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Stuttering Assessment and Treatment: A Holistic Approach
Guest Editor: Craig Coleman, MA, CCC-SLP, BCS-F, ASHA-Fellow

The Ripple Effect of Stuttering: A Community-Based Approach
Craig Coleman, MA, CCC-SLP, BCS-F, ASHA Fellow
Mary Weidner, Ph.D., CCC-SLP

Moderated by:
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The Ripple Effect of Stuttering: A Community-Based Approach

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Mary Weidner, PhD, CCC-SLP
Disclosures

- Craig Coleman
  - Financial: Co-owner, Stuttering Academy; Co-author, OASES–S & T (Stuttering Therapy Resources); Presenter has received an honorarium for presenting this course
  - Non-financial: ASHA Board of Directors, Vice-President of Planning
- Mary Weidner
  - Financial: Co-owner, Stuttering Academy; Owner, InterACT program; Presenter has received an honorarium for presenting this course
  - Non-financial: N/A
- Content Disclosure: This learning event does not focus exclusively on any specific product or service.
- Sponsor Disclosure: This course is presented by SpeechPathology.com.

Learning Outcomes

After this course, participants will be able to:

- Describe current treatment procedures for the surface-level and affective components of childhood-onset stuttering.
- Explain ways to involve parents and teachers in stuttering assessment and therapy.
- Describe clinical resources to improve peer knowledge about stuttering.
Stuttering Treatment

- Will align with how we define stuttering
- *A disruption in the flow of speaking characterized by repetitions (sounds, syllables, words, phrases), prolongations, blocks, interjections, and/or revisions. These disfluencies may be accompanied by physical tension, negative reactions, secondary behaviors, and avoidance of sounds, words, or speaking situations.* (ASHA Practice Portal, n.d.)
  - [https://www.asha.org/Practice-Portal/Clinical-Topics/Childhood-Fluency-Disorders/](https://www.asha.org/Practice-Portal/Clinical-Topics/Childhood-Fluency-Disorders/)
Preschool Treatment – Overview

- Defining *preschooler* in stuttering
  - A child who is up to 6-7 years of age
- Stuttering can be eliminated in some cases, but the message should still be that stuttering is ok and accepted
- Otherwise, the child is trained to focus too much on fluency, and if they continue to stutter, it becomes harder to send the positive messages
Preschool Treatment – Options

- Approaches:
  - **Indirect treatment**: Focus on teaching the family strategies to enhance fluency through environmental modifications
  - **Direct treatment**: Teach the child to use strategies and techniques
  - **Operant**: Praise fluency and reinforce need to say disfluent utterances again

Preschool Treatment – Session

- Parent Education
- Interaction with Child
- Parent Observation
- Parent Involvement in the Session
- No matter what preschool treatment approach you use, parent involvement is consistently a core component
Preschool Treatment – Indirect

- 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

Yaruss, Coleman, & Hammer (2006) provided guidelines for indirect therapy

Goals include:
- Reducing parents’ communication rates
- Reducing time pressures
- Reducing demand for talking
- Providing supportive communicative environment
- Addressing negative reactions
- Focus on content, not just manner
Preschool Treatment – Indirect

Use phrased speech to reduce parents’ speaking rate

- Slower than parents’ habitual rate, but not too slow, choppy, or robot-like
- Explain that the goal for the parents’ speaking rate is somewhere in between the rate they will practice in treatment and the rate they used before treatment

Preschool Treatment – Indirect

Use modified questioning to reduce time pressure

- I wonder…
- I think…
- I bet…
- I guess…
- Maybe…
- It looks like…
- Let’s see if…
- Why don’t we try…
Preschool Treatment – Indirect

**Use recasting and rephrasing**
- Child can hear what he or she said in an easier, more relaxed way
- Child knows that parents have heard what he or she said
- Gives parents the opportunity to provide a good language/articulation model

**Preschool Treatment – Indirect**

- 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 reevaluate
  - 2. Begin direct treatment
  - 3. Begin integrating direct treatment right away
Preschool Treatment – Direct

The “S” word:
- It is okay to use the word stuttering, but some children may find terms such as “bumpy speech” more concrete
- 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 or statements when talking to the child – or others – about the child’s stuttering (e.g., “He is having a bad day.”)

Preschool Treatment – Direct

- Direct treatment involves working with the child to target improving fluency or changing stuttering
- Teach various types of talking
  - Turtle
  - Rabbit
  - Kangaroo
  - Snake
- Hard vs. Easy bumps
- Easy starts
Preschool Treatment – Operant

- Involves praise and negative reinforcement
- Lots of cautions here

Preschool Treatment – In Practice

- Some combination of indirect and direct, depending on the child’s needs and the family’s needs
- Stuttering is highly variable at this age
- Progress is not usually linear
Preschool Treatment – Affective

- Negative attitudes towards one’s own speaking can occur at a young age
- Signs that a preschool child is responding negatively to stuttering
  - Terminating a conversation (e.g., “never mind”)
  - Statements or visible signs of frustration (e.g., “I can’t say it!”)
  - Soliciting help from others (e.g., “you say it for me…”)
  - Behavioral/Avoidance responses during communication exchanges (e.g., hiding, tantrums, walking away)
  - Secondary behaviors, pitch changes
- Communicate with the parents the importance of being transparent with young children and address any of their questions, concerns, preferences/bias

Preschool Treatment – Affective

- Use terminology that is understandable to the child to describe
  - The speech (e.g., bumpy, stuck, stretchy)
  - The emotion (e.g., mad, sad, frustrated, confused)
- Praise the communication attempt, not the fluency
- Demystify what is happening physiologically
- Talk openly about stuttering
  - Social stories
  - Pseudostuttering
  - Addressing human differences
  - Multisensory activities
Preschool Treatment – Affective

- *Tarby Comes Out of His Shell*
  - Addresses negative attitudes, differences, teasing, and acceptance
  - Available through: www.stutteringacademy.com

- Talking about stuttering through art
Preschool Treatment – Affective

- Talking about stuttering through art

Preschool Treatment – Sample Goals

**Parents**
- Reduced communication rate
- Use of indirect prompts rather than direct questions
- Reduced time pressure
- Increased use of recasting/rephrasing

**Children**
- Reduced communication rate
- Easy starts
- Reduced tension and secondary behaviors
- Improved reactions
- Increased communication
School Age Treatment – Overview

- As children get older, treatment is much more about successful management
- Counseling skills become crucial as the child transitions to a school-age child who stutters
- Conversations about likelihood for persistent stuttering occur
School Age Treatment – Session

- Interaction with child (more conversation-based)
  - Question cards
  - Would You Rather...
  - Debates
- Have child take lead on educating parents or others (when possible)

School Age – Observable Characteristics

- Stuttering modification and fluency shaping are the two categories for stuttering strategies
- Strategies can be learned very quickly and result in significant short-term gains
- Can be hard to generalize outside the therapy room
- Require a lot of effort on the part of the speaker
- Target only surface-level stuttering
School Age – Stuttering Modification

- These goals target changing the stuttering immediately before, during, or immediately after a stuttering event
- Focuses on the way a child stutters, rather than if they stutter
- Goals also target reduction of secondary behaviors

School Age – Stuttering Modification

- Preparatory Sets
- Cancellations
- Pull-outs
- Easing Out
- Note: In order to use these, you have to be stuttering!
Stuttering Modification – Sample Goals

- Anika will demonstrate the ability to reduce physical tension during stuttering using the “easing out” technique, for 50% of disfluencies during conversational speech with the clinician.

- Enzo will use cancellation and pull-out techniques for 75% of disfluencies in a structured conversational task.

- Aaliya will be able to correctly identify location of physical tension during 80% of stuttering episodes in a structured task.

- Simon will decrease the use of any secondary behaviors associated with his stuttering to less than 10% of disfluencies.

School Age – Fluency Shaping

- Also known as speech modification
- Goals target reduction of the number of disfluencies
- Goals should be viewed in terms of reduction, not how often children can speak fluently
School Age – Fluency Shaping

- Easy starts
- Light contacts
- Pausing and phrasing
- Prolonged speech

Fluency Shaping – Sample goals

- Owen will use easy starts 85% of the time in a structured conversation.

- Adele will decrease the number of disfluencies in a structured conversational task by 15%.

- Dimitri will use pausing and phrasing 80% of the time in structured conversations with the clinician.

- Ric will identify times when he wants to use strategies and techniques.
School Age – Affective

- Start with education about stuttering
- Leads to empowerment
- 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
- Helps them respond to questions, teasing, bullying
- Goals relate back to defining stuttering, causes, and basic facts

School Age – Affective

- Confident communicator vs. Fluent speaker
- 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.)
School Age – Affective

- Desensitization through various activities or speaking situations
- Establish a fear hierarchy for speaking situations:
  - Talking to an unfamiliar listener
  - Ordering food
  - Raising hand in class
  - Talking on the phone
  - Giving a presentation

Affective – Sample Goals

- *Maya will increase her knowledge about stuttering by scoring at 85% or better on periodic stuttering quizzes.*

- *Dallas child will educate 2-3 peers about stuttering.*

- *Gloria will give a presentation to her family members, peers, or teachers on stuttering and a famous person who stutters.*

- *Priya 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.*
Affective – Sample Goals

- DeAndre will decrease avoidance behaviors associated with his stuttering by entering 3 specific situations where he previously avoided stuttering.

- Tony will demonstrate desensitization to stuttering by using 5 pseudostutters during a conversation in the classroom.

- Chloe will increase her participation in educational and social situations, as noted on a weekly basis by her parents and teachers.

Dismissal/Discharge Criteria

- Discharge will depend on individual needs and how you define stuttering
- Generally, children should have:
  - A good knowledge base of stuttering
  - Ability to use strategies when they want to use them
  - Neutral to positive attitudes toward stuttering
  - Little to no impact on overall communication
  - Supportive communicative environment
- The course of therapy will look different than other communication disorders (e.g. articulation)
Parents

- Parents know their child the best. You know stuttering the best.
  - *Together, you know the child's stuttering the best*

- As with the general public, many parents will believe:
  - Stuttering will “go away” on its own
  - Stuttering is a nervous habit
  - Stuttering can be cured
  - Strategies are easy

- They may also have strong feelings of anxiety, guilt, confusion, fear, frustrations, etc.
Parents

- Recent research has shown that parents believe:
  - The most supportive persons/groups include themselves, speech-language pathologists, and stuttering support groups
  - The most unhelpful persons are the classmates of children who stutter
  - The most helpful listener support for their child is being patient
  - The most unhelpful support for their child is laughing when the child is speaking

(Weidner, Węsińska, St. Louis, Scaler-Scott, & Coleman, 2019)

Parents

- The Community Centered Stuttering Assessment (CCSA)-Parent can be used to gauge parents’ impressions about about the impact of stuttering on their child
- Access here: www.stutteringacademy.com
It is important that teachers understand general information about stuttering and are aware of supportive classroom accommodations.

Oral Reading
- A child should not be penalized for moments of stuttering when assessing reading fluency; fluency of speech is not the same as fluency of decoding.
- To gain a true assessment of reading fluency, videotape reading segments, time any moments of stuttering, and remove them from the overall time of reading.

Oral presentations
- Should not be timed and grade should not be based on fluency.
- Child may give presentations to smaller audiences as he moves up the hierarchy to a larger audience in front of his class.

Class participation
- Avoid the “down the aisle” style of participation, as this may increase speech anxiety.
- Work with the child to help them choose situations when they are more comfortable volunteering at first.
Teachers

- The Community Centered Stuttering Assessment (CCSA) – Teacher can be used to gauge the impact of children’s stuttering in the school setting
- Access here: www.stutteringacademy.com

Peers

- In general, nonstuttering peers lack knowledge about stuttering and how to respond sensitively to children who stutter
- Negative attitudes emerge as early as preschool and persist throughout the school-age years and adulthood
- We need to teach peers about the disorder as well as helpful listener supports
  - Eye contact, patience, not finishing words/sentences
  - The child who stutters should be invited to give input and/or lead peer education
Peers

- Educational interventions should be interesting and age-appropriate
- A few studies have shown improvement in children’s stuttering attitudes:
  - Middle School: MTV True Life – I stutter episode both stand alone and with a live presentation (Flynn & St. Louis, 2011):
    - [http://www.mtv.com/episodes/5a6lp2/true-life-i-stutter-season-12-ep-17](http://www.mtv.com/episodes/5a6lp2/true-life-i-stutter-season-12-ep-17)
  - School Age: The Teasing and Bullying Unacceptable Behaviour Programme (TAB) (Langevin, 2000)
    - [http://www.tab.ualberta.ca/](http://www.tab.ualberta.ca/)

Peers

- Stuttering: Part of Me
  - A new, freely accessible documentary featuring children, teens, and young adults who stutter
  - [https://www.youtube.com/watch?v=YtWxeQCC3Ew](https://www.youtube.com/watch?v=YtWxeQCC3Ew)
Peers

- **Preschool:** *The Attitude Change and Tolerance Program (InterACT)* program
  - Raises awareness about differences/stuttering and teaches children how to interact with a child who stutters

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Case Scenarios
Contact us!

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More information:
www.stutteringacademy.com

References & Suggested Readings

References & Suggested Readings