Multidimensional Goals & Objectives for Children Who Stutter

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A Conceptual Framework About Stuttering Relative To Setting Goals for Treatment

Stuttering is generally defined as a disruption in the forward flow of speech in the form of multiple sound/word repetitions or sound prolongations. Few professionals view stuttering from this unidimensional perspective.

The majority of fluency specialists conceptualize stuttering as a multidimensional disorder which suggests that many factors can contribute to each child’s stuttering in different ways, at different times, and with different communicative partners. It is also possible that a child might exhibit concomitant disorders along with stuttering (Arnt & Healey, 2001).
A Conceptual Framework About Stuttering Relative To Setting Goals for Treatment

Treatment goals and objectives should be geared toward multiple aspects of the child’s behavior, emotions, perceptions, and social interactions ...not just his or her stuttering.

The purpose of this seminar is to provide school-based speech-language pathologists with some suggested ways to write IEP goals and objectives that incorporate a multidimensional treatment philosophy.

Recent Multidimensional Models of Stuttering

1. Demands & Capacities Model (Starkweather, 1987)

2. Multifactoral Dynamic Disorder Model (Smith, 1999)

3. Revised Component Model (Riley & Riley, 2000)

4. The CALMS Model (Healey, Scott Trautman, & Susca, 2004; Healey 2012)

5. Dual Premotor Model of Stuttering (Alm, 2007)
Using a Multidimensional Approach to Setting Goals and Objectives: My Perspective

- All of the multidimensional models of stuttering focus on an interaction of factors, not just the stuttering.

- Many goals and objectives for fluency disorders tend to be narrowly focused on measurable changes in stuttering behaviors. However, what about other factors that interact with changes in stuttering frequency and severity?
My Perspective (continued)

• *Improvements (or lack thereof) in stuttering might not be related to speech enhancement strategy use but could be due to changes in cognitive, affective, linguistic and/or social components.* So a multidimensional goal for therapy is a more objective way to measure progress.

*(Example: Use of easy onsets of phonation on a consistent basis to reduce stuttering. What’s changing and what isn’t changing?)*

Creating Goals and Objectives

• It should be clear from the discussion up to this point that we need to consider many factors that relate to stuttering when developing goals and objectives for treatment.

• However, before going into more detail about creating multidimensional goals and objectives, let’s consider some key features that need to be addressed in setting goals and objectives.
Goals and Objectives: Key Features

Goals and objectives should be tied together. Input on what to include should emerge from discussion with parents, teachers, but most importantly, the child.

**Most Goals and objectives should:**

1. Specify behaviors the child needs to exhibit

2. State how often the behavior will occur (9 of 10 occasions or 90% of the time)

3. Specify time frame such as 6 months, quarterly review, annual review, or specific date when goal will be measured

4. Specify the task, setting, or condition (e.g., reading short sentences in the therapy room or classroom, when the clinician is present.)
Goals and Objectives: Key Features

5. Specify the type of support that will be provided (e.g., verbal cues, models of behavior, or verbal/nonverbal prompts).

6. State how the goal will be measured or evaluated (clinician data, observation, oral performance, paper/pencil questionnaire, parent report, teacher report, formal tests)

7. Specify the person responsible for providing information: SLP, special education teacher, classroom teacher, parent and/or student

Application of Multidimensional Goals and Objectives to Actual Children with Fluency Disorders

- Two case studies will be described
- Both children were enrolled in treatment provided by the public school speech-language pathologists.
- Concerns expressed by parents that their children were not making progress in treatment
- Fluency evaluations were conducted at the University of Nebraska Speech and Hearing Clinic.
Case Example of Actual IEP Goals and Objectives

Case #1
• Sixth grade student had been enrolled in treatment for mild Asperger symptoms and then later for stuttering. Social skills improved but stuttering was becoming a bigger issue. Focus of therapy was on increasing fluency through fluency-enhancing strategies.

• Actual IEP Goal: Given specific strategies, student will improve his speaking fluency during conversational speech from a baseline of 88% fluent to 92% fluent as measured by SLP.

• Objective obtained from IEP: Student will engage in conversation and use fluency-enhancing strategies. Prior to the conversation, he will accurately describe fluency enhancing strategies that he feels comfortable using during conversation.

Limitations of the Goal and Objectives

1. Limited goals and objectives might have been due to limited assessment information.
2. Goal focuses too much on the motor aspects of stuttering.
3. Improvement is related only to an increase in fluency by 4%. The assumption is that the time frame is from baseline to annual goal date.
4. Lack of specification of “fluency strategies” he will be asked to describe...and only ones that he is comfortable using, not required to demonstrate and use effectively. Also, is description only to the SLP in the treatment room?
Writing the Goal and Objective from a Multidimensional Perspective

What was known about Case #1 after a complete multidimensional evaluation from UNL speech and hearing clinic?

- Poor self-monitoring of stuttering events during reading and conversational speech
- Inability to accurately describe strategies previously taught in therapy
- Negative attitudes and feelings about stuttering and communication
- Avoidance of certain speaking situations
- Tension, struggle, and excessive effort during most stuttering events
- Fluency limited to relatively simple linguistic speech contexts
- Fears and avoidances in social speaking situations at school

What would be a multidimensional goal for Case #1?

By the end of the current IEP year, given explicated instruction and practice, (student) will demonstrate increased monitoring of stuttering, acquire greater knowledge about stuttering (Cognitive), improve feelings and attitudes toward stuttering (Affective), understand through modeling and cueing how to use speech modification strategies in various speech contexts and during classroom participation (Linguistic and Motor) while talking to various communicative partners (Social) on 9 of 10 opportunities as measured by charting and informal observations by the SLP.
What would be multidimensional objectives?

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<tr>
<th>Objective 1: (Cognitive and Social)</th>
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<tr>
<td>Given an oral reading sample with clinician or teacher in the classroom, student will identify 90% of his/her own disfluencies on 3 of 4 occasions; measured monthly.</td>
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<tr>
<th>Objective 2: (Cognitive and Speech Motor)</th>
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<td>Given a structured setting, student will explain what he knows and understands about pre-taught fluency-shaping and/or stuttering-modification strategies which may include but are not limited to easy starts, cancellations, pullouts, preparatory sets, and pseudo-stuttering by identifying specific strategies used, or that could be used, on stuttered events presented by student (and/or therapist) on 9 of 10 opportunities; measured by charting, verbal/written statements made by the child, and/or observation.</td>
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Multidimensional Objectives

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<th>Objective 3: (Affective &amp; Social)</th>
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<td>Given guided choices selected by therapist and student in a structured setting, student will engage in appropriate desensitization activities that may include but are not limited to pseudo-stuttering and/or open stuttering in targeted speaking situations with targeted listeners/communication partners at least once a day on 4 of 5 consecutive school days; measured by self-rating scales and/or teacher-student-therapist rating scales and/or observation.</td>
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Multidimensional Objectives

Objective 4 (Social and Affective Skills) Given a targeted list of problematic speaking situations in academic and social situations at school, student will rate level of difficulty experienced (not how fluent they are); measured by self-rating scales and/or informal assessments (rubrics), on quarterly/semester basis.

Multidimensional Objectives

Objective 5: (Motor & Linguistic Skills) Given guided models and practice opportunities in a structured setting (or other setting with/without therapist present), student will demonstrate ability to use fluency-shaping and stuttering modification strategies which may include but are not limited to: Easy onsets, easy stretches, light contacts, easy bounces, cancellations, and pullouts following a continuum of simple to complex speaking tasks, on 9 of 10 speaking opportunities or utterances.
Objective 5 Speaking Tasks

Simple to complex speaking tasks during the IEP year could include:

a) Reading structured lists of words, phrases, and sentences
b) Selecting targeted words from paragraphs read out loud by child
c) Responding to basic fact/detail/"wh" questions
d) Describing a picture
e) Retelling story student just heard from a sequence of pictures
f) Retelling events/expressing narrative about familiar/recent activity, book, TV show, or movie
g) Explaining how to play a familiar game/sport, describe a hobby or organized club activity

(See Healey, Scott Trautman, & Panico, 2001)

Utterance Length/Complexity and Speech Motor Control

There are data to support the notion that the longer and linguistically more complex an utterance, the more a person stutters (e.g., Bernstein-Ratner & Sih, 1987).

Therefore, there appears to be a link between increased utterance length/complexity and increased disfluencies. This might be due to an underlying unstable motor system for children and adults who stutter.
MacPherson and Smith (2013) Study

• They compared 16 children who stutter (CWS) to 16 typically developing children of similar age (4-6:11) and gender. They had the children repeat short and long, simple and complex sentences
  (e.g., The birds that saw butterflies played by the pond—long and complex sentence)
• The results showed that CWS as a group had more variable speech motor coordination than children who were typically developing. The impact of sentence length and complexity was found for some but not all children who stutter.
• Implications?

Case Examples of Actual IEP Goals and Objectives

CASE #2

• Fifth grade student, excellent student and popular at school, who has stuttered since age 4. Stuttering consisted of repetitions, sound prolongations, loss of eye contact, and excessive muscle tension in the speech mechanism while talking. Treatment focused on improving fluency.

  • **Actual Annual Goal**: *The student will utilize techniques to control stuttering.*
CASE #2
Objectives

Objectives obtained from school IEP:
1. Utilize “fluent, easy speech” using carrier phrases with words/pictures
2. Utilize “fluent, easy speech” in the production of simple sentences
3. Demonstrate use of relaxation techniques
4. Demonstrate continuous phonation, slow rate, and airflow during connected speech

Limitations of this Goal and Objective

1. As with Case #1, the narrowly focused goal and objectives might have been due to limited assessment data.
2. Goal focuses only on the motor aspects of stuttering within simple linguistic contexts.
3. No mention of how improvements will be measured.
4. Lack of specification of “relaxation techniques” the student will be asked to demonstrate and who and how will continuous phonation, rate, and airflow be measured?
Writing the Goal and Objectives from a Multidimensional Perspective

What was known about Case #1 after a multidimensional evaluation from UNL speech and hearing clinic?

- Poor self-awareness of stuttering in reading and conversation
- Poor knowledge and understanding of strategies taught previously in therapy
- Mild concern about negative attitudes toward communication
- High percentage of stuttering resulting in severe stuttering
- Fluent speech produced only while repeating sentences and simple picture description

What would be a multidimensional goal for Case #2?

By the end of the current IEP year (or date), given explicit, guided instruction, modeling, and practice, student will improve fluency management skills by demonstrating knowledge and understanding of fluency management strategies, increased acceptance and tolerance of stuttering, and decreased perception of difficulty in problematic speaking situations on 9 of 10 speaking opportunities, or to 90% accuracy as measured by charting and informal assessments.
What would be multidimensional objectives for Case #2?

**Objective 1: (Cognitive and Social)**

Given a structured setting with a peer, student will describe and demonstrate understanding and knowledge of fluency-shaping and/or stuttering modification strategies which may include but are not limited to easy starts, cancellations, pullouts, preparatory sets, and pseudo-stuttering by identifying specific strategies used, or that could be used, on stuttered events presented by student (and/or therapist) on 9 of 10 opportunities; measured by charting and/or observation.

**Multidimensional Objectives**

**Objective 2: (Affective and Social)**

Given a targeted list of problematic speaking situations, the student will report an increase in positive feelings about communication and speaking as measured by improved scores on self-rated surveys or questionnaires, as needed; per semester
Multidimensional Objectives

**Objective 3:** (Motor, Cognitive, Affective)

Given a structured setting, the student will demonstrate ability to explain the process of producing speech and the anatomical structures involved in stuttering using drawings and other illustrations. Student will also be asked to discuss how disruptions in the speech mechanism lead to negative thoughts about communication and how to modify those thoughts into positive self talk on 3 of 4 occasions; once per quarter

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Multidimensional Objectives

**Objective 4:** (Speech Motor and Linguistic)

In a structured setting, the student will demonstrate ability to use fluency-shaping and/or stuttering-modification techniques from models and prompts with 90% accuracy, during structured speaking activities involving gradual increases of length and complexity of utterance; reviewed by SLP monthly
What Have We Learned?

• Multidimensional goal setting addresses more than just one aspect of the disorder that needs changing.

• It is possible to incorporate a combination of factors within each goal and objective.

• Multidimensional goals also allow for several ways to measure change, rather than assuming that change might be limited to a single subjective unit of measure (i.e., frequency of stuttering).

• Multiple factors interact in a complex way to any change in behavior a child exhibits. Stuttering treatment involves more than just changing the frequency of stuttering. Goals and objectives that are limited in scope fail to fully measure multiple improvements a child can develop beyond speaking more fluently or with less stuttering.

References


Healey,E. C. (2012). The Cognitive, Affective, Linguistic, Motor, Social (CALMS) Assessment of School-Age Children who stutter. Lincoln, NE: The Board of Regents of the University of Nebraska,


References, cont.


