Assessment of Children who Stutter

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Stuttering Assessment

Craig E. Coleman, M.A., CCC-SLP, BCS-F
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Learning Objectives

After this course, participants will be able to:
- Describe various assessment tools in stuttering.
- Describe methods of data collection in stuttering.
- Identify risk factors for stuttering in young children.

Target Ages

- "Preschool" typically refers to children in the 2-6 age range so a better term may be preschool/kindergarten

Preschool Child: Evaluation

- Purpose: To determine IF the child needs treatment. Is he likely to recover without treatment? Is this normal disfluency or stuttering?
Parent Interview

- How long has child been stuttering?
- Has stuttering changed over time?
- What types of stuttering is the child exhibiting?
- How much is the child stuttering? Is it improving or getting worse?
- Does the child have any tension when stuttering?
- Does the child seem concerned?
- How are others reacting?
- Is there a family history of stuttering?
- Does the child have any other speech/language issues?

More Parent Interview

- Are there any other medical concerns?
- How does the child interact with others? Are his interactions impacted on by his stuttering?
- Is the child in preschool/daycare?
- Who else is involved in the child’s care on a regular basis?

Obtaining Speech Samples

- Have the child begin the assessment by playing with parents for a period of time
- Examine the child’s fluency (disfluency count)
- Examine the parents’ interactions
- Clinician interacts with the child
  - Try to gauge fluency in various communication contexts (less pressure vs. more pressure)
  - Begin to determine the child’s awareness and response to his stuttering
Other Situations

- Story Retell
- Reading (if applicable)
- Picture Description
- Interaction with Siblings
- Interaction with Peers

Other Factors to Consider

- May need to assess other speech/language areas
- Compare fluency during the assessment with what parents usually see at home

Making Sound Clinical Decisions

- Need to evaluate several factors:
  - Frequency of disfluencies
  - Types of disfluencies
  - Physical tension
  - Child’s level of awareness/concern
  - Child’s overall communication
  - Level of parent commitment
  - Amount of progress—parent ratings
Lower Risk Indicators
- No family history
- Female gender
- Decreasing disfluency over time
- Less than 6 months since onset
- No physical tension/secondary behaviors
- No frustration or awareness
- Primarily repetitions
- Earlier onset of stuttering
- No other speech/language disorders

Higher Risk Indicators
- Family history of stuttering
- Male gender
- Stable or increasing disfluencies
- Greater than 6 months since onset
- Physical tension/secondary behaviors including subtle ones (pitch/loudness increases)
- Frustration/awareness
- Prolongations/blocks
- Later onset stuttering
- Other speech/language concerns
- Parental concern

Options for Treatment
- Treatment
  - Indirect
  - Direct
- Parent Education
- Re-evaluation with monitor
Case Study:

Case Study: Jack is a 3 y.o. child who is exhibiting some speech disfluencies. You see him for an evaluation and have the following results:

- Disfluency rate = 6%
- No physical tension or secondary behaviors
- Jack’s father stutters
- Jack has been stuttering for 9 months
- Jack is a male
- Jack’s parents (particularly his father) are very worried that Jack will stutter long-term

Would you recommend treatment for this child? Why or Why not?

Setting the Stage for Treatment

- Begin the process of individualizing the treatment plan for the child
- Begin educating and counseling the parents on stuttering
- Help parents identify resources for information (National Stuttering Association, Stuttering Foundation of America, etc.)

Goals of Treatment

- The overall goal of treatment for preschool children who stutter is to eliminate stuttering, or greatly reduce it, while supporting the child’s language development
What is Indirect Treatment?
- Involves making changes in environment, rather than making any changes to the child's speech
- Stuttering is not talked about with the child
- Very popular through the 1980's, especially when diagnosogenic theory was thought to be true

Does it Work?
- Despite decades of use, there is no published data to support the use of only indirect treatment with young children who stutter!
- This doesn't mean that it is not effective, but when there is no data, the pendulum often...swings...to...

Direct Treatment for Everyone?
- Direct treatment involves more specific activities involving the child that target improving fluency or changing stuttering
- With the data compiled by the Lidcombe Program, direct treatment has become more popular in the last 2 decades, but many of these approaches are operant, not direct treatment
Time to Choose Sides…

The debate between those who support indirect treatment and those that support direct treatment has been intense…but is it really a necessary debate?

So Many Choices…

<table>
<thead>
<tr>
<th>Indirect</th>
<th>Direct</th>
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<tbody>
<tr>
<td>Child is not aware of, or frustrated by, his stuttering</td>
<td>Child is aware of, and/or frustrated by, his stuttering</td>
</tr>
<tr>
<td>Child exhibits tension free stuttering without secondary behaviors</td>
<td>Child exhibits physical tension or secondary behaviors associated with his stuttering</td>
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Common Misconceptions

Parents misperceive that “Direct” means that they are not actively involved in the treatment.

Parents incorrectly think that they may not need education and counseling in direct treatment.
So, How Do We Treat These Kids?
- Begin with short-term indirect treatment
- Progress to direct treatment if needed

Community Centered Treatment Program
- Start with approx. 4 sessions of parent training once per week for children ages 2 through 6
- Depending on progress:
  1. Monitor fluency over 3 months and re-evaluate
  2. Begin direct treatment
     OR
     Begin integrating direct treatment right away

Rationale for Parent Training
- Presents an alternative to “treatment / no treatment” binary options
- Useful for children who may meet some of the risk factors for stuttering
- Allows access to the child over a period of several weeks
- May be used as sole form of treatment, or beginning stage of more direct treatment
- Program is minimal in terms of cost and clinician time
- All children may not need to advance to direct treatment
**Home Charting**
- Increase parents’ awareness of
  - Situational factors that affect fluency
  - Their reactions to their child’s stuttering
- Helps parents focus their energy on helping the child rather than worrying
- Gives opportunity to assess parents’ commitment to treatment early in the therapeutic process

**Fluency Enhancing Strategies**
- Reducing parents’ communication rates
- Reducing time pressures
- Reducing demand for talking
- Providing supportive communicative environment
- Addressing negative reactions

**Modified Questioning**
- I wonder…
- I think…
- I bet…
- I guess…
- Maybe…
- It looks like…
- Let’s see if…
- Why don’t we try…
Help parents incorporate all strategies into their interactions with child

- Provide a summary of all techniques used in treatment thus far
- Discuss need to follow through with techniques in home practice
- Discuss plan for future treatment as necessary

Follow-Up

- Phone contacts to monitor progress
  - Parents’ use of strategies
  - Child’s response to strategies
  - Changes in child’s fluency
- Maximum 3 months before reassessment
  - Parents may opt for refresher sessions prior to three-month timeframe
- May move right into fluency group or individual therapy

How to Talk about Stuttering

- Each child will differ in how they “view” stuttering
- Some children may be more sensitive
- Maintain encouragement and reinforce their desire to communicate
- Avoid negative words (e.g., “That was a bad one. You are having a bad day.”)
Every Parent Should Know…

- Stuttering is highly variable at this stage
- Progress should be measured on many levels:
  - ABCs
  - Less prolonged periods of disfluency
  - Stuttering becoming more situation-specific

More Direct Treatment

- Teaching “Turtle Talk”
  - Comparisons to “Rabbit, Kangaroo,” “Snake”
- Hard vs. Easy “Bumps”
  - Targets physical tension
- Easy Starts

Case Study Breakout 2

- You are seeing (age 5) for treatment. Alex has gone through the parent training program and it is now time for more direct treatment. You have the following info:
  - Parents have adapted well to strategies and are using them.
  - There is still a lot of competition for talking time, particularly with his sister.
  - Alex continues to exhibit rapid rate of speech.
  - Significant physical tension is noted during disfluencies, along with some negative reactions.
  - What is your treatment plan for Alex and what goals would you set?
Purpose of School-Age Assessment

- For school-age and adolescent children, the main purpose of the evaluation is determining if the child is READY for treatment.

Assessment Procedures

- Many of the assessment procedures are the same as for Pre-K children, except:
  - Child needs to be interviewed to determine:
    - Child’s readiness for treatment
    - Any differences in parent/child beliefs and reports
    - Child’s previous experiences in treatment
    - Child’s emotional response to disfluency
    - Child’s ability to use fluency strategies

Know Your ABCs

- Affective & Cognitive: Overall Assessment of the Speaker’s Experience of Stuttering (OASES)
- Behavioral: Stuttering Severity Instrument-4 (SSI-4)
Factors in Determining if Treatment is Indicated

- Does the child want treatment?
- What are the child’s expectations for treatment?
- Can the clinician give the child and parents what they want?
- What are the primary goals of the child and parents?
- Is the child ready to make changes?

Introducing the Treatment Process

- Child and Parents need to be made aware of several things early on:
  - Stuttering will likely not be cured
  - Goals are to reduce stuttering, reduce tension, increase knowledge of stuttering, increase communication skills, reduce negative reactions to stuttering, help child educate others
  - Parents will need to not only focus on fluency, but many other factors (Help them learn the ABCs)