

**IEP's for Stuttering:
The Goal is to Keep the Goal the Goal
-OR-
The ABC's of IEP's for Stuttering**

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Teens Who STutter (TWST)
Parent Presentation
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Full Disclosure: I am borrowing liberally from Scott Yaruss, Nina Reardon-Reeves, & Kristin Chmela

1. Introduction

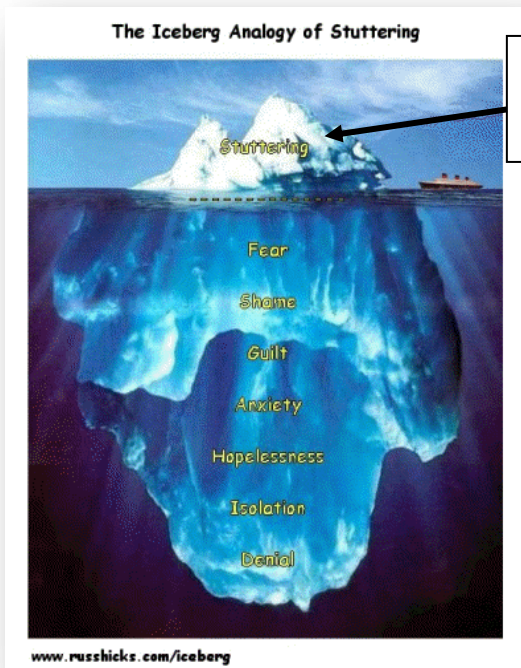
- Studies show that many speech-language pathologists (SLP's) are uncomfortable treating children who stutter.
- Stuttering ranks *lowest* in rankings of disorders that clinicians prefer to treat. (Yaruss)
- What does that mean for children who stutter (CWS)? And their parents?

2. Purpose

- To improve parents' comfort and confidence when participating in the IEP process.
- To suggest ways to work with the SLP's who serve your CWS

3. The ABC's of Stuttering – Affective, Behavioral, Cognitive

- “Stuttering is more than just stuttering.”



What IEP's often address:
Just the “Stuttering” that
we can observe

Fluency problems are multifactorial.
Much happens under the surface
before the actual moment of disruption
in speech behavior is seen or heard.
(Kristin Chmela 2012, referencing
Smith & Kelly 1997)

- By “stuttering,” we often mean the motor impairments that are observable:
 - *Repetitions* of sounds, syllables, and words
 - *Prolongations* of sounds
 - *Blocks* of airflow and voice
- In stuttering, the link between the motor impairments and the resulting negative consequences of stuttering is largely mediated by the speaker’s **reactions**:
 - **Affective:** Feelings & attitudes
 - **Behavioral:** Avoidance, tension, struggle
 - **Cognitive:** Thoughts, self-evaluation
(from Yaruss)

4. What IEP’s Do Well: Address the *overt* “Stuttering”

- IEPs often address the *motor* impairment in stuttering
 - Fluency Shaping
 - E.g., Relaxed Breath, Easy Onset, Light Contacts, Easy Onsets, Smooth Starts, Continuous Voice, Smooth Movements, Smooth Easy Speech...
 - *Sample Annual Goal:* Johnny will use Easy Starts (*i.e., reducing pace and physical tension and easing into and prolonging the first sound*) to initiate speech with 90% accuracy in structured speaking activities with faded visual/verbal cues

5. What We (Sometimes) Don’t Do So Well: Treat the ABC’s

- The **Affective**, **Behavioral**, and **Cognitive** aspects are sometimes excluded, or addressed in a perfunctory way. For example:
 - The student will participate in a variety of desensitization strategies with 100% accuracy.
 - The student will reduce negative reactions to stuttering 90% of the time.
 - The student will report feeling better about himself as a communicator 80% of the time. 😊
- **Sample Annual Goals that *do* address ABC’s (These are Not for Everybody!):**
 - **(B)** Johnny will decrease struggle during moments of stuttering by using Ease Outs (reducing tension on the stuttered sound and moving on, rather than pushing harder) with 90% accuracy in structured activities in the therapy room
 - **(A)** Johnny will advertize stuttering by using at least 3 pseudo-stutters during a classroom presentation in 3 of 5 opportunities
 - **(C)** Johnny will demonstrate knowledge of stuttering by teaching selected others about stuttering (facts, types of stuttering, famous PWS, etc.) using speech journal entries as a guide in 100% of opportunities.
 - **(C)** Johnny will demonstrate knowledge of his stuttering modification skills by teaching selected others “how to stutter” by modeling his typical stuttering behaviors, requesting return demonstration, and providing feedback in 5/5 opportunities.

- **(B)** Johnny will demonstrate the ability to reduce avoidance by participating in classroom discussions by volunteering to answer questions in class 2 times during his language arts block in 4/5 opportunities as judged by completed speech contract cards
- **(A)** Using his previously identified Valued Actions as a guide, Johnny will identify difficult emotions and reactions he has experienced (e.g., anxiety, fear, embarrassment, shame) and, while referencing his speech journal, will identify instances in which he has accepted his reactions and taken valued action anyway, in 4 of 5 opportunities.

6. So ... What is the Goal?

- **“Make the goal to keep the goal the goal.”** –Dan John (from physical training)
 - “The goals of stuttering therapy are focused on helping children become *effective communicators.*” –Scott Yaruss
 - “Our goal is to help clients of any age become *the kind of communicators they want to be.*” -Kristin Chmela
- **What Kind of Communicator Do We Want Our Child to Be?**
 - **Assertive**
 - Moving *towards* communication, whether fluent, disfluent, or stuttering
 - *Willing* to communicate when fluent, disfluent, stuttering
 - Saying *what* we want, to *whom* we want, *whenever* we want, *wherever* we want, in a reasonable manner, with or without fluency
 - **Confident:**
 - Self-assurance and confident messages portrayed with our eyes, face, and volume of voice, with or without fluency
 - **Effective:**
 - Ability to speak with forward movement and adequate rate of information flow and intelligibility (ability to be understood)
- “Stuttering is more than just stuttering” (Yaruss) ... So IEP goals address more than just stuttering:
 - **Affective:** Identifying and working with difficult and unhelpful emotions
 - **Behavioral:** Reducing negative reactions
 - **Cognitive:** Identifying and working with difficult *& unhelpful thoughts
- Another way of looking at it (Yaruss):
 - **Impairment:** Reducing stuttering and increasing fluency
 - **Reactions:** reducing negative reactions, helping the child to “accept” stuttering (acknowledging their stuttering, not giving up or throwing in the towel!)
 - **Reactions of Environment:** Educating those in the child’s environment to curb teasing/bullying and increase support and understanding
 - **Adverse Impact:** Minimizing the negative effects of stuttering in the child’s daily life (educational, social, vocational)

Case Study: Johnny

Present Level of Academic and Functional Performance:

Johnny, a 6th grader, has recently experienced a relapse of stuttering. He often has difficulty getting started speaking and tends to experience silent blocks of up to 10 seconds before forcing out the word. He no longer raises his hand to volunteer answers in class. In fact, answering questions in class is now a particular problem for Johnny. When called on unexpectedly to answer in class, he exhibits increased tension and struggle on the initial sound, averts eye contact, and produces a short length of utterance that represents an inadequate response. He often avoids stuttering by shrugging his shoulder to indicate, *I don't know*. Oral presentations are also difficult. Prior to, and when oral presentations occur, Johnny exhibits visibly heightened levels of anxiety and increased stuttering. He sometimes refuses to give oral presentations in class. ...

Instead of this ...

Rationale: Stuttering is a motor impairment and skill deficit problem. Johnny has "lost" his skill set and needs to practice and relearn his fluency skills. Skills will generalize to the classroom setting.

Annual Goal: Johnny will produce Easy Starts to initiate speech with 90% accuracy at the word, phrase, sentence, structured conversation, and spontaneous conversation levels in structured activities.

Accommodations: Instead of answering questions orally in class, Johnny will submit written answers. He can submit a written paper instead of giving an oral presentation.

Try this ...

Rationale: Stuttering is a multi-dimensional problem. Johnny is in a new environment with new classmates and teachers. He is anxious about his new situation. He is feeling overwhelmed and is having trouble using the learned fluency skills he once could count on.

Annual Goal: Given advance notice of a question in class, Johnny will react by pausing, making eye contact, and using a Smooth Start or Ease Out technique on the first sound 80% of the time.

Annual Goal: Given advance notice of oral presentations, a presentation outline, and preparation and practice with an adult of choice, Johnny will give his oral presentation in 100% of opportunities.

Accommodations: Advance notice of questions in the classroom. Advance notice of oral presentations with preparation and practice with adult of choice

7. How to Help the SLP Help Your Child

- Get educated! (*Check that one off the list. I know you all already are.*)
- Build a relationship with the school SLP. We SLPs love that!
- Encourage communication between school and private SLPs. (*If you're working with Rita Thurman, that's a given!*)
- Stay in communication over the long haul.
- Ask about supporting carryover to the *classroom* and *home*
 - “The squeaky wheel gets the grease”
 - Speech notebooks
 - Speech journals
 - Speech Contract cards
 - Call-ins to the clinician’s voicemail, *etc.*
- Encourage treating not just stuttering, but improving **communication**
 - **Assertiveness** – Willingness to communicate, reduction of avoidance, working towards participation (not necessarily performance) at the same level as peers, with or without fluency
 - **Confidence** – Eye-to-eye contact, staying in the conversation, facial expressions and body language appropriate to the situation, a full voice with adequate volume, with or without fluency
 - **Effectiveness** – Use of forward-moving speech that gets an understandable message across at a reasonable rate of information flow
- Encourage IEP’s and treatments that address all aspects of stuttering, including **ABC’s** - **A**ffective (feelings, attitudes, panic), **B**ehavioral (tension/struggle, avoidance), and **C**ognitive (thoughts, self-judgments) aspects