Practical Treatment Strategies for Preschool And School-Age Children Who Stutter

J. Scott Yaruss, Ph.D., CCC-SLP
Board-Recognized Specialist and Mentor in Fluency Disorders
Associate Professor, University of Pittsburgh
Clinical Research Consultant, Children’s Hospital of Pittsburgh
Director, Stuttering Center of Western Pennsylvania
Professional Relations Chair, Board of Directors, National Stuttering Association
Steering Committee, ASHA Special Interest Division for Fluency Disorders

4033 Forbes Tower, Pittsburgh, PA 15260
Phone: (412) 383-6538  Fax: (412) 383-6791  Email: jsyaruss@csd.pitt.edu
Stuttering Center Website: http://www.stutteringcenter.org

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 demystify stuttering so you will feel more confident working with children who stutter
B. To reduce your own discomfort with stuttering so you will be better able to help your clients
C. To 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, 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

Presumed Etiology  ➔ Impairment in Body Function  ➔ Activity Limitation / Participation Restriction
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
   d) 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. Evaluating the Entire Disorder

A. Since stuttering is so broad-based, we must assess several levels during an evaluation
   1. Etiology: speech and language development, oral-motor development, and temperament
   2. Impairment: Observable characteristics of stuttering
   3. Child’s Reactions: Affective, Behavioral, Cognitive
   4. Environmental Reactions: Communication model / Reactions of those in the child’s environment
   5. Activity Limitation/Participation Restriction: Impact of stuttering on child’s life

B. Looking at Etiology -- What Causes Stuttering? Most clinical researchers now believe that stuttering arises due to multiple risk factors
   1. Genetic and Environmental Factors
   2. Child’s Language Abilities, Motor Abilities, and Temperament
C. Stuttering arises due to an interaction among several factors that are affected by both the child's genes and the child's environment
   1. **Motor Skills** for producing rapid and precise speech
   2. **Language Skills** for formulating messages
   3. **Temperament** for reacting to disruptions in speech
   4. An interaction among factors contributes to the likelihood that the child will produce speech disfluencies and react to them

   **In other words, stuttering is built-in!** It's not just a habit or behavior… it's a dysfunction of the child's language and motor systems

   1. For Younger Children: Multiple factors contribute to the development of stuttering, so we examine them to estimate the child's risk for continuing to stutter
   2. For Older Children: These factors can contribute to the maintenance of stuttering and negatively impact communication
   3. ALSO…children who stutter are at greater risk for concomitant communication disorders that may need to be addressed in treatment

E. Evaluating Observable Characteristics
   1. Common measures include frequency of disfluencies, type of disfluency, and severity
   2. Stuttering behaviors are highly variable
      a) Children may not stutter at all in some situations
      b) Collect speech samples in multiple situations
   3. **What you see is not always what you get!** As children grow older, and as stuttering progresses, the observable characteristics tell less about the child's experience of the disorder

F. Evaluating Children's Reactions / Impact of Stuttering
   1. For years, the field has had few instruments for assessing the broader consequences of stuttering
      a) Communication attitudes scales are available for adults, and some are also available for school-age children
      b) Although these tell us something about the speaker's reactions to stuttering, they do not tell us about the overall impact of stuttering on the child's life
   2. These can be documented through portfolio-based assessment, observation, and interview (Fortunately, IDEA '97 Part B allows us to do this!)
   3. **Assessment of the Child's Experience of Stuttering** (ACES; Coleman, Quesal, & Yaruss, in prep) is a new instrument for assessing the overall impact of stuttering on the child's life – from the child's perspective (see back of handout for the current draft of the OASES)
      a) General Information about Stuttering
      b) Affective, Behavioral, and Cognitive Reactions
      c) Communication in Daily Situations
      d) Impact of Stuttering on Overall Quality of Life
G. Evaluating Environmental Factors

1. For YOUNGER children…The speech/language model contributes to the demands placed on the child to communicate, so we evaluate these demands to see if changes can be made that may facilitate the child’s fluency.

2. For OLDER children…We are interested in the expectations placed on the child for achieving “perfect” fluency, whether the child is being teased, what specific situations make communication harder for the child.

H. Making Diagnostic Decisions

1. For YOUNGER children…Recommendation is based mostly on an estimation of the child’s risk for continuing to stutter.

2. For OLDER children…Recommendation is based on the child’s readiness. Is stuttering affecting his life at present? Are there negative affective, social, vocational consequences?

3. The fact that a child stutters does not mean he needs to be treatment at that time. We must help parents and teachers understand the value of providing treatment at the right time.

I. What Are the At-Risk Factors for Preschool Children?

1. Family history of stuttering

2. Preponderance of “stuttered” disfluencies

3. Time since onset > 6 months

4. Child is aware of or concerned about disfluencies

5. Child is particularly sensitive to making mistakes

6. Environmental reactions are negative or fearful

7. Child has concomitant speech/language disorders

J. To Treat or Not To Treat…

1. There is a significant debate about when to recommend therapy for preschool children.

2. Many preschoolers recover on their own, so some “wait and see.” I am not comfortable with this.

3. Because there is no simple way to determine who will “outgrow” stuttering…I prefer to help families that want help, even if the stuttering might ultimately resolve (Of course, this does not mean that all children receive full, formal therapy).

V. Summary of Diagnostic Goals

A. When evaluating school-age children who stutter, remember, stuttering is more than just stuttering.

B. To evaluate the entire disorder, consider these questions

1. What etiological factors may contribute to stuttering?

2. What are the child’s observable stuttering behaviors? (What you see is not always what you get)

3. What are the child’s reactions (affective, behavioral, cognitive)

4. What are the reactions of those in the child’s environment (Peers, parents, siblings, teachers, etc.)

5. What is the overall impact of stuttering on the child’s life (Social, educational, vocational activities)
Treating Preschool Children

I. What is the Goal of Treatment (Preschool)

A. Goals: For preschool children, the primary goal of treatment is to improve their fluency
   1. Help parents and teachers provide a fluency-facilitating environment
   2. Help child develop normal speech fluency by changing the child’s communication patterns
   3. Help the child (and family) maintain healthy, appropriate attitudes toward communication

B. A Fluency-Facilitating Environment
   1. Parents and teachers can change their own speech to help the child change his
      a) Slower speaking rate (but not too slow)
      b) Less hurried pace, easier interaction style
         (1) Increased pause time between utterances
         (2) Less hectic scheduling of daily life activities
         (3) One-on-one time with child (for playing and interacting, not just for talking)
   2. Most important principle: SHOW, not tell...

C. Bucket Analogy
   1. Purpose: Identifies factors that may be associated with stuttering; Helps parents understand the multifactorial nature of stuttering
   2. Guidelines
      a) Note that factors interact
      b) Begin at the bottom and work up
      c) Identify factors we have more control over and factors we have less control over

D. Discussing Types of Disfluencies
   1. Helps parents learn to distinguish between different disfluency types
   2. Helps parents understand how to view progress during treatment
   3. Reduces misconceptions that stuttering is just repetitions and that prolongations are “better” than repetitions

E. Improving Fluency
   1. Concern: Child may be attempting to use faster speaking rate, express more advanced concepts, or produce more complex utterances than he is able while still maintaining fluent speech
   2. Solution: Identify specific factors (demands) that stress child’s fluency, then work with parents to provide a model that minimizes those stressors
   3. Guidelines: This reduced-demand model can be incorporated in treatment and used at home

F. Maintaining Healthy Attitudes
   1. Concern: Children who stutter are at risk for developing negative communication attitudes
   2. Solution: Help parents learn to...
      a) Model appropriate attitudes and reactions
      b) Listen to children’s concerns about speaking
      c) Talk to children about stuttering
   3. The goal is for the child to accept disfluencies as a normal part of learning to speak
G. Talking about Stuttering

1. **Concern:** Child and parents do not have a way to discuss stuttering

2. **Solution:** Introduce a vocabulary accessible to child and adult for discussing stuttering

3. Use analogies for talking about disfluencies
   a) Repetition: “going over railroad”
   b) Prolongation: “going over a bridge”
   c) Block: “hitting a brick wall”

4. **Goal:** Child and parents will be able to discuss stuttering in a matter-of-fact, accepting way

5. **YES!** It really is okay to talk about stuttering. It’s even okay to say the “S” word!
   a) Talking about stuttering (in a supportive way) will not make stuttering worse
   b) One approach to treatment even encourage parents to point out a child’s disfluencies and ask them to say the words again without “bumps”

H. When Do We Talk About Stuttering with Preschoolers?

<table>
<thead>
<tr>
<th>If the child is…</th>
<th>Then will we talk about stuttering?</th>
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</thead>
<tbody>
<tr>
<td>Not Aware / Not Concerned</td>
<td>No</td>
</tr>
<tr>
<td>Aware but Not Concerned</td>
<td>Maybe</td>
</tr>
<tr>
<td>Aware and Concerned</td>
<td>Yes!</td>
</tr>
</tbody>
</table>

II. Summary of Preschool Treatment

A. The goal of speech therapy with preschoolers who stutter is to **eliminate the stuttering**
   1. Create a fluency facilitating environment
   2. Help the child learn fluent speech patterns
   3. Develop/maintain healthy communication attitudes

B. Efficacy studies are limited, but they indicate very high success rates (85 to 90%)
   1. **BUT,** it is difficult to differentiate from recovery rates for children without therapy

III. Is This the ONLY WAY to Treat Preschoolers Who Stutter?

A. Absolutely not! The **Lidcombe** program has been gaining popularity around the world
   1. This approach teaches parents to verbally reinforce fluent speech and verbally correct (punish) stuttering
   2. The punishments are gentle and appropriate

B. A growing body of evidence demonstrates the efficacy of this approach…
   1. For me, the jury is out about whether this is **better**
   2. Perhaps we could talk about it over lunch…

IV. Stuttering can be very stubborn –
Sometimes children don’t get better!
Treating School-Age Kids

I. What Is the Goal of Treatment? (School-age)
   A. The goal is to get rid of stuttering, right? Well, it depends upon how you define stuttering
   B. If we define stuttering as only speech behaviors, then we run into problems
      (What is our success rate with getting kids to be totally normally fluent all the time?!?)
   C. If we use a broad-based definition of the entire disorder, taking into account the child’s
      overall communication experience, then we can be much more successful
   D. 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!:
      If we keep trying to force children to be fluent when they can’t, we give them the message that
      stuttering is bad... and so are they. We may actually increase the shame and guilt that make
      stuttering so problematic!
   E. Treating the Entire Disorder
      1. Addressing Impairment: Change speech production to improve fluency
      2. Addressing the Child’s Reactions: Improve speech attitudes, acceptance of stuttering; Reduce avoidance, tension, struggle
      3. Addressing Negative Consequences (Activity Limitation / Participation Restriction): Focus on communication skills, not just fluency
      4. Addressing Environmental Reactions: Educate others about stuttering to foster acceptance; Help child learn how to handle teasing
   F. Some Consequences of these Treatment Goals
      1. Treatment is not solely devoted to eliminating stuttering. We also help the child manage
         stuttering effectively and become more accepting of stuttering
      2. Parents and teachers need to understand that progress is not measured only in terms of fluency
         a) IEP goals must reflect that progress is shown in many ways, not just the number of disfluencies
         b) To do this, we need to write treatment goals that focus on the entire stuttering disorder
   G. In Other Words...
      1. Goals such as stuttering easily and feeling good about yourself are just as important as not
         stuttering and using easier beginnings
      2. (Children are often relieved to hear this, though parents may have more difficulty accepting the
         fact that their child is (and will be) “a stutterer” – we have to help them with this!)
      3. To achieve these goals, clinicians must also become more comfortable with stuttering
         and with children who stutter
   H. You want me to do WHAT?!? The best way to teach acceptance of a child’s stuttering
      is to model acceptance of the child’s stuttering
      1. If the clinician seems uncomfortable when a child stutters, the child gets the
         message that he should be uncomfortable too
      2. How can we convince him that he should accept his stuttering if we cannot?
      3. How can we convince him that other people can accept his stuttering if he can see contrary
         evidence in our own faces?
I. Some Exercises to Help You Become More Comfortable with Stuttering
   1. Talking about stuttering with other people
   2. Stuttering and talking in different ways
   3. Stuttering on purpose in real-world situations
   4. Note: These are the SAME kinds of activities we’re going to use in therapy, so you can do them right alongside your students

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, though…Techniques only work when you use them
   B. 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 stretch 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!
   C. 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. Phrases 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
   D. Changing Time: PACE
      1. Rather than encouraging children to slow down or pause too much, I prefer to teach them to manage their pace
         a) If their pace is too high to maintain control, they can try slowing or pausing
         b) Sometimes, they will need to manage their pace; Other times, they won’t
      2. Again, the goal is successful and effective communication

Notice how many of these techniques require practice (all of them)

Nothing Comes For Free: MODIFYING SPEECH IS HARD!
E. Changing Timing AND Tension: Easy Starts
   1. Reduce pace and physical tension at the beginning of phrases
      a) Use phrasing and pausing to give multiple opportunities to reduce the physical tension
      b) Focus on naturalness throughout the phrase... only the beginning of the phrase is modified
      c) Requires lots of practice (for you and the child)
   2. Can also be used when the child knows he is about to stutter ("easing in" / preparatory set)
   3. Practice Exercise: Easy Starts
      a) Consider the following passage (though I rarely use set reading passages!)
         Once upon a time there was a young boy whose name was Joe. Joe liked to play with his friends in the sandbox. One day Joe lost his shoes in the sandbox. He looked and he looked and he looked but he could not find them. Later that day Joe found out that one of his friends had hidden his shoes as a joke. Joe was relieved to find his shoes and he had a good laugh about the practical joke. Joe was a good sport.
      b) Notice that the passage can easily be divided into phrases.
         Once upon a time // there was a young boy // whose name was Joe // Joe liked to play // with his friends // in the sandbox. One day // Joe lost his shoes // in the sandbox. He looked // and he looked // and he looked // but he could not find them // Later that day // Joe found out // that one of his friends // had hidden his shoes // as a joke // Joe was relieved // to find his shoes // and he had a good laugh // about the practical joke // Joe was a good sport.
      c) Read the passage again, using easier beginnings at the start of each phrase
         (1) Be sure to change both the timing and tension of your speech at the beginning of phrases
         (2) Make sure the rest of the phrase sounds natural
         (3) What else changed about your speech when you used the easier beginnings?

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 to develop necessary 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
III. Reducing Physical Tension

A. Why do some kids have so much physical tension during stuttering?
   **Tension & struggle are NORMAL reactions to the child’s stuttering**

B. Physical tension during stuttering is a learned reaction (part of the attempt to not stutter).
   1. It is the child’s attempt to not stutter, but it rapidly becomes part of the stuttering pattern
   2. Note that this moves it out of the impairment portion of the model and into the reactions portion (specifically, behavioral reactions)

   Most of what you see on the surface is the child’s reaction to stuttering; the “core” of stuttering is under the surface…they must become desensitized to that core if they are reduce their reactions

C. Reducing Physical Tension
   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)

IV. Easy Stuttering

A. Easy stuttering helps children learn that they can change the way they stutter (“Bouncing” and “gliding” or “stretching” are forms of pseudostuttering without tension)

B. Also reduces tendency to hide stuttering
   1. The more children try to hide stuttering, the more likely they are to stutter more
   2. If children are comfortable with stuttering, they can use voluntary stuttering to release tension in their muscles and prevent bigger blocks

C. Exercise: Easy Stuttering
   1. Read a passage using easy (pseudo)stuttering
      a) Try to use both repetitions (bounces) and prolongations (stretches or slides)
   2. Evaluate your ABC reactions and your ability to modify and control physical tension
      a) You and your students should be able to use easy stuttering without any negative reactions
      b) If your students still feel negative reactions or can’t modify tension, they need more practice (and so do you)

V. Planning Therapy

A. Many times, I begin with techniques designed to modify stuttering
   1. If we work on fluency first, children are likely to become “too” fluent in the treatment room (i.e., they become more comfortable and are better able to use techniques)
   2. Then, there is little stuttering left to practice with and we have trouble with transfer
   3. I also start with techniques for modifying stuttering so we don’t over-emphasize fluency

B. After the child can modify stuttering events, I move to the fluency techniques
VI. 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 reduce stuttering
      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

VII. 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
“Easy Starts Are Just A Start” – 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. Affective: Child experiences embarrassment, shame, isolation, fear, anxiety about speaking
   2. Behavioral: Child exhibits significant physical tension and struggle when speaking or stuttering; Child avoids speaking situations
   3. Cognitive: Child evaluates himself negatively as a communicator; does not understand stuttering

B. Addressing Reactions Directly
   1. Fortunately, many techniques for addressing impairment also reduce the child’s reactions…
      a) Exploring stuttering helps the child learn about stuttering and reduces anxiety
      b) Easy stuttering helps children learn that they can control their speech musculature
      c) Easing out helps to reduce behavioral reactions
   2. For many children, this is not enough! Helping the child develop healthy reactions paves the way for greater overall communication success

II. Addressing Affective Reactions …feelings about stuttering...

A. 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)

B. Expressing emotions...
   1. When child is teased, he probably feels frustrated and angry. Instead of lashing out, he can express his feelings in therapy, then work with you to find an appropriate response.
   2. When a child stutters, he probably feels embarrassed or ashamed. Instead of berating himself for not being fluent, the child can talk about his feelings.

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!!!
III. **Addressing Behavioral Reactions**

A. Physical tension, struggle, and avoidance are *learned reactions* to stuttering. We’ve already introduced techniques for minimizing these behavioral reactions (light contact, easy starts, easing out, etc.)

B. We can enhance the child’s success by reducing the *underlying causes* of these reactions
   1. Fear and anxiety about stuttering
   2. Lack of understanding about stuttering
   3. Low self-esteem, shame, feeling of loss-of-control

IV. **Addressing Cognitive Reactions**

A. **Understanding:** Help child learn what stuttering is, and that he has some control over it
   1. Help child learn about *speaking*: What parts of the body are involved and how they work together
   2. Help child learn about *stuttering*: What happens to speech machine when he is fluent, when he stutters, and when he changes stuttering

B. **Perception:** Help child understand that some disfluencies are a normal part of speaking; help the child become desensitized to stuttering

C. **Tolerance:** “Normalize” stuttering… it is just something some people do when talking
   1. Many people stutter and still achieve their goals at school and in life
   2. Help child learn… IT IS OKAY TO STUTTER

D. **Support:** Help child meet others who stutter through support groups such as the *National Stuttering Association* or *Friends*

V. **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

VI. **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, and vocational impact directly, we focus on *generalization* of treatment gains 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: Help child create grid listing every situation and every technique. The child fills in every box of the grid by doing the task on their own 5 (or 10 or 15) times.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Easy Start</th>
<th>Easing Out</th>
<th>PseudoStutter</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home with Parents</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Talking to Brother</td>
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<td></td>
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<tr>
<td>Saying Good Morning to Bus Driver</td>
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<td></td>
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<td>During Oral Reading</td>
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<td>Talking to Friends at Lunch</td>
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C. This helps the child practice and ensures generalization... AND, treatment goals are already written!
VII. Addressing the Child’s Environment: Children who stutter face an environment that does not understand the disorder

A. **Peers** may tease children about stuttering because it stands out, it looks different, and they don’t understand why the child is doing it

B. **Teachers** may be afraid to draw attention to the child, yet they don’t know how to help

C. **Parents** simply want the child to “stop stuttering” – and they believe this should be possible because “he’s fluent sometimes”

VIII. Peers: The Child’s Daily Environment

A. Teasing and bullying

1. Why do bullies bully? Not because of the child who stutters, but because of problems with the bully himself (low self-esteem, etc.)

2. Why do other kids tease and bully? Because they don’t know any better

3. Fine, but it still hurts anyway! So, treatment should include two components
   a) Reduce the likelihood that kids will tease
   b) Reduce the impact the teasing has on the child

B. Teasing Part 1: 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
   a) Matter-of-fact comments that diffuse the situation
   b) Comments that show the bully it doesn’t matter

C. Teasing Part II: The Peers

1. We can’t stop the bully by ourselves—this is a broader issue involving everyone in the bully’s life
   a) We can, however, help the other children understand, so they will be less likely to “go along with” the bully

2. Educating others means giving them “the facts”
   a) Ask the child what he wishes his friends knew about stuttering, then brainstorm ways to help him teach them
   b) A “classroom presentation” puts the child in the position of expert, helps to reduces his shame, increases his feeling of control, and teaches him skills he will need for the rest of his life
   c) Get the NSA’s brochure on classroom presentations at [www.WeStutter.org](http://www.WeStutter.org)
IX. Teachers: It’s Up To Us!
A. Teachers, like many non-SLPs, think they “understand” the disorder…they don’t
B. The variability of stuttering leads people to believe that children could just stop if they only tried hard enough
C. It is up to us to educate them
   1. Unless they understand the disorder, they will not understand your treatment, and they will not be good partners in therapy
   2. YOU and THE CHILD can educate them together

X. Parents: The Toughest Part of Therapy
A. What do they want for their kids?
   1. Like teachers, parents need to understand the broad-based nature of the disorder, and the broad-based nature of the treatment
      a) We help them toward this by writing broad-based goals and by explaining stuttering with authority and confidence (something that many SLPs lack)
   2. Parents see that the child is fluent sometimes, and they just want you to “fix it” all the time.
      a) They need to learn our “Most Important Facts” such as:
         b) Stuttering is not a “fix-it” disorder, it’s a manageable disorder!
B. You want my child to WHAT?!?
   1. Parents may have difficulty with techniques for working on and accepting stuttering
      a) Techniques like pseudostuttering and easy stuttering may not make sense at first (though they love easy starts)
      b) They may still be hoping for a “cure”
   2. They must understand the purpose of these types of techniques. For example, “We practice stuttering to change stuttering and reduce the impact of stuttering on communication”
C. What do they really want for their kids?
   1. To help parents understand the broader goals of treatment, ask them this question:
      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, able to communicate, to have friends
   3. These are exactly our goals; we’re just not getting there they way they expected us to
D. Acceptance Isn’t Just for Kids
   1. Just as the child needs to accept stuttering, parents (and teachers and SLPs) need to accept it
      a) Child is OKAY; stuttering is just one aspect of child’s skills, abilities, and overall development
   2. Treatment helps the child accept stuttering:
      a) Not just using techniques to change fluency…using techniques to change stuttering
      b) Not just reducing stuttering…communicating well
      c) Not just “getting” fluent…participating fully in life
   3. Somehow, we have to help parents do this too
E. The Value of Support

1. 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

2. The National Stuttering Association has listservs, local chapters, conferences, and “parent liaisons” to connect parents of kids who stutter with other parents

3. “Working with the NSA helps me do my job better”

4. We don’t have to do this alone!

F. The Value of Supportive Parents

1. Supportive parents can help children learn to cope effectively with stuttering in many different ways
   a) Many children benefit from a “safe place” where they don’t have to worry about speech
   b) Modifying speech is hard. If kids can be themselves sometimes, they have more energy to modify later

2. Supportive parents can reinforce the message of acceptance and communication taught in therapy
   a) Parents can only provide this support if they have already dealt with their own emotions about the child’s speech so they can accept stuttering too

G. (Some) Parents Want to Help

1. Parents have no problem understanding and supporting techniques for improving fluency

2. In fact, some parents “encourage” children to use fluency techniques all the time
   a) This can be helpful, but it can turn into nagging
   b) We can reduce nagging by helping the children teach their parents how to modify their speech
   c) When parents see how hard this is, they become more supportive/understanding of inconsistency

H. 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”

XI. 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 reviewing therapy sessions 4 out of 5 times
3. With the parents at home
4. Without reminders by the parent or clinician
XII. How Do We Know When We’re Done With Therapy? (Dismissal Criteria)

A. Therapy is over when the child stops stuttering, no? Well, no. He will still stutter when we dismiss him.

B. Therapy is over when the child can successfully manage stuttering and communicate effectively (Or, when he has “learned to be his own clinician”)

C. That doesn’t mean he might not want or need more therapy later, when his goals change.

D. 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.

XIII. Summary

A. For preschoolers, our goal is to eliminate stuttering
   1. Modifying the child’s environment to reduce stressors
   2. Modifying the child’s speech to improve fluency
   3. Helping the child develop and maintain healthy attitudes

B. For children who are likely to continue stuttering, we help them become effective communicators
   1. Impairment: decreasing stuttering and increasing fluency through changes to timing and tension
   2. Reactions: reducing negative reactions by helping the child come to terms with and accept stuttering
   3. Environment: educating those in the child’s environment to curb teasing and increase support and understanding
   4. Impact: minimizing the negative impact of stuttering in the child’s daily life

C. Most Important Fact #10: YOU CAN DO IT!

XIV. Key Stuttering Organizations and Resources

A. Stuttering Foundation of America (SFA)
   1. www.stutteringhelp.org -- (800) 992-9392
   2. Publishes many helpful booklets and videotapes for clinicians, people who stutter, and their families
   3. Provides numerous CE workshops for SLPs

B. National Stuttering Association (NSA)
   1. www.WeStutter.org -- (800) We Stutter (937 8888)
   2. Publishes helpful booklets for children who stutter and their families
   3. Supports more than 80 local chapters for adults who stutter, as well as several new local chapters for children and families nationwide.
   4. Provides CE workshops for SLPs as well as workshops for people who stutter and their families
   5. Hosts an annual conference with 3-day youth program -- Don’t forget the NSA’s annual convention in Chicago next July…a great opportunity for your families – and you (CEs, networking, fun, etc.)

C. Friends: Association for Young People Who Stutter
   1. www.friendswhostutter.org
   2. Hosts an annual conference bringing together people who stutter from around the country

D. The Stuttering Home Page
   2. Contains a tremendous amount of helpful information about stuttering, including essays about stuttering, course syllabi, and links to other stuttering pages
Some of the Presenter’s Recent Papers on Stuttering

I. Understanding Stuttering


II. Assessment and Diagnosis


III. Treatment – Preschool and School-age Children


Murphy, W., Quesal, R.W., & Yaruss, J.S. (2005b). Enhancing Treatment for School-Age Children Who Stutter II: Reducing Bullying through Role-Playing and Self-Disclosure. Revised manuscript submitted for publication.

Other Helpful Resources

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


Factors Potentially Associated with Childhood Stuttering

Stuttering

Communicative Stressors
- Negative response to disfluency
- Demanding questioning
- Frequent interruptions
- Competition for talking time
- Rapid rate of conversation

Interpersonal Stressors
- Major life changes & traumatic events
- Marital & sibling conflicts
- Unrealistic demands
- Fast-paced / unpredictable lifestyle

Child Factors
- Perfectionistic tendencies
- High degree of sensitivity
- Intense / driven personality
- Other speech/language disorders
- Predisposition to stutter
Different Types of Disfluencies

"Normal" Disfluencies

- Hesitations (pause)
- Interjections (um, uh, or)
- Revisions ("I want-I need that")
- Repetitions of phrases ("I want-I want that")

Disfluencies occur more frequently

Repetitions of multisyllabic whole words ("mommy-mommy-mommy let's go.")

Reactions to disfluencies increase

Repetitions of monosyllabic whole words ("I-I-I want to go.")

Tension or struggle increases

Duration (length) of disfluencies increases

Tension during "normal" disfluencies

"Stuttered" Disfluencies

- Repetitions of sounds or syllables ("li-li-like this")
- Prolongations ("lllllike this")
- Blocks ("l---ike this")

NOTE: "Normal" disfluencies can be used to avoid or postpone stuttering (e.g., "I um, you know, uh, I want to um, g-g-g-o with you.")