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Fluency Friday: A Community/University-Based Program for School-Age Children Who Stutter

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Disclosure

• Financial: Employees of Cincinnati Children’s
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Course Description

- This course will provide an overview of the Fluency Friday Program, an annual community-based one day workshop for young children and adolescents who stutter. Comprehensive objectives from differing perspectives will be discussed including those of graduate students, professionals, parents and clients. Ideas for developing a similar program for kids who stutter in your local community will be discussed along with videos from past participants.

Introduction and Learner Outcomes

- As a result of this course, participants will be able to:
  - Describe the overall philosophy and therapeutic/supervisory principles used as the foundation of the Fluency Friday Program.
  - Explain how the bridge between academic coursework and hands-on experience is targeted when working with clients and families.
  - List 2-3 benefits and protocols to start a program for individuals who stutter in their own community.
Fluency Friday Brief History

• Began in 2001
• Based largely on the work of Sister Charlene Bloom and Donna Cooperman – Weekend Workshop for Effective Communication at the College of St Rose in Albany, NY
• Described as An intensive treatment workshop for children, teens and adults who stutter – 41st year
  • https://www.strose.edu/.../weekend-workshop-for-effective-communication

General Overview

• The following year it expanded to 1 ½ day program re-titled, Fluency Friday Plus
• 2015 changed back to a single day
• Graduate clinicians, who have completed a graduate class in fluency disorders, are supervised by community SLP’s while working directly in individual and group treatment experiences with school-age children/adolescents who stutter
Program Components

• Graduate student clinicians engage in assessment protocols including scales of readiness in addition to treatment

• Children divided into age-groups and are involved in both individual and group activities

• Theme-based focus each year

• Variety of functional speaking conditions are developed – conversational stations

• Multiple opportunities to engage with others/share experiences

• Parents are concurrently involved in group discussions led by professionals in addition to panel discussions
• Yaruss, Quesal and Reeves (2007) referred to this type of self-help workshop as a “Youth and Family Day” program.

“It focuses specifically on the needs of children and families, as well as clinicians who serve them in school settings. These workshops provide advanced clinical training for SLP’s as well as support and self-help for children and their families.”

• The exception is the inclusion of graduate students who have recently completed a course in fluency disorders.

Considerations and Rationale: Historical Perspective

• In a 1992 survey, Cooper and Cooper reported that only 12.6% of the clinicians surveyed (N = 1,872) felt that most speech clinicians are adept at treating stuttering.

• St. Louis and Durrenberger (1993) presented data which suggested that voice and fluency were the “least preferred” disorders to treat.

• Yaruss and Quesal (2001) indicated that “many SLP’s rank stuttering at the bottom when asked which disorders they prefer to treat.”
Kelly, et al. (1997) reported that SLP’s in the schools feel least competent or even incompetent to work with fluency, voice and neurogenic disorders.

Overall, national trends indicate that treating stuttering and other fluency disorders is unpopular among clinicians, compared especially to language and phonological disorders. This is consistent with findings of more than 3 decades ago.

6 Potential Sources of Clinician Discomfort
St. Louis, K. (1997)

- **Psychologists problem:** Clinicians perceive stuttering as a psychological problem which they believe is either not within their clinical expertise or their scope of practice.

- **Diagnosogenic problem:** Clinicians fear that by treating stuttering (especially in young children), it might or will get worse.

- **Responsibility problem:** Clinicians are reticent to accept the responsibility for treating a person who might either become essentially "normal" or remain significantly speech impaired, depending on the clinician's "correct" administration of therapeutic experiences.
• **Prognosis problem:** Clinicians are pessimistic about the outcome of stuttering therapy.

• **Stereotype problem:** Clinicians have negative connotations of stuttering and persons who stutter.

• **Competence problem:** Clinicians perceive a lack of academic training and clinical practicum experience with stuttering.

**Competence Problem**

• Tellis et al. (2008) reported data that indicated that even SLP’s who had graduate classes in stuttering and had attended CE programs were “unaware of many of the basic aspects of stuttering assessment and treatment.”

• Even if students have received coursework in assessing and treating PWS, they rarely get to see them on their caseloads or get a chance to practice techniques they have learned.

• 51% of respondents could not differentiate between stuttering modification and fluency shaping approaches (Tellis, et al. 2008)
25% of graduate programs allow students to graduate without any coursework in fluency disorders and 66% of graduate students graduate without any clinical experience with people who stutter (Klein and Amster, 2009).

90% of graduate students did not have experience in assessing, diagnosing or treatment of clients who stutter across all age groups (Stack and Lyon, 2010).

There is inconsistency across training programs relative to both coursework and practical experience devoted to fluency disorders. Yaruss and Quesal (2002) found in their comparative study of university programs done in the years, 1997 and 2000, the trend was an increase in the number of programs allowing students to graduate without academic or clinical training and, a reduction in the amount of assessment and treatment experience students are required to obtain.

What is the Source of Discomfort?

Common themes have focused on lack of academic preparation, lack of continuing education opportunities, lack of practical experience, lack of success in facilitating fluency (Sommers and Caruso, 1995) and inappropriate goal-setting (Yaruss and Quesal, 2001).
Recommendations: Previous Studies

• Enhanced educational experiences through in-service training

• Classroom training and workshops should focus more on assessment/treatment rather than theory

• Providing hands-on experiences following classroom training

• Training needs to be targeted to two main consumers: speech-language pathology students and practicing clinicians.

• Training needs to be specific especially in the assessment and treatment of stuttering (Tellis et al., 2008)

• Having greater clinical contact with the client group

• Improve training programs at the University level
Graduate Student Survey 2013

A survey question was developed based on the St. Louis hypothesis in order to determine:

- Which of the 6 problem areas does FF specifically address that potentially mitigates clinician discomfort

- Whether clinicians would more willing to work with PWS in their future practice

Based on your experience at Fluency Friday Plus, please identify and rank those problem areas in which discomfort was alleviated and as a result might lead to a greater willingness to work with PWS in the future.

- Participants were asked to rank order the 3/6 most significant areas from most to least contributory

- 45 surveys were sent to a group of current graduate students (N=40) and former students (N=15) who had participated in the FFP program within the last 3 years
Results

• Of the 45 potential participants, 36 responded.

• Of the 6 problem areas cited by St. Louis, the area in which the greatest amount of discomfort was alleviated was, “competence”

• 97% (35/36) agreed that lack of competence was mitigated through their participation at FFP

• 82.9% respondents ranked competence as their first overall choice
Student Comments

• “Fluency Friday was an exceptional experience!”
• “I think class participation in FF is great and should be continued. It really brought all the information together.”
• “Fluency Friday was a great way to end the class and a great experience.”
• “I really liked FFP. I wish all courses had a wrap up event where skills and knowledge could be applied practically. It was a great experience and contributed greatly to the knowledge I gained in the course.”
• “I liked FF. I learned a lot about stuttering and enjoyed getting hands-on experience.”
• “I loved participating and being involved with FFP!”

Fluency Friday: Philosophical Framework

• Our goal is to provide support (relatedness/connectedness) education (competence) and empowerment (autonomy) to children and teens who stutter, their families and clinicians. www.friendswhostutter.org

• The Fluency Friday experience provides the conditions that support the 3 basic needs for greater psychological well-being and optimal growth and integrity
Self Determination Theory
Ryan, R.M. and Deci, E.L., 2000

• A theory of human motivation – what are the forces that move a person to act or behave in a specific manner
• Based on the fundamental assumption that effective psychological functioning and well-being are rooted in 3 essential human needs:
  • Autonomy – freedom from external control
  • Competence – ability to do something successfully
  • Relatedness - feeling of connectedness, kinship, community

Self-Determination Theory

• Assumption: by our nature, humans have a propensity to seek out novelty and challenges, to exercise one’s capacities to explore and learn. It is intrinsic to human behavior

• Promoting therapeutic change by providing the conditions that “energize and support the individual’s inherent growth tendency” towards self-actualization while confronting the challenges confronting them (Ryan and Deci, 2008, p. 188)
Satisfaction of Basic Needs

- When basic needs are fulfilled, one is functioning more autonomously, with less controlled regulation over one’s actions.

- You are living more authentically - the environment is perceived as less controlling of one’s actions (free from perceived evaluation of one’s performance) and you are acting volitionally.

- You are living in accordance with your true beliefs and values.

When Needs are Thwarted

- Under these conditions, behavior may be regulated externally by other forces or internally by motives that drive one to seek others or self-approval.

- One acts in ways that are not intrinsically motivating or fully consistent – integrated – with one’s values and beliefs.

- This inauthenticity gives rise to the feeling of being controlled, and thereby less self-determined in one’s actions.
FF: Child/Teen Autonomy Support

- Autonomy support – participants are given choices/options regarding what they would like to focus on for the day
- Collaborative goal setting based on patient preference. Decisions are not made contingent on others approval. Once goals are set, participants are given the supports they need to accomplish those ends
- Open-ended questions help guide conversations

Competence Support

- Clinicians provide feedback that is informational rather than evaluative in order to enhance the participants feeling of efficacy
- Affirmations are provided
- Risk-taking and challenges are supported
Relatedness Support

- Relatedness support – connections among other participants as well as those developed between clinician and student are valued.
- Expression of empathy is demonstrated through use of reflections

FF: Graduate Student Need Support

Classroom experience provides conditions for autonomy, competence and relatedness support

- Autonomy support – students experience autonomy when they are given choices and options; opportunities to provide input into the focus and content of coursework – quality of motivation changes
Effectiveness of a Graduate Fluency Disorders Course: Former Students Perspectives (Osborne, C., ASHA 2006)

"Rate the importance of the content areas covered in your class"

FF Need Support: Competence and Relatedness

- Competence support – type of training that is provided and how informational feedback is delivered
- Relatedness support – assignments designed to help to facilitate empathy and connectedness; instructor demonstration of empathy and relatedness
Parent Program

- *Unique Component of a Program for Children Who Stutter*
- *Overview of the Day*
  - Opening Ceremony
  - Initial meeting with graduate student and child
  - Large discussion groups
  - Small breakout discussion groups
  - Lunch
  - Adult Panel
  - Bringing it all together
  - Follow-up meeting with graduate student
  - Openmic and Closing
  - Typically around 50 caregivers attend the day program!!!!

Parent Program cont.

- *Guided Principles for Program design*
  - Parents have their own journey with stuttering “Who thought they would have a child who stutters?”
  - A safe space where caregivers can explore their experience of being a parent of a child who stutters
    - May not have this opportunity depending on the design of their child’s therapy
    - Questions/comments they can share without their child present
  - They have the opportunity to explore their cognitive, affective, and behavior responses to stuttering
    - Normalize responses: “I know I shouldn’t tell my child to slow down, but sometimes I can’t help it.”
    - Offering Alternatives: from parents and professionals
    - Providing support and perspective: “I worry that he will get teases when he starts junior high.” “I worry that it will affect his ability to get a job”
Parent Program, cont.

- Guided Principles for Program design, cont
  - As in therapy with their children, caregivers have the opportunity to lead the direction of the program
  - Format allows for flexibility of the topics that will be discussed (large and small group therapy sessions)
  - Meet the group where they are Each year is different

- Gaining insight and suggestions from other parents
  - Share ideas for reinforcing communication
  - Share ways of talking with their child about their communication and stuttering
  - Ways to support child when dealing with teasing and bullying
  - Accessing academic resources

Parent Program cont.

- Guiding Principles cont.
  - Serve as models for reinforcing communication
    - Caregivers observe professionals reinforcing positive communication habits
    - Praise for stepping out of their communication “comfort zone”
    - Explore ways to praise communication versus fluency
    - Help families understand WHY they might be so focused on stuttering
      - Normalize
      - Offer alternatives
Parent Program cont.

- Foster a **Network of Support**
  - Other Parents
  - Stuttering Community
  - Professionals
  - Fluency Friday Family
- **NSA involvement in the day**
  - Adult Panel
    - Telling their story
    - Q and A
    - Learning from their successes
    - Offers HOPE to families
  - NSA and Teen Small Group
  - Adult conversation stations
  - Future increased Collaboration between NSA members and children

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**Educational Recourses for Families**
- Professionals from Hamilton Country Educational Service Center
- Logistics of IEP/504 plan
- How to get more involved with therapy in the schools
- Ways to foster great communication with school SLPs

**Guest Speakers**
- Offer additional perspectives for caregivers
- Craig Coleman, Lynne Shields, Nina Reeves, Donna Cooperman, Rod Gabel, etc.

**Staying connected beyond FF**
- Continued Caregiver Support Group
- Additional Meet-Ups for Parents and Children
- Website, Facebook, Twitter
Parent Program cont.

• **Opportunities for parents to observe their child**
  • Speaking in Openmic
  • Talking with less familiar communication partners
    • Kids
    • Adults
  • Observing child having a variety of positive communication experiences
  • Offers **HOPE**

Parent Program cont.

• **Positive Outcomes We Have Noticed**
  • The power of sharing their own story
    • Moving forward in their own journey
    • Processing challenging thoughts and emotions
  • Relatedness in a challenging situation
  • Ongoing resources and support
  • **Positive Feedback on the program 🌟** (program evaluations)
Parent Program: FF Philosophy

• *Our goal is to provide support (relatedness/connectedness) education (competence) and empowerment (autonomy) to children and teens who stutter, their families and clinicians* [www.friendswhostutter.org](http://www.friendswhostutter.org)

  • **Relatedness**: Connection to other caregivers, shared experiences
  • **Competence**: informational vrs evaluative feedback, affirm their ability to support their child, support them taking risk in sharing their story
  • **Autonomy**: freedom to follow their *truest values* as a caregiver and supporter of their child

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Professional Training Component

• Community based licensed SLPs from private practice, hospital outpatient, school, and university settings

• Contact throughout prior year by email – updates, requests, preparation procedures

• Confirmation of involvement and registration through the University of Cincinnati website: [http://www.cahs.uc.edu/csd/clinics-services/fluencyfriday](http://www.cahs.uc.edu/csd/clinics-services/fluencyfriday)
Professional Training Component

- SLP Supervisor Assignments – 3/4 weeks prior to FF
  - SLP supervisor matched to 1-3 graduate student clinicians (who are working in the same age group – primary k-3, elementary 4-6, jr. high 7-8, high school 9-12)
  - SLP supervisors given names of graduate students and the students who stutter
  - Graduate student given name and contact information for their respective SLP supervisor

- FF SLP Supervisor documents/folders
- Orientation meeting prior to FF - Goal: The SLP supervisors to offer the graduate students collaborative support and assistance instead of evaluation of skills/grading
  - SLP supervisor meets with graduate student and student who stutters the morning of the event
  - Support throughout the day for challenging situations if needed
Professional Training Component

- Feedback sheets for the graduate student clinicians (PRAISE sheets)
- ASHA CE credits available recently (8.5 contact hours)
Starting a Program in Your Community

• **Take One Step Forward**
  - Meet-Up for Children and Caregivers
  - Large and Small Group Therapy
    - Professionally lead
    - Graduate component can evolve over time
  - Begin on a Weekend
• **Partner with a Medical Center**
  - Professional Support
  - Accessing participants

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Starting a Program in Your Community

• **Partner with a local University with a Speech-Pathology Program**
  - Professional Support
  - Student clinicians
    - Volunteers
    - Develop an academic curriculum for them
  - Volunteers/NSSLHA
  - Non-profit status
    - Fundraising
    - Donations
  - Registration Support

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Starting a Program in Your Community

- **NSA**
  - Adult Panelists
  - Volunteers
  - Resources
- **SFA**
  - Resources
  - Professional Contacts
- **ASHA SID:4**
  - BCFS
  - Other professionals with community programs

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Starting a Program in Your Community

- **Social Media** to Promote!
  - Facebook
  - Twitter
  - Local News Resources
- **Caregiver involvement**
  - Finding Venues
  - Food
  - Overall Organization
- **Reach out to the Fluency Friday Family !!!**

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Video

- Check us out on YouTube!

Summary, Q & A
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THANK YOU

• Thank you for attending the course!!
• Please feel free to contact with any questions
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