

Allied Health Media SpeechPathology.com

Assessment of Children who Stutter

Presenter: Craig E. Coleman, M.A., CCC-SLP, BCS-F

Moderated by:
Amy Hansen, M.A., CCC-SLP, Managing Editor, SpeechPathology.com

Allied Health Media SpeechPathology.com

SpeechPathology.com Expert eSeminar

Need assistance or technical support during event?
Please contact
SpeechPathology.com at
800-242-5183

Allied Health Media SpeechPathology.com

Earning CEUs

- **Log in to your account and go to Pending Courses under the CEU Courses tab.**
- **Must pass 10-question multiple-choice exam with a score of 80% or higher**
- **Two opportunities to pass the exam**

Allied Health Media SpeechPathology.com

Peer Review Process

Interested in Volunteering to be a Peer Reviewer?

APPLY TODAY!

3+ years SLP Professional Experience Required

Contact Amy Natho at anatho@speechpathology.com

Allied Health Media SpeechPathology.com

This handout is for reference only.
It may not include content identical
to the powerpoint.

Stuttering Assessment



Craig E. Coleman, M.A., CCC-SLP, BCS-F
Assistant Professor, Marshall University

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.

C. Coleman, 2013

Target Ages



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

œ No family history
œ Female gender
œ Decreasing disfluency over time
œ Less than 6 months since onset
œ No physical tension/secondary behaviors
œ No frustration or awareness
œ Primarily repetitions
œ Earlier onset of stuttering
œ No other speech/language disorders

Higher Risk Indicators

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

Options for Treatment

œ Treatment
 œ Indirect
 œ Direct
œ Parent Education
œ 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....



☞ Indirect

- ☞ Child is not aware of, or frustrated by, his stuttering
- ☞ Child exhibits tension free stuttering without secondary behaviors

☞ Direct

- ☞ Child is aware of, and/or frustrated by, his stuttering
- ☞ Child exhibits physical tension or secondary behaviors associated with his stuttering

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



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

Assessment Procedures



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

Know Your ABCs



œ Affective: & Cognitive: Overall Assessment of the Speaker's Experience of Stuttering (OASES)
œ 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)
