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Stuttering:
Evaluating and Treating the Whole Disorder

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SpeechPathology.com Webinar

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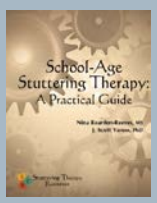
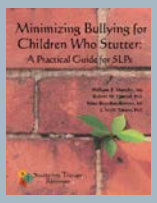
Disclosures

- **Financial**
  - ***Overall Assessment of the Speaker's Experience of Stuttering (OASES)***, Pearson Assessments. (Royalties)
  - ***School-Age Stuttering Therapy: A Practical Guide*** and the ***Minimizing Bullying*** program, Stuttering Therapy Resources, Inc. (Royalties/Ownership)
- **Non-financial**
  - Advisory Board, StutterTalk, SpeechPathology.com
  - Volunteer, National Stuttering Association (USA)





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Purpose

To consider how
speech-language pathologists
can understand **the entirety**
of the stuttering disorder
from the perspective
of people who stutter

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Learning Objectives

After this course, participants will be able to:

- Describe the World Health Organizations International Classification of Functioning, Disability, and Health (ICF).
- List 4 ways in which the ICF relates to stuttering.
- Describe 3 strategies for assessing impairment, reactions, and impact.
- Describe 3 strategies for treating impairment, reactions, and impact.
- Identify treatment goals for children who stutter.
- Describe at least three treatment approaches for young children who stutter.

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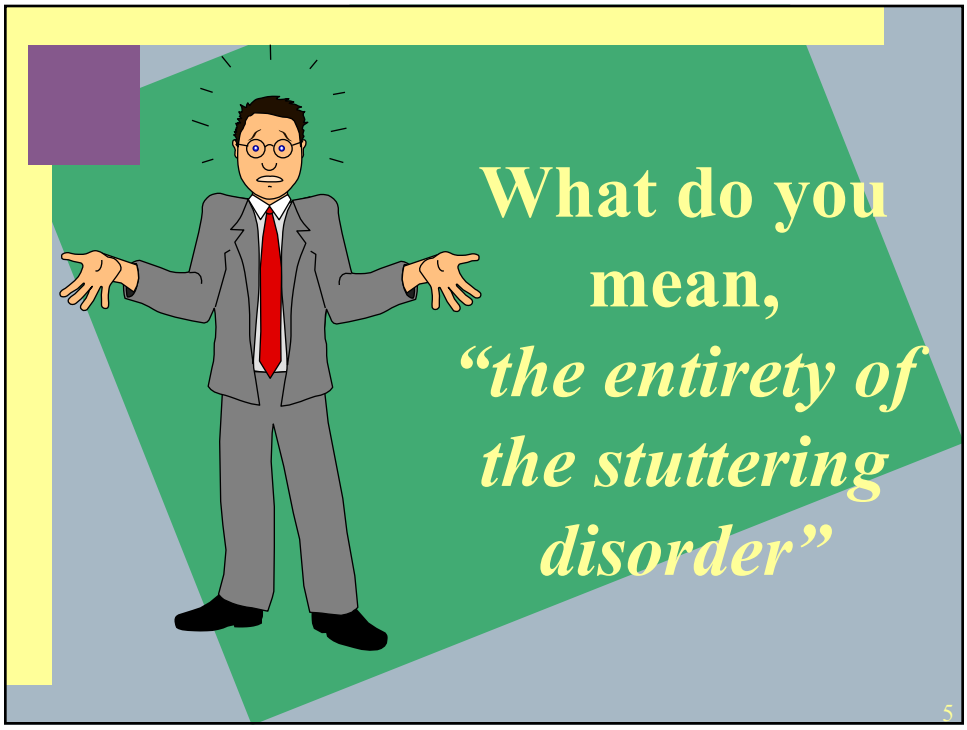
What do you mean,
"the entirety of the stuttering disorder"
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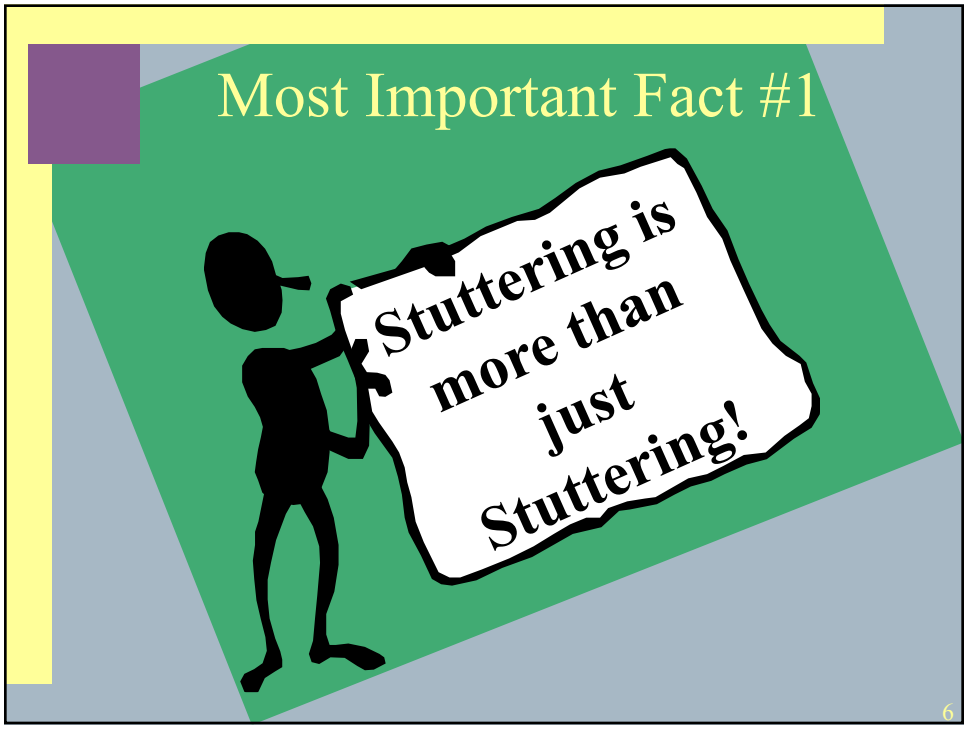
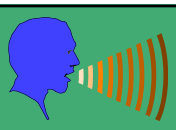

Most Important Fact #1
Stuttering is more than just Stuttering!
6



What Is Stuttering?

- A speech ***behavior***
  - A speech *disfluency* is any interruption in the forward flow of speech.
  - A *stuttered* disfluency is a disfluency in which the speaker experiences a feeling of *"**loss of control**"* (e.g., Perkins, 1990)
- A communication ***disorder***
  - A life experience, in which a person has difficulty doing the things he wants to do because of his speaking difficulties.

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The Stuttering ***Behavior***

- Certain types of speech disfluencies typically accompany the feeling of "loss of control"
  - Part-word repetitions "li-li-like this"
  - Prolongations "lllllike this"
  - Blocks "l----ike this"
- These are different from *normal* disfluencies (pauses, revisions, phrase repetitions, interjections)
- ***All people produce disfluencies, but people who stutter are more likely to produce these "stuttered" (or "stutter-like") disfluencies***

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What does the stuttering *disorder* feel like?

Listen to the clients…

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"Stuttering…"

- "Stuttering makes me sad."
- "I stutter cause I'm dumb."
- "Stuttering is a monster that chases me wherever I go…"
- "It's the reason I don't have any friends at school."
- "It means I can't do what I want to do when I grow up."
- "It is trying to ruin my life!"
- "I'm not like other people."
- "It must have happened because I did something bad."
- "It is something that is wrong with me."
- "It keeps me from saying what I want to say"
- "I'm never going to be able to get a job."
- "It's why nobody likes me."
- "I hate stuttering…"

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The stuttering ***disorder*** involves more than just the stuttering ***behavior***.

"Stuttering is more than just stuttering."

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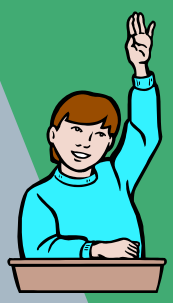
What are we supposed to do with people who stutter?



Are we supposed to treat the stuttering *behavior* or the stuttering *disorder*?

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That's a GREAT question!

People have been arguing about it for years!

To find an answer, let's look at the ASHA scope of practice…

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The ASHA Scope of Practice

"Speech-language pathologists work to improve quality of life by reducing impairments in body functions and structures, activity limitations, participation restrictions, and barriers created by contextual factors…"

-- ASHA (2007) Scope of Practice for Speech-Language Pathologists

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What's all that?!?

-Quality of Life

-Impairments in Body Functions and Structures

- Activity Limitations

- Participation Restrictions

- Environmental Barriers

(Where's "speech fluency" or "stuttering" in that list?!?)

It all comes from the WHO Framework

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What Framework? …WHO Framework!

World Health Organization

- ***International Classification of Functioning, Disability, and Health* (ICF)**
  - World Health Organization (WHO, 2001)
- Designed to describe *all aspects of human health experience*, not just communication
  - The ICF includes components for describing not only what can go wrong with you, but what that means for your life as a whole.

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Key ICF Concepts – I

- ***Body Function*** and ***Body Structure*****:** All of the structures and functions of the human body
  - **Impairment:** Something that goes wrong with a person's body function or body structure
- ***Activities*** and ***Participation***: All of the things people might want to do in their lives
  - **Activity Limitations / Participation Restrictions**: The difficulties people might have in doing those things (impact on the person's *quality of life*)

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Key ICF Concepts – II

- ***Contextual Factors:*** Other factors that affect how the person experiences the problem:
  - **Personal Factors:** The person's coping styles, history and background, behavior patterns, etc.
    - Often, these are referred to as the person's ***affective***, ***behavioral***, and ***cognitive*** reactions.
  - **Environmental Factors:** The way those in the person's environment responds to the problem
    - These responses can be supportive or they can pose a **barrier** that increases limitations and restrictions.

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The ICF for Stuttering

- A person who stutters has an:
  - **Impairment in body function:** a problem with the production of fluent speech
- Recent research shows that people who stutter also exhibit *neurological* differences.
- Thus, they may also have an:
  - **Impairment in body structure**, which may ultimately be associated with the underlying neurological cause of the disorder

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The ICF for Stuttering

- He may also experience negative **personal** and **environmental** reactions ("contextual factors"):
  - **Personal Reactions:**
    - **Affective Reactions:** Feelings of frustration, depression, embarrassment, hopelessness, and especially ***shame***
    - **Behavioral Reactions: A**ctions such as avoidance, tension, circumlocution, struggle, starter words
    - **Cognitive Reactions:** Thoughts indicating low self-worth, self-confidence, self-efficacy, self-esteem
  - **Environmental Reactions:**
    - bullying, discrimination by teachers or employers, exclusion from social groups, pressure from parents and others

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The ICF for Stuttering

- These contextual factors can lead to:
  - **Activity Limitations:**
    - difficulty communicating with others (e.g., using the phone, talking to friends, socializing)
    - difficulty performing school- or work-related tasks (e.g., asking/answering questions, giving book reports)
  - **Participation Restrictions:**
    - difficulty achieving educational, social, vocational objectives (e.g., succeeding in school or at work)
      - Note: These are the aspects of a child's life that IDEA says we are supposed to address – and, increasingly, third-party payers emphasize *functional* changes in determining treatment success

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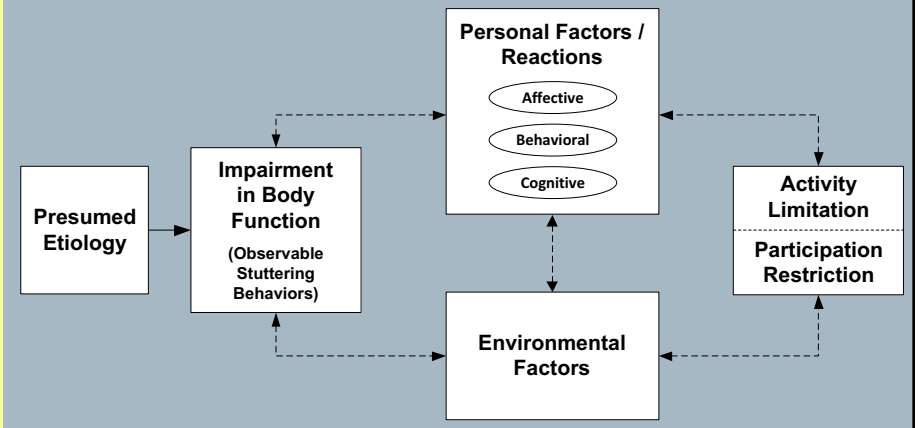
The WHO's ICF Framework Applied to Stuttering



(adapted from Yaruss, 1998, 2007; Yaruss & Quesal, 2004, 2006)

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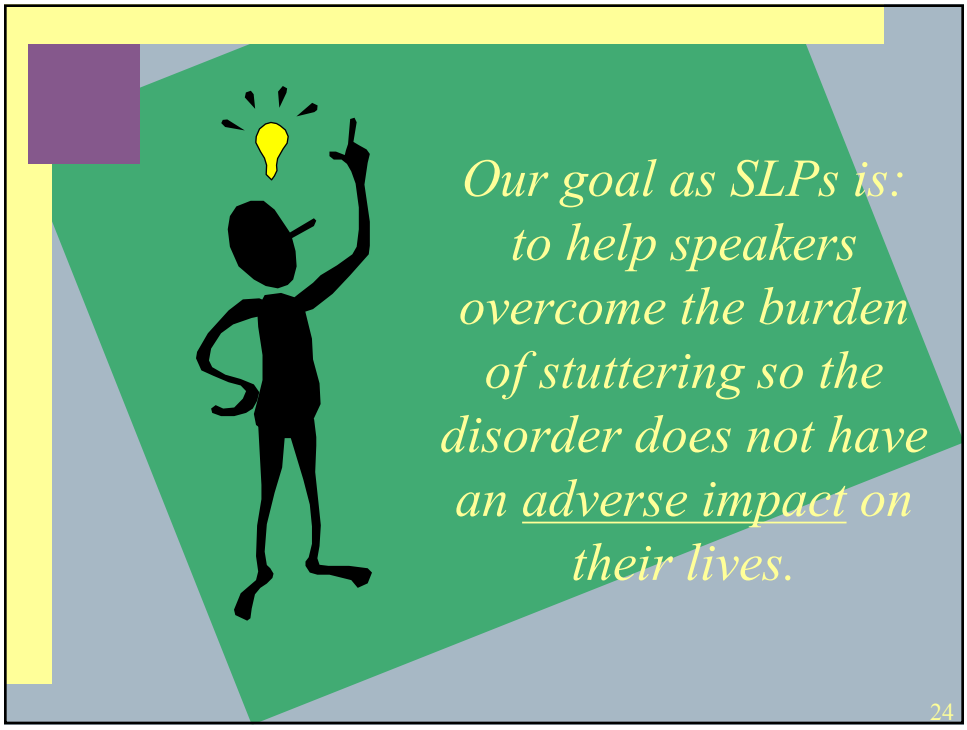
Okay…that seems fairly simple…
23


Our goal as SLPs is: to help speakers overcome the burden of stuttering so the disorder does not have an adverse impact on their lives.
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Evaluating the *Entire* Disorder

- Since stuttering is so broad-based, we must assess several levels during an evaluation
  - **Etiology:** Speech/language development, oral-motor development, and temperament
  - **Impairment:** Observable characteristics of speech
  - **Reactions:** Affective, Behavioral, Cognitive
  - **Environmental Reactions**: Communication model / Reactions of those in the speaker's environment
  - **Activity Limitation / Participation Restriction:** Impact of stuttering on speaker's life

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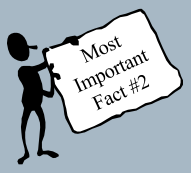
Observable Characteristics

Impairment in Body Function

- Common measures include **frequency** of disfluencies, **type** of disfluency, and **severity**
- **Stuttering behaviors are *highly* variable**
  - People may not stutter at all in some situations, so we must collect speech samples in multiple situations



- ***What you see is not always what you get***
  - *As stuttering progresses, observable characteristics tell us less and less about the speaker's experience of the disorder*

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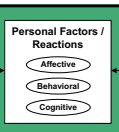
Measuring Reactions



- ***Numerous*** tools have been presented over the years aimed at examining the speaker's "Communication Attitudes"
  - **S-Scale** (Erikson, 1969)
  - **ICA** (Watson, 1988)
  - **SSS** (Lanyon, 1969)
  - **SPP** (Silverman, 1980)
  - **S-24** (Andrews & Cutler, 1974)
  - **PSI** (Woolf, 1967)
  - **SSC** (Brutten & Shoemaker, 1974)
  - **SESAS** (Ornstein & Manning, 1985)
- With a few notable exceptions (e.g., Boberg & Kully, 1994), these instruments have not been widely used in treatment outcomes research (or, it seems, in daily clinical practice)

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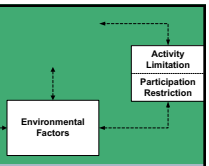
Measuring The Rest of the Stuttering Disorder



- Fewer instruments have focused on the role of the environment or the negative impact of stuttering on the speaker's life
  - **WASSP** (Wright & Ayer, 2000)
  - **Crowe's Protocols** (et al., 2000)
  - *(I personally would like to see greater use of these instruments!)*
- Many attitudes scales examine environmental factors by considering different situations
  - This has led to criticism (Ulliana & Ingham, 1984) that "attitudes" inventories simply reflect the speaker's *fluency* in different speaking situations

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Overall Assessment of the Speaker's Experience of Stuttering (OASES)

(Yaruss and colleagues, 2006, 2008, 2010)

- Three instruments for assessing the overall impact of stuttering – *from the speaker's perspective*
  - General Information about Stuttering
  - Affective, Behavioral, and Cognitive Reactions
  - Communication in Daily Situations
  - Impact of Stuttering on Overall Quality of Life
- *OASES-A was published in 2008 by Pearson*
- *OASES for School-age children (age 7-12) and Teens (age 13-17) published in November, 2010*

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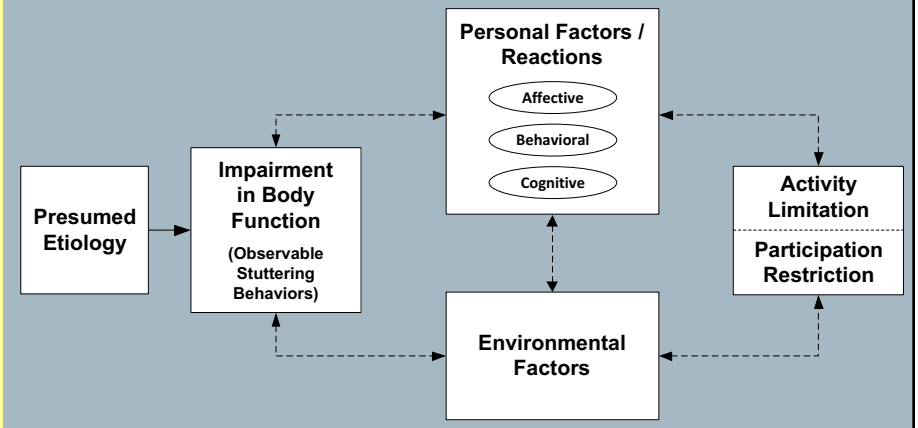
The ICF Supports Comprehensive ASSESSMENT of Stuttering



(adapted from Yaruss, 1998, 2007; Yaruss & Quesal, 2004, 2006)

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Stuttering Treatment Goals
If Stuttering Is More than Just Stuttering…
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Stuttering Treatment Goals
Then Treatment for Stuttering is more than just Treatment for Stuttering
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Most Important Fact #3

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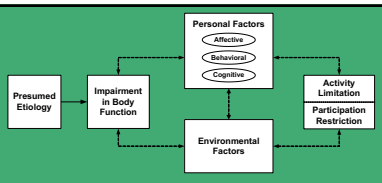
Treating the *Entire* Disorder



- Addressing ***Impairment***
  - Change speech production to improve fluency
- Addressing the ***Speaker's ABC Reactions***
  - Improve speech attitudes, acceptance of stuttering
  - Reduce avoidance, tension, struggle, etc.
- Addressing the ***Negative Consequences (Activity Limitation / Participation Restriction)***
  - Focus on communication skills, not just fluency
- Addressing ***Environmental Reactions***
  - Educate others about stuttering to foster acceptance
  - Help speakers learn how to handle other people's reactions

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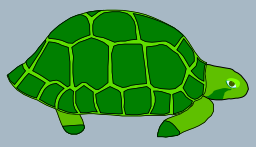
Addressing Impairment I:
Improving Fluency / Reducing Stuttering

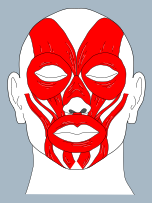
- Many techniques for improving fluency have been discussed. Fortunately, most of them focus on changing **timing** or **tension.**



Timing

Reducing Speaking Rate
Pausing and Phrasing
Reducing PACE
Easy Starts

Tension



Light Contact
Easy Starts / "Easing In"
Pull-out / "Easing Out"
Cancellation

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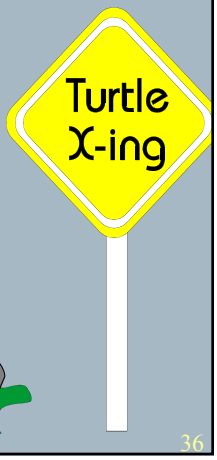
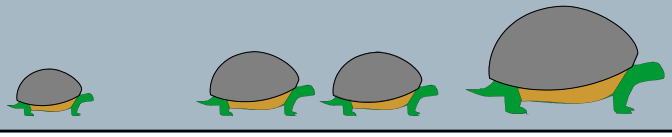
Changes to **Timing** and **Tension**

- One of the most common techniques for improving fluency is reducing *speaking rate*
- Speakers can also increase *pause time* between words and phrases
- *Light contact* can minimize physical tension in the articulators
- *Easy Starts* combine changes to both **timing** and **tension**





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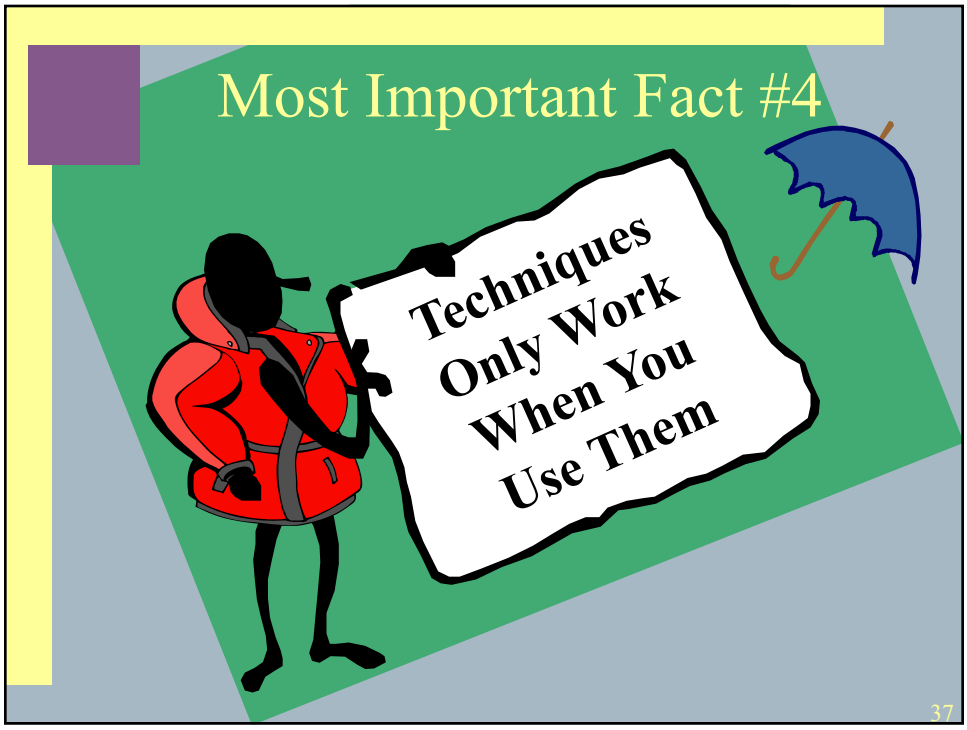
Most Important Fact #4
Techniques Only Work When You Use Them
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Most Important Fact #5
Nothing Comes For Free: MODIFYING SPEECH IS HARD!
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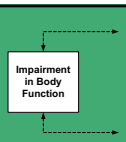

Addressing Impairment II: *Modifying Stuttering Behaviors*

- With fluency-enhancing techniques such as easy starts, people *do* become more fluent (particularly in the therapy room).
  - However, no fluency technique is perfect…*even successful clients will still stutter sometimes*
- To improve communication further, we also need to help people *stutter more easily*
  - Modifying tension during stuttering
  - Reducing the *causes* of tension and struggle

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Addressing ABC Reactions

- Strategies such as **education**, **increasing awareness**, **desensitization**, and **cognitive restructuring** (e.g., Murphy et al., 2007) can help speakers reduce their negative reactions
- **Self-help** can also play a key role in helping speakers overcome their negative feelings and thoughts about themselves and about their speech (e.g. Yaruss et al., 2007)
  - ***Connect <u>all</u> of the children, families, and adults on your caseload with self-help or stuttering support groups***

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Is It REALLY Okay To Talk About Stuttering ?!?

- YES! Talking about stuttering (in a supportive way) will *not* make stuttering worse
  - One approach to treatment even encourage parents to point out a child's disfluencies and ask them to say the words again without "bumps"
- It's even okay to say the "S" word
  - "Always use the proper name for things. Fear of a name increases fear of the thing itself."

— Albus Dumbledore

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Addressing the Negative Impact of Stuttering

Activity Limitation
Participation Restriction

- By reducing the speaker's impairment and ABC reactions, we reduce the *likelihood* that he will experience negative consequences
- To reduce educational, social, and vocational impact directly, we focus on ***generalization*** of treatment gains into real-world settings
- Speaker needs **to be able to do** *every technique* in *every setting* he faces on a typical day

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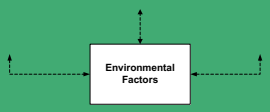
Addressing the Environment



- People who stutter face an environment that does not understand the disorder
  - ***Peers*** may bully children about stuttering because it stands out and it looks different
  - ***Teachers*** may be afraid to draw attention to the child, yet they don't know how to help
  - ***Parents*** simply want a child to "stop stuttering" – they believe this should be possible because "he's fluent sometimes"
  - ***Other*** **people "just don't get it…"**

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Education Is the Key

- Helping people learn how to educate others about stuttering gives them the tools they need to improve other people's reactions
  - Bringing stuttering out into the open / not trying to hide stuttering or pretending to be a fluent speaker
  - Explaining what stuttering is and is not – especially that it is not a psychological or mental disorder
  - Talking to people about stuttering and responding appropriately to bullying
  - Self-disclosure / advertising, pseudostuttering

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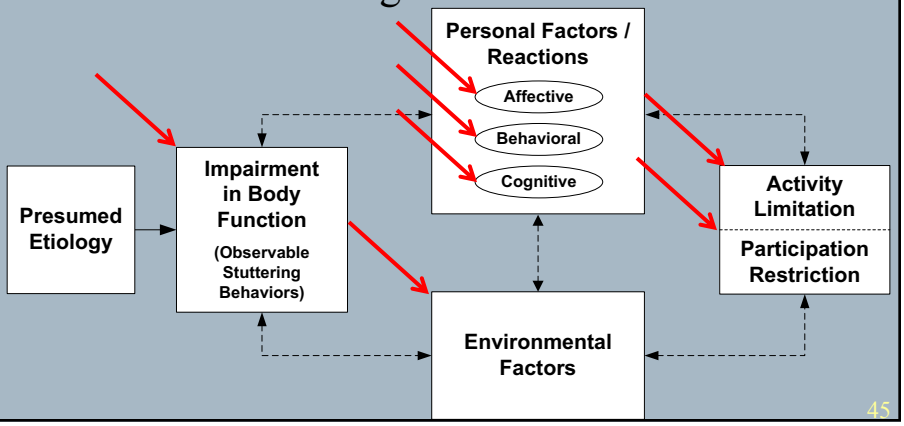
Summary

- By setting goals for treating the whole disorder, you can help speakers overcome the burden of stuttering



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Questions? Comments?
Please contact me!

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Website: www.stutteringcenter.org

For more information on stuttering, and to sign up for our free monthly *Practical Tips,* go to:

www.StutteringTherapyResources.com

Stuttering Center of Western Pennsylvania

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Goal Writing in Stuttering Treatment

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

Putting it all together: Goals & Report Writing

- Goals should address all aspects of the disorder, not just the number of disfluencies
- Goals should be geared toward increasing the overall communication skills of the person who stutters
  - Is it better to speak freely and stutter or avoid situations/words that may be problematic?
- Target the "quantity" AND "quality" of stuttering
- Goals should be individualized

Goals to Address Education

- Children need to be educated about stuttering (Empowerment)
- Education helps the child deal with stuttering long-term rather than getting a "quick fix"
- Helps the child teach others, such as their peers, about stuttering

Sample Goals-Education

- Johnny will increase his knowledge about stuttering by passing 3 quizzes on basic stuttering facts.
- Johnny will educate 2 friends about his stuttering treatment techniques.
- Johnny will give a presentation to his family members, peers, or teachers on stuttering.
- Johnny will participate in periodic stuttering trivia contests that are held with other children who stutter.
- Johnny will be able to identify and explain the process of producing speech and the anatomical structures involved in this process through use of drawings and other illustrations.

Quality and Quantity of Stuttering

- Stuttering Modification: *changing the way on stutters*
  - Easy Stuttering
  - Pull outs
  - Cancellations
- Speech Modification ("Fluency Shaping"): *changing the way one talks*
  - Easy onsets
  - Pausing and Phrasing
- Important to note that "quantity" and "quality" are not exclusive goals-one often ties in with the other

Quality and Quantity of Stuttering

- Don't place too many of your eggs in this basket—it can be the most variable target
- RELAPSE is not really a word
- Toolbox

Goals to Address "Quality" of Stuttering

- These goals should target decreased physical tension during stuttering
- Kids can learn that they sometimes can't control "if" they stutter, but they can control "how" they stutter
- Goals here should also target reduction of secondary behaviors
- These are often *stuttering modification* techniques

Quality of Stuttering
Reduced Tension /Secondary Behaviors

- Tension and secondary behaviors are a learned reaction. They often result from negative reactions toward stuttering
  - Desensitization
  - Stuttering Modification
  - Regaining control

Sample Goals-Quality of Stuttering

- Johnny will demonstrate the ability to reduce physical tension during stuttering using the "easing out" technique, for 50% of disfluencies during various tasks.
- Johnny will use cancellation and pull-out techniques for 75% of disfluencies in a structured conversational task.
- Johnny will be able to correctly identify location of physical tension during 80% of stuttering episodes in a structured task.
- Johnny will decrease the use of any secondary behaviors associated with his stuttering to less than 10% of disfluencies.

Goals to Address "Quantity" of Stuttering

- These goals are *speech modification* techniques
- They target reduction of the number of disfluencies
- Goals should be viewed in terms of reduction, not how often children can speak fluently

Sample Goals
Quantity of Stuttering

- Johnny will demonstrate the ability to reduce the number of disfluencies in his speech by using easy starts 85% of the time in a structured conversation.
- Johnny will decrease the number of disfluencies in a structured conversational task by 15%.
- Johnny will demonstrate the ability to reduce the number of disfluencies in his speech by reducing rate of communication by 20%.

Goals for Targeting Overall Communication

- These are the most important goals
- Goals should heavily target avoidance or negative reactions to stuttering
- Eye contact, turn-taking, topic maintenance, initiating conversations with new partners, discussing the consequences of poor communication, and identifying the consequences of avoidance.
- Incorporate others important to the child (siblings, friends, parents, teachers, etc)

Sample Goals
Overall Communication

- Johnny will decrease avoidance behaviors associated with his stuttering by entering 3 specific situations where he previously avoided stuttering.
- Johnny will demonstrate desensitization to stuttering by using 5 pseudostutters during a conversation in the classroom.
- Johnny will increase participation in educational and social situations, as noted on a weekly basis by his parents and teachers.
- Johnny will use correct posture and eye contact 85% of the time in conversational speech with the clinician.

Questions?

C. Coleman, 2013