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**Best Practices for Stuttering Assessment and Treatment  
Including the Role of Support Groups  
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Presenter: Katie Gore, MA, CCC-SLP; Craig Coleman, MA, CCC-SLP,  
BCS-F, ASHA Fellow  
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- [Amy] Once again, I'd like to welcome you to part four of our four part series, Stuttering Assessment and Treatment: A Holistic Approach, with our guest editor, Craig Coleman. Today's event is Best Practices for Stuttering Assessment and Treatment, Including the Role of Support Groups and our presenters today are Katie Gore and Craig Coleman. Craig Coleman, who is, as I said, serving as our guest editor for this series. He is the Department Chairperson of Communication Sciences and Disorders at Edinburgh University. He is an ASHA Fellow and a board certified specialist in fluency disorders. Craig currently serves as the Vice President for Planning of ASHA. He collaborated on the child versions of the Overall Assessment of the Child's Experience of Stuttering or OACES, which assesses the affective and cognitive components of stuttering. Katie Gore is the Founder and Director of speech IRL, a communication therapy and consulting practice based in Chicago. She is the Co-Founder of Shared Voices, a Chicago based stuttering support organization that emphasizes community and advocacy. Katie founded the City of Chicago Chapter of the National Stuttering Association and formerly served on the board of directors for the National Stuttering Association. She's a faculty member at Rush University where she teaches coursework in Fluency Disorders, and I believe Katie is gonna be starting us off today. So Katie, I'm gonna turn over the mic to you, welcome.

- [Katie] All right, thank you everyone so much for being here. This is great, so I am going to be starting us off today talking about, there's our disclosure slide. I'll be starting us off today, giving you an overview of the different stuttering communities that are out there. These are our disclosures, I won't read them all in depth. But I did want to comment from mine so, a lot of what I'm presenting today comes from very personal experience. I have been involved with all of, or almost all of the organizations I'll be talking to you about today. So I definitely am biased with that. But I will also say that I don't think I have met a stuttering community organization yet that I was not a big fan of. So I hope that while it is a bias, I hope it's a fair one, and I hope that I can maybe bias you all in the same direction that I have. The learner outcomes today, you will at

the end of this course, you'll be able to name three different stuttering support communities and the special focus of each group. You will be able to create two to three, realistic community oriented treatment goals that are within the scope of speech therapy. You'll be able to describe two cultural issues pertaining to SLP involvement in stuttering communities and best practices for navigating this as a non stuttering clinician, if you are not a person who stutters. You will be able to describe assessment principles to target all aspects of stuttering across age ranges, and finally be able to describe at least three treatment activities for children and adults who stutter. All right, so this is my introduction slide, as I mentioned before I love the stuttering community. I am the founder and president of a speech therapy practice in Chicago that specializes in stuttering and outside of that, pretty much all of my free time is spent also doing stuttering things. So I've worked with a number of stuttering organizations and continue to work with them.

And I do this because I love it and I think it's really important, but I have to say this more than anything else has influenced how I approach therapy as a clinician. So a lot of stuttering specialists, I think, identify clinical mentors that they've had. They maybe worked with someone in their career or they studied under someone as a graduate student. That was a very prominent, wonderful expert in the stuttering field. I haven't really had that as I have gone through my clinical journey.

But very early on in my practice, I got involved with the stuttering community and so I feel that my education in stuttering treatment and how to provide services to people who stutter as a speech language pathologist has been. All of my education has come from people who stutter and spending time with people who stutter outside of the therapy room. And I think there are so many lessons that we as clinicians can learn from the stuttering community that we don't always get when we stay in our clinical bubble. So I hope that's what you'll learn some of today and see how we can help our clients access community in a way that will reinforce and grow and just exponentially

improve their experience. Their communication, experience and journey, both what they're getting in speech therapy and what they're getting outside. I will reiterate, please ask questions as I go along. I'll be presenting some information, there's definitely some things that are great to talk about in here, so please just pop a question in the chat and I will take questions as we go, but I'll try to save some time at the end as well for a few extras. All right, so what we're gonna talk about today, we did some introductions. I will give you a brief overview of some of the stuttering communities that are out there. We'll talk about how you bring these outside community experiences into the speech therapy session because we do have some logistical limitations in how we do our jobs a lot of the time.

We are going to practice writing goals for community engagement because we can't write a goal for it, it can kind of feel like pie in the sky. We will talk about the cultural and historical considerations of community growth and participation. Particularly, as this pertains to the role of the SLP. This is a really huge, fascinating topic that could be a three hour lecture on its own, but I'll give you just a little bit of a taste so that you have some context should you choose to step into some community activities and then finally we will wrap things up with questions.

Okay, so this is a very, very brief list, laundry list of some of the organizations that exist to support people who stutter. These first four, I'm going to be talking about in depth, so I won't say too much about them here. So the big four that we'll be talking about today are the National Stuttering Association or NSA. Sometimes we call this the good NSA, not the one that spies on you. Friends, which is The National Association for Young People Who Stutter. SAY, The Stuttering Association for the Young, or sometimes called say.org and Stutter Social. Then the ones I'm not gonna talk about, so I'll say a little bit more about them here. There's two international ones that I want to mention. I'm assuming most people on this presentation are coming from the U.S. or possibly Canada. So there's also the Canadian Stuttering Association or the CFA and

there's the British Stammering Association or the BFA. There are also similar orgs in many, many countries. We once had someone in Chicago come to one of our meetings and he said he was a member of the Italian Stuttering Association and he came to our meeting and said, "Oh, this is just like the meeting that I have back home". So almost every country, maybe not almost every country, but many, many countries in the world have some kind of a stuttering support organization. So if you are dialing in from one of the places that is not listed here, I definitely encourage you to look that up and there are international organizations as well. This slide has other stuttering resources that we are not going to talk about today, but I wanted to mention them and then say why I'm not going to talk about them today.

So there's the Stuttering Foundation of America, which many of you may be familiar with, [stutteringhelp.org](http://stutteringhelp.org). The Stuttering Foundation is not what I would call a community based organization. They're a great information and resources organization. So I'm a big fan of the handouts that they have. Many of the articles that they publish, they have great lists of referral lists for families and individuals seeking therapy. So great source of information, but in terms of actual activities of getting people who stutter together, they don't do as much there. So if you have not checked out the Stuttering Foundation for resources I definitely recommend them.

There are a ton of summer camps for kids who stutter and teenagers who stutter all across the country. I think I have not been to all of them, but I know a lot of the people who work at them and from what I can tell, they all seem to be fantastic places. I know Craig runs one of them, so I'm not gonna talk about them here because there are so many that it would take a very long time. But if you're interested, if you have a client that you think could benefit from a summer camp, I would definitely sort of look at the states in your area because they are definitely peppered all around the country. And then finally these last two that I've listed here, Shared Voices Chicago, which is one that I'm involved with and the American Institute for Stuttering, which is more of a

speech therapy clinic but they do some community stuff as well. They're more locally based organizations. So Shared Voices is Chicago based, AIS is based in New York City. So I'm not gonna talk too much about them because unless you are located in one of those two cities, you might not really be able to access the programming. Granted, I prepped this awhile back and then the pandemic hit and now location is less important than it used to be. But we are all hopeful that one day we'll go back to having big . So those, I wanted to mention those and if any of those things that I just said are relevant for you, or if you live in one of these areas, you can check those out on your own time.

Okay, oh, I think there was supposed to be a title on this one or an image. So this is for the National Stuttering Association or NSA, the NSA is the oldest stuttering support community support organization that we have in the United States. It was founded in 1977 and the emphasis of the NSA, its founding purpose, was to provide self-help and to raise awareness of stuttering by, and for people who stutter. So this was an organization that was started back before the internet was a thing. And they would take out ads in the local newspaper and people who stutter could read these adds, and see, "Oh my goodness, "there's a support organization for someone like me", and they could mail a letter to the office in California and connect that way.

Today I would characterize it, if you're a speech pathologist. Trying to keep all these activities straight, the NSA has two primary activities that I think are of relevance for SLP's when looking to refer. So the primary really big activity is every year there is an annual conference that is for children, teens, parents, adults, people who stutter. Also, SLPs and researches that is typically takes place over the 4th of July weekend and every year it moves around to a different part of the country. So this year it was supposed to be in San Diego, or a Newport Beach sorry, it's happening online. And the annual conference is up to a thousand people who stutter getting together for four days, and they have workshops and seminars and social activities. And for many, many

people, clinicians, people who stutter, parents, everyone. Will say it is one of the most life changing events that they have gone to. So I strongly, strongly recommend if you are ever in the neighborhood of where an NSA conference is happening, or if you have a client who is in an area where an NSA conference is happening, check it out. It is a very, very powerful experience. The NSA also runs chapter meetings and these happen in all 50 States across the country. So chapter meetings are much smaller. They're led by local volunteers, it's entirely volunteer based and they typically meet once a month. And it's for people who stutter to come and meet other people who are going through the same thing and share about them.

And they have adult chapters, family chapters, and teen chapters. You can find out if there is a chapter in your area by going to their website and you can search by state, so they'll list all the ones in your state. And they have some other programs as well, such as mentoring programs and workshops that they do throughout the year. But the two main ones, I would say are this annual conference, which is a really, really special immersive experience. And then the chapter meetings, which are great for ongoing community support. The next organization is Friends or the National Association of Young People Who Stutter.

This organization was founded in 1997 and the emphasis is on providing support and information for children and families. So that's one of the main distinguishing features of the NSA and Friends. Friends is really focused around, the stuttering experience of those under 18, and how it affects the family. Whereas the NSA, they have family programming, but they do a lot of programming for adults as well, people 18 plus. So like the NSA, Friends also has an annual conference that takes place in July. Although it is much smaller, it's usually around maybe 200 to 300 people as opposed to the NSA, which can be up to a thousand. And it is, again, all of the experience in the programming at that conference is really designed around the experience of children and teens who stutter and supporting the parents. The Friends does not have chapter

meetings the way the NSA does, but they do have regional one day conferences, so in different parts of the country, you know, North Carolina or Ohio. There might be a one day conference sometime during the year, and these are just typically on a Saturday, it'll be sort of a nine to four thing, and it's like a mini conference. So you've got some workshops and some lunchtime together and some activities and the parents get together and the kids get together. Then they put people in a big group, and it's a really nice special experience. They also have a mentoring program that takes place online but I would say that the primary activities right now are the annual conference and the regional one day conferences. Something personally I like to think about it. If I'm referring a family to a stuttering community activity, Friends is definitely a smaller organization and their events tend to be a bit smaller. So if I have a child who is very, very sensitive or very, very shy, it's a big deal to walk into a conference type environment.

So sometimes if I have a child who is, very, very hesitant and very, very shy, and I think might do well in a more intimate setting. I'll refer them to something like Friends, versus if someone's just really desperate to meet other people and they're really excited and they want to get really involved. NSA is just larger, there's more people, there can be more energy around it and so NSA might be a good choice. Okay, the next one is SAY, or the Stuttering Association For The Young, this was founded in 2001, in New York City and primarily their year round activities are based in New York City. But I included them because they are starting to do more national stuff and so I wanted to cover the orgs that have stuff available around the country. So similar to Friends, the same mission focuses on supporting people who stutter between the ages of eight and 18. And they have year round afterschool programming centered on the performing arts. So this is a cool thing about SAY is that it's for kids who stutter, but they use the performing arts to support the stuttering kind of in a third degree way versus some, you know, therapy activities or even community activities where you get together and you talk about your stuttering explicitly. You go to SAY, you might just be working on a

poem that you're working on, or expressing yourself creatively. Stuttering can be a big part of that because all the kids that you're with are also going through the same thing. But I like that it has this other emphasis, so SAY runs a camp, that happens once a year in Pennsylvania in the summertime, and then they do this Camp SAY across the USA and this is the more national focus. So these are one day sort of think about all the things you might do at summer camp. They boil this down into one day and have to make it fit for the area and the weather and the region on the day that it's happening. But these are again, also a nonprofit organization, really, really great way to get kids connected to something and give them a really unique outlet.

Okay and the final one, which is highly relevant for today is something called Stutter Social. This is really more appropriate for adults, I would say, maybe older teenagers and adults. It was founded in 2011, so this was a long time ago now, but the emphasis of Stutter Social is using virtual communication to connect people who stutter globally. So what it is, is scheduled, facilitated Google Hangouts that people who stutter can log into, and they started this when Google Hangout was a brand new thing. So at the time it was very, very, very cutting edge that this existed, was founded by three guys who stutter, who have some pretty good connections in the tech world. And of course now we're all doing this sort of thing.

So, now they have participants across all time zones, representing over 70 countries. So each hangout is limited to 10 people, but they will spin up as many hangouts as are needed, for any particular login time. Which is very, very cool. So this is a free thing, so this is great for, again, older teens, adults, especially great for folks who might live in areas where there is no live NSA chapter and they really want to connect with people. But one of the challenging thing about stuttering is that it is sort of a low incidence experience. And so it can be difficult to find other live people who are able to meet at the same day at the same time, the same physical place. So Stutter Social is a wonderful outlet for people who are trying to find something at a good time where they

can connect and have conversations. Okay, so why community here? And let me, I apologize, give me one second. I have one question to ask. So, when I was in graduate school, I remember learning about stuttering community and oh yeah, this is really great. It's a nice sort of bonus thing, oh, the images are in the handout. Okay, so in your handout, there should be an image of a pie chart and what that shows is the Common Factors Model. So the common factors comes from psychology research and the common factors are what are the magic ingredients that helps someone create change in their life when they're struggling with something. So if you look at those pie charts, it's very, very interesting for us to think about as clinicians. So 15% of what contributes to meaningful change is the placebo effect, or just the expectancy effect. So just the fact that the client is doing something, anything that gives them 15% of a boost towards that change right there.

Another 15% is the methods and techniques. So that would be what we are doing in therapy, you know, all that stuff that we spend time doing evidence based practice on getting just the right thing that accounts for 15% of change. The biggest slice of the pie that contributes to change is 40% of that. Is other stuff that the person has going on in their life.

Other factors, environmental factors, so to me, that's the community part. Whatever a person is doing in their life outside of the therapy, outside of the treatment time, that more than the therapy time itself actually has an impact on how far and how impactful the change that they make will be. The 30% that's left is the therapeutic alliance or the relationship between the clinician and the client and to me, we can really strengthen that 30%. If we are getting as much into the 40% as we can, the more we can participate or relate to our clients in what they are doing outside of the therapy session, the stronger that therapeutic bond will be and that is a huge contributing factor to the success of change. So it's not just that participating in community is a nice bonus thing for people who stutter to do and for families who are dealing with

stuttering to do, it is a really essential part of change and that can be more than any technique that you're doing in the session. The driving force as to whether or not this person really gets to the next level with their communication and has more life success. But you might be thinking, "I only see this client for one hour, one day a week, "so how am I possibly supposed to do that?" So this is the next part of what we're getting into now that you have a little bit of a background on what sort of community options are out there, how do we bring this into therapy in a way that is practical for the scope of how we work with our clients? Because you cannot just go hanging out with your one client for 30 hours a week. That's just not practical. So I've classed ways that we can bring these community activities and these community values into therapy in three different classes.

So the first way, sort of step, I would think about it is exploration. So exploration is something you can work on if your client isn't ready or willing to engage in community activities, it is very, very common that you might say to a child or a parent or a young adult who stutters. "Oh, you know, there's an NSA chapter in the area. "I've looked it up, I've emailed the leader. "They seem really great, do you want to go some time?" And the clients like, "No, I absolutely, I don't want to do that". That's really, really, really normal and so if a client is not ready or willing to participate in a community thing, that's okay.

But there are things that we can do in the therapy session to help them explore what it might be like if they were to participate in stuttering community, and that can be a whole class of therapy goals, which we'll get to shortly. Then the next phase is participation, so this would be you have a client who is willing to attend activities and they may be participating in some of those community activities and programs, either actively or passively. So active can look like a lot of different things. When I say passive participation, that might mean they go to an NSA chapter meeting and they sit and they listen during the meeting. They don't say anything but they just sit and listen and

they're in the presence of other people who stutter and maybe it's the first time they've met other people who stutter. So there's a lot of great things that we can do for clients who are in any level of participation of bringing their participation back into the therapy room and then using the therapy time to strengthen their participation and even increase it. And then finally, the last one I would think of is change. So this would be for clients who have been participating in community activities, stuttering community activities, and their participation in the community is giving them new opportunities and new challenges with their communication.

So for many people who stutter, public speaking or speaking in front of a group can be a really challenging and stressful thing, and maybe they've avoided it for a really long time. But maybe they've started participating in different stuttering community activities. They've gone to some chapter meetings. They went to a social event, they're attending their first NSA conference, and they think, you know, "I'd like to give a workshop at the conference", or, "I've been asked to speak on a panel "at the conference, and I've always avoided this, "but I think in this very particular special environment "where it's all people who stutter, "I think I might be ready to take that on".

And so for clients who get these very special opportunities that are created through stuttering community, if they decide they want to take that challenge on, we can absolutely help them prepare for that challenge and work through that challenge in speech therapy. So here are some examples of community oriented therapy activities that we can help the clients with. So under the exploration category, so this is for the client, again, who's like, "No way, I'm not interested in that", or, "Maybe that would be good for me, "but I just don't think I'm there. "I don't think I'm ready to go meet all these people". Here are some things you could do with them in therapy or assign them to do as a homework assignment and then talk about it in the therapy session. So you could have them consume media by other people who stutter about their personal

journey. So this could be a podcast or Stutter Talk tons of blog posts out there, YouTube videos, TikTok videos, anything that's out there where they're just hearing and listening to another real person talk about their journey. It might seem small, but that can be really, really key for a lot of people. They've never thought about the stuttering experience outside of what they have personally lived. The next thing would be having them consume media by other people who stutter specifically about participating in a community activity. So a lot of people, when they go to their first NSA conference, it's such a life changing event. They will write about it and they will blog about it. They'll make a video about it, all those same things. So have them look up one of those, what was it like for this one person to be in a room with other people who stutter her for the first time?

Have them listen to podcasts by people who stutter and I would say these podcasts can cover both of the first two points. So you could have people who stutter just generally talking about their personal journey as a person who stutters or talking about a community experience that they had and that they explored. Watching videos, is a big one and I would say you could either do this asynchronously. So this would be something like looking up a YouTube video that's already been posted, or since live streaming is so popular now, that's another way to feel a little more connected. It's a little more engaging than just watching a YouTube video that's up there for anybody to see. So you could challenge them to, you know, "Why don't you sign on to that live stream "and see what the person has to say?"

And then finally you could have them research local events. So, maybe they've done some of this stuff and they're getting more and more curious and say, "Okay, well lets try to make it a little more real, "let's look at what you actually could do". Doesn't mean you have to go but let's just kind of do our research. It seems really small but psychologically it can be such a huge step for someone to do and so that's why it can be great to do within the context of therapy, where they have that support and

accountability. That's it, work on these in the therapy room. The next one, so for a client who is willing to participate and maybe has been participating, these are some ways that you can bring it into the therapy room. So the client has attended a chapter meeting, obviously that does not happen in therapy. They have attended the chapter meeting someplace outside of therapy, or they have logged on to a live virtual event as is becoming more popular or they attended a conference or maybe a single workshop that they went to.

And if either of these, all of these things, they may listen, passively or actively listen or they might be actively participating. But either way, the way you bring these into the therapy session is that you use the speech therapy session to post-process the activity. So ask them deep probing questions about, what did you think, what was something interesting that you heard? What surprised you? Was there anything you didn't agree with? Was there anything that was uncomfortable about it? Did your feeling or perception of stuttering change from the time you entered the room to the time that you've left the room? Did you get any ideas about how you might want to move forward with your stuttering from this?

So this is a very, you could sort of sum up this whole slide by saying counseling essentially. You have a client who is going and doing activities in their regular life. Bring that into the session and really explore that with them. And then finally for the client who has been actively engaged and they are really taking it to the next level. So they might want to lead a meeting or discussion. They might want to lead a workshop or co-lead a workshop where they have an idea for a topic that they want to facilitate. They might be ready to be on a panel. So that could be for someone's class, I know if you are working in the academic environment and this is a popular activity or it could be at something like a conference, for adults and for actually I would say probably elementary, middle school and high school students as well. More schools are doing diversity and inclusion and disability awareness groups. And so that could be a great

opportunity for a student to step up because there's so much online, there are constantly interview opportunities being present. So on Stutter Talk podcast, different YouTubers, different live stream hosts, so they could interview somebody else or they could be the interviewee. They can make their own posts on social media. And we have a lot of clients who have done that in our practice. One way that they have really moved their stuttering comfort to the next level is they have made Instagram stories and especially if it's a special week, like Stuttering Awareness Week or Better Speech and Hearing Month, and they use that opportunity to say, "Hey, this is me", and get that feedback from people that they know. Giving a presentation about stuttering, that's a pretty classic one.

Working on all of these in speech therapy, again, some of these might seem like they are obvious things that the person can do on their own time, and certainly that is the case. There are lots of teens who are eager to go make YouTube videos and just pop them up there. But even if they're excited to do it and they don't need help. These are all great meeting opportunities to talk with them, to explore it with them and say, "Well, what if you did this instead" or, "Why didn't you include this", or, "Have you thought about including this" or, "You know, what are some different "ways that people could respond to this?"

Helping them really think through what they're doing, solidifies their learning about their own stuttering, the choices that they make in regards to their stuttering and you are as the therapist might be the only person who does ask them about it in this in depth way. They might have friends who say, "Oh, that's really cool that you're doing that. "I really support you". But they have a lot of thoughts that they're going through in their own head and so just having a space to verbally talk it out loud really can make a big difference in terms of, again, solidifying the values that they have and keeping those values as they move forward with change. Okay, so here's some things about if you're writing goals to work on some of these community activities. Things you should do,

include rationale about community engagement and its connection to their other communication goals. And again, it was not a bonus, it is an essential foundation, but especially if you're writing for an insurance company, that might not be totally obvious. So it's good to spell it out, focus on the therapy, appropriate activity or target. So if your goal is something around the fact that they are regularly attending NSA meetings, their attendance at the NSA meeting is something that happens outside of therapy. So your goal should more be structured around the counseling conversation that happens in therapy that is using the NSA meeting as material. So again, that goes with this, ensuring that the goal can be fully executed within the speech therapy session and I'll say more about this in a second.

And as you're writing goals and thinking about hierarchies, these are things I like to think about. So you can consider different parameters like a virtual versus live, asynchronous versus real time passive versus active to create a hierarchy of engagement. So, an example would be for that client who is in the explore phase and they are very, very resistant to stepping into any kind of activity participation. I would say that having them do a virtual or having them watch a YouTube video is lower down on the hierarchy than having them attend a live stream or having them send a comment to a blogger because consuming something passively is one level of engagement and then even consuming something in real time or certainly sending a message or engaging some way with the content creator. Signifies another level of engagement.

So think about stuff like this, especially with all these different virtual opportunities that we have. Don't just say we'll do online activities. There are so many different ways you can categorize and structure online activities to show a pretty nice path of progress. And that's something that you can measure pretty quantitatively. Okay, things you should not do when you're writing goals for community engagement. Would be write goals that require the client to do something you can't control. And by this I mean you cannot kidnap a client and forcibly drive them to a chapter meeting. So don't write

goals that say, "Client will attend their chapter meeting", because most of what the client will need to do to make that happen is totally outside of your control. Similarly, don't write goals that requires significant outlay of resources. Such as the client will go to a conference. When I teach my graduate students, I always give them lots and lots of sermons about how community engagement is so important. And so they always write goals like, client will attend an NSA conference. I say, well, that's great are you gonna give your client \$1,500 to go to the conference 'cause that's how much it costs between the airfare and the hotel and all of that. So again, think about if a client is accessing those on their own, how can you bring them into therapy?

But unless you're wanting to break the law and tie them up and take them to a chapter meeting, that's not gonna be something you can show progress on and then finally, writing goals that requires specific environmental opportunities. For example, speaking on a panel or giving a public presentation. Unless you know that you can provide the client with that opportunity, or you know, that the client has that opportunity coming up, those are just kind of hard to come by, right? It's not like everybody in their life has the opportunity to speak on a panel every week.

So if you know that opportunity is coming up, you can write a goal around it, but don't sort of blindly write that, "Oh yeah the client will give a public speech somewhere", with no plan as to where the speeches is, or where's the audience gonna come from? There's a lot of logistics to goals like that. Okay, so we're going to do a little practice exercise here, and based on some of the examples we talked about or other things you can think of, I am going to give everyone three minutes to write down one goal. That would be an example of how you could incorporate stuttering community participation and that could be anything in the exploration category. To the participation category, to the change category. That would be IEP or insurance company friendly. I've provided here some sample rationale that you could stick onto the front and then you can finish it for yourself. So I will have my clock out here. I will give everyone yes, three minutes

and I'll ask everyone to write something down. And you can do that on your computer or on a notepad if you have it and then I will ask for a few brave volunteers to plop their attempt into the Q&A. Just so we can see the variety here and a little note here is that goals for this type of thing can be a binary, complete, incomplete project that a client works up to. This especially works well in a school setting, so keep that in mind. Two minutes starts now. So we're about halfway through and hopefully you're getting some good ideas, or if you have any questions, maybe you're thinking of something as a goal, an activity that you would like to see, but you're not quite sure how to phrase it. That would be, you can pop that in there too.

Oh, great, oh, Jamie, I love that you're getting off to an enthusiastic start, that's great. And yeah, if you do have one that you'd like to throw out there. Yeah, just start popping them in and I'll read them out. Thank you so much. Here we go, to increase communication confidence a client will contact a business to obtain at least three different pieces of information. Love it, that's great.

So that is a really nice example of a really concrete goal that you can measure really, really well, one thing I say for this exercise, if we could bring a little bit more of the community part into it, so, that's maybe a great example of they're gonna call that business and then maybe they will share that experience at an NSA meeting. If you know they're already going to a meeting Two more in here, let's see. To increase communication competence, client will enter three speaking situations they previously avoided due to their stuttering. Great, so if we wanted to put a community spin on this one, we could say that one of those is going to be something like an NSA meeting or maybe a virtual meetup for people who stutter, fantastic. To decrease shame about being a person who stutters. The client will watch three live stream events featuring other people who stutters over a two month period as monitored by the SLP. This is great, I love this, so you've got the specificity of it's going to be live streamed and you're using the SLP as that accountability partner. Which is really, really great and I

like that prolonged period of time too. It seems small, oh, watching three live stream events over a two month period, although I think now that we all have Zoom fatigue, we maybe appreciate that, that's more work than it sounds. But that is a really great example of a little bit going a long way over a period of time. Fantastic example, let me see, how do I scroll down. Oh, there's so many, okay, let's see. Client will gather information on three stuttering support organizations in order to understand their offerings. Oh, and I just lost it, the first half of it, that is perfect. That's a great example of an explorer goal. Let's see, to increase communication confidence, client will identify five incidences of avoidance and develop a problem solving plan to decrease avoiding behavior. These are fantastic avoidance reduction goals and this could be something where if we wanted to incorporate some community stuff, again, you could have them share that with the group or maybe get an example of what one of those avoidance's might be from other community.

Maybe they participated in a virtual meetup and got some ideas. Okay, I'm just gonna randomly click on one. There's a lot in here, so, I'm just gonna click them and read them. Client will increase the knowledge of the cost of avoidance behavior by journaling one item after a variety of activities such as the stuttering support group or watching a video. Yes, journaling wasn't something I mentioned, but journaling is fantastic.

So have them journal and then they can share their journal with you or just sort of talk high level about what that experience was. That is a great example of these different layers of processing that we can help our clients with as they are participating in these outside of therapy activities. Okay, there's a couple of other ones in here, so I'm hoping that other folks can see these, but these are all great examples and I love the variety that you're sharing, so thank you to everyone who's been popping them in. I appreciate your bravery. I know sharing stuff can sometimes be a little bit scary. So thank you for participating in the community and just for time, I'm gonna move us along here to

some other things for us to think about. Okay, so some cultural and historical considerations for community engagement. And this really gets into our role as a speech language pathologist. So we mean really, really well, right? We're in a helping profession, we are passionate about helping our clients communicate more effectively. Sadly, we haven't always done well. I hope everybody in here is familiar with Wendell Johnson's Monster Study, which is a century old at this point, kind of crazy to think about. But that is a very obvious historical example of a time that we did not do so well as a profession.

And unfortunately when it comes to stuttering, Wendell Johnson's experiment was very, very extreme, but SLPs don't always have the best reputation in the stuttering community. When the NSA was first founded in 1977, it was founded as a self help organization, and the need for that was seen as is because speech therapy is so ineffective and even damaging and harmful. At that time, fluency shaping was kind of the only thing that was out there and still today, it is a very predominant form of therapy, but there was a lot of shaming and moralizing about, you know, people who stutter just need to work harder and do their speech exercises so they can be fluent.

And if you're not fluent, then you're lazy and speech pathologists reinforce a lot of those beliefs. So we've come a long way since then, fortunately. But the fact is there are many people in the stuttering community who, their experience with SLPs was during a point in time when that was the prevailing thought process and it was very, very painful and very harmful. And so there can be a distrust of SLPs, so these chapter meetings and these support groups and things like that, you know, we're probably all familiar with the term safe space. But what that can sometimes mean is a safe space from speech language pathologists if you're working with kids and teens. Safe space can also mean a safe space away from parents, even though the parents might be the most loving, caring, advocating parents, and they only want what's best for their child. But even the best, most well-meaning parents often don't get stuttering. And if you go

to stuttering community activities, you will talk with young people and older people who say, you know, my parents love me to death and they have tried so hard to do the best they can with stuttering, but they still just don't get it 'cause they're not a person who stutters and they haven't lived it. So, we're coming from a good place, but really understanding and accepting and honoring the fact that people who stutter need their own space and just because we mean to help doesn't mean that we are helping. So, there was a time in history when SLPs were asked not to engage in stuttering community activities. And that was because SLPs had such a bad reputation and on the whole, were considered to be unhelpful when it came to working through your stuttering.

Again, nowadays that's very much changed and SLPs, are very much invited to learn about stuttering. One of the reasons being as the NSA grew over the years and the self help community grew that well, if we want SLPs to do better with stuttering, we should invite them in so they can hear what we have to say and do better. And I like to say that I think we have done a lot better as a career and a field. We have a lot of specialists who really listen to people who stutter and then try to turn around and take those experiences and share them with their peers.

We have a lot of people who are eager to learn, okay, I know I learned this in grad school, but you know, you have actually lived it, what do you think, what's most helpful to you? So today, the cultural default, I would say is that SLPs are very much invited to learn about stuttering and their SLPs are very welcome because if you do come to a stuttering community event, that implicitly shows that you believe there's more to learn than what a book can teach you or what a CEU can teach you. You want to hear it from the person themselves. So nowadays we are very much invited to learn, however this happens, especially with grad students or newer SLPs a little more often. But if you do something like go to a chapter meeting or you go to a workshop, it's very, very important for us to remember that we are not the expert when we are in a community

space. So when we're in a clinical space, yes, we can own our clinical expertise and what we've learned about speech and science and psychology and neurology and all those things. In a stuttering community space, the people who stutter are the experts and the SLPs are there to learn and I will also say when even if a question comes up about something like therapy or speech science, a lot of people who stutter know way more about stuttering therapy and the history of stuttering therapy and different approaches to stuttering therapy and the evidence for stuttering therapy. Than SLPs themselves, and there's a lot of SLPs who stutter and they definitely know. The most of that intersection, so when you go to a meeting, if you go to a meeting, if you go to a conference, go as a person, and if you're specifically asked, you know, what's your experience with this or what, what did you learn in graduate school?

What did they teach you? That's something where your unique experience can come through. But don't assume that because you're the SLP and you took a CEU on acceptance and commitment therapy that you know more, or you're the only one in the room who knows about it. Because it's likely that there's a lot of people there who have learned about it and done it for years before you have. So humility goes a long way.

Finally, stuttering communities are for people who stutter first. They're for ally second, in your handout, there should be a really nice graphic of what it means to be an ally to people who stutter and how allies can support people who stutter. That is a graphic that the National Stuttering Association produced. It's free for download from their website, it's a great thing to use in therapy. I have used it with siblings, or if you're working in a school and you have a student who wants to bring a friend to therapy, that is a great thing. To have them to download and have both the student who stutters and their ally, their friend, their sibling. Talk about it, work through it together, works really, really nicely, and it applies to us as speech pathologist as well. So when it comes to the stuttering community space, for me personally, I sort of take the approach that

when I'm in the stuttering community space, I am there to learn, I am not an expert. I have not lived this experience and there's so much listening I have to do, but if I listen and really try to absorb that, then my role becomes disseminating that knowledge to people who weren't in the room, who aren't people who stutter. So for those people in the world who might interact with people who stutter but they don't really think about it, or they don't consider deeply how this might be affecting the person, that's where my expertise is needed, is not to tell the people who stutter information about therapy or information about how, you know, thoughts and feelings and behaviors go together. It's for me to share that back out with the world so that people can be kinder and more patient and more understanding when they meet someone who communicates differently.

So finally, our role, encouraging and challenging clients to seek community. SLPs are the number one referral source for stuttering communities and organizations. What this means is that, for the stuttering organizations, these are all nonprofits as they are trying to, you know, find members and get people to participate in their activities because you know, it's genuinely helpful for people. SLPs are the most consistent way that people find their way to get plugged into one of these communities.

And I always tell my students, if you're working with a student who stutters and you feel like you're not confident with stuttering therapy, which is very, very common. The only thing you ever do is get that kid to go to a friend's conference or get that kid to go to a camp, you have probably changed their life in such an impactful way. And that was totally outside of the speech therapy session but people remember that if you go to these community activities, people will say, you know, I had this SLP, and I don't remember what we did in therapy. But she told me to go to this thing and then I went to this thing and I met all these people and I learned all these things and it changed my life. You are the key there, so we have an incredibly important role and even if our role is just that we are the link or the gate to getting through, that is such a key, important

role that really no other person or profession fills as consistently as we do. What we can do is we can discuss and celebrate stuttering community experiences with our clients. So if a client does go to an NSA meeting and they come back and they're all jazzed up and said, "Oh my gosh, it was so amazing. "It was so great, I met all these people who stutter". You say, "Okay, that's really great, "well, now let's work on your pullouts again". You really kind of invalidated this incredibly potent experience that they just had, or it's that they come in and say, you know, "I know last week we were working on our exercises "and you know, I know I wanted to kind of push forward "and practice my presentation today, "but I went to this meeting and it was so awesome "and I just want to talk about it", and you can say, "That's great, tell me all about it".

Because the reality is you might be the only person with whom the client feels they can share at length about this stuttering experience that they had. Yeah, they might have, you know, a boyfriend a girlfriend, parents, best friends, siblings, people that they're close with. But it's really, really common that even when people who stutter are close with someone, they feel, again, they feel like those people they're close with just don't get stuttering.

And they'd have to explain all this stuff about stuttering for the person to even have context but you are the speech pathologist. You've been talking with them about their stuttering, you've been exploring that with them, and they can just get right into telling you all about this. So that is a really, really special place, that we hold and so celebrating that really helps build that therapeutic bond. Going back to the common factors, that say, "That is so great that you did that, "do you think you're gonna go again? "I would love to hear about how the next one goes, "or what opportunities did they present for you? "You know, you've mentioned "that you've wanted to practice public speaking. "Do they ever do things like that? "Maybe we could think about that", all of those are things you can do. You can also go to these things with your clients. I ran an NSA chapter for years and it was very common that SLPs, would contact me on

behalf of their clients and say, "Hey, I have someone who'd like to come. "Is it okay if I come with him because he's really nervous?" Of course, so you know, you can talk about it with them, but certainly if you have the time and if it's feasible for you, going to one of these things with your client, not only will you learn a lot for your own self, for your own clinical practice, but that probably more than anything else you do within the scope of your scheduled session, shows your clients how much, how devoted you are, and how dedicated you are and how invested you are in their progress in their communication journey. Finally, when we go to these things, participate as a person, not as a professional, so you can say that you're a speech pathologist, but it could be hard to take that hat off.

But I think the more we can take that hat off and stop everything we hear, if we try to shove it into the box of what we learned in graduate school, we miss so much. If you take off all that stuff and just listen to people talk about their experiences of, you know, what it was like to, "I went on the first date with a person "that I had met on Tinder and we'd been going back "and forth, but you know, I hadn't told them that I stutter "and now I had to have that conversation in person "on the first date it was really stressful".

You know, don't be thinking about what you might do for that person in therapy. Just think, wow, you know, if I was a person in that situation, how would I process that and how do I relate to someone going through that. And so that's really part of bringing our whole selves to allyship. There is so much that we have to offer as SLPs. We have really unique, wonderful career, and we're equipped to do a lot of really interesting and amazing things. But just as people, as people who can listen, and as people who have emotions and who have vulnerabilities and fears and anxieties. Arguably, I'd say we bring even more, and especially when we're talking about community and outside of the therapy room, aspects of communication. So when it comes to being an ally for people who stutter, I think our numerous letters behind our names give us great potential and great authority to advocate and to spread information about stuttering.

But when it comes to being in the space with people, I like to think of it as being a person first, and then the fact that you're an SLP is just kind of a bonus on top of that because you have a few extra skills. So in closing, to kind of sum this up, community is not a bonus part of successful therapy. It is a necessary part, now, not all clients are ready to do it right out of the gate. So you meet a person who stutters and don't start, you know, telling them how wonderful the NSA conference is and how they should totally do that. If they are, you know, not even close to being there but there are many ways to access stuttering community engagement, both for our clients and for us as we're trying to connect that to the other things that we're doing in the therapy session.

And even though community seems, like it's this really big nebulous thing, because it's connected to real life. It really can be broken down into small steps that both facilitate client readiness and make some very nice structured goal writing. And some of you gave great examples of that, of things like how many different opportunities can they research or can they do some qualitative assessment of those? Finally, you know, we do have an important role in the stuttering community because of our profession but it's important to remember what that role is. There are certain things that we can do and that we can bring that are really unique.

That also means there are things that we should not be doing because that space is better given and it's more appropriately given to other people, to the true experts in the stuttering experience, which is people who stutter. And so finally, if you are participating in stuttering stuff, be yourself. It's very easy to be self-conscious, to feel like maybe you have to be hyper. Hyper-aware of saying, "Oh, you know, I'm not the expert. "I definitely don't want to come in here "seeming like I'm overly expert or condescending", or maybe you might feel put on the spot because people are looking to you like you are some sort of expert 'cause that can happen too. And you might experience both of those and it can be a little intimidating the first time you go, even more so if you're finding it intimidating. I would say it's probably even scarier for a

more complex multitude of reasons, for our clients, for the actual person who stutters. So it can be new, it can be scary, but go and be yourself and if you're coming from a place of authenticity. Of honesty, of caring for the people and wanting to do better, both for your clients and so you can change the world that we live in. That is what it means to be in the stuttering community and that is consistent with the values of the stuttering community. So that is everything I have, this is a photo from one of our joint Shared Voices and Friends one day conferences. And so you can see all the different people there and all the different ages and stuttering can be hard to deal with. But at the end of the day of a stuttering event, you will see nothing but giant smiles on people's faces. So if nothing else, I've said has convinced you, hopefully a photo of the real thing.

A picture is worth a thousand words. So I've got a couple of minutes before I turn it over to Craig. So any questions about anything? Whether it's more about specific programming that the different orgs have or any of the cultural and historical things that I glossed over very quickly? Okay, well it looks like if there are no questions, I can turn it over to Craig, so I will mute myself. Oh, it looks like we have a question here. Great question, okay. Do you find parents are typically open to having their children attend conferences and camps? Sometimes yes, sometimes no, one of the interesting challenges with parents, and having their children participate in stuttering communities, particularly if the child is younger or they have not been stuttering for very long. Is the parent saying, yeah, I'm sure. You know, if they went to camp or whatever, they'd meet all these kids, it'd be really great, but I don't want them to get the idea that it's cool to stutter or if to have too much fun because maybe then they'll keep stuttering. And I have had that explicitly said a lot, and Craig, I'm sure has heard the same thing. So yes, that comes up, I mean, what we can certainly say is that even if a child goes to camp with all these other kids who stutter and they make a bunch of best friends and they have all these stuttering best friends. That does not perpetuate stuttering, if the child's stuttering is of a sort where they are going to develop out of it or it will reduce in

severity over time, that will happen because it is just physically easier way to talk will come about. Even if they have a positive image and attitude around stuttering. But yeah, that can be a challenging conversation and you know, the other thing with conferences and camps is that they can just be resource intensive. So I think that can be a challenge as well, is parents saying like, "Oh yeah, that sounds like a cool thing", but you know, you're competing with soccer practice and ice skating and all those things. And parents don't always see how deeply their children are being affected by stuttering and so they might not prioritize it relative to some of the other extracurriculars that the child has or the family has going on.

So yeah, selling the benefits of community both to individual people, to kids and teens and adults and to their family members can be very, very tricky. And so you might have to take the same approach with a parent that you take with the client of, you know, the parent's like, "Absolutely not, I'm not sending my kid to stuttering camp then he'll think it's cool to stutter. I can't have that, he needs to work on his stutter and get rid of it". So, you could take the same, sort of explore, participate, change approach that you take with a client and say, okay, so maybe I'm not gonna convince you in one conversation, but you know, let's keep revisiting this and how can I break this down into smaller pieces and show you little bits of evidence, that might help you understand why this might be a helpful choice? Great question, any other questions? Alright, well, I will turn it over to Craig and Craig, I'm sure any question that gets asked once you've taken over, I'll just let you pick up from there and then I think we'll both be around at the end if there's anything at the end. So I will mute myself now.

- [Craig] Thanks Katie, that was really great. You know, just to piggyback off of Katie's points there at the end and to piggyback off that last question, we did a summer camp, through our university every year. Well not this year, obviously but one year we had a parent who brought a child to the camp. The child was about, jeez, I want to say about 11, 12 years old, and they were from six hours away. And they didn't tell the child why

they were coming to the camp until they were about 30 minutes out and this was a really interesting scenario because then when the child got there, after only having had 30 minutes to process where he was going for the next three days, he wasn't in a very good mood. And so we had to work through that a lot in that initial day and it was really interesting because the parents were pretty afraid to talk about stuttering and we're kind of all about strategies and things like that. But both they and the child moved past that pretty quick. Once we were able to get on the table, a lot of open discussion about stuttering. And I think that's a really good example of how you don't really want to be tricky about those situations either. You want to be open and honest about, you know, with the child, why you're going to a camp and you know what it's gonna be about.

So I think talking about it is always very helpful. Now, you see some other resources that Katie has there as well. So I'm gonna leave that up for a second as I tell you a little bit about what I'm gonna be doing here today, 'cause this is gonna be a little bit different. This is the eighth hour now and final hour of the stuttering series that we have done here in May.

And I thought it would be really interesting to do something a little bit different for this hour in terms of just not presenting content, but presenting content in a little bit different way that's gonna take you through a case study of a case. Hypothetical case of somebody that you see who comes in at a very young age and what that can look like through the lifespan based on all of these different things that we have presented over the last three weeks. So, I've actually never done this before. We'll see how it goes. Hopefully it will be a really good experience. So let's say we're gonna start with the case study of John. Okay, he's gonna be the one that we're gonna use here throughout this evaluation. And I picked, John, just as a random name, and this is a boy, because you have about a 70 to 80% chance of getting a boy in therapy when you get the evaluation. So this is a fairly typical beginning for a young preschool case.

Okay, so his parents call you and describe him as a two year old boy with a family history of stuttering, his father stutters. He's currently showing some signs of early stuttering and his parents report that the pediatrician has told them to wait for a year or two as he will likely grow out of it. Now you have two different directions to go here with initially, okay? You can either agree with the pediatrician or you can disagree with the pediatrician. That's not always an easy thing to do, to disagree with a pediatrician, but we know that still today, a number of people are not given very sound advice for young children who are showing signs of stuttering because they're being told, essentially just wait and the chances are that they will.

Grow out of it, okay. So that's the first piece, the second piece though, is that they're not really telling you when they make a blanket recommendation about that, what risk factors you should be looking at. And for those of you who've had an opportunity to listen to some of the other ones. The other seminars that we've done, you'll know that we spend a lot of time talking about those initial risk factors.

One of the main risk factors being having a family history of stuttering, which John has, so even though this child is two years old, even though his pediatrician told him to wait and see if he grows out of it, you have to decide if that's really the best recommendation to make. And so you just kinda think about how you would process that information. If I were working through this case and I had this scenario happen to me, I would recommend an evaluation. And the main reasons for that would be that I would be concerned because there was a family history of stuttering. John is also a boy, so now I know that I have the two main risk factors right off the bat. Okay, that would be a little concerning to me. So I would want to, you know, evaluate pretty early, age here has really nothing at all to do with this. And that's the mistake that a lot of people make, especially pediatricians in saying, well, he's only two, he'll probably grow out of it and be fine. Age doesn't really tell you anything about that, you know, you could have somebody who is two years old who's already reacting fairly strongly to

stuttering by that age. You just don't know that at this point. What you know is you have some parent concern, which is dictating the fact that they call their pediatrician and discuss it with them and then not be satisfied with that, but also call you as a speech language pathologist. So in thinking about how we would handle this case, I would probably argue the first stage here is to recommend something alternative to what the pediatrician is suggesting and to go ahead with a formal evaluation. And one other thing I just want to say too is as I'm going through this piece, just feel free to pop questions as I go along in the Q&A and as they relate to these specific areas of the case that I'm on, and I'll be happy to address those and answer them for you as best as I can as we go through the presentation.

So we know that age is not a significant factor. He's a boy with a family history. So there's need for further evaluation, okay? And now remember, we're not saying at this point that we know that this is a kid who has to be in therapy or will be in therapy for a long time, we know that this is somebody who's has some risk factors. So we want to formally assess, okay. So what do we do then? Well, we want to get a good parent interview with the case history because we know a little bit about John, we know that he has a family history of stuttering.

We know that there are some parental concerns. We know that he's a boy, that we want to get a lot more information. We want to know about when stuttering first started, how long ago it's been going on for. How it's changed over that time. We want to know about any other health or medical concerns John might have, we might want to know how he's reacting to his stuttering at home and how other people are reacting to it as well. We also want to get a good sense of medical history and developmental history. We also want to see socially, if stuttering is limiting his interactions with other people at all. All of that is really important to do. Now for a child this age, okay, you're gonna best practice here is to interact with the child and see what their stuttering is like. But if you can, to also observe the parents or their siblings or peers interacting

with them, and if you can't, get some video observation of that, and the reason for that is that what you can experience here for children at this age. You're new as the clinician, if you're in an outpatient setting in particular, you know, you may look like you're a doctor and children shut down a little bit when they were in those kinds of situations. So you have to think about how you're gonna best go about getting the information you want while making sure the child is speaking in a way that is representative of what they do on an everyday basis at home or as close to it as possible. Okay, so you may have to observe their interactions with the parents, the siblings, the peers, or go through some other recorded version of that. So what do we want to get out of that observation?

Both of the interaction with us and the observation of others? Well, obviously we want to obtain disfluency counts because we want to see how much stuttering the child is actually doing. But that's gonna be a relatively small piece of the puzzle here, so that's important. But you know, I think as I talked a little bit about earlier in this series, I wouldn't spend hours and hours analyzing video or audio to get to a point where you're like 99.99% sure that this disfluency rate is 17% versus 19%. There's really not a lot of substantial difference there in terms of treatment path for those two numbers. Okay, now, if you're talking about a difference between 5% and 35% then yeah, you have a bit of a reliability problem there.

So you're gonna want to get disfluency counts. You're gonna want to assess the level of physical tension and secondary behaviors, again, remembering that for young kids. Some of your signs may be pretty modest at this age. You may see significant physical tension and struggle, but you also may see signs of some tension and struggle where the child is just doing very subtle things like increasing their pitch or loudness when they get stuck. Okay, you're gonna want to administer some formal testing. That might be the Stuttering Severity Instrument four, there's the Test of Childhood Stuttering or the TOCS, but some way to present in a standardized way where the child is at. But at

this age, as we've talked about earlier, it's all about assessing the risk factors in determining the recommendations that you're gonna make for treatment. Where is the child at now in terms of their speech and stuttering and what risk factors do they have? Part of that's also gonna be about assessing their reactions, but it's also gonna be about assessing the reactions of other people around them. Because if we have a child, for example, who is reacting fairly positively to their stuttering, and we say, okay, we feel pretty good about that, but then we observe the parents acting pretty negatively about it. Then you know, we may have some need to do parent education or feel like at least some education and counseling is warranted so that the child's reactions don't go that way as well.

Okay, so just again, keeping that in mind that we want to look at all of these different things from a risk factor standpoint. Now when you look and evaluate risk factors, the thing about risk factors is that you don't end up with a nice clear cut answer a lot of the time because there's not an equation that you can come up with. That says, if I yield A, B, and C, then the result is definitely gonna be D. You have to look at A, B, and C and see what likely result will happen, if you don't intervene. That's not gonna be an exact science all the time.

There's very little that is in what we do. But predicting this, you may predict wrong every once in a while, so you have to decide, do I want to predict wrong on the side of being wrong and then three or four years later, this child is back with negative reactions. He has a long history of maybe not talking at this point or shutting down, going through, you know, an environment that may not be very supportive of their stuttering. Or would you rather err on the side of caution and say, you know what, I'm at least gonna do some family intervention in terms of education and talking a lot about stuttering and teaching the parents how to react at home and what to do at home to help the stuttering. I think that's the much more cautious approach to take and you don't have to tie yourself into doing therapy for a really long time there, as we're gonna

talk about in a few minutes. Now what you have here, when you have the assessment data after John's evaluation is you have the following disfluency rates 'cause remember, we're looking at different situations. With you, John only stutters about 4% of the time. With the parents, that bumps up a little bit to about 8%, now with his sibling, that goes up to about 16%. Now again, think about why that difference might arise 'cause this is fairly common. Child comes in with the clinician, doesn't feel quite as comfortable and doesn't say as much, so their disfluency rate appears fairly low. The parents now come in, interact with the child, and you know, you see a little bit more disfluency. But still the parent is kind of, you know, guarded in interacting with the child. They're saying one sentence back and forth at a time.

The parent knows they're being observed, so they're using really good communication strategies. A lot of the time and then the sibling comes in. Let's say the sibling is fairly close in age, now you have a lot of competition for talking time. You have a lot of interrupting going on. Now you're seeing a really accurate representation of the environment that John lives in every day, right? And now the stuttering is coming out a lot more because it's always kind of there. But when these extra speaking demands are placed on John, then it's there a little bit more.

Now, what you also see in terms of types of disfluencies, is you see primarily repetitions with some prolongations, you have one block that was noted during the assessment, so not a lot of blocking, but you know it's there. You see slight increases in both pitch and loudness during the stuttering moments, okay? You have mild physical tension at times with no secondary behaviors. We know that stuttering began about four or five months ago. Now the parents are concerned and there's no other speech and language concerns that are present after the evaluation. So let's think about what risk factors John has. Now, if we look at all of this, he's got the family history. He's a male, he's been stuttering for about four or five months. We know that six months or more is more of a red flag. So he's not there yet, but he's close. Okay,

we see his disfluency rate kind of variable with these different environmental settings, but we do see when he has a little bit more speaking demand placed on him, it comes out a lot more. Now, the other thing that we see here is that we also see parent concern. Okay, and that's gonna be a little bit of an indicator for us as well. The good news is he doesn't have any other speech and language concerns, no secondary behaviors right now. He's only got mild physical tension at times, but he does have those slight increases in pitch and loudness during those stuttering moments. So we have to evaluate all of those things that we would identify as risk factors to look at whether or not this is somebody we want to put in treatment, or if this is somebody we just want to watch and see what happens over the next few months, okay. So, in thinking about this, we have four main diagnostic decisions to look at. That is to wait, okay? And that's basically what the pediatrician is saying.

The pediatrician is saying, "Hey, just wait and see", until, you know, John's five years old, four or five years old. We know a lot of children grow out of it by that point. So see what happens in the next couple of years. All right, so that's option number one. Option number two is to watch and see, not necessarily being as passive as the wait and see, the watch and see can allow us to just reevaluate at different points and reassess.

So do we want them to check in with us in three months from now and see where things are going, and do a reassessment, that's an option. Okay, then we also have a third option, which is to start some indirect treatment where we can work on parent education. We can work on doing some parent counseling, and we can work on basically teaching the parents some strategies to use at home. Okay, the last option we need to do is we can go more direct right away where we do a lot of talking about stuttering. We do a lot of teaching direct strategies, and we just basically treat this child in simpler terms, but like, they're an older school age child or adult, okay. Now think about for a second, which one of these four different approaches you would probably

go with, alright, and I'm gonna just kind of walk you through each one. I wouldn't be a big fan of the wait and see and the reason for that is I'm never really a big fan of the wait and see when there are concerns about stuttering, especially when there are risk factors present. If this child didn't have as many risk factors as they do, I would be a bigger fan of the watch and see. But given the number of risk factors that are present right now. I don't know that I think that is the best approach either. I would lean more towards starting with an indirect approach to work on some of the counseling pieces, to work on the parent education, to teach them some strategies to use at home to make sure that we have a good foundation laid here for treatment.

I don't know that this case needs to go direct right away because you're not seeing a lot of outward frustration or negative reaction here. And the child is really young still at this point, okay. So I would probably start off with an indirect approach and then build from there and we'll talk about in a second what that looks like. I see a couple of things in the Q&A, but only with dots on them.

So I'm gonna assume that those aren't questions, but if you have a question, feel free to type it in there. Okay, so our choices, we're gonna begin with indirect now what does that mean? Well, it means that we lay a good foundation of doing parent education first. So we work on ways to reduce speaking demand, ways to reduce time pressure. We talk about the risk factors, okay. This is really important because it can be really difficult for parents sometimes to be able to look at where their child is in terms of risk, if they don't understand the risk factors. And so going through each of those risk factors with the parent and talking about where their child is in each of those areas can be really helpful to parents to understand both the factors that might be of higher risk and the factors that might be of lower risk. Okay, now at this stage, we're also doing a lot of modeling because really what we want to have happen here is we want to teach the parents things that they can do at home that are more indirect to facilitate more fluent speech. So as you'll remember from the earlier webinars that we did, we're

gonna maybe use a phrase, speech approach here where we train the parents to put in pauses. Just like I'm doing now to take away the time pressure and the speaking demand. We also train the parents to use some indirect prompts. I wonder what you did at school today. Maybe what you can tell me what you had for breakfast. Let's see if you can show grandma how to play this game. We also go over some recasting and rephrasing where we are taking opportunities to model and expand for the child on their own utterances and provide good language and fluency models. Okay, so what we do here is then we take this indirect phase that, like we said, it only lasts about four to six sessions, and then we want to reevaluate again.

All right, we want to look at it and we want to say, okay, is this a good place now where we can step back and do a watch and see from here, or do we need to step up and do more direct at this point? There may be some kids as well where you say, you know, they're not really ready for direct right now. I'm not really comfortable moving them to a watch and see. I'm gonna just stick with the indirect for a little while longer and see how it goes because I think it's going pretty well, all right. But what I wouldn't get into doing here is sticking with the indirect for like months and months on end. I think that's not a productive way to move forward if you need to do that. So what we see here after going through five sessions with John, is that we see a disfluency rate with a clinician of about 8%.

Now, that's actually increased a little bit from the evaluation, if you remember, cause that was 4%. However, the important thing to remember here is, and this is why the fluency data is so hard to calibrate to in terms of the percentage of stuttering, that could be just because the child feels more comfortable now after five sessions working with you than they did at the beginning. So now they're talking a lot more, okay. That's something that you have to kind of factor in when you're doing your analysis here in terms of evaluations and reevaluations. If it took an hour to get to a hundred words or 200 words during the evaluation, and now you get to a hundred words or 200 words in

10 minutes. That's a big difference, okay. In terms of speaking level and comfort speaking, now, what you also see here is the parents have decreased a little bit. So they've gone from about 8% to 6% and you really see a decrease here with the sibling that's gone from about 16% to 9% but every so often here still. So you see some progress, but every so often the clinician notices now the child will say something like, "I can't say it", or get frustrated when they have a block. It doesn't happen very often, but every once in a while it does. And that last bullet for me, is really a way here for us to be able to look at this and say, okay, this is my cue here that I can maybe go a little bit more direct. And the reason for that is because if I do that here, I can start to talk about stuttering.

All right, so that's a good cue. We're gonna see in a minute though, how I would go about doing that for a really young child. Is gonna be a little bit different than how I would do it for an older child. All right, I see we have a question here, so I'm gonna hit that. Do parents feel they are the problem if you start with them? Really, really good question. Okay, so, and I'll give you some interesting experiences that I have had with this over the years. You want to be really careful about helping parents understand that they're not the problem before that question even comes up.

So, what I will do with the evaluation is I will make a statement to the parents. Like, this is almost something like allergies to some degree, it's a chronic condition, but how we're treating it here with indirect treatment is kinda similar. Kids don't get allergic to things if you take them around trees, grass, pollen. But if they already are allergic to those things, taking them around them more could be problematic. So the parents aren't the underlying cause here, but we're just trying to do things to facilitate an environment that's gonna be easier for the child to speak in. Okay, and that's why, for example, we're not looking at doing this for a long, long period of time, but it is really telling sometimes when you go through therapy cause I've had cases before, you know, where I'll have parents fill out a little chart about stressors in the home, stressors

in the environment and things like that. And it's really kind of interesting because I'll have parents fill that chart out and they'll put, no, there's never any time pressure. There's never any, you know, speaking demand. You know, everything is great, schedule, routine and then there'll be dragging the kid by the arm, you know, 15 minutes late, every therapy session, and you're like, okay, something is not right here in terms of how it's being presented. You know, every once in a while you do get a parent who's very resistant because they think that like, okay, if you're doing therapy this way, it means that you're not really doing anything as a therapist, you just want me to use these strategies at home and you have to explain to them that that's not really the case because either way direct or indirect therapy, they're gonna have to work with the child at home as well.

So this is just, you know, making modifications to their own speech rather than directly trying to change the child's speech all the time. So that's a really good question. Couple of other ones here, in cases where there's a family history, have you ever given direct treatment to both the parent and the child? The answer to that would be no. Now, if a parent approaches me, I have had over the years a couple of situations where I've been doing therapy with a child and a parent will say, you know, as I've watched you do therapy with him.

I've noticed that therapy now is a lot different than what I used to have when I was a child. So I'm kind of interested in going through maybe some additional therapy as well, that's different. And so I would completely evaluate and treat them separately of the child. What I don't want to get into here is I don't want to get into treating people who aren't there for treatment, number one. Number two though, I also don't want to be getting into sending the message that, okay, well dad stutters or mom stutters or whoever. We have to do something about that 'cause that goes completely against the message that I'm trying to send here. As per Katie's part, would you suggest a support group or community support of some kind, perhaps for the parents, if not for the child?

Yes, so we're gonna talk about the support aspect, particularly for this child in a little bit. Here's the tricky thing about young kids. I've done parent support groups over the years for children who stutter. Preschool kids are tricky to do parent support groups for though and the reason for that is because at this young of an age. You could certainly be doing support that will last forever, or you can be doing support that will last till next week. And by that I mean you have as much likelihood for a two year old of this being a longterm problem as you do in four months from now, this kid's not even stuttering anymore. And so from a support aspect, I think you want to, I always want to make sure that, they're kind of dealing with the similar things that other parents are. What I have found not helpful a lot of the time is if you put a parent of a preschool child who stutters, who's age two, three with a parent of a 12 year old, because their issues at this point to talk about are just so completely different. It's very hard to mesh them because one might not be stuttering in a few weeks or a few months.

The other one's probably gonna be stuttering to some degree forever and so you want to make sure that you're approaching that in a very systematic way. So what I try to do is I try to wait for the parents' support on this end till I kind of get a sense of what the child's longterm prognosis is, even if it's at the preschool level, at age four. So I can predict that much better than age two. But I want to get a sense of that before I start pairing people together because it can be tricky if a preschool parent interacts with the wrong parent, it can really worry them to a degree that they don't necessarily need to be worried at this point, number one.

And number two, if they start hearing stories at age two of like, you know, "Well, my child's not talking in school "because they stutter", that's hard for a preschool parent to hear because they start projecting that and their experiences might be very different because that 12 year old might not have started therapy till he was 11. This kid is two starting therapy and hopefully won't get to that same point. Okay, so what we have now is a decision of whether or not we go to watch and monitor or we go to move or

direct treatment. And at this point, because of that last bullet there, I would say we're probably gonna move ahead to do a little bit more direct treatment right now. So what do we begin working on in direct treatment? Well, we can use that last statement to really target reactions, talking about stuttering and again, we may not use the word stuttering here with a two year old because that's an abstract term. So we may say things like, you know, it's okay to have bumpy speech. Let's play around with the bumpy speech. Let's do different types of bumpy speech. But we want to make sure that we're sending the message here already that having bumpy speech is okay and we can play around and have fun with it. It's not something to fear. It's not something to avoid, okay.

So we can also start to use some strategies at this point, we can introduce turtle talk, and we've gone over this before as a slower pace, a way to teach children how to go a little slower without telling them to slow down all the time. So we're teaching them a way to do things a little bit differently without just giving that advice all the time. And again, if you haven't seen him yet, we went through all of this more specifically in one of the other webinars on treatment, but using easy starts, helping them start off very easy at the beginning of phrases or sentences.

We can even do things where we play around with doing hard bumps versus easy bumps. When you do a hard bump, it sounds like that, when you do an easy bump, it sounds like that, and again, we're just really trying to send a message that it's okay to have these bumps and we're just playing around with them. Bringing the parents in while you're doing these types of things is always good too, because you're not just working here from a desensitization standpoint on the child. You're working from a desensitization standpoint on the parents as well. So really important, there as well to kind of make sure that they are involved. Okay, so now we have a plot twist, and this comes up as you're getting into more direct treatment. Our plot twist is that John spends a lot of time each day with his grandmother as well. Okay, who also speaks

Spanish. So now we have a couple more decisions to make. Number one, do we only work with John's parents in terms of providing some education and making sure that they know what's going on from a treatment standpoint, or do we try to get grandma information as well because she's spending a lot of time with John? Do we advise them not to have any time where they speak Spanish at home because that might make it more difficult in terms of hearing two languages at once, or do we help them understand that it's okay to use Spanish at home as well? Well, hopefully you can see at this point, we're following mostly the arrows that move us forward. And that's gonna be making sure that John's grandmother also has good information about stuttering and knows what to do and how to handle it as well.

Because if she doesn't, and John's spending a lot of time with her every day, that's gonna be a little bit problematic, right? Number two, there's a lot of good evidence to suggest that limiting language in terms of forcing somebody who is in a bilingual environment to only one language doesn't really do anything to help fluency. So we want to make sure that the family understands that it's also okay to use Spanish around John as well. Interestingly enough, as it relates to stuttering as well. Most people, if they are bilingual, they will stutter in the second language about the same as they do the first language.

If one language occurs first, and they learn another language later, as they learn that other language and become more proficient at it, their stuttering will usually fairly similarly resemble, what it was in their native language as well. So we know that anyone who has a lot of contact with the child should have information about what to do and what will help the child be successful. There's no evidence that speaking multiple languages, is a negative for fluency development. So that's a good justification for moving in those two directions. Now this is a piece that can be missed a lot of times in terms of knowing what environment a child spends most of their time in. This is where, even if you go back to the indirect phase. This is where you should learn

about those kinds of things. So, you know, really learning about what the environment that the child is in every day, cause that's gonna help you get a sense of how you need to tailor your treatment and what your targets are gonna be in treatment in terms of the people because if you're not targeting the right people, the messages that you want to send aren't getting to the right sources. Okay, so after six months of direct treatment, now. John has progressed a lot. His disfluency rate in all settings is less than 3%, every so often you see a very slight block or prolongation that will happen. The reactions of both the child and the parent are very positive though at this point. So the decision is made now to discharge and monitor through parent contact every month for the first three months, and normally what I do in this situation is I'll say to the parents, I want you to just call me or shoot me an email every month initially to let me know how things are going.

That's under the best case scenario. If something happens where you become immediately concerned again, then feel free to do it before that month or in between those two months. Okay, the main thing here that I want to get a sense of, is I want the parents to understand. That they have a path back to me through that consistent contact, but I also need them to understand that if something happens that causes them concern again, they don't have to wait for a reevaluation. They don't have to wait for, you know, a monthly check in.

They can wake up on a random Tuesday and say, wow, I'm really concerned about this. Again, for a specific reason. Maybe John got up and said, I'm really frustrated because I can't speak right. Well, that's not something we wait on. Okay, so I want parents to know that. I want them to understand that this is something that we help them work through, and so they understand that even though therapy is quote finished for now, it's not really finished. Okay, there's still gonna be ways to get back in and monitor and honestly, one of the things that I will do as well at different times is if I have a kid who's been in therapy with me for a while, I'll do kind of a step down. Where I'll step them

down at some point, like so, okay, he's been in therapy now for six months. What I would probably do here at about four months, if I saw things going the right way, is I would start to step him down to once every other week versus every week, and then what I might do for those last couple months is put him at once a month versus once every other week, so that I'm still getting to see him. And that takes a lot of schedule balancing in terms of like, you know, productivity requirements and fitting people into your schedule. But I honestly, from experience over the years do feel like it's the best practice because you know, it allows parents to kind of go out, really have some time, not just week to week. But have some time in between sessions to gauge how the child is doing and to be able to give you information about how they might be doing in different situations and settings.

So I think that piece is important and just making sure that they are stabilized and maintaining those gains rather than just some short term fluency gain, okay. Now after treatment, John's parents then check in each month and report no significant changes. So he's doing quite well and everyone agrees that further treatment is not really necessary at this point. So what we do here is we step back and we say, okay, again, we want the parents to know you don't need to check in with me every month now, but if you have concerns, feel free to call me any time.

Sometimes we think that, that is understood, but it's really important to say it because a lot of times parents can leave therapy thinking if I have to call back or if I have to go back, we have had some kind of quote relapse and we're not doing well then, or my child's not doing well. So in this conversation of how to follow up, it's important to understand. Why we don't like the term relapse, okay. Relapse implies that something has gone away completely and then comes back for some reason. There's a stigma with that term and the stigma with that term can sometimes prevent people from followup because they don't want to have relapsed or they don't want their child to have relapsed. So what we want to do is we, like, I will sit down with a parent and I will

thoroughly explain that before treatment ends and say, "Look, stuttering is not something "that I believe you relapse in". It, can come and go, it's variable. That's the nature of what it is. So when the time comes, if it happens where you feel like there's some concerns again and you need to come back, that's not a failure. That's a normal part of what treating a chronic condition is like. All right, this becomes really important of a discussion to have with school age and adolescent kids who are definitely gonna be dealing with this on some level. For the long longterm, preschool stuttering, we don't really know. I mean, this kid, John could go on and he could need some therapy again at different points, which for the sake of this discussion, he's going to.

But he also may get to a point where he doesn't ever need to come back again. You just don't know that at this age. But we want to make sure that they understand that that's not a failure if he does. Okay, so let's flash forward. We've all gotten a little bit older now, and maybe a little grayer and eight years later John's parents call you and express some concerns. So John has been doing well until this year. He's now in fifth grade, age 10, and has a teacher that tries to eliminate the remainder of his stuttering by telling him to quote, "Slow down and just think about what you want to say". John is starting to express frustration and is beginning to avoid various situations, so now we have another decision to make, right?

Do we just pretend that this is not a problem and say, well, John was doing well for a long time. He's fine, he'll be able to deal with it. He might not be, and probably coming back and talking about this is gonna be a really positive thing. These are the times also where you have to prepare yourself as these gaps in years go by of feeling really old at times because the two year old who left your office comes back now and as a 10 year old and they look a lot different. But it's kind of interesting to see how this plays out. Really interesting, I had a kid over the weekend that I used to see, one of the first kids that I saw when I was out of graduate school. I was a CF and she was like six years old when I saw her and she started following me on Facebook a couple of years ago and

she graduated from medical school this weekend and I just sat and had a moment of silence for feeling as old as I did. Okay, so what we recommend now for John is we recommend doing a reevaluation. So John is re-evaluated now, comes back, and we see that according to the SSI. John's stuttering is still fairly mild. Okay, but we do the OASES on him now to look at the reactions as well. We do the CCSA, which we talked about in the assessment and treatment parts of this presentation, and we get a little bit different result here in terms of the reactions. So we see that both of those measures show that John is having some moderate negative reactions to stuttering now. Now it's important to recognize as a 10 year old.

John is probably getting ready to enter middle school in about a year, he's having an issue with his teacher right now and for a kid that age, who's now having some issues with his teacher as well. Some reactions are gonna be very possible and even likely. Okay, so disfluency rate though is holding, it's about 6% but now he's got some fairly significant blocks at times, and he's also reporting, and this is a really important piece, that he avoids words that he feels he might stutter on and he also reports that he does not participate in class very often, so he's hesitant to participate in social situations as well. Now, this is a really great example of somebody who has a low disfluency count that hasn't really changed all that much, but you have some concerns here, and rightfully so 'cause he's heading in the wrong direction from a reaction standpoint. So do we treat this as a relapse and pretend that we don't need to do this or it's gonna be a failure if we need to put him in therapy?

No, we treat it as a chronic condition, which it is, and we say, okay. Hey, John, great job, we've gotten through six years now or your eight years, without needing any intervention. We know though that as a chronic condition, there are times where that's gonna change. This is one of those times. This doesn't mean that you're gonna need to be in therapy forever now. This is probably gonna be another short block of therapy that's needed to make sure that we get you to the place that you need to be. So what

do we focus on now here? Well, John is a bit different now as a 10 year old versus a two year old and so our therapy is gonna look very different. So now our focus is on education, helping John become the expert in stuttering, and learning a lot about it because now remember as a two year old, even when we were doing direct therapy, we were focusing on teaching John that it's okay to have bumpy speech. We weren't talking about what causes stuttering, we weren't talking about, you know, famous people who stutter or what makes you stutter. More or less often, we weren't talking about support groups or reactions, so that's another big impact as well. Support, this goes back to Katie's whole presentation here.

We want to make sure that now as a 10 year old, John has a support system in place, and that includes within his family, but also outside of his family, within the community of people who stutter. Now, as we saw in the OASES and the CCSA, a lot of our goals here are gonna be also focusing on reducing the impact of stuttering and improving overall communication because this is what he needs right now. Are we gonna work on strategies? Probably because we can show them a little bit more direct strategies now than we could in the past.

So we can give him those tools as well. But we also have to understand that a big piece of what we're gonna do here is focused on reactions, feelings, thoughts associated with stuttering because they are driving some of these other things that we're seeing. Okay, now we also have to help him understand here from an education standpoint how to deal with the reactions of his teacher. We have to help him understand the impact of avoidance and not saying what he wants to say, and we have to help him understand how to get through that. That might also include dealing with how other people are reacting to it. Alright, so we're gonna talk a little bit about that as we move through here. Now, another piece of the puzzle is, again, we have to focus on the community. Okay, so in this case, we have to focus on the teachers to get John out in the community and have him be the lead in educating people, but also to get him out

in the community from the standpoint of helping him to be able to go out and use some of the things, the skills, both from a strategy standpoint and from a knowledge of stuttering standpoint. And a reaction standpoint that we're gonna practice in therapy to get out and do that in the community. This is really also where summer camps and support groups become really, really important. And you know, Katie talked a lot about this in her hour, so I'm not gonna spend too much time focusing on it here just because I don't want to be redundant. She hit on all the major points and you know, laid them out in a very excellent way for everybody.

The one thing that I will say here is having run a summer camp for a number of years, I will tell you that we often saw as much progress if not more progress in three days of doing a summer camp with these kids than we did in doing like a year of individual therapy. And that's because they felt comfortable and like it became very apparent during those few days that they started to really become comfortable with who they were and that's a really important piece to be able to move to that position, to be able to get comfortable with who you are. So, when we're thinking about that, we not only have to think about how do we do camps and support groups, but how do we maintain those when they're over? So, if you're doing a summer camp, for example, they would be like two, three days.

Some last a week, some last two weeks. But there's still gonna be follow up to that. So like one of the things that we used to do with the camp is that we would have our summer camp and then like once a month we would do like a virtual meeting, as Katie talked about with some of the other support groups. Where all the kids who were there could get back together and touch base and do things like that and that's really important too because it allows for that followup to exist. So we're not looking here now, at just kind of teaching John some quick strategies to help him be more fluent and pass them on. What we're saying is, okay, we're gonna teach him how to be a member of the stuttering community 'cause this is what's gonna serve him best as he

moves forward. So we go to about three to six months in therapy and we reassess again and see where John is at and now you can look and see here that we're not really focused so much at this point on disfluency counts because they don't really tell us a whole lot at this age. What we know is that John's OASES and CCSA scores have improved to a very mild level. John's working with his teacher to develop a good plan for participation, and we've worked with him through that as well. John's, raising his class, he's raising his hand in class, he's participating in social activities, and he stopped avoiding words.

He's learned about stuttering and is teaching others about it, and he can use strategies when he wants to. So we're in a good position here again now. Okay, is he not stuttering anymore? No, but is he handling it the right way and has he learned strategies to be able to have in place what he needs to move forward? Yes, so what we think about now is we think about what our discharge plan is gonna look like at this point. This becomes a lot more difficult at the school age and adolescent years to have a discharge plan because the discharge plan is not gonna involve perfect fluency. So we touch base, we say that, okay, what we're gonna do is we're gonna touch base consistently again with that monthly support group, but we're gonna check in and do a meeting either in person or virtually.

Now that's easy to do 'cause everything is virtual, have plan in place for when John needs additional support or treatment, so we want to say, okay, these are the things that you're gonna look for moving forward for both John and his parents to indicate when you might need to have a few formal sessions again. So they know when those flags are coming up to say, okay, I need to call now and see if I can make an appointment for a visit or two, all right. So that things don't get to the point where he needs to be in therapy for like a year again. We also know at this age still, even though John has progressed here and he's now a 10 year old, we know that the parents are gonna be really a big key for us in helping both them and the teachers be able to

monitor progress. So we want to make sure that we're staying in touch with the parents to be able to assess where John is at in his progress. But we also want to make sure that we are having John's parents stay in touch with the teachers, or if we're in the schools, we're staying in touch with the teachers to be able to understand the educational impact. If there's any as well, and the academic and social impact in the schools. Now we also look at changing roles, okay. So we also want John to understand at this point that we are also looking to, as I said before, make him an integral part of the stuttering community.

But we're also looking at helping him to be able to develop the skills to be a role model for people and that's really important for a child because that's really empowering. When a kid can come back and John's, let's say 11, 12 years old, he can come back to talk to nine and 10 year olds and say, this is what I experienced. This is what I went through, here's where I'm at now. You know, we've had kids do that repeatedly at our summer camps over the years who've gone through them before, who've we've seen in therapy before. And I don't know that there's really anything as empowering is that because they leave those experiences thinking that was the hardest thing I've ever had to do in my life.

And it's also the best thing that I've done to this point in terms of being able to work with somebody else and help them, and now stuttering doesn't become just something that they're trying to get around. It becomes something that they own more and can be proud of because they're using it to help other people. So we fast forward now, number of years go by again. John is in college now and he calls you during his freshman year and he needs some guidance. He's doing more presentations now, and he's also preparing for summer job interviews. So now the game has changed even again. So John's not just in high school, middle school now, but he's advanced to the next level where he's gonna have to start thinking about jobs and giving presentations more consistently and what career he wants to do. All right, before I move to the next

slide, I'm just gonna answer this question. What if your adolescent student understands how to educate others about stuttering, but is unwilling to apply it in real life? Would you keep them in therapy until they are willing to speak up? Okay, so you know, this is a really important one 'cause you got to really dig down and get to why they are unwilling to do that. Some people, it's just in their personality that they're introverts and they don't want to do that and our business is not about changing people's personalities, right? I tend to be more of an introverted extrovert and by that I mean I like interacting with other people, but at the end of the day, I need to be by myself. And I've come to recognize that and if I tried not to do that, it just makes me exhausted. And so I know I need that time, like when I go to a conference and there's, you know, 10,000 people around and I see 8,000 of them in one day, by five o'clock I'm done. It's time for me to just go away and that's just part of my personality, of who I am.

And I think that we have to understand that part of people's personality, it doesn't have to be about going out and speaking publicly or giving a presentation. That would be great, but if they can even just talk to some people that they know about it and talk to their friends about or talk to somebody else one on one about it at home. That's also very empowering for some people. Some people need that stage to feel empowered. Some people can do that on a really small face to face basis and feel just as empowered and sometimes more so. So we just want to make sure that they have the ability to do it when they want to do it. And if they can do it with the people they want to do it with. Now, what we say here at this point is that John needs what we call some touch base sessions, and this might be four to six sessions geared toward discussing specifically stuttering during presentations and job interviews and how to handle those. Talking a little bit about being upfront about stuttering during those situations, and introducing yourself to people during interviews and say, hey, just to let you know, I'm a person who stutters. So if I trip over my words sometimes just the way I talk. That way, it's not a surprise to anybody, you know, same thing when you give a presentation

that's often very helpful for people to do and say, hey, just to let you know, I stutter. There's gonna be some times where I stutter during my presentation, just part of who I am and you know, that's a really empowering thing where people are not having to worry about doing it then because they're not afraid of what other people might hear. We also have to work to maintain a support system in college. So easy to do this, you know, easier to do this in middle school when a kid is 10 because you can do the summer camps. You can do, you know, some other options that are face to face where you can find five other ten-year-olds in the schools or you know, in your clinic who also stutter that you can bring together, tougher in college. 'Cause those kids may not be as apparent in college as they were in the middle school years. So we want to make sure that we're connecting them and maybe finding him some adult groups for him to do at this point to, to now bridge that gap to being a child who stutters to being an adult who stutters. Okay, we also want to help John identify strategies to choose the career he wants. As a person who stutters.

Can't tell you the number of kids I've had come in over the years, who when you ask them what they want to do? They say, well, I want to be a teacher, but I can't do that because of my stuttering, so I'm gonna try to do this instead. That's what we don't want, we don't want people picking careers and doing something that they don't want to do because of their speech, we want them to do what they want to do and help them through that. So again, let's fast forward a couple of years. John becomes a teacher, so he begins his career as a teacher and now he just really needs to have a couple sessions to consult with.

Okay, so he wants to talk a little bit about maybe using fluency enhancing devices. So he can speak in front of his class without stuttering, but we educate John that maybe those aren't the best longterm solutions to things and talk a little bit about them and the positives and negatives of them. We talk to children and their parents about their stuttering, we talk to John about being a leader in the stuttering community. And those

last two are really important because John has a real opportunity here. If he wants it, and again, this comes back to personality, he may or may not want it, but as a teacher, John has the ability to be a role model for younger kids, younger adults who are stuttering, where he can model. Being a professional who has a speaking role as a person who stutters. But he also has a really strong influence here as well, if he wants to do it, to be able to educate a lot of people about stuttering because he has a lot of people in front of him every day. and so he has the opportunity to work that in and talk about stuttering and maybe even go beyond that and talk about individual differences and why those are so important and why it's important to respect the differences of other people and not look at them negatively. So, again, some people want to take on that role as being a leader in that way, and some people just want to go about their everyday life.

And that's a discussion that you have to have with the individual and see where they're at and what they want to do. Okay, so our closing themes here for this particular case, as we look forward and also for this entire series that I want to hit. Many times, stuttering is a lifelong process. Sometimes it's not and that's great. Okay, if those kids that you can get at the preschool level end up not stuttering anymore, great, but we have to approach it from the beginning that it's gonna be like this case here and be a lifelong process because we can set the foundation for success really, really early. Help everybody around understand what that foundation of success looks like.

We know that support and education are key, and a lot of that has to come back to looking at acceptance. Not just, I accept the fact that I stutter, but I accept myself as a person who has something different about me and we all do. Every single one of us has something different about us that we can look at and we can look at as inferior. But what we want to do is help people from a broader standpoint, appreciate those differences and think about how we go about changing using this one small step piece of the puzzle. You know, it's kind of like a micro piece of the puzzle to change societal

views about things. Okay, we can try to do that as speech language pathologist and go out and do community events, but boy, that really works so much better when it spreads on a grassroots level. We also know that stuttering is way more than just the disfluency. I hope that's a major thing that everyone has taken from this whole series. I hope it's a major theme you've taken from this case example that I've given here. Very little of what we actually talked about was the percentage of stuttering. All of the other things that influence a person who stutters can be far more important in their life. We also know that stuttering then needs to be very comprehensive. There's so many different components and pieces of the puzzle that you look at, and it's been really interesting to compare stuttering to what's going on right now with the Coronavirus.

Because oftentimes there's been a historical view of stuttering in terms of people trying to find really simple solutions to a really complex condition and you can't do that. And I see a lot of similarities right now where people are just trying to, you know, search for a quick answer to a cause of the virus or how to treat it effectively or what's gonna get you know, everything back open. Those are all very complex problems and it's hard to address them with a very simple solution. And so we also know because of the complexity, we know that education for both the people who stutter their families and most of all, for us as SLPs is really critical.

As Katie said, historically, we've not done a very good job as a profession in looking at stuttering from a comprehensive standpoint, we're getting a lot better. I hope that as everybody has gone through this month of having some really good speakers in terms of the lineup that we had here, who really understand the comprehensive nature of stuttering, that you all can take that with you and use this as your opportunity to spread that awareness out now in the community. Every one of these I've been on, that I've been a part of so far, has had between 275 to 400 and 450 people. If everybody on these calls, listening to these can go out and go through and spread that awareness and to help people understand what stuttering is and the community aspect of it and

the nature of the comprehensive and complexity of stuttering. I think we're all gonna be better off in 10 years from now than we are right now. And I really would love to see that happen in our field, so let this be a challenge for all of us to move from this place forward, to go out and help everybody understand what stuttering is and what it isn't and how we can support people who stutter. We have about a minute and a half left. So, at this point, if anybody has other questions that I haven't hit yet, please feel free to put them in the Q&A box now and I will be happy to address them for you during the last couple of minutes and stay a little bit over if we need to do that.

- [Amy] This is Amy again, and I'm just gonna, give it a minute, see if anybody has any questions. But in the meantime, Craig, I wanted to thank you so much for putting together this series for us. Like you said, the talks were amazing. The presenters have been stellar and I have learned so much myself from this series, so thanks for being our guest editor. It's received very positive reviews from the customers who have taken it. And just for our participants, thanks for being here for two hours out of your day today. Again, if you have missed any of the events in this series, if you could not attend them live, the parts one through three are already in our library in, video format so, we have a comment here that says, "Bravo Craig for putting this together "and thank you as well, Katie, great series". So it looks like, I'm not seeing any questions come in, but it is very exciting to me to hear. I think just the whole evolution of our field to turn towards looking at that life participation approach. You know, I hear about it a lot in aphasia treatment and so forth, but it's a big part of stuttering treatment as well, just to help people do the activities that they want to be doing and not be limited by what's going on with their speech. So I love the emphasis on that. Here's one quick question. Any book recommendations on stuttering, current thinking and treatment?

- [Craig] So there's a couple that I would probably have, I always like Walt Manning's book on stuttering. He has a really good book, a textbook on stuttering that I use in my grad class. I had the opportunity to write a chapter for Barbara Amster's book, that

came out last year. It's called, "More Than Fluency", that does a really good job going, above the basics of just like a grad school type format and really gets into some specific approaches for how to go about targeting some of the reactions. I think that's published by Plural, although I'm not sure off the top of my head, but that's another one that I would recommend as well.

- [Amy] Did I spell her name correctly there?

- [Craig] Yes, Amster is correct, yeah.

- [Amy] All right, perfect. I will leave those up there and I'm not seeing any other questions come in, so I think we'll go ahead and wrap this series up. Thanks again to our presenters, thanks to our participants. This is gonna be a great addition to our library, Craig, so we appreciate it.

- [Craig] Thank you for having us all. We really appreciate it and I appreciate being the guest editor, it was a really good experience. I'd be happy to do it again.

- [Amy] Wonderful, thanks so much, everybody. Stay safe and healthy out there and we'll see you at the next webinar, bye, bye.