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Creating Allies and Developing Advocacy Skills in Stuttering Therapy

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- [Amy] And at this time it is a pleasure to introduce Brooke Leiman Edwards and Hope Gerlach this afternoon who will be presenting part three of our stuttering series, creating allies and developing advocacy skills in stuttering therapy. Brooke is a board certified specialist in fluency and fluency disorders and the director of the stuttering clinic at National Therapy Center. She currently holds a position on the coordinating committee for ASHA's Special Interest Group 4 Fluency Disorders and is on the executive board for the American Board of Fluency and Fluency Disorders. She also is the graduate student training program coordinator for Friends, which is the National Association of Young People Who Stutter. Hope Gerlach is an assistant professor at Western Michigan University. Her research focuses on identifying and reducing disparities in quality of life between people who stutter and typically fluent speakers. Currently she is studying the roles of stigma and identity related factors and psychological distress among people who stutter. She has been actively involved in support organizations for people who stutter and has worked as an SLP at several summer camps for youth who stutter. She remains clinically engaged through supervision with graduate students and clients who stutter of all ages at the Charles Van Riper Language Speech and Hearing Clinic. So welcome to both of you. It's a pleasure to have you both here and Brooke we can go ahead and get started.

- [Brooke] Hi everyone. I'm really excited about today's talk. I've given a talk on this specific topic before but what I've done this presentation is I've been able to also get some parents perspective on this topic. So it's not only my own opinions on involving parents in the therapeutic process but also we'll be able to watch some videos of parents talking about their actual experiences. I also find that it's particularly relevant in this time when our children are unfortunately experiencing some changes to the way that they're communicating and interacting with their peers, with their teachers, and with their extended family members over the past few months. And due to these changes, we really need to make sure that our parents are equipped to best support

their child and that their child is aware of how to advocate for themselves as they start to encounter these different types of speaking situations. So for example, speaking over online platforms or even learning to speak with masks on. So before we get started, we just have a few slides. These are our disclosures, which you can find in your PowerPoint packet. And then these are our learning outcomes. So today's presentation will be two hours. The first hour I will be discussing how to involve parents and help them to become our allies in the therapeutic process. And then the second hour Hope Gerlach will be discussing self-advocacy skills and how to incorporate that into your treatment plans.

So after this course, participants will be able to identify at least three reasons why families should be involved in the speech therapy process. You'll be able to identify at least three strategies for involving families in the speech therapy process. And describe similarities and differences between stuttering related applications of the medical and social models of disability. And finally describe reasons why promoting self-advocacy skills among clients who stutter is within the scope of practice for speech language pathology and is clinically meaningful.

Now we do have a lot of things to cover today, so we're going to limit our talk to discussing specifically how to incorporate parents or the main caregivers in the therapeutic process and we're not going to have time to discuss some of the other key individuals like siblings or extended family members, teachers, other service providers or pediatricians. However, I strongly encourage you to seek out resources or other courses that help us go beyond just incorporating the parents to incorporate these other individuals. And actually Craig Coleman in 2013 wrote an article about how to incorporate to provide a community based approach and I did include that in our reference section. It's a great resource. Another thing we will not be covering today includes the traditional or more common treatment approaches like fluency shaping techniques or stuttering modification strategies. Now, today's course has been rated

as intermediate and one of the reasons is not because what we're going to, the information we're providing is super complicated, but rather we hope that it challenges you to go beyond looking at just those behavioral strategies to treating children who stutter but look at stuttering a more holistic way to ensure that the parents are involved and the children know how to advocate for themselves on a day to day basis. And we are going to assume that you have some knowledge of the fluency shaping and stuttering modification and other behavioral strategies like that. So I'd like to get started with the presentation by discussing the reasons why we should involve parents, because it does take a little extra time and some creativity to figure out how to make sure they're a part of this ongoing process.

Now, stuttering specialists often debate about what is best for treating children who stutter but the one common ingredient amongst all the prevailing strategies of the day is parent participation. So why, when we're having such a hard time agreeing about how to treat children who stutter, can we agree upon the fact that parent participation is so important? And I think that it boils down to three reasons. One, parents are a great source of information that we should utilize. Two, parents' reactions have an impact or an indirect impact on how their child reacts to stuttering. And three, the therapeutic alliance plays a large role in treatment outcomes.

So what I'd like to do is start to break down these three reasons so that you'll feel comfortable advocating to families, to your IEP team, to your supervisors, and make sure that they can help you involve the parents in this process. So parents are a resource that we should use. We know a lot about stuttering, but they know a lot about their specific child so they can provide information like the child's developmental history, the child's temperament or personality. They can let you know how stuttering is impacting the child in a variety of environments, environments that we might not necessarily be able to observe the child in. They can also help us to keep us up to date with how stuttering is changing over time or how the child's reactions to stuttering

might be changing over the course of treatment. And by getting that information we might be able to actually reach our goals in a shorter period of time. So for example, depending on the child's age or readiness to speak about stuttering, they might not be able to give you information about how they respond when they stutter in front of their peers, say during a play date. However, especially for parents of younger children, the parents do have that ability to observe and give you some information that will hopefully help you individualize or adjust your treatment plan in a way that is better fitting for that particular child. Parents also are a great resource for helping you through the generalization process.

So for instance, if during the session you were working on ensuring the child is able to answer questions that other children, their peers might ask them, you can work on it one-on-one during the session and the child will start to get used to how to answer those questions with you. But the parent can help them then practice answering those questions with their siblings or with close family members or even with some close family friends. So that you're not only practicing with it in a situation with you, but also in a situation that's more natural and more like what they actually might experience. The second reason why we should involve parents in this process and help them to become our allies has to do with the role of reactions. Now we wanna make sure that parents do not feel in any way that the way in which they interacted with their child caused their child to stutter or that the way in which they're communicating with their child is causing the child to continue to stutter.

However, we do want parents to understand that the way that they think and feel and react to stuttering does have an impact on how the child might think and feel and react to stuttering. And if they have a good understanding and a good knowledge of stuttering, they can be a better model for what healthy communication attitudes look like. Now, there was a study done in 2011 done by Hughes, et al, that looked at or interviewed a bunch of adults who stutter and specifically discussed with them what

their experience was like with their family when they were children. And what that study found was that there were a number of participants that although they felt their parents tried their best and had good intentions, they felt that support was being provided to them as kids in the form of financial support so paying for them to go to the speech language pathologist or perhaps support was in the form of reminding them to use their strategies. However, participants stated that really what they had desired during that time or what they needed at that time was a deeper level of support, specifically opening up those lines of communication about the emotional components of stuttering.

And so by involving the parents in this therapeutic process, we can better equip them so they can have those conversations with their children and provide them with that deeper level of support that they need. The third reason why we should involve parents has to do with the power of the therapeutic alliance. So of course that therapeutic alliance refers to your relationship with the child, but it also refers to that relationship with the parents as well.

So let's look to the common factors model to get an example or some more information about the power of that relationship. Now we can do an entire talk on the common factors model. I'm just going to touch upon it briefly so that you can get an idea of what this model supports. So the common factors model looks at four different factors that are thought to contribute to therapeutic change. So hope and expectancy. That refers to how much that parent and that child really believe and trust that therapy is going to work. The therapeutic alliance of course, is that relationship with the family. Then there's the technique and approach that you select for that individual. And then there's the extra therapeutic factors which refers to some of the characteristics that are unique to that parent and child. And what the common factors model supports is this idea that the therapeutic alliance plays a rather large role in therapeutic change, maybe even a larger role than the specific technique and approach that you select. Now, by no

means are we saying we're trying to diminish the importance of choosing an evidenced based technique and approach to treating children who stutter. However, what it is highlighting is that that might not be enough. We also need to have that strong relationship with that family in order to see the most change. So now we've gone through those reasons for why to include the family, now we need to talk a little bit about how we're going to involve them and in what situations, in what ways are we going to involve them?

So as you're listening to those reasons, I suspect that a lot of you might be feeling the sense of doubt or questioning how realistic it's going to be to involve parents in the therapeutic process. And a lot of your concerns will be very valid based on your setting, based on the family themselves, based on your IEP team or your supervisors. So what we are going to do is address this in a little bit of an idealistic way at first but then I've left a good amount of time to go through some case studies so that we can problem solve some of those common obstacles to involving parents and helping them to become our allies. So the first place we should start involving parents is that that initial phone call or that initial assessment. We wanna make sure to set those expectations, that they are a necessary component to the therapy team and that this is a team approach.

The parent interview also allows for us to assess how much they know and what gaps we need to fill in to ensure that they are a strong team member. And then also depending on how much time you have during that parent interview, we can also start to educate them on stuttering. Now, in my clinic, I typically do the parent interview in person, I find that it's easier to build rapport in that sense but sometimes that's just not possible and so absolutely can do that parent interview over the phone, through video conferencing or even using written questionnaires. The only thing I wanna caution you about is to be sure that however you receive that information or gather that information, that it's HIPAA compliant and that it follows the policies of your school or

your organization. So now what I'd like to do is pull up a video of a parent who will discuss with you or is going to share her experience being a part of that parent interview. Now this is a parent of a school aged child. Because of her busy schedule, she was not able to come in during that initial evaluation and also she had some concerns about how her child would react if she did this interview with him present. So I was able to provide this interview via a HIPAA compliant Zoom.

- Being involved in the pre-assessment phase with Brooke was very helpful. She asked some very key questions that really helped me reflect and make some connections between some of his behaviors and the stuttering that he exhibited. It also helped me think through some of the psychology that might be going on in terms of how he internalized external feedback, how he might be processing some of the world's responses and how did that translate into some of the behaviors stuttering that he exhibited. It helped me reflect a lot on my role, what environment I was helping to contribute to make it comfortable for him to be comfortable with his speech. And also I think helped me realize there's so many dimensions to stuttering and it's really not just a physical manifestation. It's so many emotional, psychological factors that go into really understanding that whole person. And so that just really involved me in the process in a different way than we've had with prior therapists and really made me a partner in the process as well. Generally parents are involved but it's an a more passive way and I think some of those pre-assessment questions helped me think in a different manner about my role and how I could be more constructive in the process as well.

- [Brooke] So what I found that was so interesting about what she shared was that although the interview, I didn't do very much talking, I asked the questions, she gave me all the information, however, she didn't talk about the information she provided, she spoke about how much she learned just by reflecting on her own responses. And beyond that she didn't really talk about those observable characteristics of stuttering, but rather how she started to realize that there was this emotional component or that

the environment played a role in his reactions to stuttering. And so she really was able to learn a lot about stuttering and a lot about her child's experience with stuttering just by listening to her own responses, something that she probably hadn't really thought about before. So we're gonna go to the next slide. And what I'd like to do now is talk about some of the specific questions that I generally ask in order to help parents reflect and start to look at centering in a different way. So I usually will start with asking some risk factor questions. How old was the child when they first started to stutter? How long has it been since that onset?

Does that child have a close family member who stutters and if so, does that family member still stutter or did that family member outgrow it spontaneously? And then I'll also ask if the child has any other diagnoses, any other developmental or speech language disorders. Those questions will help me have a sense of their likelihood to persist into adulthood. Then I'm gonna ask some questions about the basics of stuttering. Now, of course, during your assessment you will be collecting speech and language samples and getting a chance to observe the child's stuttering but what we know about stuttering is that it's variable and so you might not be able to observe what that family is observing in different environments on different days and so this is really their opportunity to let you know what you might have been missing. So you're gonna ask questions about what the child's stuttering sounds like?

Does that child demonstrate any physical tension or struggle behaviors associated with stuttering? And has that child's stuttering changed over time? You're also going to want to ask some questions about the child's reactions to stuttering. Again, showing that parent that there's more to stuttering than just that observable stuttering but also how that child is responding to the stuttering and what kind of the impact that stuttering is having on that child in different environments. So asking, is your child aware of stuttering? And if so, how did you know that they're aware? Have they brought it up with you? What did that conversation look like? You're also going to want

to ask some questions about how they respond to the child's stuttering or how the family responds. So, what did they say or do when the child stutters? What do their siblings do or say yes when the child stutters? You can also gauge how worried they are, what kind of priority they're putting on working on the child's stuttering. You'll wanna ask some questions about the environment, so are there any triggers? Does the child stutter more in certain situations and less in others? Have you received any feedback from the school that suggests that the child is having an academic impact because of the stuttering, maybe not participating as much. And how has stuttering impacted the child socially? You'll wanna get a sense of what a typical family conversation looks like, how easy is it for that child to join in during dinner time conversation. And you'll wanna ask some temperament or personality questions. This is usually my favorite part of the interview.

Parents really enjoy talking about their child, especially when they're talking about some vulnerable topics. This gives them a chance to kind of lighten the mood and share a little bit about their child, but it also gives you information about how that child is most likely to respond to stuttering. How does that child respond when something's hard or when they make a mistake or something wrong? And then if that child has had therapy in the past, speech therapy in the past, you're going to wanna get a sense of what type of approach that therapist used.

What kind of information that therapist provided that family? What seemed to work and what didn't work? So now we've incorporated the family in the assessment and now we're faced with this daunting task to incorporate families on an ongoing basis. So again, we're going to start by talking this in a broad sense, in a more idealistic sense, but then we will leave time to talk about some of those obstacles that we need to overcome. So initially, the first few sessions, we wanna start gathering information and creating this treatment plan. And when creating the treatment plan, we wanna use our own expertise, but we also wanna include and consider the child and the parent's

opinions and values. Now this can be a little tricky, especially if the parent or the child demonstrates some unrealistic goals that they'd like to be part of the treatment plan. However, we will talk about how to help them shift and better align their goals with goals that you know are more appropriate for that child. The first few sessions will also be dedicated to starting that education about stuttering, so how do we do that? And there's a number of different ways and it depends on the family and the child. So especially for younger children, I'm going to try and have the family be present for the entire session or parts of the session. We can also schedule some periodic check-in sessions which are dedicated specifically to having the parent come in and review what we've been learning and answer some questions.

You could also schedule some periodic parent consultations where the child is not present and that's specifically helpful for families who feel like they can speak a little bit more openly and honestly when their child is not there. You can start a communication journal. So that journal would be a great way to interact and communicate with families on a week to week basis when they aren't present. And that journal could be a place for you to include helpful articles or helpful handouts. It could be a place to review what you did during the session and provide homework assignments or ideas for carry over assignments. It can be a place that the parent writes back you and asks questions or provides feedback on what they've been noticing when they have been doing those carry over assignments.

Another way to involve parents is to actually have the child redo your session with the parent for homework. So for example, if you are working on reducing avoidance behaviors and the way you're doing that is having the child discuss it and monitor it during the session, then you can suggest that the child does the exact same thing with the parent at home. Discussing what their avoidance behaviors are and then monitoring them with the parent. I also encourage parents to share in experiences with the child. So, if you give a carry over or a homework assignment where you have the

child voluntary stutter, have the parent do it as well so that they really can get that hands on experience and have a better perspective of what their child is experiencing. Now, the great thing about using these different ways to involve parents is that they're being educated about stuttering, not only by you, the speech language pathologist, and not only by being provided handouts and other printed resources, but maybe even more importantly they're being educated by their child. I also would suggest giving them information about some local or national support organizations like the National Stuttering Association, like Friends or SAY, the Stuttering Association for the Young. These are organizations that will help parents to get educated or have the opportunity to learn from other parents of children who stutter or adults who stutter that can give a slightly different perspective than maybe you can or that their child can. So what I'd like to do now is pull up our second video. This video is going to be a parent who discusses her experience participating in speech therapy sessions. This particular parent is a parent of a child, of a preschool aged child. She began being present for the entire session for the first six sessions and then after that, due to just logistics and her other, her younger son having to come, then she started to fade back and she would only join us the last five or 10 minutes of the session.

- Hi, my name is.

- [Brooke] Oh, this is not the video . I will go ahead and show this video though. This is a parent of a school age child and she's going to speak a little bit about her experience. Now because he was an older child, this particular parent was not present for the entire session, but would come in the last five or 10 minutes of the session and also would come in for some periodic parent only consultations.

- Elene Droveneer Horwitz and I am honored to tell you about why we have had such an incredibly positive and I venture to say transformative experience with our speech therapist and a lot of it is because of the fantastic work she does with our son. But we

also believe that the minute she made us her partner, everything changed in our relationship, not only with our son but in how we understood stuttering and its affects not only on my son but on our family. Our post-session or post-education meetings have really just helped us to really look and understand. I don't think we knew what stuttering was doing inside my son. We only understood what it looked like, but we didn't understand what it felt like and we didn't understand what it was doing to his whole environment. And these meetings really help us basically decode what's happening with our child and we walk out, we feel like we were part of the process. We feel like in many ways that these meetings help give us a little bit of a roadmap on what we should be doing with our son to help him figure it out and help him be the most empowered he can. You know, these sessions also help guide us into the whole world of stuttering and have opened up our eyes to what is possible for our son and what's available to our son and it's not just a quick, you know, see you at the next session. These meetings really have come to mean a lot to us and to our family and anybody who's gonna have any kind of therapy with a speech therapist and specifically on stuttering, I wouldn't wanna do it any other way without having these sessions at the end. Thank you.

- [Brooke] So what really struck me after listening to her take on her experience participating in sessions and participating in parent consult is that again, she did not speak about what stuttering sounded like, that was something she already knew, but she was able to really reflect and learn about how stuttering had different dimensions. So again, here's this opportunity for her to reflect on her own experiences, her own observations without me having to really lecture as much as you might think. So we're gonna go back to the slides. And now what we'll discuss are some topics that you should be considering when you're having these sessions with the family present or during some of those consultations. So there's four topics that I usually try to address. The first one of course is what is stuttering? This is our chance to dispel any myths that parents might have bought into that might be affecting how they're accepting this

diagnosis or affecting the type of advice that they're giving their children. Another topic that we want to discuss is this idea of what caused stuttering. Now parents often shoulder a lot of guilt. They will blame themselves for, often will blame themselves for why the child started stuttering or why the child has continued to stutter so here's our chance to really give them information about what truly contributed to the onset of stuttering. We want to talk about the idea of a cure. This will help us help the parents have some more realistic expectations of treatment. And then of course we want to talk about how to best support their child and this one can be complicated because every child is different. The type of support they need is, it might vary and even within that same child as they get older, the way that you support that child is going to be different. So let's break these down a little bit further so you really have an idea of the content of these topics. So what is stuttering?

Stuttering is a disruption in the flow of speech and it's characterized by repetitions. So that might be repetitions of part of the word or it can be the entire word if it's a one syllable word. So for example, I, I, I, I, I want the cookie or I w-w-w-w want the cookie. Prolongations are when a child will elongate or stretch out a sound or a syllable, like that. And then there's blocks where the child might demonstrate very little or no sound at all as they're trying to push out that way word. Now, typically parents are pretty aware of what the stuttering sounds like because that's probably the reason why they brought the child in in the first place.

However, they might not be as aware of the other components of the disorder that we really want to make sure they understand. So for example, physical tension and struggle in the form of lip tension or facial grimacing. The secondary behaviors like blinking of the eyes, nodding of the head, clicking of the tongue. These are things that again, the family might be able to observe but I've found that a lot of parents will sometimes feel like that is something separate from the stuttering, that the child has some other type of neurological disorder or tic disorder. And while it absolutely is

possible that a child might have a coexisting disorder, we want parents to understand that it doesn't necessarily mean that the child does and that these are very common characteristics of the disorder of stuttering. We also want parents to understand that stuttering, there are aspects of stuttering that aren't as easily observed sometimes. Excuse me. So for example, when a child starts to avoid words or avoid situations, maybe they're switching words and using synonyms to try and get around the stuttering moments. Or maybe they're just deciding to be more quiet than they would naturally be. The child also, or many children also experience some negative feelings or thoughts about stuttering that are very much a part of the disorder. So for example, feelings of shame or frustration or even anger.

By making sure that the family has this understanding of the whole disorder and not just that very typical common characteristics of stuttering, those observable pieces of stuttering, then the parent is more likely to buy into this idea that we need to address both aspects of the disorder or all aspects of the disorder and not just the repetitions or prolongations or blocks. The second thing that we want to make sure families understand has to do with the causes of stuttering. So, my biggest pet peeve is when a pediatrician or sometimes unfortunately even a speech pathologist will tell parents, "Well we don't know "what causes stuttering." That is far from the truth. We have learned a lot about what the causes of stuttering are. We might not know it all, but we have enough information to at least share some of that with the parents. So stuttering is thought to occur due to the interaction of a number of different causes and influences. Some factors will contribute to the emergence of stuttering and some factors will contribute to how that child reacts to the stuttering. How is stuttering impacting them? So those neurophysiological factors have to do with why a child would be at an increased risk for starting to stutter. When I say neurophysiological, I'm referring to those subtle differences in the structure and the functioning of the brain. I'm also talking about genetics for some of the children that we see where they have a father who stutters or a close family member. Those neurophysiological factors and

genetic factors will interact with the child's speech and language skills and speech and language development and could possibly put them at an increased risk to stutter. Those are things we don't have as much control over. Then there are other factors that contribute to the impact. So that has to do with the personal factors. Is that child prone to increased levels of anxiety when something is hard? The environmental factors. Is that child in a family that has a fast paced lifestyle or perhaps has a lot of talking time competition because they have several siblings who are very talkative? Those personal and environmental factors may not contribute to the onset of stuttering but are very much part of the disorder and we wanna consider those things when we create that treatment plan.

The third topic we wanna discuss is this idea of a cure. And this can be a particularly tricky topic to discuss because unfortunately there is a lot of misinformation out there either being provided by service providers unfortunately or just on the Internet and that information can sometimes provide some false hope for parents. And we need to make sure to be a safe space for the parents to provide you with information that they've learned and voice what their concerns are, voice what they would like to see, even if it is slightly unrealistic or unachievable. And by giving them that safe space, then you can start to help them shift those original requests for perhaps 100% fluency. You wanna make sure to be honest with the family.

If they're identifying some goals that you feel are not appropriate, you wanna resist that temptation to try and protect them and let them know, okay, we can do that when you feel that it's not something that's possible. However, you also wanna be careful to not cause any defensiveness or hopelessness and I think the best way to do it is to first ask them, you know, openly and honestly, what would you like to see for your child to make therapy worth it? And let's just say child is 11 years old. He's at this age where he's been stuttering long enough that chances are he's going to persist into adulthood, you know, that and the family's telling you, I would like to see 100% fluency at the end

of this treatment process. My next question is usually, if we are able to accomplish this, if we were able to help your child become 100% fluent, how is his life going to be different? What difference is this going to make in his day to day life? Usually then we start to unearth some of these more attainable goals, more realistic goals. So the idea that, okay, if my child is 100% fluent, he's going to become more confident or he's going to participate more in school, or he's going to have an easier time talking to new peers. Those are things we can work on. We can absolutely work on increasing confidence and increasing participation and increasing social skills or improving social skills, whether or not they continue to stuttering. So now we're starting to align their goals with ours. So let's talk a little bit about some of those realistic and achievable and beneficial goals for children who are preschool aged but also for children who are school-aged as well.

Now we're not going to have time to actually talk about activities that address these longterm goals, but at least as you're providing therapy, what I would suggest is to see, do my activities kind of align up with some of these desired outcomes. So for a preschool aged child, increasing the chances that the child eliminates or greatly reduces the frequency or severity of stuttering. Reducing the child's fear add or discomfort while stuttering. Ensuring the child continues to enjoy talking and demonstrates a healthy attitude towards communication whether or not they're stuttering.

For children who are slightly older, say seven or above, guiding their child in becoming an advocate for themselves. Supporting their child in developing positive attitudes towards talking and reducing avoidances of communication. Providing their child options for how to effectively respond to and or manage stuttering moments. And improve their child's overall communication skills. And finally, we want to make sure that we incorporate and support our parents so that they could support their child. And it's important to understand that supporting the child is not limited to encouraging

them to practice strategies as we learned in that 2011 study but must also include opening up the lines of communication with regards to the emotional components of stuttering. So how do we do this? Having the parent present or at least aware of what you're doing during that session as you broach these topics of the emotional components of stuttering, that will give them ideas of topics to talk about with their child that go beyond just the strategies. You can also send to homework assignments that don't hyperfocus on the behavioral strategies but also give them opportunities to discuss and explore the emotions that the child might be experiencing. And as we had said before, we can have the parents take part in some of the activities so that they get that hands on experience or that firsthand experience with what their child is experiencing. These are all ways that they can learn how to support their child beyond just reminding them of their strategies or sending them to a speech therapist. So what I'd like to do now is pull up that clip that I had set up before. Let's make sure this is it, yup. So again, this is a mom. We had previously heard from a mom of a school aged child. This is a mom who has a preschool child and giving her take and her experience with participating in the sessions and discussing the topics we just discussed.

- My son first developed a stutter around three, 3 1/2 years of age and now he's approaching five. When he first started to stutter, I had a conversation with his regular speech language pathologist and she provided me with some handouts to help him and also took the time to walk me through the handouts one-on-one. I would try to implement the various techniques in the handouts such as speaking more slowly or using age appropriate language, but I never really felt like I owned or mastered the techniques that I was supposed to use with him. It almost felt like I was haphazardly doing this for my son. As his stutter continued to persist and my anxiety about it continued to escalate, I decided that I wanted to work with a speech language pathologist that really specializes in stuttering and so my son began to work with Ms. Edwards. The first thing that we did was a parent training program that both myself and my son participated in. Each week we focused on just one or two skills. I'd watch Ms.

Edwards practice the skills with my son and then she would have me practice with him and observe and provide me feedback and then I'd continue to practice them several times with my son over the course of the week. For me, this active participation on my part, I believe was very important for helping my son with his stutter. My son certainly enjoyed these special times that he had with me when I worked with him and furthermore, it gave me the confidence that I was doing the right thing for my son which reduced my overall anxiety about his stutter and also improved our relationship because we didn't have this awkwardness about his stutter.

- [Brooke] All right, so what really stood out to me when she shared her experience is for her, she really needed that hands on experience. The handouts were helpful but did not really help her reduce her anxiety that was also preventing her from talking about stuttering with her son. So as I had said before, she was able to be present for the first six sessions during the entirety of the session. But if you have a family that can't necessarily be there for an entire session, there are other ways for you to give that more specific feedback that this parent required. So having the family take videos at home so that you can give feedback based on that or even just kind of verbally walking through what she's experiencing rather than just reading off of the handout. All right, so we're gonna to go back to our slides. So we've involved the parents in the assessment. We've collaborated with them to develop the shared goals and treatment plan. We've educated them on stuttering. Are we done? And the answer is no. We need to continue even past the point when we feel comfortable that the parent has a good understanding of stuttering, we selfishly need them to be part of the treatment or the therapy process so that we can keep up with that child as the child gets older. Their goals and objectives might need to change and the parent is our resource to know how we need to change our goals. Also, as the child gets older, the parents' thoughts and feelings and reactions to stuttering may changes well. Their questions might change and so we wanna make sure to keep up with them so that as their child's experiences new things and the parents have new concerns, we're able to address them. And also

as children get older, sometimes parents need our help to communicate with their teenager about this vulnerable topic. And finally, we need parents to continue to assist us in generalizing the skills that we're seeing and the progress that we're seeing in the one on one session or that group session to situations outside in the real world. So now we've made it. We've talked about all of the ways to involve parents, now let's start to talk about some of the realities of how difficult this might be and we're gonna do that by looking through some case studies that highlight some of those common obstacles. So we're gonna first look at Ella. Ella is a nine year old girl who is seen with two other children in a school setting.

She reported that her mother just doesn't understand what it's like and that she constantly interrupts her to remind her to use her strategies. Due to speech services occurring during the school day, her mother is not present and can't come observe or join in due to privacy issues related to the other children in her group. There is practically no time during the day for phone calls or meeting or to set up a one on one session for the parent to be able to be present. This is probably a pretty common one, especially for school-based speech language pathologists. So what are our obstacles? Well, first of all, the mother's reactions to stuttering are having a negative impact on that child.

Second of all, due to large case loads or a lack of time, there isn't a lot of leeway to find time for the parent to come and observe or for you to talk to the parent over the phone or even through video conferencing. So there's quite a few obstacles in the way here. So let's talk about some options. First and foremost, I would suggest educating and brainstorming with the IEP team, which includes the parents right from the get go, at the beginning of the school year or whenever that child starts to receive services with you. That way you're not in a panic when something's wrong, you're handling this at the beginning and creating a plan. If you are the therapist who does that initial assessment, of course starting by including that parent with a parent interview either

by phone or written an intake form if you can't bring them in. You'll wanna start that communication journal because unfortunately since the parent can't be present, this will be your way to best interact with the parent. Now, some clinicians will have concerns that they just won't have time to write in this communication journal when they have two other children in the group. And one way to handle that is if the child is old enough to have the child write their weekly update in that communication journal. Give them some authority so that they feel like they're playing a role in teaching the parent and also reducing some of the work that you have to do.

You could also create some videos of activities that you're doing during the session, of course keeping in mind your school or organization's regulations or state laws and making sure that the other children in the group are not in those videos. And finally you can keep these parents updated on those local stuttering support group events so that you know that they're able to be present and be a part of something even if they can't necessarily come into your specific sessions. Now we have Jake. Jake is a seven year old boy with a single working mother.

His nanny usually brings Jake to therapy. During the initial phone intake, Jake's mother appears panicked when talking about this idea of her being a part of the therapy team. She wants the best for her son, but is simply unable to take off work every week to bring him. So the obstacle here is the family or the parent. Their busy schedule does not make it easy for them to be present during your sessions. So once again, what you're going to do is set that expectation from the initial phone call so there are no surprises, you know, four or five sessions in when you've already started with the child. During that initial phone, you wanna involve the parent when brainstorming ways that they can participate. So instead of listing ideas, sometimes it's helpful for them to come up with ideas. Maybe asking them how they've handled their schedule in the past to be present for other priorities for their child. And you'll wanna start small. So can you commit to joining us for the last five minutes of the session once a month? It

might not be enough, however, it's a start and it's a way to kind of dip their toe in the water and see what they can do and then you can expand upon that as you start to build that trust as the parent starts to realize why they're taking this time to be involved in the therapy process. And of course you can also use some phone conferencing or teletherapy options, again, keeping in mind insurance restrictions and your organization's policies and state laws. You'll also be able to use that communication journal that we've talked about a few times. And for parents who are voicing that they just simply don't have the time to ensure that their child is doing their classroom homework assignments as well as the speech assignments, I find that it can be really helpful if the parent and child help to develop the carry over assignments so they are more realistic for them and they are held more accountable since they came up with the assignments themselves or at least were a part of that process.

Now we have Mason. Mason is an 11 year old boy who has never received speech therapy before. His parents reported that Mason's pediatrician has always told them that their son thinks faster than he can speak and it's nothing to be concerned about, it's not true stuttering. His parents have come to you for a few quick tips to help him become more fluent and they stated that they suspect that should only take a couple of sessions. They report, "He doesn't really stutter, "just stammered sometimes," and they seem confused and hesitant when they are asked to come in for that parent interview.

So here our obstacle has to do with some misinformation that was provided by the pediatrician. We also have some expectations of speech therapy that might not necessarily be realistic. And we have some parents who are demonstrating some defensiveness and they just don't wanna make this a big deal. So first of all, what I would do is explain that variability of stuttering and explain that you're bringing them in to the interview not because you think that they're a part of the problem, but rather that they can help you individualize the treatment to their son. So again, yeah, helping them

to see this so that it doesn't feel like a big deal that they're being brought in but rather than they're just assisting you. You'll also want to give the parents an opportunity to tell you what they already know about stuttering so that they don't feel as though you're trying to teach them because they don't know enough about stuttering but rather you're trying to get a sense of what they already know so that you can fill in any gaps that they might have. For families that are saying, oh this is not a very big deal and you're seeing something slightly different, instead of telling them what you're seeing, I also suggest assigning some monitoring activities or thought experiments so they can test out their own theories themselves and see for themselves.

I would also of course provide some reputable and valuable resources. I usually go to the Stuttering Foundation of America or some of those support groups like the National Stuttering Association or Friends or SAY. And then finally be flexible. The parents may simply not be ready to be active participants, but find small ways for them to test the waters and see for themselves the importance of them being involved. So we're not gonna ask them to be present for the entire session right from the get go, but maybe doing a parent consult once a month so they could start to see what it's like to be part of the process.

And finally we have Max. Max is a 14 year old boy who appears to shut down when his parents join the last five minutes of sessions. When asked about his change in demeanor at the end of the session, he admitted that his parents used to come to sessions when he was a kid but he doesn't need them anymore. So now the setting is not the obstacle, the parents are not the obstacle but the child doesn't really want their parent involved and this is a common situation especially for teenagers. So how I usually handle this is I would have the child identify what the parent knows about stuttering and what the parent doesn't know. So they could start to see why potentially it might be helpful for the parents to learn some things about stuttering that they don't already know. You'll also want to have the child develop a hierarchy of situations for

how to include the family. So I don't think it's appropriate for a teenager to have the parent present for the entire, or for most teenagers, I should say, to have the parent present for the entire session but let's find some small ways to involve them and we can build up to maybe involving them more and more but let that child kind of dictate that. Maybe the first step is not to have the parent present but once a month the child will sit down and give the parent a recap. Provide the child with some control over the information that you share with the parent. So of course since it's a child you are gonna provide the information that you feel the parent needs to know but you wanna get that input from that child and especially when you're talking to the parent in front of the child, making sure that child feels comfortable with the content that you're providing. And then finally, especially for older kids, you're going to wanna schedule some periodic parent only consultations so that you can speak a little bit more openly and honestly without having that child feeling any discomfort. All right, so now I'm going to turn this over to Hope. We're done talking about how to create allies out of our parents and now we're going to talk about how to create allies out of our children and to promote some self advocacy skills.

- [Hope] Hello everyone. My name is Hope Gerlach and I am absolutely thrilled to be here today. I wanna start by thanking speechpathology.com for having me and I also wanna thank each of you for logging in today to learn about stuttering. I really appreciate that you're here and I know that it's for the greater good of our clients, so thanks for taking the time to tune in. So Brooke gave us a great introduction for how to include parents as allies in the work that we do. And my part of the presentation is gonna focus more on how to promote self advocacy within our clients who stutter themselves. So once we know that they have, you know, the supportive people in their life, the supportive parent, how can we take that next step and help our clients become better advocates for the things that they want and need. So we'll just go ahead and dig right in. So I wanna start by talking about the role of speech pathologist in intervention. So as speech pathologists, it is our role and responsibility to promote efficient and

effective outcomes for our clients as stated by ASHA. And depending on what type of client we're working with, it can be really clear what an efficient and effective outcome might be or it might be maybe not so clear. And for example with stuttering, it's not always clear what is an efficient and effective outcome for a client who stutters. For example, if we're working with a child with an articulation disorder, the outcome that we're shooting for is fairly obvious. We're looking for increased accuracy and the production of speech sounds but with stuttering, it's not always clear what the outcome that we're shooting for is. So I want us to take a minute to think about what are different efficient and effective outcomes for clients who stutter. And when we're trying to answer our question of what are effective outcomes, it really depends on how, first of all, how we define stuttering.

And I can tell you in stuttering research that is a hot topic now and we could spend a full hour on how to define stuttering. But it also depends on how we define stuttering as a disability. It depends on our lens for understanding what are the parts of stuttering that can adversely impact a person's life? And so I'm gonna take a minute before we jump into practical clinical strategies for promoting self-advocacy, I'm gonna take a minute to talk about how we view stuttering differently depending on which model of disability lens we're using.

So I'm gonna use the medical model and the social model of disability to walk you through different ways of conceptualizing stuttering. I picked these two models because they're arguably the two most prominent models of disability and they're pretty at odds with each other and so it's interesting to conceptualize stuttering from such discrepant points of view. So for example, if we're asking, what is the root cause of disability? If we're answering that question from a medical model perspective, whether it's stuttering or whether it's another disorder or disease, from the medical model perspective, the root cause of disability is an abnormality or a deficit in the brain or body. So for stuttering, as Brooke mentioned, if we're looking at taking a medical

model perspective, the root cause of disability is the subtle differences in brain structure and function that result in the overt stuttering like disfluencies that we can sometimes observe. So from the medical model perspective, the cause of disability is rooted in the person and the disability itself is probably most commonly understood to be the overt disfluencies that we hear, that are observable. From the social model of disability, the root cause of disability is not rooted in the person, but actually what results in adverse impact on a person's life from the social model perspective is rooted in society. So it's not the overt disfluencies themselves that disable a person in their daily life, it's the way society reacts to those disfluencies.

So it's stigma and societal barriers that result in people who stutter facing disability in their day to day life. So it's negative stereotypes and prejudice and discrimination against people who stutter that inhibit their livelihood, not necessarily the disfluency themselves. So the root cause of disability from the social model is more centered in society. There's also differences in how stuttering is viewed. From the medical model perspective, stuttering is viewed as something wrong with the person that needs to be fixed. Whereas from the social of disability, stuttering is viewed as a normal and legitimate expression of neurodiversity.

So from the social model, there's nothing wrong with people who stutter and there's nothing wrong with stuttering. And part of the rationale for viewing stuttering as an expression of neurodiversity is that if there are 70 million people, estimated people in the world who stutter, maybe stuttering is just part of the human condition and it's actually not a deviation, it falls under the umbrella of the many diverse ways that people communicate. So there's entirely opposite positions in terms of how stuttering is viewed and what is the cause of disability depending on which model we're looking at. There's also differences in relationships with professionals between the medical model and the social model. So in the medical model view, clients are often viewed as recipients of help from experts. So, you know, we often adopt the medical model in

healthcare and so we go to our doctors for a diagnosis and we expect them to fix what is wrong with us, what symptoms we're having. So from the social model relationships with professionals can look a little bit different. So the therapeutic process can be client driven and it can be collaborative where the speech pathologist is recognized as the expert in communication. But like Brooke said, the client who stutters can also be recognized as an expert because they know their own stuttering and they know their own experience with stuttering better than anyone.

So instead of the top down approach from the medical model where we as speech pathologists say, this is what we want you to do, from a social model perspective, we might ask the client what do you want to do and how can I collaborate with you to help you achieve those outcomes? And then just to bring it full circle back to our question of what are efficient and effective outcomes for stuttering intervention. If we're looking through a medical model lens, which is really what we're often entrenched in in graduate school, then we are thinking about fixing, curing or preventing the deficit, air quote, deficit. So our outcomes are gonna be focused from a medical model perspective on increasing fluency or reducing moments of stuttering or maybe reducing struggle.

We're really gonna be focusing on the disfluencies themselves and changing them and modifying speech. But from the social model, again in a social model perspective, the disfluencies themselves aren't what causes a disability in day to day life. It's the barriers that people who stutter come across in society that restrict them from participating and from living their lives fully. So from a social model perspective, we wouldn't necessarily be so focused on changing the way a person talks as much as we would be focused on changing maybe their ability to self advocate so that they can participate in their lives more fully. So again, in graduate school we tend to be pretty immersed in the medical model. Our undergraduate coursework focuses on typical communication development and typical communication and then we get to grad

school and we start to learn about atypical communication disorders and atypical communication profiles. So you're probably pretty familiar with that. You've probably had exposure, as Brooke said, to speech modification, education on speech modification. So today we're gonna take more of a social model perspective, where we're really gonna focus on increasing access and participation in society and how self-advocacy can be one way of doing that. So if you're not familiar with the medical and social models of disability, you probably are familiar with the World Health Organization's ICF framework or the International Classification of Functioning Disability and Health.

This is the framework that ASHA has adopted and we commonly learn about in our graduate programs. And it's a framework for understanding the way diseases and disorders broadly, not just stuttering, the ways diseases and disorders result in an adverse impact on quality of life. And what's nice about the ICF framework is it cuts across the medical model and the social model. And it gives us a nice holistic perspective of the different things that we can target in intervention to reduce the adverse impact of stuttering. So this image has been modified from a recent study by Yaruss and Tichenor but what you can see here is there are subtle differences in what we can target to improve quality of life.

So you might see that there's the impairment in body function or structure. So if we're targeting the impairment, that's where we might work on how people respond to the loss of control that they feel was stuttering or we might work on changing or modifying moments of stuttering to make easier communication. What's nice about the ICF framework is that it separates personal factors from the impairment. So we know, as Brooke said, that the emotions and thoughts related to stuttering can really exacerbate stuttering and make it difficult to live with stuttering. And separate from both of those things is activity limitations and participation restrictions. And so today when we're talking about increasing self-advocacy, the ultimate goal is to increase participation

and reduce activity limitations. If we can teach people who stutter how to better advocate for themselves, then they may feel less inhibited within society. They'll have more choices in terms of how they can manage their stuttering in day to day life to increase their life participation. So when we're talking about self-advocacy in our scope of practice, the goal of self-advocacy should be to increase participation in day to day life among people who stutter. So before we jump into ideas of activities that target self-advocacy for therapy, I wanna start by just getting a share definition of what self-advocacy is. It can be defined in many ways, but one of the definitions that really stood out to me was from Test and colleagues.

They define self-advocacy as effective communication regarding goals and preferences that matter to an individual. So self advocacy is rooted in communication and who better to help people with communication differences and disorders improve self-advocacy than speech pathologists, if it's really rooted in communication. Self-advocacy is a sub component of the larger concept of self determination. So self determination refers to the extent that a person has control of how their life unfolds, of the opportunities they have access to and the opportunities they take advantage of. So if we can help increase a client's self-advocacy, the idea is they might be able to live a more fulfilled life and be able to run into and take advantage of opportunities that might not come to them if they're spending their life maybe trying to hide stuttering or trying to do what they think others want them to do with their stuttering rather than asking themselves, what do I wanna do?

How do I wanna handle my stuttering? And most importantly, self-advocacy is a skill that can be learned. So I'm sure if you think about the people you know in your life, you know people who are better advocates, they know their boundaries and they have no problem telling you. And you probably also know some people who are much more timid and it really takes a lot for them to speak up for themselves. What's really promising about the idea of increasing self-advocacy is that self-advocacy is a skill.

Sure, there are personality factors that influence how comfortable a person is in advocating for themselves, but is a skill that can be targeted and learned. And I argue that it is within our scope of practice and very relevant to reducing the adverse impact of stuttering. So benefits of increasing self-advocacy haven't been studied among people who stutter as an exclusive group, but there's a wide body of literature looking at general benefits of increased self-advocacy among other groups. And what we know from meta analysis is that when a person develops increased self-advocacy skill, you also see gains in self confidence, self awareness, self efficacy. You see increased feelings of empowerment and increased leadership abilities.

When we increase self-advocacy, people also show an increased ability to explain what their disability is. I think one thing I've learned when I meet clients who stutter is they have a hard time when people ask them, "What's stuttering?" or "Why do you talk like that?" They have a hard time answering that question and we can take that barrier away for them. We can work with them to make that an easier question to answer. And so when we improve self-advocacy, clients are gonna be better able to explain what their disability is and what their goals are. You know, society has a very limited understanding of stuttering and they often assume that when people are working on stuttering, they're working on being more fluent.

But as Brooke said, that's not always the case and sometimes people who stutter will be working on reducing avoidance, and when you reduce avoidance, sometimes you stutter more. Society doesn't always get that and so society will say, we like to praise fluency and say, "Wow, that sounded so fluent." But that's actually contraindicated to what the person is working on if they're working on avoidance reduction. So when a client can explain what their goals are, they're gonna be much more likely to create an environment that's full of allies who want to support them. So these are some of the reasons why I think self-advocacy could be really important and is really important among clients who stutter. So now I wanna jump into and spend the rest of our time

talking about therapy activities for promoting self-advocacy skills for clients who stutter. This is a visual that I made to just kind of give you different categories of activities. So instead of just presenting a bunch of activities, I tried to think about, you know, how did these activities systematically go together? So you should see seven circles on your screen around promoting self-advocacy. In each of these circles is a category of activities that relate to promoting self-advocacy. So I kind of think of these activities as falling on a hierarchy of low level self-advocacy skills. So beginning self-advocacy skills, intermediate and then high level self-advocacy skills. So for example, learning the facts would be a lower level self-advocacy skill. This is something that is required in order to reach kind of higher levels of self-advocacy skills like disclosure.

So that might be where I would start if I had a newer client. Advertising is a kind of a more intermediate self-advocacy skill. So advertising, is essentially the extent that a person is willing to be open about their stuttering and show their stuttering to others. So in order for a person to advocate for themselves and their stuttering, they have to be open to their stuttering, they have to be open about their stuttering to some degree. You can't really be trying to hide your stuttering really intensely and trying to advocate for what you want related to your stuttering.

They don't really go together. So advertising is kind of an intermediate level of self-advocacy and then something like disclosure kind of is on the higher end. When a client feels comfortable enough to tell other people that they stutter and educate others about what they want and what they need, they're really getting to the cracks of self advocacy and getting to the point where they might really reap some benefits. So my point is, not all of the activities that I'm going to share with you are gonna be appropriate for every client you have. And it's really up to you to have conversations with your client about what they're ready for and we want to meet clients where they are. And if a client is comfortable with learning the facts and that's it, that's a good

place to start. So I just want you to think about your individual clients and what may and may not be appropriate for them. So now we're gonna talk through each of these a little bit and I'm gonna give you some specific tips and activities that you could try with your clients to promote self-advocacy. So again, the first is learning the facts and I think of learning the facts as really just a stepping stone for getting ready to do higher level self-advocacy skills. So these are some things that I think are helpful for clients to know and these are just a couple of examples, but the first one is the speech machine. So teaching clients really of all ages, what parts of our body we use when we're talking. So this ranges from the lips and the tongue to the larynx and the lungs but it's really important that clients have a level of awareness of what they're doing when they're talking.

Often stuttering can feel like something that just happens to them and they have a fight or flight reaction in those moments of stuttering and they have no idea what they're doing with their body and that can make stuttering feel really scary. When it's something that happens to you at unpredictable intervals, that doesn't sound fun. And so if we teach clients about their body and what they're doing when they're stuttering, I find clients feel a little bit more empowered because if stuttering as something that you do with these various parts of your body, it's something you can change. If it's something that happens to you, you're more helpless.

And so I like to talk about stuttering as something we do and something we can change. Other things that are helpful for clients to know, Brooke really touched on these things, is that stuttering is no one's fault. Brooke mentioned that parents often internalize their child's stuttering and it's not uncommon for parents to think that they did something wrong to cause their child's stuttering and it's the same thing for kids. They might think that they did something wrong and they might grow up to be adults who think that they did something wrong to cause stuttering. And so I always like to try to initiate conversations about why they think they stutter and eventually try to circle to

the point that stuttering is no one's fault. Brooke also mentioned how variability is normal. I've worked with several adult clients who have spent hours and hours and hours of their life wondering why do I stutter more at work? And what am I doing wrong? And I think it can take a big burden and a big chunk of weight off them if we can just reassure them, hey, variability is normal. You're not doing anything wrong. You're not weird because you're stuttering changes so much, that's the nature of stuttering. I think that can provide them with some relief and some better understanding of their experience.

And just as another example, I like to educate clients and work with them to talk about types of stuttering. Some people, when we think of stuttering, many people think of the stereotypical repetitions and they don't think so much about prolongation and blocks. And so I like to talk with clients about what types of stuttering are common in their speech and maybe how listeners might perceive those types of stuttering and what they can do to manage those moments. For example, if the client blocks a lot, it can be a lot harder for listeners to know they have something to say. So we might kind of talk about how do you manage when you're having a block and you're talking to a communication partner.

So these, I just think these are good topics to kind of bring up when you're talking about the basic facts of stuttering. And some of the potential outcomes of learning the facts are that, as I alluded to, when you learn about stuttering, it exposes the magic of stuttering and stuttering doesn't have to be something that happens to you that you feel helpless about. It can be something that you do, that you can become increasingly comfortable with, and become increasingly comfortable with changing and that leads to feelings of empowerment. The other benefit of learning the facts about stuttering is that it creates a solid foundation for a more advanced advocacy activity. So like I said, you can't educate others about stuttering until you've spent some time learning about stuttering yourself. And although it's outside the scope of this talk, learning the facts

about stuttering builds the solid foundation that we need to help clients make change to their speech as well. So if we're doing stuttering modification, it's very important that they know a little bit about the nature of stuttering and what they're doing when they're talking. So the next category of activities is educating others. So many of you, if you think about options for educating, having your clients educate others, I should say, you probably think of maybe the classroom presentation, maybe you learned about that in grad school. So that's one way to get clients ready to dip their toes into talking openly about stuttering and educating others about stuttering.

You can do a classroom presentation and I have added a link here from the National Stuttering Association that has tips for helping your client develop a classroom presentation. For some kids that's gonna feel like jumping off the high dive and they're not gonna be ready for that and so some of these other ideas have increasing levels of kind of difficulty and maybe fear for each individual client. One thing you could do is a stuttering facts booth. So last week was National Stuttering Awareness Week and if we were in school, it would have been a great time to do a stuttering facts booth.

You can make a poster, you can get your clients who stutter and some allies, get their friends and you can hand out stuttering facts with maybe a Hershey Kiss and this has a lot of benefits. It first of all educates their peers, and second of all desensitizes kids to talking about stuttering and to being associated with stuttering. And it can also help them have positive associations between stuttering and life. Stuttering doesn't always have to be something that can be difficult and hard, it can be something that can be lighter. It can be something that can be enjoyable. You can also help your clients make a stuttering brochure. So this could be a brochure that they give to their friends and family and you could have different facts about stuttering on each page or you could have do's and don'ts. I really love helping clients think of these are the things that I want people in my life to do when I'm stuttering and these are the things that I don't want people to do. I find that that can be really helpful for clients to think those things

through and then to write them down and to share them with others. You can also do educational comics. So again, you can ask clients, "What were some times "when you were talking with someone and you were stuttering "and the situation didn't go as you wanted to go?" They might come up with an example like maybe being interrupted. And so you can take a minute and have the client draw that scenario of being interrupted and you can talk about that. And then you can draw right next to it an alternate scenario where maybe the client got to do something about it. What might they say? So in the alternate scenario, you might have the client being interrupted and then the client saying, "Please let me finish "what I have to say," or whatever else might feel comfortable to the client.

But you're helping the client realize that they can make choices in these types of situations and you're helping them kind of construe alternate realities for choices they can make in the future. And if you have a client who's really hesitant to talk about stuttering and you're like, nope, these activities do not describe the child that I'm working with, you could consider having your client write a letter or submit a drawing to the Stuttering Foundation of America newsletter. I think they display every submission they get. Don't quote me on it, but I think that they display a good amount of the submissions. And so this is a kind of a, it's a less confrontational way of learning that it's okay to educate other people about stuttering.

And so that would be a great therapy activity as well. So outcomes of these types of activities where you educate others are that you'll see the client will have an improved ability to explain what stuttering is to others. If someone asks them, "Hey, what's stuttering?" That's not gonna come as a surprise to them because they've got this experience with telling people about stuttering. I think these next two are so important. It gives them experience and practice with expressing their needs and desires. So when you're educating others, it's kind of middle ground because you aren't asking someone to do something or to not do something. You're not saying, hey, please don't

interrupt me, that requires a higher level of assertiveness, but you are desensitizing kids to talking about stuttering and to sharing facts about stuttering with the people in their lives. And so it's an important, I think, stepping stone to more advanced levels of self-advocacy. And then finally having, clients talk openly about stuttering and educate others instills from a young age that stuttering does not have to be a taboo topic. Maybe some of you have worked with adults who come in and they've never talked about stuttering. No one in their life had ever told them, "Hey, it's okay to talk about stuttering. "This is something we can talk about. "You don't have to hide this." And so I think, you know, getting your clients to a place where they feel comfortable educating others is doing them a great service in their ability to live happily with stuttering down the road and their ability to advocate for themselves down the road. The next category of strategies is disclosure.

So this is again, this is a higher level self-advocacy skill for sure. So disclosure occurs when clients share that they're a person who stutters with others, often through verbal communication. So they're telling people in their lives that they stutter or that they're a person who stutters. My research, some of my recent research has been on disclosure and so I've read the literature in the field of stuttering and also in other fields. And what I've learned from my own work is that disclosure should always be a personal choice. When people disclose stuttering, there are costs and there are risks. There is a risk that someone will discriminate against them if they disclose that they're stuttering. There are also potential benefits.

And so disclosure is not an all or nothing decision for people who stutter. It's not that people who stutter can just come out and say, "I'm a person who stutters," and now everyone knows it. People who stutter are constantly making decisions about disclosure and each of these decisions really involves a cost benefit analysis of should I say it or should I not? And so my point is that it's really an individual decision and it's not one that we should push our clients into, but it is one that we should help them

consider and encourage them to try. The other point I wanna make is that first disclosure experiences are important and can have lasting effects on how people feel about disclosure. So again, this is not the type of activity that you wanna push your client off the deep end into. This is something you want to slowly build up to and you wanna have many conversations so that they feel supported. Because if they have a positive first experience, they're going to be more likely to disclose in the future and to feel more comfortable with disclosing. Where as if they're pushed into an experience to disclose before they're ready, that might actually decrease the likelihood that they're willing to disclose in the future. So we wanna be especially mindful when we're working with people who have not disclosed before and we'll kind of talk about how you can prep your clients to get ready to disclose in a little bit, in a few slides. So recent research shine some light on some of the potential benefits of disclosing stuttering. So people who start our report reduced worry and fear.

If you're not worried about if you're gonna stutter or if the other person knows that you stutter, you have a lot more cognitive resources to just be able to be present in your communication, which makes sense, it makes communication experiences more enjoyable. And other benefits are people who started report increased feelings of authenticity and increased self-respect. And there's some evidence that disclosure can positively affect listener perceptions of people who stutter. But again, there are also risks for disclosing in terms of listener perceptions. So these are some examples of disclosure statements that you can help your client come up with and try on or try out. So you might notice that I stutter. Feel free to ask if you have any questions about it. I'm a person who stutters, you'll get used to it. I stutter so it's totally normal for me if you hear some pauses in my speech. There are infinite ways to disclose and some of these your client might look at and say, "I will never say you'll get used to it. "That is just not my personality," and that is totally fine. You wanna work with your client to help them figure out what disclosure statements work for them? What feels like them? What feels the most comfortable to them and the most effective? And so regardless of the

exact statement your client uses to disclose, there is some research about what makes a disclosure statement effective. So disclosures are more effective when they're used at the beginning of an interaction rather than at the end. So you just put it on the table right away is associated kind of with better disclosure outcomes. And importantly, disclosures go better when people who stutter use informative tones rather than apologetic tones. So you might see that your client has a tendency to apologize for stuttering. Say, I'm sorry or please bear with me but these types of disclosures actually aren't as effective as just being factual and stating, "This is the way I talk "and you'll adjust quickly." So those are some kind of guidelines that you can think back to when you're helping your clients generate disclosure statements.

Okay, so now we're gonna talk about advertising. So I mentioned advertising earlier and advertising is really any activity that involves helping clients become more open about stuttering. Disclosure is a strong form of advertising. It's putting it all on the table by telling someone that you stutter but there are other ways of advertising that your clients might prefer or that might help them get to the point where they're comfortable to disclose. And again, the reason why advertising is related to self advocacy is because until your client is willing to be open or semi-open about their stuttering, they're not really gonna be able to self advocate. In order to tell people what you need, you really have to be at a place where you can be open about stuttering, talk openly about stuttering.

And so these are some different ways that clients can try to increase their comfort with advertising or increase their comfort with being open about stuttering. So maybe one of your goals could be for your client to wear a stuttering related shirt or pin. Okay, you're not ready to tell other people that you stuttering and that's okay. What if we wore a stuttering related shirt to a basketball practice? Is that something you think you could tolerate? And you slowly creep your way into helping them be more comfortable with putting stuttering out there? Other ways that clients can advertise include open

stuttering. So maybe they don't wanna tell someone that they stuttering, maybe that feels weird to them, but maybe they wanna tell someone that they stutter just by stuttering. So their goal might be to actually just stutter when they're talking with someone to let the other person know that they're a person who stutters and to just put it on the table. Other clients might prefer to pseudo stutter, so they might throw some pseudo stutters in as a way to be open about stuttering and let other people know that they're a person who stutters. Another kind of smaller goal would be that client, a goal might be for your clients to reference speech therapy or self help group. And this really came to mind because I had an adult client who was telling me he felt so guilty because his coworkers would ask him, "What are you doing on Thursday night?"

And he would say he was going to his son's basketball game rather than just being honest about speech therapy. And you know, he's not required to be honest, but for him, it was causing him guilt and he felt like he was lying. And so we made a goal for the next time someone asked him about what he was doing on a Thursday night to reference that he was going to a stuttering support group and to try that out and to come back and we can compare and contrast how hiding stuttering feels with how being open about what you're doing with stuttering feels. And for this client, he found that he preferred to be open.

And so there's lots of little mini steps you can take before you get to the deep dive of disclosure. And some of the benefits of advertising are to use Bill Murphy's words, "Deawfulizing stuttering." So, you know, when people don't talk about stuttering and when people have habits of hiding stuttering and living covertly, stuttering can feel like something awful. That they're the only one who knows about, that other people don't understand and when we can get people to slowly become more open about stuttering, our hope is that they will start to slowly build confidence that stuttering doesn't have to be so awful. That nine times out of 10, the person you're talking to is

gonna understand. That doesn't mean we live in a perfect world, things will still happen, but most of the time stuttering doesn't have to be so bad. You can be open with it and have good experiences. And in turn, when you can get people to wear stuttering on their sleeve, to be more open about it, it really helps to extinguish the shame, the shame that builds and builds and builds when people hide their stuttering. And so, I would say that advertising and disclosure are two things that I've heard many of my friends who stutter say that really changed their life. It might not be for every client, but I definitely think these are really important steps for promoting self-advocacy. So this next one is role play and I think this will be of interest to you all because this is a therapeutic skill that I think is very effective in working with people who stutter in speech therapy.

And you can use role play to target any of the other activities I've mentioned so disclosure, advertising, educating others. Role playing in sessions can really be a great way to help clients feel supported to do things in the real world. And so why do we role play it and when do we do it? Role playing allows clients to try on advocacy strategies in a safe environment and we wanna do it before real world experiences. So there's a gap between talking about disclosure in the therapy room and then actually going out and disclosing in the real world. Those are so far from each other and role playing in the sessions can be that middle ground. Let's talk about self-disclosure, what feels comfortable to you, let's try it out in the room and then let's move outside of the room.

And you can use various formats when you're role playing. So the client can play themselves, they can be the person who stutters or they can be the communication partner and you can be the person who stutters. So to give you kind of a full idea of what you might do with role playing in therapy, let's use disclosure as an example. You might start by generating ideas for disclosure. What are things that you could say to disclose stuttering to someone? And I like to encourage clients to think of anything. So these do not have to be things they would actually feel comfortable saying and you can

usually add some humor to it. So I don't know, we will throw stuff on the table like, "I stutter and there's nothing you can do about it "so you're just gonna have to sit and listen." And the person may never feel comfortable saying that, but I find that we allow ourselves to use humor and kind of be flexible and goofy, it helps clients sort through what they actually do feel comfortable with saying. And so by the end of it, we can shape something that is really silly into something that actually might work for them. So once you have some verbal disclosure statements ready, you can start role-playing them. So I usually like to model for my clients first so I'll say, "Okay, I'll be the person who stuttering "and you'd be the communication partner," and I will practice a disclosure statement with pseudo stuttering so they can kind of just see what that looks like. Rather than immediately jumping into that role, they can just see what it looks like and then we'll switch.

So they'll practice the disclosure statements with me and I'll give them a variety of reactions and responses so that they get practice with kind of following up after our disclosure. And I find that when we roleplay disclosure, clients are more likely to actually try it out in the real world. So disclosure is not the only thing that we can role play. You can role play difficult questions and scenarios. So sometimes like I've mentioned, people who stutter have a hard time answering questions about stuttering so they might have a hard time answering questions like, "Why do you talk like that?" "What is stuttering?" "Can you stop doing that?" And so I'll ask them, you know, "What was a time "when someone asked you a question about stuttering "and you didn't know how to respond?" And we'll use that exact question to role play and we'll role play different things that the person could have said. Again, these might be things they would never say in real life, but we'll shape it to something that they actually could have said so that maybe if they're in that situation next time they'll know that they have choices in terms of how they respond. You can also role play bullying responses. So if a child, you know, reports that they're being bullied, you can ask them, you know, "What did the bully say to you?" Or, "What are you worried that the boy's gonna say to

you?" And you role play it. I usually like to have the client be the bully first. So I'll say, "You use the," Laura, that's a great question and I'll try to get to that at the end. Thank you so much for asking it. But I'll say, "You be the bully first," just because I don't wanna trigger any feelings of shame first. I want them to really feel this is a safe environment. And so I'll have them bully me based on what has been said to them and we'll work from there. And to answer Laura's question, how old do you usually start with advertising or disclose your activities? I mean, it depends on the client. You don't wanna push clients to do things they're not ready to. I would say certainly early elementary school with things like stuttering contests. So let's see who can stutter the longest. Let's see who can stutter the loudest.

Just right away, helping kids understand that stuttering doesn't have to be something you hide. And I'm currently working with a first grader whose mom said that her friends are asking her about stuttering and she doesn't seem to know what to say. So I would definitely say early elementary school might be a good place to start and depending, I mean, if you're working with a preschooler who is showing signs of shame and struggle, then you know, you can work on advertising, which is just, you know, it's just trying to decondition shame associated with stuttering. Talking about stuttering openly, that's to some extent advertising.

So that's a really good question. The other thing is responding to undesirable listener reactions. So if someone, people who stutter are interrupted, they're mocked, not all the time, I really do believe most people are good, but every now and then they encounter a listener who's had a bad day and is just not the nicest person and they interrupt them unintentionally or they finish their sentences or they look away from them or they stare at them. And so you can ask your client, "What are some listener reactions that you don't like "and what do you do about them?" Often people who stutter might say, "I don't know, "I just get through it." But I think helping clients realize they have choices even if they don't act on those. So say if they're interrupted, we can

role play that where they interrupt me and I pseudo stutter and I say, "Please don't interrupt me. "It's easiest if you give me time to talk." And they can kind of rate how much they thought that might be something they'd say, we'll discuss how we could tweak it. And whether or not they actually do these things in the real world, in my opinion, is up to them. It's just the idea of teaching them that there are choices and you can be empowered in those situations. You can make some choices, and you don't have to passively let people finish your sentences. You don't have to be aggressive, but you can certainly be a little assertive or advocate for yourself. And a tip is when you do these types of role-playing, always practice with pseudo stuttering. So if you're playing a person who stutters, make sure you're a pseudo stuttering and if they're playing the person who stutters, but they're pretty fluent, encourage them to use pseudo stuttering.

They might not be stuttering in the therapy room with you, but when they're going out and doing these kinds of scary self-advocacy skills, they're probably gonna stutter. And so we want people to have experience with that and have that not come as a surprise to them. Okay. So some of the benefits of roleplaying are again, increased comfort during moments of real world self advocacy and hopefully roleplaying increases the likelihood that a client will self-advocate in the real world. Another kind of category of activities is what I call foster connections and I mean fostering connections between clients who stutter.

Helping kids who stutter or meet other kids who stutter. I think of this as kind of, it's like the icing on the cake. It's not required for self-advocacy, but it makes the cake better. It makes self-advocacy easier. So some examples of how you can help kids foster connections are through group therapy activities with other kids who stutter. Helping to create mentor and mentee relationships between kids who stutter. And doing maybe PenPals or virtual hangouts. What a better time to do that than during this situation we find ourselves in with coronavirus. Connect your clients who stutter.

From my own research with looking at benefits of kids who participate in stuttering self-help, we see that when kids develop connections with other kids who stutter, it tends to reduce the negative life impact of stuttering, increase self-acceptance and normalize stuttering. Helps them realize that, hey, I'm not the only person who stutters. It's not so bad to stutter. I can still live my best life and stutter and let other people know what I need. And so kids can see other kids modeling that behavior, which can be really powerful. The last category of activities is exploring accommodations. So for those of you who work in a school, I'm sure you're very familiar that accommodations are adjustments that can remove barriers and promote accessibility for people with disabilities.

And so here's some examples of some stuttering unrelated accommodations that you could advocate for for the kids that you work with in school. So for example, you could advocate that your client is only called on when their hand is raised. I think this one can be really important. Some kids are totally unphased by stuttering. I don't wanna count them out, but for the kids who are, have concerns about stuttering in the classroom. The fear of being called on can significantly impact their ability to take in the information. I've heard kids say, you know, "I have no idea "what my teacher says in math because I'm so worried "that she's gonna call on me and I'm gonna stutter."

That's a barrier that does not have to be there in their academic experience. So you could advocate for an accommodation where the child is called on only when their hand is raised or you could advocate for extra time for verbal presentations. No loss of points for disfluency, that should just be a given in oral presentations. You could advocate for alternate presentation arrangements where they have the option to give their presentation after class or you could advocate that they have the option to choose their order in presentation lineup so they don't have that increasing anxiety of when is it gonna be my turn. They can just choose. And so I think these are all worth considering and advocating for on a case by case basis. Alright, so I've given you a lot

of ideas and I just want to spend the rest of our time talking about, okay, well how do we figure out which of these activities might fit best for the different clients we see? So I have a couple of case studies starting with Benny. So Benny is a third grader on your caseload. His mom emailed you and said that she has concern that Benny doesn't know how to talk about stuttering at school with his friends and teachers. So Benny's mom has said she's seen his peers ask him about stuttering and he just seems uncomfortable and that he doesn't know how to respond to that question. So what are some examples of therapy activities that might help Benny develop age appropriate self-advocacy skills? I think, you know, almost always the place to start to at least see where your client's at is learning the facts. So you might have a goal that Benny will increase his knowledge about stuttering as indicated by obtaining a certain score on quizzes about stuttering.

This type of goal gives you the flexibility to teach Benny about stuttering in any way that you want to, but then your data maybe based on you asking him questions and him responding accurately. Or you know, maybe it could be something written, although I usually try to keep things informal. So this will help Benny know what he needs to know in order to tell his friends about stuttering. Then you could try educating some goals related to educating others. So Benny will educate two friends about stuttering using a format of his choice and journal about experiences in his stuttering notebook.

So I do wanna say, I wanna make sure this is something Benny wants and Benny is willing to do before I would make this a goal. I want to collaborate with Benny and not push him into something he's not ready for. So I would ask him, "How can I support you "in helping your friends understand stuttering?" And try to go from there. But if he was willing, this could be a good goal. And then role playing. So Benny will identify and describe two difficult stuttering situations and roleplay self-advocacy responses with the clinician. So maybe I'll ask him, "Hey, have your friends ever asked you "a question

that you didn't know what to say "about if it's related to stuttering?" And then I'm hoping I know what he's been asked based on his mom, but I'm hoping he'll share that and we can role play through different things he could say. Now let's move to Marquise. So Marquise, a seventh grader reports that he is experiencing bullying and feels lonely with stuttering. What are some examples of therapy activities that may help develop this client's self-advocacy skills? So again, roleplay, it's really more of a vessel than an activity. It's a vessel for other activities. But maybe you'll have a goal, Marquise will role play five unique self-advocacy responses related to bullying with the clinician provided with prompting as needed. So again, I wanna make this relevant to Marquise so I'm gonna try to talk to Marquise about what his experience with bullying is, and I'm gonna try to get at what are the things that other kids have said to you, the specific things rather than trying to guess.

And if Marquise can share specific things, for example, being called a stutter bug, then we can talk about how he can respond to that and we can role play different responses. Again, whether or not he uses those responses, it's really up to him. We can't make a child do anything. The point is we're trying to show him that he has choices. He doesn't have to be helpless in those moments, he has choices he can make and he can advocate if he chooses. And the other thing that stood out to me is that Marquise said he was lonely.

That is a huge red flag because you know, connecting kids who stutter to other kids who stutter I think is one of the best things that we can do as speech pathologists. So maybe you would have a goal that Marquise will interview an adolescent or adult who stutters and journal about his experience in his stuttering notebook. And this could be something you could target across the semester. So you spent a little bit of your sessions picking who you're gonna try to interview, coming up with the questions, reaching out and then actually doing the interview. So this could be something that could be a really fulfilling kind of longitudinal experience. Or sometimes I have these

participation based goals. So within the context of stuttering group therapy, Marquise will participate in three conversations about stuttering related thoughts and feelings over the course of the semester. So that just gives you the flexibility to kind of pick the topic that maybe is matching what the client needs that day and the goal is just that Marquise is gonna engage with other kids who stutter related to the topic of stuttering. And the last case study is Theresa. Theresa, a ninth grader reports that she is extremely anxious about starting high school. She reported that she had a hard time paying attention in class in eighth grade because she was worried that the teacher would unexpectedly call on her. What can we do to help Theresa with self-advocacy? I think many of us have heard this before when you're transitioning and it can be so hard to know how to handle stuttering and how to work with your teachers. So one goal might be related to educating others.

So with support, Theresa will compose an email draft describing her preferred learning environment to share with teachers. So maybe we'll try to write an email together that talks about the things that are helpful in the classroom that the teacher can do and the things that are not helpful in the classroom that the teacher could try to avoid. And again, whether Theresa sends that email can be up to her. We can try to encourage her but the goal is to just help her think through how to talk about stuttering, how to get comfortable with saying what we need.

And I think another one could be related to exploring accommodations. So not only would we have a conversation with Theresa about how can we help you be more able to pay attention in class? How can we make stuttering less of a big deal and talk about potential accommodations, hopefully secure those accommodations. But we really want Theresa to be able to talk about those accommodations, to explain them, because that will benefit her when she's done with school, when she goes to work and maybe want some accommodations. Just having that experience with talking about what she needs could serve her well in the long run. So thank you so much just for

listening and I hope that you got some ideas for activities to promote self-advocacy with your clients. I have two advocacy resources that I've created with some collaborators that you might be interested in. This first one is a link to an article about stuttering that's written in a scientific journal for kids. So it's about stuttering, written in language for kids. So maybe you might want your client to read it or a group of kids to read it or a classroom to read it. So you could check that out. And the second is a comic. So if you were like, what was she talking about when she said a comic? You could check this out. And this is just a comic about what people who don't stutter can do to be an ally to people who stutter. And so you could use this comic kind of as a starting point for conversation with adult clients especially or you could show this to your clients and then encourage them to create their own comic. So maybe they don't like the suggestions in our illustrated guide and they wanna come up with their own. So those are two resources that I would encourage you to check out. Yeah, I just wanna say thank you and I think we'll take this time to open up for questions.

- [Amy] Okay, thank you very much to both of you. We really enjoy listening to you and learning so much from both of you today. So let's go ahead and see. We've got about five minutes so I do encourage our participants to submit any questions that you may have at this time. And the first one is from Laura and she's asking if you can briefly review the stuttering fact booth.

- [Hope] Sure, I think I can take this one. This is Hope. So my idea for the stuttering fact booth would be to have maybe a poster and a chair up at a school and to be passing out facts about stuttering. So you could print little facts about stuttering or tips. Here's the dos, here's the don'ts and pass those out maybe with some candy with your clients who stutter and hopefully some allies or peers who don't stutter as well.

- [Amy] Okay, great, thank you. And then Deborah is asking, how do you work with families where the student and parents have a poor relationship? For example, unsupportive parents or parents who may not care?

- [Brooke] Okay, I can take this one. This is Brooke. So working with families where the student and the parent have a poor relationship. I think that really the way to start is to talk to the child and get a sense of kind of create a hierarchy as I had said of where they can start. Potentially introducing some information to the parent. You know, you would start small and maybe it's not going to build the way you would with a parent that's a little bit more supportive and more involved in the child's family. But if you could take just tiny little steps to add some information. The other option is to start with engaging somebody in the family that they do feel they have a stronger relationship with, a sibling or an aunt, an uncle. So it doesn't necessarily have to be that parent that the child starts to educate or that the speech pathologist starts to educate. It can be a different, you know, somebody else in the family or somebody, a close family friend.

- [Amy] Okay, thank you. And then our next question is from Rachel. She's asking if you can share ideas regarding having a student who stutters in a therapy group with other students who do not stutter in the school setting.

- [Hope] Hi, this is Hope. I think I can contribute a little bit to this question. I would try to have a conversation with that student about what it feels like to be a person who stutters in a group with other kids who don't stutter and ask them if they think that setting is helpful for them and if not, how you could make them more comfortable or maybe modify that setting. Brooke, I'm not sure if you have anything to add.

- [Brooke] No, I think I agree with you, Hope. I think we always, the first person we should always go to, honestly, no matter how old the child is, is the child, and I've done this with children as young as three or four to get their sense of what they feel

comfortable with. Of course using, you know, kid friendly terms and finding ways to make sure that they're comprehending the tasks. But making sure that the child is really the one in control is important.

- [Amy] Great, thank you. Okay, the next question is how should a classroom teacher respond when a pre-K student is stuck in a block or prolongation in circle time, especially when the other kids are starting to stare?

- [Brooke] So we'll probably start to sound like a broken record here, but I don't think there's one way for all teachers to respond. I think it really depends on what that child feels most comfortable with. Some children who are more outgoing might wanna be the ones to talk to that child while other children might feel more comfortable where the teacher calls that child aside and talks to them in private. So all of this really comes down to talking to that child, making sure that they know that they're a part of this team and part of creating plans for all these different types of speaking situations.

- [Amy] Okay, great. And then we'll take just this last question and then we'll go ahead and wrap it up there. So do you find that educating others in exploring accommodations requires the child to also be okay with disclosure? Also, do you work with parents on these advocacy skills as well? It looks like Hope's gonna answer.

- [Hope] Yeah, I can take this. I don't think that they have to be ready to disclose to be willing to educate others or explore accommodations. I just think it can be really hard for people who stutter to say, "I stutter" or "I am a person who stutters." You might find that just talking about stuttering and educating others, they might be willing to do that before they're willing to say I stutter. And so again, just asking the child what they are comfortable with and what they're not comfortable with. And I think you can always explore accommodations. I think it's never a bad question to ask, "Are there any ways that I can help you "not have stuttering impact you in the classroom?" I think that's a

great stepping stone to helping kids get more comfortable and take a step toward disclosure and I definitely think that these things are worth talking about with parents. I definitely think we can increase parent's comfort with acknowledging that their child's stutter and parent's comfort with giving their clients the space to disclose if that's what they choose to do. I think it's a great idea to follow up with the parents so that the parents can really help their child make those decisions and then follow through with them.

- [Amy] Excellent, excellent advice and thank you for that. Okay, let's go ahead and wrap it up there for today. Again, on behalf of speechpathology.com, thank you so much for joining us. Thank you to all of our participants for joining us today. We always appreciate having everyone here and asking great follow up questions. Excellent information today. So if you do have any additional questions, obviously you can see that Brooke and Hope have both provided their email addresses so you are more than welcome to follow up with them directly and in the meantime we will wrap it up there. Thanks again and I hope everyone has a great rest of the day.