? (interpersonal and/or environmental)
 - Are there other areas of concern?
- What do the parents know about stuttering and the process of therapy?

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Case history examples can be found...

- Textbooks
- Clinical manuals
- Websites:
 - www.stutteringhomepage.com
 - www.stutteringcenter.org
 - www.slp.duq.edu/rentschler/STUTTERING/stuttering.htm
- And many other places!

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Types of Disfluencies

Yaruss & Reardon, 2001
In press for the National Stuttering Association,
Reprinted with Permission

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OVERVIEW: Assessment concepts for cognitive and affective components

- Talking together WITH the child
 - About the child, interests, talking & communication
- Talking about Talking (Williams, 85) & stuttering
- Standardized Measures:
 - CAT-R, A-19 Scale, BAB, Kiddy-CAT, among others
 - OASES (www.stutteringcenter.org) (or AGS)
- Reflective Writings and Drawings

For further information, See Chmela & Reardon: The School Age Child who Stutters: Working Effectively with Attitudes and Emotions, Stuttering Foundation, 2001, or cites listed above

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Setting the Stage

Do your students know (at a level they are ready for)?...

- How speech is made?
 - "Speech Works"
 - Ramig/Bennett '97 & others
 - Playing with speech
 - Williams '71 & others
- What stuttering is?
 - Fact or False?
 - Types of stuttering
 - Famous People who Stutter
 - Variability
- How speech and stuttering FEEL?
 - Tight/Loose
 - Relaxation
 - Exploring stuttering
 - "Catch me" games
 - Guitar ('99), Williams ('71) & others
- How therapy works:
 - Hierarchies
 - Desensitization
 - Effect Circles


-Why we are doing what we are doing... every step along the way

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Education

(for children, parents, and others)

- Increased knowledge (ongoing)
- From respected sources
- WE must be one of those sources! ☺



- What is stuttering? /How do we look at it?
- What causes stuttering?
- What about the myths and facts?
- Variability
- Resources
- Therapy process
- Avoidance behaviors
- Prognosis (be careful)

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From the "Learn-ed" Dr. Manning

- If stuttering (or cluttering) were a simple disorder, the many intelligent, talented, and dedicated clinicians and researchers who have spent their lives searching for a single cause or a relatively simplistic explanation for the onset and development of stuttering (or cluttering) would have found their answer long ago."
 - Walter Manning, JFD, 2000

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Exploration

First: Explore/Discover Speech

Then: Explore/Discover Stuttering
(sample ideas/not exhaustive list)

The first concept:
Speech anatomy and physiology



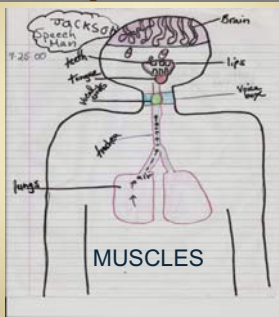
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The "Speech Man" (Flaming & Bernetti, 97)

- Why are we learning this?
 - It is the "underlying map" for everything else we do
 - Discover the process of speech
 - Increase proprioceptive awareness of the "speech works"
- What are the steps?
 - Develop visual "Speech Man" by "playing with speech and having child make discoveries"
 - Discuss each part of the speech mechanism and how it helps to create speech
- Sample Benchmark:
 - Following his/her creation of a representation of the speech mechanism, _____ will accurately label and describe the production of speech at his appropriate cognitive level in 4 of 5 trials.

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How Speech is Made



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Exploration of Speech (con't)

Talking about Talking (Williams '85)











- Speech Machine and how it works
- Ways our voice can work (play with speech)
- Tight vs loose muscles (play with muscles)
- "Catch me" games (Dell and others)
 - Including "Ways Our Voice Works"



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Ways Our Voice Works

Circles for your voice sounds

| | |
|---|---|
| Yes | No |
| 1. high  |  |
| 2. fast  |  |
| 3. bumpy  |  |
| 4. shrill  |  |
| 5. bumpy  |  |

Gabe Age 5
Allyson Age 3

This is a sample of "Ways our voice works"


Developed as an assessment protocol, but can be used as an exploration activity

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By the way... when is the last time you stuttered?

- Repetitions
 - Word
 - Phrase
 - Sentence
- Prolongations
- Blocks

- Clusters
- Secondary behaviors



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Talking about Stuttering

- Famous people who stutter
- Facts about stuttering
- Types of stuttering
- “Catch me” games (Catch You’s)
 - This time, we focus on tight/loose speech muscles
 - This time, we explore using different types of stutters
- Speech Detective ☺
- Teaching others about stuttering

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Managing Beliefs and Feelings

- If we don’t deal with this aspect of the impact of stuttering; the child has a decreased possibility of a long-term positive outcome.
- Our job is to help create (or help maintain) positive beliefs and feelings regarding communication and self.

NOTE: For concepts presented in this section, please refer to slide of selected references: counseling


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Managing: Beliefs and Feelings

NOTE: All of these strategies cross over from counseling to speech management, etc

Language:

- Validation (Faber & Mazlish)
- Encouraging Praise (Faber & Mazlish)
- Reflective Listening/Speaking
 - “What I heard you say was...”
- Guided questioning (directing)
 - “I wonder what might happen if...”
- Open-ended questions
 - “The biggest thing I learned today was...”



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Managing: Beliefs and Feelings

Strategies:

- Listening
- Silence
- Journaling
- Cause/effect
 - “If I _____, _____ will happen.”
- Problem Solving
 - 5-7 Steps (everyone has one)
- Role playing
 - “Let’s play this out.”
 - Make a movie (Murphy, 2001)
- Bibliotherapy (Czarnik, 2005)
 - See ninareardon-reeves.com
 - See stutteringhomepage.com



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Managing: Beliefs and Feelings

Strategies (con’t)

- Cognitive restructuring
 - Positive Self-talk
- Decision Making
- Goal setting
- Self-Advocating
- Graphic Organizers (Williams, 85)
 - Webbing
 - Rating Scales
 - Hierarchies
- Effect Circles



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Selected Resources and Readings: Counseling

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Understanding and dealing with stuttering...

- In order to enhance our management of all areas of stuttering, we will outline the concepts within the following steps...
- while putting major emphasis on Van Riper's (44) idea that the client (student) be able to state a purpose behind any assignment!! (i.e. must know **WHY** we are doing **WHAT** we are doing!)


- Why are we learning this?
- What are the steps?
- Sample benchmarks (for your consideration)

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Managing Communication Skills

- Pragmatics at a new level
- **Obviously, not all children who stutter need pragmatic intervention**
- **BUT**, we need to make certain we are looking at this area and addressing it in therapy, as necessary

- When children gain access their voice, do they know ho to use it?



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Managing Speech Motor aspects of stuttering

- Managing Speech
 - “Easing In” (to speech) Strategies
- Managing Stuttering
 - “Easing Out” (of stutters) Strategies

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Managing Speech: Strategies to “ease into” speech



- Light Articulatory Contacts
- Easy Onsets of Phonation
- Pausing
- (Others)

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A Note About “Rate” and “Breathing”

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Light Articulatory Contacts (Bunyan & Bunyan 'gg' and others)

A communication tool

- Why are we learning this?
 - Reduces tension while developing a “lighter touch” of speech mechanism parts
- How do we do it?
 - Following discussion of speech machine, and in conjunction with easy onsets, discuss and demonstrate tight and loose muscles in general, and then with speech articulators (Dell)
 - Using play activities, clinician and child use contrasts of muscular tension during talking to feel what “light” touches are like and how they can help our speech
- Sample Benchmark: “_____ will demonstrate use of light articulatory contacts during (structured speech activities) in ___ of ___ trials.”

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Easy Onsets (Cooper & Cooper '03 and others)

- Why are we learning this?
 - Opportunity to initiate first sounds of a word with an easier, relaxed (decreased tension) approach to phonation
 - Also adds smoother transitions between words in phrases
 - Indirectly reduces rate
- What are the steps?
 - Easing into first sounds of words and then “letting the rest go”
 - Learning in a s-l-o-w stretch at first, and progressing to more normal sounding speech as progress is made
 - **Focus on the FEELing, not the sound**
 - “Start out easy and let the rest go.”
- Sample Benchmark: “ ___ will demonstrate knowledge and accurate use of easy onset of phonation in ___ settings in ___ of ___ trials.”

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Pausing/Phrasing (Nielsen & Andrews, Conture '01 and others)

- Why are we learning this?
 - A (normal) break in a message dictated by syntax
 - Creates normal breath support
 - Can allow for decreased physical tension
 - Enhances formulation time
- What are the steps?
 - Normal breaks/silence within sentences when speaking or reading
 - No “deep breaths” allowed... keep it natural!
 - May “mark” reading passages where child and clinician choose appropriate pausing
- Sample Benchmark: “ ___ will utilize pauses in sentence productions in ___ setting during ___ of ___ trials.”

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Managing Stuttering: Strategies to “ease out” of stutters

- Voluntary Stuttering
- Cancellation
- Pull-Out
- (Preparatory Sets)

It's not about fluency, it's about CONTROL

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Voluntary Stuttering (Van Riper '72, Sheehan '70)

- Why are we learning this?
 - Doing what we fear/Desensitization
 - Getting it out in the open (Openness)
 - Decreases physical tension
 - Decreases avoidance of stuttering
- What are the steps?
 - SLP demonstrates a purposeful “easy stutter” on a word
 - Child and SLP take turns putting moments of easy stuttering into speech during structured activities and then in “real life”
 - Learning to “play” with stuttering and teaching parents and others to stutter (Murphy)
 - Using creative, matter-of-fact, and fun activities to help children learn more about stuttering and desensitize them to stuttered moments and feared situations
- Sample Benchmark: “ ___ will utilize voluntary stuttering, as needed in the ___ setting(s) in ___ of ___ trials”

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Cancellations (Van Riper)

- What's in it for me?
 - Taking **control**/having choices of HOW to stutter
 - Van Riper, Williams, Sheehan and others
- What are the steps?
 - Utilizing easier onset or easier stuttering on a previously stuttered word: **after** a moment of stuttering has occurred
 - SLP demonstrates a moment of stuttering, stops, pauses (for long enough to...), relaxes speech musculature and attempts a second production utilizing a smooth form of “easier stuttering” or an easy onset
 - Clinician uses leading questions and matter-of-fact comments to DISCOVER WITH the child (Williams) rather than “teach”
- Sample Benchmark: “ ___ will successfully utilize cancellations in the ___ setting in ___ of ___ trials.”

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Pull-Out/Slide-Out (Van Riper '72) -Cato R, (91C)

- Why are we learning this?
 - Controlling stuttering **during** the moment
 - Making the involuntary into voluntary (Sheehan)
 - Moving forward with speech (Bloodstein, Sheehan and others)
- What are the steps?
 - During “catching” the moment, demonstrate staying in the tension, and “sliding out” by decreasing the tightness in our speech muscles AS we say the word
 - Use visual cues and analogies to help children understand this concept. (Williams and others)
- Sample Benchmark: “ ___ will effectively pull-out of moments of stuttering in the ___ setting in ___ of ___ trials.”

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Flexibility

- Do your students know WHY the tools work (or don't)?
- Can your students “play” with the tools?
- Do they understand the nuances (to their ability level)?
- Can they be “flexible” with the tools in order to gain most control?

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Expansion Activities

aka. Homework

- Having kids play a larger and larger role over time

Van Riper, 1944 says that practice should be:


- Individual
- Simple
- Easily understood
- Possible to be performed without too much inconvenience.
- Pertinent to the purpose they are alleged to serve.
- “Stutterer” MUST be able to state the purpose behind each assignment.
- I would add:
 - FUN!
 - Flexible
 - Applicable to child's life and situations



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Bringing it all into FOCUS

- An integrated approach to therapy allows for the greatest opportunity of long-term success in handling stuttering.
- The focus of therapy is and always must be, the child who stutters; coupled with a panoramic view of caregivers and communicative environments.



LUKE sums it up!

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