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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

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Target Ages

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

Preschool Child: Evaluation

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

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Parent Interview

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

More Parent Interview

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

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Obtaining Speech Samples

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

Other Situations

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

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Lower Risk Indicators

ca No family history

ca Female gender

ca Decreasing disfluency over time

ca Less than 6 months since onset

ca No physical tension/secondary behaviors

ca No frustration or awareness

ca Primarily repetitions

ca Earlier onset of stuttering

ca No other speech/language disorders

Higher Risk Indicators

ca Family history of stuttering

ca Male gender

ca Stable or increasing disfluencies

ca Greater than 6 months since onset

ca Physical tension/secondary behaviors including subtle ones (pitch/loudness increases)

ca Frustration/awareness

ca Prolongations/blocks

ca Later onset stuttering

ca Other speech/language concerns

ca Parental concern

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Options for Treatment

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- ☞ Treatment
  - ᎧᏃ Indirect
  - ᎧᏃ Direct
- ☞ Parent Education
- ☞ Re-evaluation with monitor

Case Study:

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- ☞ 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:
  - ᎧᏃ Disfluency rate = 6%
  - ᎧᏃ No physical tension or secondary behaviors
  - ᎧᏃ Jack's father stutters
  - ᎧᏃ Jack has been stuttering for 9 months
  - ᎧᏃ Jack is a male
  - ᎧᏃ 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?

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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

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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….

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Direct Treatment for Everyone?

୧ Direct treatment involves more specific activities involving the child that target improving fluency or changing stuttering

୧ 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…

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

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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.

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So, How Do We Treat These Kids?

ଔ Begin with short-term indirect treatment

ଔ Progress to direct treatment if needed

Community Centered Treatment Program

ଔ Start with approx. 4 sessions of parent training once per week for children ages 2 through 6

ଔ Depending on progress:

1. Monitor fluency over 3 months and re-evaluate
2. Begin direct treatment

OR

Begin integrating direct treatment right away

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Rationale for Parent Training

ଔ Presents an alternative to "treatment / no treatment" binary options
- ଌ Useful for children who may meet *some* of the risk factors for stuttering
- ଌ Allows access to the child over a period of several weeks
- ଌ May be used as sole form of treatment, or beginning stage of more direct treatment

ଔ Program is minimal in terms of cost and clinician time

ଔ All children may not need to advance to direct treatment

Home Charting

ଔ Increase parents' awareness of
- ଌ Situational factors that affect fluency
- ଌ Their reactions to their child's stuttering

ଔ Helps parents focus their energy on helping the child rather than worrying

ଔ Gives opportunity to assess parents' commitment to treatment early in the therapeutic process

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Fluency Enhancing Strategies

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ભ Reducing parents' communication rates

ભ Reducing time pressures

ભ Reducing demand for talking

ભ Providing supportive
communicative environment

ભ Addressing negative reactions

Modified Questioning

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ભ I wonder…
ભ I think…
ભ I bet…
ભ I guess…
ભ Maybe…
ભ It looks like…
ભ Let's see if…
ભ Why don't we try…

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ↈ Help parents incorporate all strategies into their interactions with child

    ↈ Provide a summary of all techniques used in treatment thus far

    ↈ Discuss need to follow through with techniques in home practice

    ↈ Discuss plan for future treatment as necessary

Follow-Up

ↈPhone contacts to monitor progress

    ↈ Parents' use of strategies

    ↈ Child's response to strategies

    ↈ Changes in child's fluency

ↈMaximum 3 months before reassessment

    ↈ Parents may opt for refresher sessions prior to three-month timeframe

ↈMay move right into fluency group or individual therapy

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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

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More Direct Treatment

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ೞ Teaching "Turtle Talk"
- ಌ Comparisons to "Rabbit, "Kangaroo," "Snake"

ೞ Hard vs. Easy "Bumps"
- ಌ Targets physical tension

ೞ Easy Starts

Case Study Breakout 2

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ೞ 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:
- ಌ Parents have adapted well to strategies and are using them.
- ಌ There is still a lot of competition for talking time, particularly with his sister.
- ಌ Alex continues to exhibit rapid rate of speech.
- ಌ Significant physical tension is noted during disfluencies, along with some negative reactions.

ೞ What is your treatment plan for Alex and what goals would you set?

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Purpose of School-Age Assessment

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

Assessment Procedures

ભ 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

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

ↄ Behavioral: Stuttering Severity Instrument-4 (SSI-4)

Factors in Determining if Treatment is Indicated

ↄ Does the child want treatment?

ↄ What are the child's expectations for treatment?

ↄ Can the clinician give the child and parents what they want?

ↄ What are the primary goals of the child and parents?

ↄ Is the child ready to make changes?

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Introducing the Treatment Process

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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)

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