Disclosure

- I am here to talk primarily about treating school-age children who stutter and also secondary children who stutter.
- Much does not apply to preschool kids who stutter.
- I am receiving no honorarium
- Most of the information presented here comes from my professional experience working with people who stutter (one aspect of EBP), experts in the field, and my own journey toward recovery from stuttering.

Purpose

- To suggest a comprehensive approach to stuttering treatment that is “workable” for kids who stutter, their SLP’s, teachers, and families

Objectives

- Identify a comprehensive view of stuttering
- Identify a comprehensive approach to evaluation
- Identify a comprehensive approach to eligibility
- Identify a comprehensive approach to treatment
Many of you know me, but ...

- Allow me to introduce myself.
- Hello, my name is Rob Dellinger, and I am a person who stutters.
- I'll be talking with you for an hour or more. Chances are, I'm going to stutter.
- I'm feeling pretty nervous about that, so I'll need you to help me.

How you can “help”

- Every time I stutter, be sure to flash me a “slide” signal.
- That will remind me to use my “Smooth Start,” so I don't stutter on the first word.

How you can “help”

- Flash a red card every time I stutter. That will remind me that stuttering is bad, and I should stop.
- Flash a green card every time I am fluent. That will remind me that fluency is good and I should speak fluently.

How you can “help”

- Every time I stutter, correct me.
- Say, “I noticed you had a little bump there. Go back & say it again, using your Smooth, Easy Speech.”

How you can “help”

- When my Speech Tools don't work, scratch your head & wonder why I'm choosing not to use them.
- Say, “You have to actually use the tools for them to work.”
How you can “help”
- When I stutter, signal me to tap-tap-tap my finger.
- That will help me co-or-di-nate ar-ti-cu-la-tion & pho-na-tion

How you can “help”
- By all means, when I’m fluent, give me a sticker.
- But not if I stutter.
- (If I stutter, I don’t deserve one.)

How you can “help”
- And if all else fails, & I really get stuck, suggest an IEP accommodation.
- I could videotape this presentation when I’m fluent, so you could watch it online & never have to hear me stutter!

How am I doing so far?
- Really, not so bad!
  - I’m stuttering some, but I’m ...
- Assertive:
  - Speaking for myself
  - Not avoiding
- Confident: nervous, hands shaking, but ...
  - Making eye contact
  - Using an appropriate volume of voice
  - Using body language

How am I doing?
- Effective:
  - Efficient rate of information flow
  - Mostly fluent
  - Increased ease & Reduced effort
  - Adequate language formulation, articulation, voice & pragmatics
- Proactive
  - I planned & practiced this presentation with a particular audience in mind

How am I doing?
- Last but not least ...
- Courage:
  - I am nervous, but I am doing it anyway!
  - I am willing to experience anxiety and fear the service of a valued outcome:
    - I want to help my colleagues help children who stutter.
    - Believe it or not... I stutter, but I’m being a pretty effective communicator.
So how’s your “help” helping?

- Not so much, to be honest.
- I thought I was doing pretty well. But I’m not.
- The message is clear. Fluency is good, stuttering is bad.
- Since I stutter sometimes, I must be bad. Right?

How’s your “help” helping?

- I’m feeling … guilt. Why couldn’t I use my Smooth Easy Speech ALL the time?
- And shame. Why am I so different? I’m no good. I don’t belong.

How’s your “help” helping?

- Maybe I should avoid.
  - I’ll say less than I intended to. (You could go home early.)
  - Or only talk when I know I won’t stutter. …
  - I could change my words.
  - I might not talk at all. That’s the best way not to stutter. Right?

My point in all of these shenanigans:

- A fluency-only approach barks up the wrong tree.
- Kids get the message that we can make them “stop stuttering.” We can’t. They can’t, either.
- How much success have any of us had in making kids fluent all the time in all situations?
- When we try to force kids to be fluent when they can’t always be …
- We send the message that stuttering is bad … and so are they. (Yaruss)

Something to think about …

- I truly & humbly hope I am not offending anybody. We are all truly in this together.
- I am trying to be provocative & get us thinking & talking.
- How are the things we are doing to help, helping?

Something to think about …

- In my de facto role as the “fluency guy” in WCPSS over the years:
  - You’ve been welcoming & inviting group. You’ve cared deeply about CWS. I thank you.
  - I have (previously) encouraged a narrow fluency-shaping approach. I’ve changed.
Something to think about ...
- Over the years, you have shared with me what you’re doing in therapy.
- I can’t speak for everyone, but...
- Folks, we are a *fluency shaping* bunch in WCPSS.
- I no longer believe fluency-only is a workable approach for kids this age, because of ....

The nature of stuttering
- Brain research suggests changes to the brain can be made at any age – neuroplasticity.
- The ability to make changes in speech production varies from child to child.
- *But...* past preschool – ages 2, 3, 4 – full recovery from stuttering for most children is unlikely.

The nature of stuttering
- Most researchers believe stuttering is a complex, multidimensional problem that includes motor, genetic, temperament, & environmental factors.

Role of Reactions
- The interplay between *motor impairments* (disfluencies) and *negative consequences* is largely mediated by the speaker’s *reactions* to stuttering (or the expectation of stuttering).
- **ABC’s of Stuttering**
  - Affective: Feelings, attitudes, panic
  - Behavioral: Actions (Avoidance, tension, struggle)
  - Cognitive: Thoughts, self-evaluation, judgment
  (Yaruss)

The nature of stuttering
- Past a certain age, stuttering is neurologically "built-in"
- It is not a behavioral problem or habit that can be easily "fixed."
- It demands a *comprehensive approach*

How do treat the “Entire Disorder”?
- **Take a comprehensive approach to**
  - Our view of stuttering
  - Evaluation
  - Eligibility
  - Treatment
Our guidelines don’t help ...
- Our state & local guidelines bias us toward a narrow view of stuttering, evaluation & treatment.
- A “fluency impairment” is ...
- A disruption in the normal, rhythmic flow of speech that interferes with communication. The disorder may include, but not be limited to, frequency of dysfluencies, duration of dysfluencies, struggle and avoidance characteristics, and types of dysfluencies (repetition—phrases, whole words, syllables, and phonemes; prolongations; and blocks).” (N.C. Procedures Governing Programs and Services for Children with Disabilities, 2004)

Our guidelines don’t help ...
- If we believe exit criteria should mirror eligibility criteria ...
- We should be focusing on frequency, rate & naturalness
  - “with or without” working on avoidance and struggle 😊

Our guidelines don’t help ...
A child is eligible when:
- **Frequency and/or durational measurements of dysfluencies** in one or more settings:
  - more than 2% atypical dysfluencies, with or without the presence of struggle behaviors;
  - more than 5% typical dysfluencies, with or without the presence of struggle behaviors, covert stuttering behaviors or coping mechanisms, or with the presence of one or more risk factors.
- **Rate of speech** at least ± 1.5 standard deviations from the mean.
- **Speech naturalness** outside the normal range of 3.0 for children and 2.12-2.39 for adolescents/adults on a 9-point naturalness rating scale. (N.C. Guidelines, 2004)

The guidelines make me Stutter-Free!
- **Speech sample:** 98.6% fluent (1.4% SS) in an IEP meeting, a high-demand situation.
- **Not >2% SS? I don't stutter, right?**
- I’m cured! 😊

The guidelines make me Stutter-Free!
- **But ...**
  - I exert a considerable amount of mental & emotional energy planning & executing speech & managing reactions to anxiety & stuttering, while reducing avoidance & pursuing valued communication goals.
  - And I still have the occasional epic block
  - Darn. I *do* stutter!

“Stuttering is More Than Just Stuttering”
Stuttering can occur in the absence of observable features (Smith, 1999)

I order take-out for “Rob Dellinger.”

I intend to tell the cashier my first & last name but say “Rob” to avoid overt stuttering.

“Stuttering is More Than Just Stuttering”

Moving from “when a stutterer doesn’t speak, he or she doesn’t stutter.”
(Silverman, 2004)

To “when a stutterer stutters, he or she may choose not to speak.”
(Jackson, Quesal, & Yaruss, 2012)

Avoiding my name is still stuttering

I like this definition:

- Stuttering is a neurobiological lack of integration of the underlying processes of planning and producing language and speech that, upon verbal execution, can lead to interruptions in the acoustic speech signal (e.g., blocks, part-word repetitions, disfluencies) and physical struggle (e.g., tension). These surface behaviors may not be present, however, when the speaker exhibits communicative avoidance (e.g., circumlocutions, fillers). The underlying features may lead to surface behaviors, as well as emotional and cognitive reactions. Depending on the individual, these may result in significant difficulties in communication and an adverse impact on the speaker’s quality of life. The physical symptoms, emotional and cognitive reactions, and impact on the speaker’s life all comprise the disorder of stuttering.
(Jackson, Quesal, & Yaruss, 2012)

A comprehensive approach

Evaluation
Eligibility
Treatment

Evaluating the “Entire Disorder”

- **Motor**
  - Formal
    - Stuttering Severity Instrument, 4th Edition (SS-4) OR
    - Test of Childhood Stuttering (TOCS)
  - Informal
    - Real-Time Analysis (Yaruss)
      - Speech Disfluency Count Sheet
      - Described in WCPSS Fluency Guidelines
      - Online % Stuttered Syllables
      - www.natke-verlag.de/silbenzaehler/index_en.html
    - Observation

Evaluation

- Stuttering is **highly variable**
  - May not occur in some situations at all (e.g., speech room)
  - Collect samples in **multiple situations at different times**
Evaluation

- **Social-Emotional**
  - Formal
    - Overall Assessment of the Speaker's Experience of Stuttering (OASES)
      - School-Age – ages 6-12
      - Teen-Age – ages 13-17
    - Behavioral Assessment for School-Age Children Who Stutter (BAB) – ages 6-15
    - Communication Attitudes Test-Revised (CAT-R) - predecessor to BAB, in Fluency Guidelines

- **Informal**
  - Interview with student, general to specific (Chmela)
  - Pencil & Paper Tasks (Chmela & Reardon, 2001)
  - Parent & Teacher checklists (in Fluency Guidelines)
  - Sensory Checklist (Yaruss)
  - Observation
  - Is the child being bullied/teased?

Evaluation

- Identify **Communication Discrepancies** (Chmela)
  - The difference between *environmental expectations* and what an individual does
- Adverse educational effects
  - Common Core State Standards Applied to Speech-Language Services (Thanks, Liz Miller!) – on Blackboard
  - Common Core State Standards Initiative
  - Teacher interview

Eligibility

- **Impairment**: Motor, Social-Emotional & Sensory
- **Adverse effect**: Reactions (affective, behavioral, cognitive)
  - Social-Emotional: Impact on the child's life
  - Access to the Common Core (communication discrepancies, activity limitation, participation restriction)
  - Bullying/teasing
- Need for specially designed instruction
  - Readiness: How is stuttering affecting the child (vs. teacher or parent)
  - Timing is important.
  - Not every child who stutters needs treatment at this time.

The Goals of Treatment

- **Effective communication**
  - "People who stutter can become better than average communicators" (Chmela)
- **Reduce impairment**:
  - Change speech to improve fluency
  - Change speech to modify stuttering
- **Reduce reactions**:
  - Reduce tension, struggle, & avoidance
  - Shift attitudes & foster acceptance

The Goals of Treatment

3. **Reduce environmental reactions**
   - Educate families, teachers, peers, to foster acceptance
   - Coping with teasing/bullying
4. **Reduce adverse effects**
   - Access to Common Core
Treatment: improving fluency

- Managing Pace:
  - "Brain Time"/Wait Time (Cochrane)
  - Formulating your message
  - Resisting time pressure/speak when you’re ready
- Flexible pausing before & during phrases, stretched syllables
- Flexible fluency shaping
  - From slower & “More obvious” to more natural & “sounds like me”
  - Hierarchy from short to long, simple to complex
- Easier Starts
  - Focus on the first sound/movement
  - Initiate phonation gradually & gently
  - Touch lightly together/touch

Phrasing & Flow (Chmela; Cochrane)

- Continue the sound between words in a phrase
  - “Make the words hold hands”
  - “Connect the words”
  - Make the movements smooth
- Playing with the Speech Machine
  - Sense of play & fun
  - Too slow/too fast!
  - Stretch it Out
  - How can long can you go? Etc.

Guiding questions:

- What does it sound like?
- What does it feel like?
- What are we doing that’s helping?
- How is what we’re doing helping you become the kind of communicator you want to be?

Cancellation: Modify tension after stuttering occurs, then

Ease-Outs (Pull-outs)

- Notice physical tension and ease out ON the stuttered sound
- Move on to the next sound

Ease-Ins (Preparatory Sets)

- Anticipate stuttering, feel tension, and ease in ON the stuttered sound

Voluntary stuttering: On purpose!

- Not “Rock Star” stuttering
- To practice easing out ON the stuttered sound the way you stutter
- Helps desensitize when you stutter like you & reduce avoidances

I expect you to stutter! Stuttering is expected. (And OK with me.)

Let’s reduce the struggle and move on with communication.
Reducing struggle & tension
- Demystify stuttering
- Learn about the "speech machine" – anatomy & physiology
  - Respire-Phonate-Articulate
- Learn about the brain
- Identify thoughts & feelings & how they interfere with communication (avoidance reduction)
  - Cognitive Behavioral Therapy – challenging and reframing unhelpful thoughts and feelings
  - Acceptance & Commitment Therapy – willingness to accept unpleasant thoughts & feelings in the service of taking committed action toward a valued goal

Reducing Struggle/Tension
- “Stutter Pie” (Rita Thurman)
  - What do I do when I feel panic?
  - Interrupting “fight or flight”
    - No fight (with yourself-struggle/tension)
    - No flight (avoidance)
  - You can expect to feel ____!
  - How do I usually react?
  - How do I want to react?

Avoidance Reduction Therapy
- Premise: The problem of stuttering, as people age, results from efforts to avoid showing it or being identified as a person who stutters
- Fostering acceptance
- Dealing with ABC’s
  - Affective: thoughts contributing to stuttering
  - Behavior: physical behaviors contributing to stuttering
  - Cognitive: thoughts contributing to stuttering

What’s “Acceptance”?
- Not giving up on “fluency” or better communication
- It’s not “throwing in the towel,” or waving the white flag.

What’s “Acceptance”?
- Acceptance is acknowledging the plain facts, without judgment
- So resistance is down, willingness is up, & change is possible
Reducing environmental reactions
- Educating & working with families
- Educating & working with teachers
- Maybe educating peers
- Dealing with any teasing/bully
- Involving students:
  - What you want _____ to know?
  - How can _____ help?
  - What do you want ___ to do when ___?
- Fostering acceptance in all interested parties is key. Stutter-free is never the goal.

Planning therapy
- Speech machine/brain & how they work
- Reducing struggle & avoidance & moving on with communication
- Usually stuttering modification 1st
  - Getting “too fluent” early on can be a problem
    - Unrealistic expectations for speech outside of therapy
    - Little to practice & trouble with transfer
  - Fosters acceptance & a focus on communication as a whole
  - Doesn’t overemphasize “Fluency”

Planning Therapy
- Usually fluency shaping after stuttering modification
- What do good communicators do?
  - More communication is the REAL goal

What do good communicators do?
(Chmela)
- Attentive
  - Being “In” the conversation
  - Connecting
  - Responding
- Assertive
  - Speaking for yourself
  - Advocating for yourself
  - Resisting time pressure
  - Not avoiding

What do good communicators do?
(Chmela)
- Confident
  - Eye contact
  - Handshake
  - Greeting
  - Body language
  - Volume of voice
- Effective
  - Increased “fluency”
  - Increased ease & reduced effort
  - Efficient rate of information flow
  - Language, articulation, voice/resonance/pragmatics
- Proactive
  - Honesty about communication
  - Goal planning & follow-through
  - I would add … courage! …
Transfer

Using these “effective communication skills,” and other skills, where they matter most ....

Outside of the therapy room

Transfer

Rating scales

(non of the time) 1-2-3-4-5-6-7 (all the time)
I used a Smooth Start on the first word when reading aloud

(didn't do it) 1-2-3-4-5-6-7 (did it)
I stood up and gave my presentation, with or without stuttering

Transfer

Contract Cards

Name: ___ Date: ___
Goal: Student will use behavior with person at location when doing activity.

Johnny will Ease Out of voluntary stuttering with Mrs. Smith while having a teacher conference at her desk.

1-2-3-4-5-6-7 teacher and student rating

Transfer

Worry Ladder

Hierarchy of speaking situations the child fears or sees as difficult, least to most

Most
Stuttering in front of whole school
Doing a report in class
Talking to a person I don’t know
Stuttering on the phone
Asking questions in class

Least
Talking to my friends

Problem Solving

Whenever you have a serious problem or concern (that requires more than just active listening) rather than freaking out & panicking ...

Go to a policy of problem solving (Chmela; Cochatne)

Gets us out of our worry (past) anxiety (future) and gets us into the present moment, the only time in which we have to change anything
Problem Solving

- Name the problem: The problem is __.
- Tell feelings & wants: I feel __ because __ & I want __.
- Brainstorm possible solutions: Say/write anything.
- Discuss consequences of each choice: If __, then.
- Choose one
- Evaluate

Problem Solving

- The problem is I stutter, and I feel bad because I hate it, and I want to stop stuttering.
- Brainstorm ideas: 1. Try to stop stuttering and be fluent all the time. 2. Become a better communicator.
- Discuss Consequences: If I try to stop stuttering and be fluent all the time, then I can’t do it & I’ll be frustrated. If I try to become a better communicator, then I can do it and will feel better about myself...

Motivation to do all of this

- Change is hard! Nothing comes for free.
- Motivation is tied to the valued outcome for the child.
  - What do you want?
  - Why are we doing this?
  - What are we doing that’s helping?
  - How is what we’re doing helping you be the kind of communicator you want to be?

Courage

- Feel the fear and do it anyway? ...
- Fake it ’til you make it? ...
- I like this better:
  - “The actions of confidence come first; the feelings of confidence come later.”
  - Russ Harris

How do we write goals for this stuff?

- Attack the Adverse Effect & make the Common Core your friend.
  - The student will do behavior with communicative partner while doing activity at/in location.

How do we write goals for this stuff?

- Given advance notice, the student will respond to the teacher’s questions while seated at his desk during a teacher-led discussion in social studies...
- Note how a “speech tool” is not necessarily required.
- Sometimes just doing it is the goal!
- ... in 4 out of 5 opportunities OR
- as measured by average ratings of 1-2 on a 7-point rating scale completed by the student & teacher.
How do we write goals for this stuff?

- Want to practice?
- The student will do behavior with communicative partner while doing activity at/in location ...

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<thead>
<tr>
<th>DO</th>
<th>WHO</th>
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<tbody>
<tr>
<td>Eye contact</td>
<td>Teacher</td>
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<tr>
<td>Smooth Start</td>
<td>SLP</td>
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<tr>
<td>Ease out</td>
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<td>Voluntary stuttering</td>
<td>Guided Reading Group</td>
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<tr>
<td>Phrasing and flow</td>
<td>Partner</td>
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Fluency-only approach:

What students say (FRIENDS)

- I was just doing techniques. I don't know what they are. I didn't really know what I was doing. What I was doing was not helping. I didn't want to do it outside the therapy room. I knew all the tools, but it’s hard to use them when you need to. *(High school student)*

Comprehensive approach:

What students say (FRIENDS)

- Speech therapy is not a way for me to be perfect, but to help me say what I want to say, to express yourself. *(High school student)*

- She (school-based SLP) didn’t just start in fixing my speech, or fixing my feelings, either. She took the time to get to know me. She was always checking in – what are you having a hard time with now? *(College student)*

Comprehensive approach:

What teachers say (Wilburn)

- She stutters sometimes, but she’s getting her message across and doing everything all the other students are doing.

Comprehensive approach:

What parents say (FRIENDS)

- Look, I’m an engineer. I see a problem, I want to fix it. I wanted to fix the stuttering. But Rita (SLP) took me aside and showed me, this is a problem you can’t just “fix.”

Maybe the single most important thing you can say to a kid...

- “I can’t make you stop stuttering. ...”
- “And I can help you ....”
Maybe the single most important question(s) you can ask

- What are you learning in speech?
- If the answer is, to stop stuttering ...

Say: “I can't make you stop stuttering.”

Remember

- The key factor determining the validity of the treatment approach is the "client's individual response to treatment." - Kully & Langevin, 2005

- The goal is not to stop stuttering!
- The goal is better communication, whether stuttering or not.

Remember

- What are we doing that's helping?
- How is what we are doing helping the child to communicate better and more freely?

Questions?

- Always feel free to contact me with any thoughts, questions, or concerns.
- I am happy to help!

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