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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:
Amy Natho, MS, CCC-SLP, CE Administrator, SpeechPathology.com





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The Ripple Effect of Stuttering: A Community-Based Approach

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Mary Weidner, PhD, CCC-SLP

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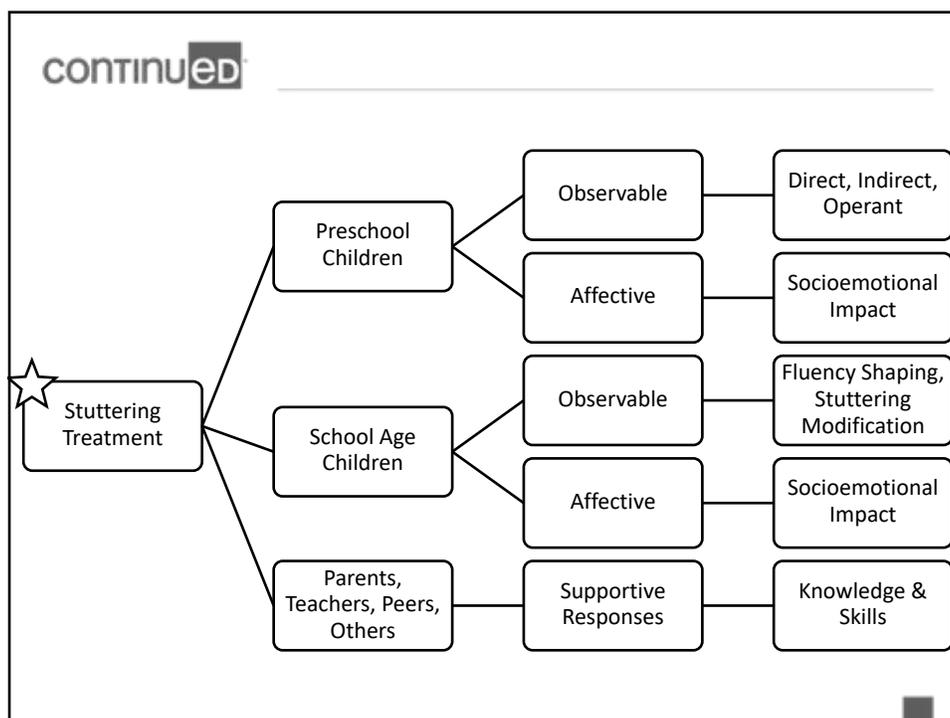
Disclosures

- **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
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Learning Outcomes

After this course, participants will be able to:

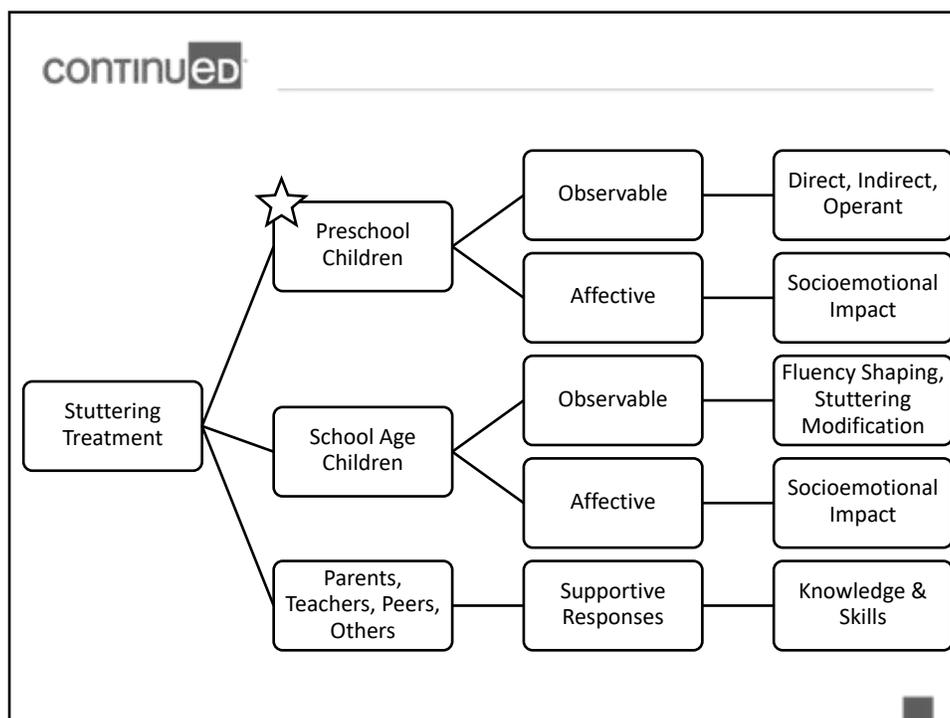
- Describe current treatment procedures for the surface-level and affective components of childhood-onset stuttering.
- Explain ways to involve parents and teachers in stuttering assessment and therapy.
- Describe clinical resources to improve peer knowledge about stuttering.



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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/>



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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

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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

Q1

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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

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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 diagenosogenic theory was thought to be true

Preschool Treatment – Indirect

- 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

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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

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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...

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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

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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
 - OR
 - 3. Begin integrating direct treatment right away

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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.”)

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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

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Preschool Treatment – Operant

- Involves praise and negative reinforcement
- Lots of cautions here

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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

Q3

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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

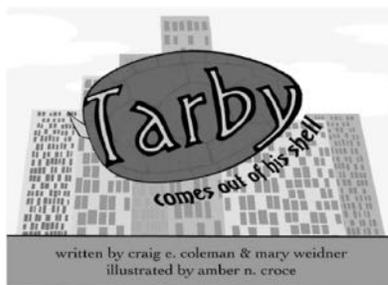
Preschool Treatment – Affective

- 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

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Preschool Treatment – Affective

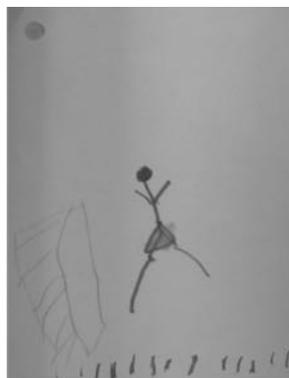
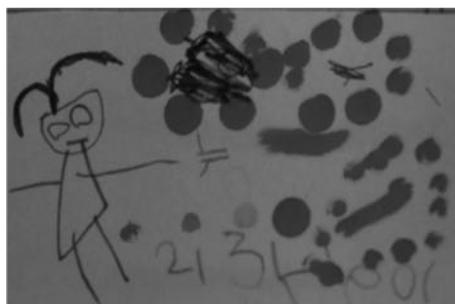
- *Tarby Comes Out of His Shell*
 - Addresses negative attitudes, differences, teasing, and acceptance
 - Available through: www.stutteringacademy.com



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Preschool Treatment – Affective

- Talking about stuttering through art

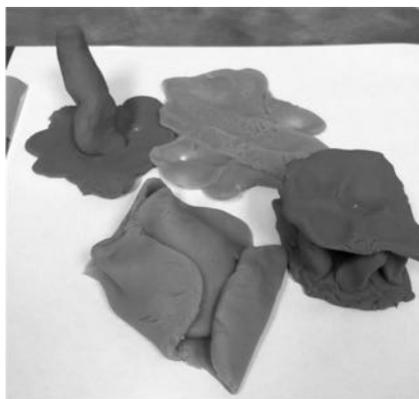


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Preschool Treatment – Affective

- Talking about stuttering through art



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Preschool Treatment – Sample Goals

Parents

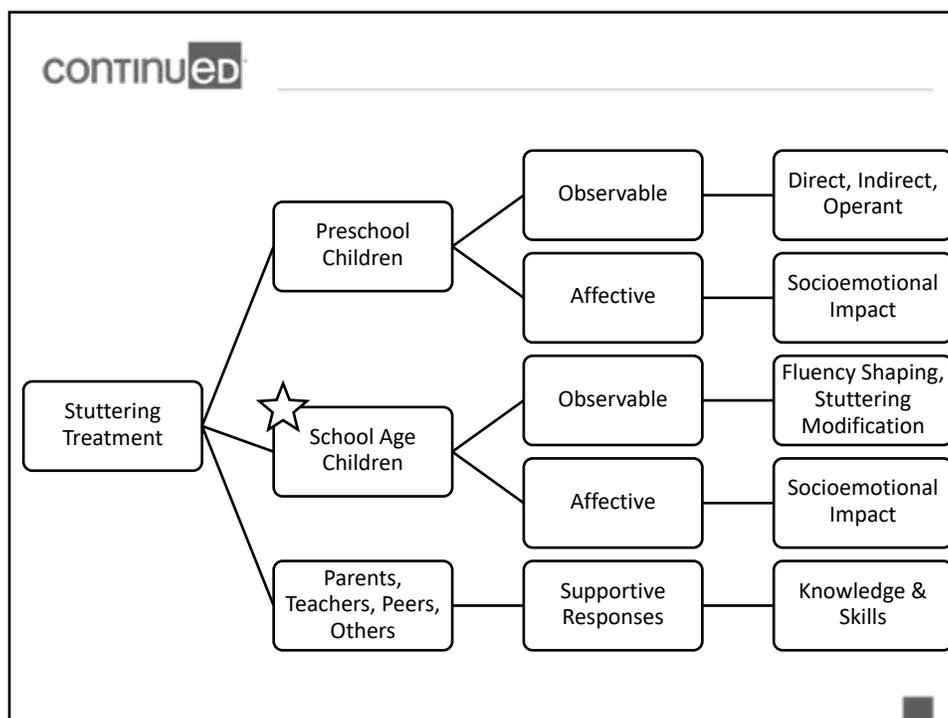
- *Reduced communication rate*
- *Use of indirect prompts rather than direct questions*
- *Reduced time pressure*
- *Increased use of recasting/rephrasing*

Children

- *Reduced communication rate*
- *Easy starts*
- *Reduced tension and secondary behaviors*
- *Improved reactions*
- *Increased communication*

Q4

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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

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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

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School Age – Stuttering Modification

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

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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.*

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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

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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.)

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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

CONTINUED

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.*

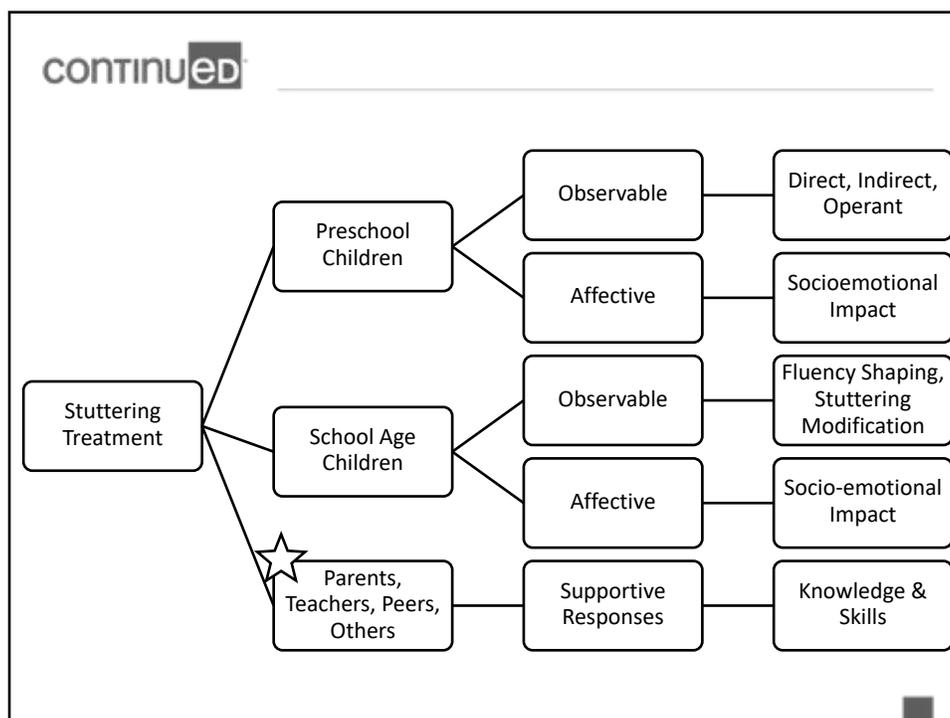
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Affective – Sample Goals

- *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)



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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, Węsierska, St. Louis, Scaler-Scott, & Coleman, 2019)

Q8

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

CCSA-P

Community-Centered Stuttering Assessment — Parent

General Information					
Child's name					
Today's date					
Your name / Relationship to Child					
Information about the child's stuttering					
	Never	Rarely	Sometimes	Frequently	Always
Overall, how often does your child stutter?	<input type="checkbox"/>				
Describe the severity:					
How often does your child exhibit physical tension (e.g., tense muscles) when s/he stutters?	<input type="checkbox"/>				
Describe:					
How often does your child exhibit secondary behaviors (e.g., hand tapping, head nodding, eye blinking, etc.) when s/he stutters?	<input type="checkbox"/>				
Describe:					
	Never	Rarely	Sometimes	Frequently	Always
How often does stuttering interfere with your child's ability to communicate at home?	<input type="checkbox"/>				
Describe:					
How often does stuttering interfere with your child's ability to communicate with peers?	<input type="checkbox"/>				
Describe:					
How often does stuttering interfere with your child's academic performance or class participation?	<input type="checkbox"/>				
Describe:					

Teachers

- 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
 - <http://westutter.org/wp-content/uploads/2016/11/Reading-Fluency-2013.pdf>

Teachers

- 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

CCSA-7
Community-Centered Stuttering Assessment — Teacher

General Information					
Child's name					
Today's date					
Teacher Information					
Your name					
Classes/subjects you teach the child:					
Approximate contact time with the child per school day:					
Did you have the child in class in previous years? If yes, for what grades/subjects?					
Information about the class					
How much are all students expected or required to speak in your class (e.g., presentations, participation)?	Not at all <input type="checkbox"/>	A minimal amount <input type="checkbox"/>	Some <input type="checkbox"/>	A great deal <input type="checkbox"/>	
How does the child meet those expectations or requirements?	Does not meet <input type="checkbox"/>	Somewhat meets <input type="checkbox"/>	Meets <input type="checkbox"/>	Exceeds <input type="checkbox"/>	
Information about the child's stuttering					
	Never <input type="checkbox"/>	Rarely <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Frequently <input type="checkbox"/>	Always <input type="checkbox"/>
Overall, how often does the child stutter in your class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe the severity:					
How often does the child exhibit physical tension (e.g., tense muscles) when s/he stutters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					
How often does the child exhibit secondary behaviors (e.g., hand tapping, head nodding, eye blinking, etc.) when s/he stutters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:					

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

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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>
 - **School Age:** *The Teasing and Bullying Unacceptable Behaviour Programme (TAB)* (Langevin, 2000)
 - <http://www.tab.ualberta.ca/>

Q10

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Peers

- *Stuttering: Part of Me*
 - A new, freely accessible documentary featuring children, teens, and young adults who stutter
 - <https://www.youtube.com/watch?v=YtWxqQCC3Ew>

STUTTERING
PART OF ME

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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

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Contact us!

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More information:

www.stutteringacademy.com

References & Suggested Readings

- American Speech-Language-Hearing Association (n.d.). Fluency Disorders in Childhood (Practice Portal). Retrieved April 28, 2020, from <http://www.asha.org/Practice-Portal/Clinical-Topics/Childhood-Fluency-Disorders>.
- American Speech-Language-Hearing Association. (2014, July). Ad Hoc Committee on Reading Fluency For School-Age Children Who Stutter. *The ASHA Leader*, 19, 44-48.
- Blood, G. W., & Blood, I. M. (2004). Bullying in adolescents who stutter: Communicative competence and self-esteem. *Contemporary Issues in Communication Science and Disorders*, 31, 69-79.
- Coleman, C., & Yaruss, J. S. (2014). A comprehensive view of stuttering: Implications for assessment and treatment. *SIG 16 Perspectives on School-Based Issues*, 15(2), 75-80.
- Flynn, T. W., & St. Louis, K. O. (2011). Changing adolescent attitudes toward stuttering. *Journal of Fluency Disorders*, 36, 110-121.
- Franken, M. C. J., Kielstra-Van der Schalk, C. J., & Boelens, H. (2005). Experimental treatment of early stuttering: A preliminary study. *Journal of Fluency Disorders*, 30(3), 189-199.
- Langevin, M. (2000). *Teasing and Bullying: Unacceptable Behaviour*. Edmonton, Alberta: Institute for Stuttering Treatment and Research.
- Luterman, D. M. (2006). *Counseling persons with communication disorders and their families*. Austin, TX: PRO-ED.
- Millard, S. K., Nicholas, A., & Cook, F. M. (2008). Is parent-child interaction therapy effective in reducing stuttering? *Journal of Speech, Language, and Hearing Research*, 51(3), 636-650.
- Murphy, W. P., Yaruss, J. S., & Quesal, R. W. (2007). Enhancing treatment for school-age children who stutter: I. Reducing negative reactions through desensitization and cognitive restructuring. *Journal of Fluency Disorders*, 32(2), 121-138.

References & Suggested Readings

- Murphy, W. P., Yaruss, J. S., & Quesal, R.W. (2007b). Enhancing treatment for school-age children who stutter II: Reducing bullying through role-playing and self-disclosure. *Journal of Fluency Disorders*, 32, 139-162.
- Plexico, L. W., Manning, W. H., & DiLollo, A. (2010). Client perceptions of effective and ineffective therapeutic alliances during treatment for stuttering. *Journal of Fluency Disorders*, 35(4), 333-354.
- Siskin, V., & Wasilus, S. (2014). Lost in the literature, but not the caseload: Working with atypical disfluency from theory to practice. *Seminars in Speech and Language*, 35(2), 144-152
- Weidner, M. E., (2015). InterACT Program. Morgantown, WV. Morgantown, WV: MC Speech Books.
- Weidner, M. E., Wesierska, K., St. Louis, K. O., & Scaler-Scott, K. (2019, June). Supporting Children who Stutter: Experiences and Perspectives of American and Polish Parents. Presentation at the World Congress for Stuttering. Hveragerdi, Iceland.
- Williams, D. F., & Dugan, P. (2002). Administering stuttering modification therapy in school settings. *Seminars in Speech and Language*, 23, 187-194.
- Yaruss, J. S., Coleman, C., & Hammer, D. (2006). Treating preschool children who stutter: Description and preliminary evaluation of a family-focused treatment approach. *Language, Speech, and Hearing Services in Schools*, 37(2), 118-136.
- Yaruss, J. S., Coleman, C. E., & Quesal, R. W. (2012). Stuttering in school-age children: A comprehensive approach to treatment. *Language, Speech, and Hearing Services in Schools*, 43(4), 536-548.
- Yaruss, J. S., & Quesal, R. W. (2006). Overall Assessment of the Speaker's Experience of Stuttering (OASES): Documenting multiple outcomes in stuttering treatment. *Journal of Fluency Disorders*, 31(2), 90-115.