

Making Stuttering Therapy Successful: 5 Simple Steps

- Therapy generally has positive outcomes.
- Clinicians adhere to Evidence Based Approaches, ASHA Scope of practice, and IDEA rules and regulations for guidance.
- Long term follow-up data is lacking for this population.
- Effective treatment uses a reduced length of utterance and some form of prolonged, smooth speech.
- Teaching and asking children for self-corrections is important.
- Breath regulation exercises, EMG Biofeedback, reinforcements for desired behaviors, and a form of stuttering modification have been noted as helpful in improving a child's fluency.
- Systematic transfer of fluency across settings is needed.
- Joint planning and participation in monitoring progress is important.
- Possibility of persistence of stuttering is noted by presence of risk factors.
- Reactions to stuttering may contribute to stuttering.
- As stuttering persists it may not stand alone.
- Avoidances and apprehensions need to be reduced.



5 STEPS TO SHOW WHAT YOU KNOW: ➡

- 1. Check your protocols**
- 2. Collect continuous data**
- 3. Implement systematic strategies**
- 4. Involve others**
- 5. Provide resources**

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1. Check out your protocols

School-Age Stuttering Treatment: Communication Management

CONFIDENT



Using eye contact & body language to communicate confidently

ASSERTIVE



Talking often, to lots of people, in many situations

EFFICIENT



Speaking in the most forward & easiest ways desired & possible

What is your overall goal or plan when working with this population?

- Does it reflect what we know?
- Does it take into account what the child wants?
- Does it account for relevant, functional goals that can create measurable change?

1. Consider a protocol of initiating therapy by teaching the child about normal talking (Williams Talking Model) and helping them identify what isn't working.
2. Create a plan with the child about what it is he/she wants to be different and how he/she can achieve that.
3. Begin systematically practicing the plan in circumstances where the greatest impact is observed.

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2. Keep continuous data in a portfolio kept by you

Scale: 1 (no stuttering) to 10 (most stuttering); once per week

Date: 1-7 14 21 28 _____

CODE: child conversational partner teacher SLP

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MOTOR DATA OPTIONS

1. (% Stuttered Syllables previously mentioned)
2. Rating for each week from child, SLP, teacher, conversational partner (1-10 scale)
3. Stutters per # of minutes
4. Description of features of stuttering pattern including duration, associated behaviors, multi-component stutters, typical disfluency; changes with features

Data examples for checking in with kids: attitudes and emotions as they relate to stuttering

1. Problem Solving Triads

2. Drawing or Diagramming


3. Self-created Rating Scales

1-----10


- A. (How smooth-bumpy speech has been)
- B. (How comfortable-uncomfortable you feel talking in the classroom)
- C. (How natural-unnatural you think your speech changes sound)
- D. (How frequently-infrequently you are raising your hand to participate)

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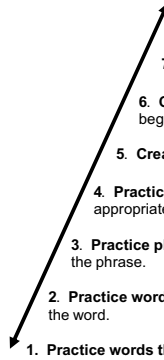
3. Implement Systematic Strategies

- Implement non-linear hierarchies
- Develop processes for groups of students
- Incorporate self-charting each session 
- Move to conversation every session once strategies are established
- Teach conversational partner exactly what to do

TARGETS:

 Easy on

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1. Practice words that begin with vowels with an easier onset and smooth movement through the entire word.
2. Practice words that begin with consonants with a light contact and easier vowel, smooth movement through the word.
3. Practice phrases that begin with both vowel and consonant onsets, move smoothly and strongly through the phrase.
4. Practice sentences that begin with various sounds; approach the onset easier and relaxed; pause at appropriate points; begin again in the same fashion. Move smoothly and strongly.
5. Create your own simple sentences utilizing easier relaxed approach.
6. Create longer sentences utilizing easier relaxed approach and 1-2 pauses. Whenever speaking begins after pausing, an easier relaxed approach is used again.
7. Answer questions using an easier relaxed approach, smooth & strong movements, and pausing.
8. Have simple to more complex conversations using easy, forward moving speech

Easier Relaxed Approach, Smooth Movements & Pausing Hierarchy

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3. Implement Systematic Strategies, cont.

Speech Pathologist Session Data Collection:

Targets 

Structured Words-Phrases:

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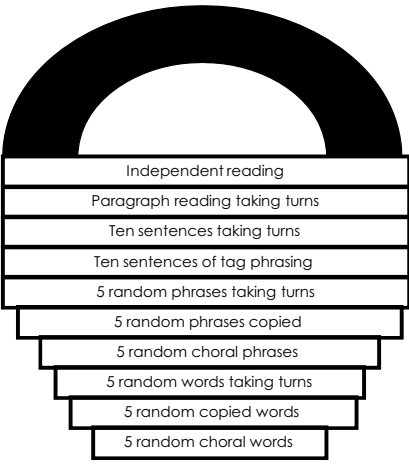
Structured Sentences:

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Spontaneous Conversation:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Reading Bucket Hierarchy



- Independent reading
- Paragraph reading taking turns
- Ten sentences taking turns
- Ten sentences of tag phrasing
- 5 random phrases taking turns
- 5 random phrases copied
- 5 random choral phrases
- 5 random words taking turns
- 5 random copied words
- 5 random choral words

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3. Implement Systematic Strategies, cont.

Example:
Learning to change stuttering as it happens

- 1.
2. Practice words with the cycle above; practice sentences; practice conversations.
3. Continue to practice this hierarchy.

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4. Involving Others

Involving Teachers

1. Meeting with child and teacher, after 4-6 sessions into therapy:
 - a. Teach the teacher about the child's stuttering and what he/she is working on to make speech changes/to reduce speaking fears
 - b. Ask the teacher (or someone else) to be a conversational partner; set up first Carryover Contract Card
 - c. Discuss current difficulties in the classroom (involving communicative confidence, assertiveness, and efficiency)
 - d. Jointly develop goals for classroom communication (reflective of IEP goals)
2. **CARRYOVER CONTRACT:**
 When talking with: _____ about: _____
 I will: _____
 My Conversation partner will give me feedback for:
 How did it go?
 Me: 1-----10
 My Partner: 1-----10
 Comments:
 Date Given: _____ Date Received: _____

What we want to know from teachers:

1. What observations do you have regarding this student's fluency (smoothness) of speech?
2. How often does this student participate orally in your class? Never-Sometimes-Frequently
3. If this student is disfluent, in what speaking situations do you observe it most frequently?
4. What communicative competencies are students in your class required to achieve?
5. Are there any specific problems related to this child's communication in the classroom that you would like to see improved?
6. If you don't observe stuttering, do you think the student is hiding it, such as by pretending to be lost when called upon, or by hesitating before speaking?
7. How would you describe this child's temperament and academic achievement?
8. Are there any other concerns you would like to share regarding this student?

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First Things for Parents & Teachers to Know:

- Stuttering usually starts in early childhood and is more common in boys.
- There is more risk that stuttering will continue if it starts after 3.5 years of age, there is a family history of stuttering, the stuttering has persisted beyond one to three years with/without treatment, and the child is a male.
- Roughly 75% of children who begin stuttering will spontaneously stop stuttering (most within first year, less by three years; more likely if onset is before 3.5).
- More boys start stuttering and continue stuttering than girls.
- Fluency occurs usually when a child reads or speaks in unison, sings, whispers, uses a different voice, or changes the volume of speech. It is cyclic in normal conversational speech.
- Stuttering can be hidden by changing words, pretending to forget what to say, using "starters" such as "uh, well, etc." or not talking. All of these things can worsen the problem.
- Stuttering may be impacted by the child's ability to articulate, understand and use language, as well as by temperament factors such as attending, regulating emotions, and sensitivity.
- Events associated with change in routine may increase stuttering temporarily (vacation, holidays, school starting).
- Children's perceptions and feelings about their stuttering may change as they develop.
- If other conditions in addition to stuttering are suspected, it is important to have the proper evaluations recommended. If other conditions are present, the stuttering treatment may be different.

Parents & School Stuttering Therapy

1. Use the HODSA method: honest, open, direct, sensitive, appropriate
2. Session invitations: 4-6 weeks at teacher meeting; others
3. Learning about stuttering and therapy
4. Learning to be a conversational partner
5. Resources for support

Resources:

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5. Utilizing available resources**ASHA References**

ASHA's IDEA Action Center
www.asha.org/about/legislation-advocacy/federal/idea/
 OSEP-funded IDEA Partnership
www.ideapartnership.org/whatsnew.cfm
 US Dept. of Ed. IDEA Web site
<http://idea.ed.gov/>
 ASHA Info on "adversely affects"
www.asha.org/members/slp/schools/prof-consult/ed_performance

OTHER SELECTED REFERENCES

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Friends: friendswhostutter.org -conventions & workshops, support

NSA: westutter.org -conventions, workshops, support, materials
Stutteringhomepage.com -section available for school clinicians

BEST REFERENCES for school clinicians from the Stuttering Foundation of America:

- stutteringhelp.org 1-800-992-9392
1. **Stuttering: Basic Clinical Skills -DVD**
 2. **Straight Talk About Stuttering for Teachers -DVD**
 3. **Stuttering: For Kids by Kids -DVD**
 4. **The School-Age Child Stutters: Working Effectively with Attitudes & Emotions-BOOK**
 5. **Trouble at Recess-BOOK**

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- Chmela/ASHA 2009 *Best of Luck in your work with children who stutter!*