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## Desensitization Activities for School-Aged Children who Stutter

Brooke Leiman MA, CCC-SLP

Moderated by:  
Amy Natho, MS, CCC-SLP, CEU Administrator, [SpeechPathology.com](http://SpeechPathology.com)



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## Desensitization Activities for School-Aged Children who Stutter

October 2017

Brooke Leiman MA, CCC-SLP  
Director of the Stuttering Clinic at  
National Therapy Center  
Brooke.Leiman@nationaltherapycenter.com

As a result of this course, participants  
will be able to...

- Describe how to implement a variety of clinical activities that address desensitization goals.
- Explain the rationales behind using desensitization activities in stuttering therapy.
- Identify measurable goals related to the desensitization of stuttering that align with a client's preferred treatment outcomes

We won't be covering...

- Goals, activities or rationales pertaining to other aspects of stuttering. However, many activities we discuss will simultaneously address other goals in your treatment plan.

Van Riper (1973) - "Since the fears, avoidance and struggle which characterize advanced stuttering stem from it's unpleasantness, an unpleasantness which tends to grow stronger, no therapy can hope for success unless it seeks directly to reduce it."

## What is Desensitization?

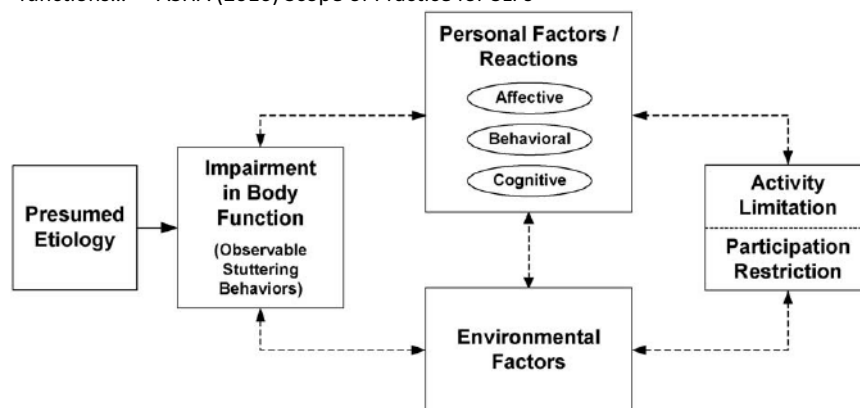
- Stuttering is experienced as a loss of control and that can feel scary (along with a host of other emotions)!
  - This can lead to increased physical tension or avoidance of sounds, words and situations.
  - These reactions may interfere with the spontaneity, effectiveness and enjoyment of communicating as well as progress in therapy
- Desensitization activities reduce fear related to speaking and stuttering by facing fears head on
- Systematic and starts in a comfortable and supportive environment

## continued™

The Buy-in:

Why should we consider a child's negative reactions to stuttering?

"The ICF framework is useful in describing the breadth of the role of the SLP in the prevention, assessment, and habilitation/rehabilitation of communication and swallowing disorders and the enhancement and scientific investigation of those functions..."-- ASHA (2016) Scope of Practice for SLPs



Yaruss 1998, 2007; Yaruss & Quesal 2004, 2006

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### Individualizing Therapy: Disclosure statement

The following is a list of common objectives and activities that may be used to support a client in reducing his/her negative reactions to stuttering and speaking. Every person has their own unique experience with stuttering and may be at a different stage with regards to acceptance and management of stuttering. It is important that you consider your client's individual characteristics when deciding to use any of these activities and assignments.

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## Treatment Activity #1: Creating Hierarchies

### ▪ What are fear hierarchies?

- Lists speaking situations, beginning with speaking situations in comfortable, supportive environments and increases in perceived difficulty
- Examples include: speaking 1:1 with family member, speaking with family at dinner, making phone calls, ordering food at a restaurant, calling out information in a group conversation, speaking in a loud room, raising hand to answer question, reading aloud, giving a presentation, etc.
- Should be individualized

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## Treatment Activity #1: Creating Hierarchies

### ▪ How does this aid in desensitization and progress?

- Guides the gradual exposure of the child to situations in which they anticipate will be difficult
- Can be used to “test out” if the child’s predictions are accurate
- Allows for increased ownership over developing assignments
- Encourages a new way of defining success
  - Moving away from chasing fluency and towards taking risks

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## Treatment Activity #1: Creating Hierarchies

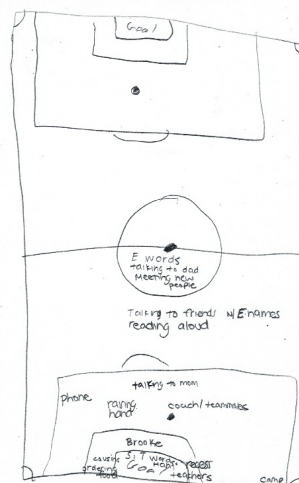
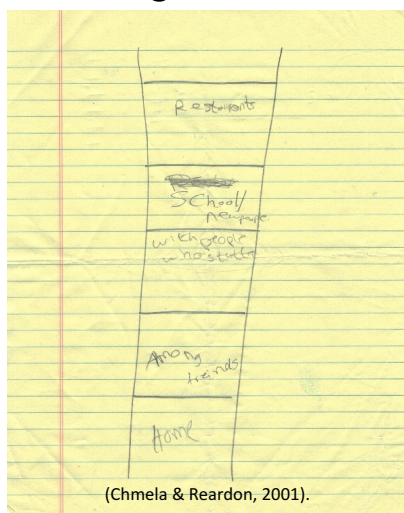
### ▪ How can I make this fun?

- Instead of boring lists use the child's interests to create analogies and depict their fear hierarchies (ex. soccer fields, basketball courts, etc.)

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## Treatment Activity #1: Creating Hierarchies



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## Treatment Activity #2: Stuttering Facts

- **What do you mean by “Stuttering Facts”?**
  - Expand child’s knowledge of:
    - Parts of the body that help us talk
    - What is stuttering
    - Different types of stuttering
    - Choices we can make when we stutter (i.e. stuttering strategies)
    - Famous people who stutter
    - Rationales for our goals
  - Use the child’s words
  - Use visuals

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## Treatment Activity #2: Stuttering Facts

- **How does this aid in desensitization and progress?**
  - Reduces “fear of the unknown”; knowledge is power
  - Desensitizes to initiating conversations about stuttering
  - Desensitizes to answering questions about stuttering from peers
- **How can I make this fun?**
  - Jeopardy and trivia games (<https://jeopardylabs.com/>)- Play with parents or siblings!
  - Create brochures and quizzes
  - Make presentation boards

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## Treatment Activity #2: Stuttering Facts

Name \_\_\_\_\_ Date \_\_\_\_\_

1. What are the basic stuttering types?
  - a. Jumps, holds, repetitions
  - b. Blocks, prolongations, jumps
  - c. Stops, jumps, holds
  - d. Repetitions, blocks, prolongations
2. What is the type of stuttering when you hold a sound?
  - a. Repetitions
  - b. Holds
  - c. Stops
  - d. Jumps
  - e. Prolongations
3. What causes someone to stutter?
  - a. You did not know how to talk when you were a baby
  - b. You're born with it and your speech machine does not always work together as a team
  - c. Some random evil alien attacked the Earth and made you stutter
  - d. You stutter because you're a very nervous person
  - e. You stutter because you're talking to 10 or more people
4. When do kids usually start stuttering?
  - a. 2-5 years old
  - b. 8-12 years old
  - c. 1-3 years old
  - d. 12-20 years old
5. Which of these famous people stutter? (Choose 2)
  - a. President Barack Obama
  - b. Bill Gates
  - c. Vice President Joe Biden
  - d. Eli Manning (football player)
  - e. Lebron James (basketball player)
  - f. Darren Sproles (football player)
6. Who is more likely to stutter; boys or girls?
  - a. Boys
  - b. Girls
  - c. They're equal
7. What is "free talking"?
  - a. Talking in "free choice" area at school
  - b. Talking when someone pays you
  - c. Talking with an accent
  - d. When you say what you want to say whether or not you stutter

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## Treatment Activity #3: Advertising

### ▪ What is "advertising"?

- Also referred to as self-disclosure
- Sharing with the listener/s or demonstrating openly that you are a person who stutters
- May include suggestions for the listener (ex. "I'd appreciate if you give me a little more time to get my words out and don't complete my sentences.")
- Child must experience the reduction in fear over repeated trials

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## Treatment Activity #3: Advertising

- **How does this aid in desensitization and progress?**

- Desensitizes and reduces reactivity to talking about stuttering with others
- Eliminates the anticipation of showing stuttering and reduces the temptation to hide it
- May have a positive impact on listener perceptions (Byrd, McGill, Gkalitsiou & Cappellini, 2017)
- Be careful to check in on rationales for this activity with your client

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## Treatment Activity #3: Advertising

- **How can I make this fun?**

- Role play in the safety of the therapy room
- Create comic strips or short stories
- “Dear Abby” letters
- Develop an online forum for your clients
  - Don't forget to get permission from parents/setting and ensure forum is password protected to prevent people outside your clinic from accessing it

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## Treatment Activity #3: Advertising

### ▪ How can I make this fun? (Continued)

- Write letters to child's teacher (or prepare face-to-face meeting)
- Make phone calls to local restaurants/stores to ask questions (but first advertise)
- Take field trips outside of the therapy room and:
  - Hand out brochures about stuttering
  - Give short quizzes or questionnaires about stuttering
  - Engage in an "advertising" scavenger hunt
- Use child's fear hierarchy

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## Treatment Activity #3: Advertising

Hi \_\_\_\_\_,

My name is XX. I just want to let you know that I stutter. I am going through speech therapy and my therapist suggested that I write this letter to you. My stuttering sounds like a little pause for a few seconds. That's called a block. Sometimes I have things called secondaries which is when I look away during stuttering or have face tension. There might be other things like stomping or hitting my back on the chair. My stuttering changes so if I maybe do anything else that looks weird, it may be because of stuttering. Even though this happens, I do still want to participate and present. Sometimes stuttering does get in the way of me raising my hand though. I might raise my hand then not say anything for a few seconds. What helps me the most is when people don't complete the sentences for me and let me finish. I don't like when some kids make faces or make fun of me by repeating what I said. If you see this happening, please don't talk to the kids in front of me but maybe you can talk to them privately. Last year, some kids did that, so please do something when that happens. If you have questions, talk to me in private and not around any kids.

Dear \_\_\_\_\_,

Thanks,

XX

This is XX and the purpose of this letter is to make sure that you understand about my stuttering. My stuttering basically sounds like a hiccup like "uh-uh-uh." I don't really care if I stutter or not. When people say, "What is that?", I tell them "it's a stutter" and they don't bother me. If I stutter when I talk in front of the class, I'd like it if you just listen and not say anything about it. You can still call on me and I'll still talk in front of the class. If you have any questions about my stuttering, you can ask me about it.

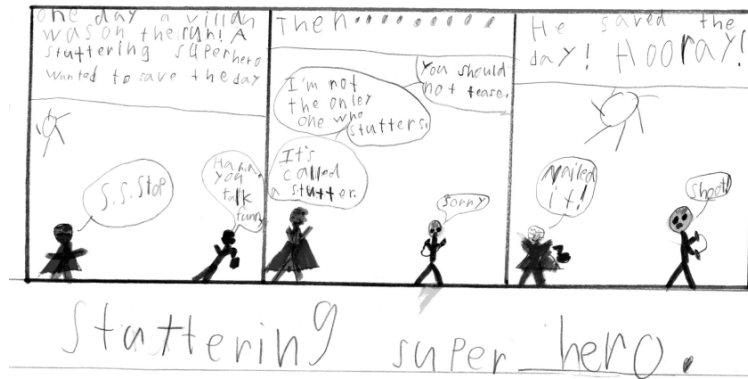
From,

XX

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## continued

## Treatment Activity #3: Advertising



## continued

## Treatment Activity #4: Voluntary Stuttering

- **What is Voluntary stuttering?**

- Also referred to as pseudo-stuttering
- Purposefully stuttering
- Can be repetitions, prolongations, blocks etc. and can involve physical tension and struggle
  - Research suggests that client's perceive greater benefits when voluntary stuttering mimics the person's actual stuttering (Byrd, Gkalitsiou, Donaher, & Stergiou, 2016)

## Treatment Activity #4: Voluntary Stuttering

- **How does this aid in desensitization and progress?**

- Desensitizes and reduces reactivity to showing stuttering
- Desensitizes and reduces reactivity to using strategies (more on this later)
- Allows child to partake in thought experiments
- Understand limitations
  - Does not mimic the same “loss of control”
  - Reduces “true stuttering” (check in on rationale!)

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## Treatment Activity #4: Voluntary Stuttering

- How can I make this fun?
  - Create voluntary stutter cards and play turn-taking games
    - Add conversation cards for more talking opportunities
  - Stuttering contests (ex. longest stutter, slowest stutter, highest pitch stutter, etc.)
  - Scavenger hunts
  - Make phone calls to local restaurants and stores to ask questions
  - Use fear hierarchy

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## Treatment Activity #5: Open Stuttering

- **What is open stuttering?**

- Shows one's stuttering, free of escape or avoidance behaviors (ex. word switching, restarts, pretending to think, choosing to not share something because one thinks they might stutter)
- May initially involve physical tension/struggle
- Often the first step to open stuttering is monitoring or "catching" and describing stuttering moments

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## Treatment Activity #5: Open Stuttering

- **How does this aid in desensitization and progress?**

- Desensitizes and reduces reactivity to core stuttering (and that feeling of loss of control)
- Supports the child in becoming a more effective communicator by:
  - Sticking with the intended message (or talking more!)
  - Speaking with less tension and struggle

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## Treatment Activity #5: Open Stuttering

- **How can I make this fun?**

- Monitoring stuttering moment
- Staying in the moment (Reardon-Reeves & Yaruss, 2013)
- See advertising and voluntary stuttering activities:
  - Turn-taking games
  - Scavenger hunts
  - Phone calls to local restaurants and stores
  - Use fear hierarchy

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## Treatment Activity #6: Desensitizing to strategies

- **Why should we desensitize to strategies?**

- **Strategies sound and feel different**
- **Strategies may result in questions or teasing just like stuttering**
- **Use voluntary stuttering to practice strategies**

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## Treatment Activity #6: Desensitizing to strategies

### ▪ How can I make this fun?

- See advertising, voluntary and open stuttering activities
  - Turn-taking games
  - Scavenger hunts
  - Phone calls to local restaurants and stores
  - Use fear hierarchy

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## Desensitization for family members

Stuttering is experienced as a loss of control

➤ Leads to increased physical tension or avoidance of sounds, words and situations.

➤ Interferes with spontaneity, effectiveness and enjoyment of communicating and interferes with progress in therapy

Close family members may experience a feeling of loss of control too!

➤ Can impact how they respond to their child's stuttering (ex. facial expression, what they praise, their actions)

➤ These reactions play a role in the impact stuttering has on the child.

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## Desensitization for family members

- **How does this aid in desensitization and progress?**

- Desensitizes to hearing their child stutter
- Desensitizes to others' reactions/responses to their child's stuttering
- Reduces fear of the future

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## Desensitization for family members

- **How can I make this fun?**

- Invite the parents to become involved in their child's sessions (and home assignments)
- Voluntary stuttering assignments
- Encourage parents to attend a workshop/conference hosted by one of the stuttering support groups (FRIENDS, NSA)
- Host parent groups (in person or internet-based)

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## Writing goals

- Desensitization goals can and should be measurable and must include:
  - Outcome being measured (ex. the child sharing information about stuttering, the child monitoring stuttering moment, etc.)
  - What constitutes mastery (ex. how often, how many, what percentage etc.)
  - How you're going to measure this (ex. observation, parent/child report, portfolio documentation, etc.)

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## Writing goals

- Desensitization goals can and should be included in an IEP (easier said than done)
  - This may require educating your IEP team or even your SLP supervisor
  - Refer to IDEA
  - Coleman, Craig & Yaruss, J. (2014). A Comprehensive View of Stuttering: Implications for Assessment and Treatment. Perspectives on School-Based Issues, 15(2), 75-80.

## Writing goals

- Child will identify at least 3 low feared speaking situations, 3 mid feared speaking situations and 3 high feared speaking situations over the course of therapy/the school year.
- Child will state 3 new facts related to stuttering as measured by portfolio documentation or child/parent report over the course of therapy/the school year.
- Child will share information about stuttering with at least 3 key people in his/her life as measured by portfolio documentation or child/parent report over the course of therapy/the school year.
- Child will demonstrate the ability to monitor stuttering moments in 80% of opportunities across a variety of tasks over 5 consecutive sessions.
- Child will voluntary stutter and report on personal/listener reactions in 5 different environments as measured by portfolio documentation or child/parent report over the course of therapy/the school year.
- Child will open stutter and report on personal/listener reactions in 5 different environments as measured by portfolio documentation or child/parent report over the course of therapy/the school year.
- Child will use speech or stuttering management technique and report on personal/listener reactions in 5 different environments over the course of therapy/the school year.
- Child will report on completed desensitization assignments to assist in generalization of skills outside of the therapy room over 5 consecutive sessions.

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## Case Studies

- “Charlie”
  - 6 years old
  - Has been stuttering since he was 2.5.
  - First time in speech therapy
  - Parents have never talked about stuttering with “Charlie” but reported he must know he stutters because he has begun to cover his mouth with his hand when he stutters
  - Parents have expressed concerns that kids are going to say something to him at school, although it hasn’t happened yet that they are aware of

What are some activities that you might try first with “Charlie” and/or his family?

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## Case Studies

### ▪ “Emily”

- 15 years old
- Has been stuttering since she was 3
- Has received fluency shaping therapy (ex. easy onsets, continuous phonation) but her family complains that she does not use her strategies
- Teachers state that they hardly hear Emily stutter (but also state that they hardly hear Emily talk at all)

What are some activities that you might try first with “Emily” and/or her family?

## Any Questions??

**Brooke Leiman, M.A. CCC/SLP**

The Stuttering Clinic at  
National Therapy Center

E-mail: [Brooke.Leiman@nationaltherapycenter.com](mailto:Brooke.Leiman@nationaltherapycenter.com)

### **Websites:**

[www.stutteringsource.com](http://www.stutteringsource.com)

[www.nationaltherapycenter.com/fluencystuttering](http://www.nationaltherapycenter.com/fluencystuttering)

### **Social Media:**

[www.facebook.com/TheStutteringClinicAtNationalTherapyCenter](https://www.facebook.com/TheStutteringClinicAtNationalTherapyCenter)

[www.twitter.com/StutterSource](https://www.twitter.com/StutterSource)

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