HANDOUTS FOR TREATMENT OF STUTTERING: TEENS
Developed by Diane C. Games, M.A., CCC-SLP, BC-Fluency

A List of Handouts: Focusing on Ways to Change/Treatment of Stuttering!

- ***<u>The Relationship of Automatic Thoughts to Behaviors</u>: This handout is used to discuss how emotions/thoughts/behaviors interact.***
- ***<u>Pat's Reactions: giving a speech/analyzing a video</u>: These comments came from Pat, a college student, after watching his video. We worked to adjust the thoughts to more positive thinking. I have used this handout with other adults by asking them to modify Pat's thoughts.***
- ***<u>The Power of Positive Thinking</u>: Use with older children to identify positive thinking.***
- ***<u>Strategies to deal with Stress</u>: A work sheet designed to help evaluate the impact of stress on speech and changes in behavior that might help.***
- ***<u>Fearlessness</u>: This worksheet was developed from an article on Facing Your Fears in Oprah Magazine (April, 2007). The focus of the article (and worksheet) dealt with communication fears. One of my adult clients filled in the first few questions to give you an idea of how this worksheet can be used.***
- ***<u>The Inner Games of Tennis by Timothy Gallwey</u>: Principles adapted for treatment of stuttering (originally purchased for my tennis game!). Gallwey talks about the relationship of mind and performance.***
- ***<u>Avoid at Any Cost</u>!: A worksheet to define behaviors that might be labeled as avoiding.***

- ***Give Yourself a Pep Talk!: Adapted from an article in Women's Day magazine-"Get the Most Out of Your Day". This is used to reinforce positive thinking.***
- ***Variables in Performance: A list of potential reasons why performance (speech or physical) may vary. Idea for this came from watching a golfer on TV loose a lead.***
- ***Developing your Skills: This activity focuses on an individual's skills.***

ENJOY…ADAPT…SEND ME YOUR COMMENTS OR IDEAS!!!!

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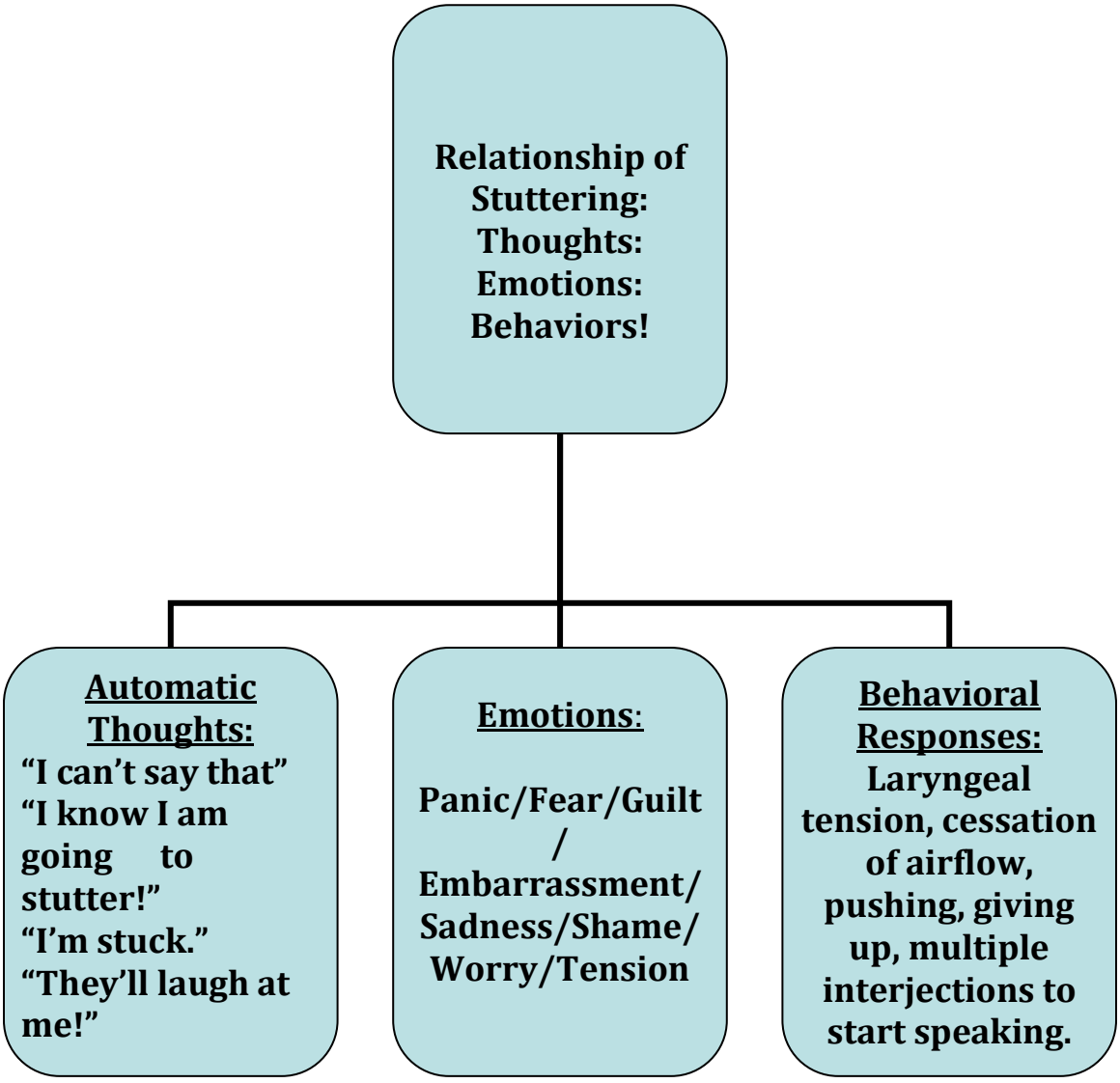
Automatic Negative Thoughts, Emotions and Speech/Secondary Behaviors are often observed in teens/adults with stuttering. Automatic thoughts begin as a result of negative reactions from past speaking experiences. These thoughts typically focus on the negative aspects speaking experiences and concern that theses will reoccur in similar speaking experiences. These thoughts often trigger emotions. While most people are aware of their emotions, they often need to become aware of the thinking that prompts these feelings. Emotions and Negative thoughts often lead to behaviors that interfere with the management of stuttering.



REACTIONS TRIGGERED BY STUTTERING:

Thought	**Emotional Reaction/Physical Reaction**	**Thought Adjustment Behavior Change**
When I get in front of a group, I feel some tension, so I know that I am going to stutter.	Heart starts beating;	I could tell them that I stutter and sometimes need more time.
I don't have enough breath.	Difficulty taking a breath;	Pause and take a breath
I can't say certain words.	Feel light headed'	Breathe and relax; walk around; sit down if possible
I can't be fluent. I can't say a word at the beginning of a sentence. I try to push it out.	Throat gets tense;	Breathe and ease into first words; Relax by moving body; etc.
I can't say what I need to say.	Negative responses; Let them know that I stutter as most of them know anyway.	I can plan the first part and practice, so I have a good beginning. If I stutter, I will just go on.

There are several ways to manage or change behaviors. These include:

1) **Learning a new behavior to take the place of the old one**
2) **Identifying when the old behavior occurs**
3) **Identifying reactions, both physical and mental, to the behaviors**
4) **Developing a hierarchy to replace the old behaviors with new behaviors. Focus on one thing at a time.**

Change means identifying skills rather than focusing on what is wrong.

Change means finding activities to prepare you for making this change.

Change means defining obstacles that make it difficult to change.

Change means figuring out how you best learn and apply what you learn.

Change means breaking down tasks into manageable steps.

The Power of Positive Thinking!!!
D. Games

First, select the statements that are Positive Thoughts! P=positive & N=negative.
Next, re-write the Negative Statements into Positive Thoughts!
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I can't sing. _____
I'm as good as anybody else.____
Everything bad happens to me. _____
I can't seem to do anything right. _____
I'm silly. _____
No one likes me. ____
I try hard. ____
I am a good worker.____
I am uncoordinated.____
I can't give speeches like other kids._____
I can sing in front of others but not talk._____
I am not very good at athletics. ____
I am nice. ____
I am not fluent when talking on the telephone.____
Kids stare and laugh when I speak._____
I will never be able to speak smoothly._____

Last, write two positive thoughts to use when working on something difficult or challenging! Change your attitude by changing your thinking!

1.

2.

STRATEGIES TO DEAL WITH STRESS! (D. Games)

EVERYONE FEELS STRESS AT TIMES! IT IS IMPORTANT TO UNDERSTAND THE RELATIONSHIP OF STRESS TO THE BODY AND BREATHING.

- ***Check body position and posture for relaxed stance and maximum air intake. What did you observe during your presentation/ discussion?***

- ***Think of FLOW or breath support during speech. What did you observe during your presentation/discussion?***

- ***Remember tools that can help:***

    1. ***Pause and breathe as you speak***

    2. ***Think slower thoughts to help your slow your body.***

    3. ***Think "controlled speech" during the times that you want to increase fluency***

    4. ***Discuss anxiety? Describe your behavior during times of stress. Try to use positive thinking.***

" Fearlessness" may be a gift but perhaps more precious is the courage acquired through endeavor, courage that comes from cultivating the habit of refusing to let fear dictate one's actions…." Aung San Suu Kyi"

Something to think about becoming Fearless!! (DG – 2009)

1. **We all have fears that mainly focus on not being good enough at something. List 5 strengths or things that suspect are true about you!**

   - **I know that…** (Client response: I am honest when I speak.)
   - **I know that…** (Client Response: I know the subject matter.)
   - **I know that…** (CR: People like listening to what I have to say)
   - **I know that…**
   - **I know that…**

   This exercise is a conscious acknowledgment of your truths & will help you focus on positive change.

2. Fear can feel like a "choke hold". Pretend that the object of your fear is actually a blessing in disguise. How might your stuttering turn out to help rather than hinder you? (Client Response: Pace is a good thing. Slower can be better. Speed generates the tension and causes my problems.)

3. When your fear (stuttering/speaking situations) can't be avoided, how do you react? Think about your stuttering. Write down at least three physical aspects of your fear. What does fear feel like in your body?

1. **Client Response: I talk too fast.**
2. **Client Response: I have trouble breathing**
3. **Client Response: I worry about what others think of me.**

4. Now think about the emotional aspect? How does your "self talk" change your emotions? How can you respond in a healthy way to your fear?

Client Response: Self Talk reminds me that I have a lot to say.
Client Response: I can use breathing and pausing to decrease my speed and improve my confidence.
Client Response: I can remind myself of all of the things that I do well.

5. Now visualize yourself in a tough situation with a positive person at your side. Think about yourself handling this situation in a positive way. What would you do?

The Inner Game of Tennis
By W. Timothy Gallwey

<u>What does Tennis have to do with Stuttering?</u>

1. ***Reflections on the <u>Mental Side</u> of (Tennis) or (Stuttering?). Gallwey talks about the player who is "playing out of his mind." He further discusses that athletes in this state rarely think about their strokes, serve, etc. They are in a state of "mindlessness".***
2. ***There are <u>two selves</u> inside every tennis player. 1) The "I" self gives oneself instructions and the 2) the "2" self tends to react automatically.***
3. ***Getting it together mentally in tennis involves several internal skills:***
   - ***Learning to program yourself internally with <u>images</u> rather than words***
   - ***Learning to <u>TRUST</u> yourself***
   - ***Learning to see "non-judgmentally"- that is <u>what is happening</u> rather than how good or bad it is!***
   - ***All of these skills are subsidiary to the master skill: <u>CONCENTRATION</u>***
4. ***<u>Learn to Quiet the Mind</u>***
   - ***Letting Go of Judgments***
   - ***Discovering the Process***
   - ***Seeing, Feeling, & Awareness of What Is***
   - ***What about Positive Thinking?***
5. ***<u>Getting it Together: Letting it Happen</u>***
   - ***Put aside your thoughts of yourself: Trust Thyself***
   - ***Program the Self #2's computer for FORM & for RESULTS***
   - ***Experiment with ROLE PLAYING***
6. ***<u>Changing Habits</u>***
   - ***Make Changes One Step at a Time***
   - ***Observe Behavior; Ask yourself to change; Program the Behavior; Let it Happen; Non-judgmentally; & Observe***
   - ***CONCENTRATION: Watch the Behavior; Listen to the Behavior; & Feel the Behavior***
7. ***QUIET YOUR MIND! LET IT HAPPEN! DISCOVER!***

Which Experiences would you rather Avoid?

1. **Crossing the street without looking for cars.**
2. **Going to a birthday party.**
3. **Getting into a car with a stranger.**
4. **Having a friend over for fun.**
5. **Eating liver or other disgusting foods.**
6. **Saying certain words.**
7. **Going shopping for new clothes.**
8. **Playing your favorite game.**
9. **Speaking in a group.**
10. **Getting a shot at the doctor's office.**
11. **Talking on the telephone.**

AVOIDANCE WHEN SPEAKING:

What is it?

When does it happen to you?

When is it "ok" & when is it "not ok"?

Which Skills should You Develop?

D. Games, SLP

<u>Successful people</u> tend to <u>generalize</u> about things they do well. (I am good at writing, so I'll do well as a reporter.) They also consider mistakes to be isolated incidents.

<u>Less accomplished people tend</u> to do the <u>opposite</u>, (I am bad at bowling, so I probably will be bad at most sports.)

<u>Let's try an experiment</u>: Lists 3 communication skills you do well in the left column and the skills you want to improve in the right column.

Skills I do well	*Skills I want to Master/Learn*
1.	**1.**
2.	**2.**
3.	**3.**

Now, list two positive thoughts and some activities to help you master your skills.

List 2 Positive Thoughts	Activities to Do/Practice
1.	1.
2.	2.

NOW ANSWER THE FOLLOWING QUESTIONS:

How and when will you implement this plan?

There are many obstacles to learning something new such as:

1. **Lack of time to devote to the new activity**

2. **Feeling too tired**

3. **Lack of a support group or people who support your change….or too many people who think you will fail!**

Which one of these is most likely to stop you? How could you avoid letting this obstacle trip you up?

Do you know how you learn best? (select one): Reading a book about something, a demonstration, or listening to a coach/teacher/therapist?

How can you get the kind of instruction/help to improve your performance?

How can you break down the task into manageable steps? Can you set up a system of accountability?

Adapted from concepts from Enriching the Brain by Eric Jensen (Jossey-Bass, July, 2006)

RESOURCES/REFERENCES: NJ Presentation: Treatment of Students who Stutter.

Stuttering Intervention: A Collaborative Journey to Fluency Freedom; David Allen Shapiro "Stuttering Intervention"1999, Pro-ED; Pages 14 & 17 & 70).

Data on Stuttering: Yairi E. & Ambrose, N. Early childhood stuttering I: Persistence & Recovery rates: Journal of Speech, Language, and Hearing N. 1999.

Situations: (Yaruss, 1998). Describing the consequences of disorders: Stuttering and the International Classification of Impairments, Disabilities, and Handicaps: Journal of Speech, Language and Hearing Research, 49, 249-257.

- **Yairi, E. & Ambrose,N.G.: Epidemiology of Stuttering: 21st Century Advances; Journal of Fluency Disorders, 38(2), 66-87:**
- **Sex of child: Boys are at higher risk for persistent stuttering than girls (Yairi & Ambrose, 2013)**
- **Family history of persistent stuttering is another risk factor (Kraft &Yairi, 2011).**
- **Time duration since onset of greater than 6-12 months or no improvement over several months (Yairi & Ambrose, 2005).**
- **Age of onset-children who started at age 3 ½ or later. (Yairi, etc.**
- **Co-occurring speech/language impairment (Ntouou, et.al. 2011) (Language abilities of children who stutter: A meta-analytical review.(American Journal of Speech-Language Pathology, 20(3), 163-179.)**
- **Coleman, C. & Yaruss, J.S. (2014): A comprehensive review of Stuttering: Implications for assessment and treatment, SIG 16 Perspectives on School-Based Issues, 15(2), 75-80.**
- **Guitar, B. (2013): Stuttering: An integrated approach to it nature and treatment. Baltimore, MD: Lippincott Williams, & Wilkins.**
- **St. Louis & Schulte, (2011): Defining Cluttering: The lowest common denominator. Cluttering: Research, intervention, and education (pp. 233-253) East Sussex, UK Psychology Press.**
- **Pragmatic Language: Tiegland, A. (1996): A study of pragmatic skills of students who clutter and normal speakers. Journal of Fluency Disorders, 21(3-4), 201-2014. Autism (Scaler-Scott, Kathy, 2011);**
- **Word Finding/Language Organization issues (Myers, 1992) and Attention Deficit Hyperactivity Disorder (ADHD; Alm, 2011). These disorders (and their features) may occur in addition to a diagnosis 0f cluttering or stuttering).**
- **Word Finding; Wiig & Semel; "Language/Assessment/ Intervention for the Learning Disabled', Merrill, 1984);**
- **Auditory Processing Disorders (Molt, 1996), An Examination of various aspects of auditory processing in students who clutter: Journal of Fluency Disorders, 21(3), pages 215-225;**
- **Tourette's Syndrome; Van Borsel & J. Tetnowski, J.A.; Journal of Fluency Disorders (2007). Stuttering in Genetic Syndromes Journal of Fluency Disorders 32.**
- **Locus of Control; Bloom; Sr. C. & Cooperman, D: "Synergistic Stuttering Therapy: A Holistic Approach", Butterworth Heinemann (1999); Pages; 32 -33**
- **The Assessment of Stuttering as Struggle, Acceptance, & Expectancy. Woolf, G. British Journal of Communication Disorders, 2, pages 158-171.**

TREATMENT IDEAS for STUDENTS WHO STUTTER

1. Positive self-talk cards:

Make a List of "I can…. cards for the student who stutters. List all activities/games/school subjects, etc. that the student does well.

Establish meetings with other students who have stuttering problems.

Educate those in the environment. Have the student/child practice a short speech about stuttering treatment. Deliver the speech to those at home.

Journal writing: summarizing positive interactions/evaluating difficult speaking interactions.

2. Concept: Treatment goals & tasks need to be relevant to the CWS:

Motivation for change often depends on feeling that treatment is relevant to needs.

Goals should be written together; evaluation is an important part of the process.

Hierarchies of difficult situations need to be established and problem solved as part of the treatment process.

Ideas for Practice: Use vocabulary of high interest – names; relevant vocabulary; expressions; Practice organizational frameworks to facilitate difficult discourse tasks, explaining, story telling relating events, etc. ; Simulate academic speaking tasks, answering questions, asking questions, explaining, etc.

Stuttering Intervention: A Collaborative Journey to Fluency
Freedom: 1999
David Allen Shapiro
Pro-Ed: http://www.proedinc.com

STRATEGIES FOR TREATING STUTTING *Diane C. Games M.A. CCC-SLP, BCS-F*

Fluency Shaping: Stuttering is viewed as a physical phenomenon and this approach helps the speaker learn the rules of speech mechanics, his speech will be more fluent: if he violates these rules, his speech will not be fluent. As incorrect and distorted muscle movements are altered, the speaker is able to achieve fluent speech. The student is carefully taken through gradations of muscle movements associated with sounds and sound sequences that gradually become more complex. Clients are informed about the basic classes of sounds in English and associated vocal tract features. The ability to self-monitor the accuracy of new skills is emphasized. The student becomes completely responsible for self-managing his speech.

Full Breath Target: Bloom and Cooperman (1999) teaches each the client to inhale through the mouth in a relaxed manner, with particular attention to relaxation of the throat and a smooth downward movement of the diaphragm. Differentiate between a full breath and a deep breath. In a full breath, the student must monitor two areas. The diaphragm must move smoothly during the inhalation and the vocal tract including the articulators must stay relaxed. At the top of the full inhalation, the client must not tighten and needs to begin speaking without hesitation. Air and voice must begin at the same time.

Gentle Onset Target: This target addresses the harsh, abrupt initiation of phonation that is common in many students/people who stutter. Full breath must occur first before gentle onset is effective. Gentle onset is taught by exaggerating the initiation of sounds/words. First the client demonstrates very low amplitude vibration of the vocal cords, followed by a gradual increase in the loudness of phonation and finally a decrease in loudness to the initial amplitude level. This is first practiced with vowels and then with sounds and speech of increasing difficulty. This practice should not be used outside of treatment, but as a training tool for the client.

Movement Target: This target provides for the smooth transition from sound to sound and from word to word. The client is taught to recognize the different properties of the sounds of the language and to utilize the first two targets to master the third. The classes are divided into vowels, voiced consonants, voiceless consonants and plosives. This approach can be modified for younger students in terms of the language utilized in the describing the movements.

Fluency Shaping with Children

Easy Starts/Easy Speech: The child/teen is generally instructed to begin speech a little slower, with less tightness, and slightly softer. Once the child achieves fluent speech at the word level, the length and complexity of responses is increased. Carryover and self-monitoring are taught to the children. Stretching: The child/teen can also be taught to slightly stretch the beginning sound to ease into production. Light Contacts: The child/teen is taught to "touch" the articulators together lightly and softly. Light contacts are used on sounds that involve more contacts such a plosives and

labials. Pausing and Chunking: The child/teen practices forward moving speech by grouping words together and adding pauses in places where natural breaks would occur.

Stuttering Modification Techniques

Stuttering Modification: Stuttering Modification techniques target a speakers struggle & avoidance of the core moment of stuttering causes which includes tension. The primary focus of the stuttering-modification approach involves the reduction and management of fear and avoidance, typically via desensitization and assertiveness training. Treatment focuses on modifying the surface features of stuttering into intentional, open, smooth, and relaxed forms, which are intended to replace the old, out-of control, and reflexive stuttering. (Manning, 2001).

Cancellation: After a stuttering event has occurred, the student waits a few seconds and then produces the word again in an easier manner that is slower and controlled. Pullout: The student "catches" the moment of stuttering and produces a pullout, easing themselves out of the stuttering event. The student should not rush through the rest of the word, but produce it slowly and in a controlled manner as when canceling a stuttered moment. Preparatory Set: Preparatory set is used prior to the production of an upcoming word that the student anticipates will be stuttered. Using a slower rate and light articulatory contacts the student begins the first sound of the word slowly, smoothly, and easily. The word is completed in a slow, relaxed, smooth manner. (adapted from Zebrowski & Kelly, 2002)

Other terminology for Stuttering Modification Techniques:

Stuttering on Purpose: This technique can help the student feel more comfortable with stuttering and less anxious in difficult speaking situations. This is also called "Easy Stuttering" and helps the student understand the role of avoidance and fighting stuttering in speaking situations. Bouncing: This is repeating a word or sound in an easy way. This practice helps the student learn to manage muscle tension and to become comfortable with the moment of stuttering.

Timing Techniques:

Often a student who stutters will present with uneven timing or phrasing of speech. Techniques to manage these behaviors Pausing and Phrasing. These strategies address speaking sentences or utterances into smaller units. This helps the student learn to manage breathing and to apply strategies mid-response.

Fluency Tool Kit!

Ideas: from the Collage of St. Rose, Albany, New York:

1. **Rubber Band – to remind the client about stretchy speech (easy onset)**
2. **Chinese Finger Puppet-to show that the more you struggle, the harder it will be to speak.**
3. **Turtle- to remind your client that slow and steady winds the race (the turtle did beat the hare).**
4. **Notebook-to give clients a chance to exchange phone numbers and to help you talk about telephone fears.**
5. **Eraser- To remind that cancellations are useful to repair moments of stuttering.**
6. **Bubbles- To remind that eye contact is important when talking to others.**
7. **Chain with a Clasp – to remind clients to pause at the end of utterances; this will give time to other tools.**

Visualization Tasks (activities adapted from Ellen Bennett)

1. **<u>Paint a picture</u> of your speech: Ask the student to draw a picture of their stuttering or what their stuttering feels like to them. Encourage the child to explain the picture to others.**

Cincinnati Children's

A Compilation of Transfer Concepts & Ideas for School Aged Children with Fluency Problems

By Diane C. Games, M.A., BCS-F

1. ***Learn as much as you can about stuttering.***
   - ***The Stuttering Homepage- Judy Kuster www.mankato.msus.edu/dept/comdis/kuster/stutter.html***
   - ***Use successes of people who stutter as models (Stuttering Foundation of America, www.stutteringhelp.org)***
   - ***Develop activities that allow the child to teach parents, friends or teachers about stuttering***

2. ***Empower the Child to become an "expert" on his stuttering and speech!***
   - ***Make a Movie- using teasing as a topic. Discuss how it feels, why people tease, how to react to teasing, role play typical scenes, etc. (Murphy, 1997)***
   - ***Prepare a talk about stuttering. Video a tape with the child discussing what he knows about stuttering. Watch the tape with family and classmates.***
   - ***Give a talk on stuttering to class.***
   - ***Have him teach you how he stutters.***

3. ***Find ways to focus on positive attributes.***
   - ***Affirmation Cards (Fluency Friday Plus-Amy Lyons)***
   - ***Practice positive attitude statements (Easy Does it for Fluency – Intermediate, Barbara Heinze & Karin Johnson, LinguiSystems, 1998)***
   - ***Practice Positive Self Talk (The Source for Stuttering and Cluttering, LinguiSystems, David Daly, 1996) Positive self-talk can decrease negative responses or programming, help with self-assurance and eliminate helplessness.***
   - ***Brainstorm Put-downs: These can be called bad thoughts or things people say to hurt others or themselves. Brainstorm "good" vs. "bad" thoughts about stuttering. Role play various speaking situations and have the child practice saying negative thoughts and then changing them aloud (reframing) to positive thoughts.(Chmela & Reardon, 1997)***
   - ***Make a list of rights: i.e. the right to make mistakes, the right to feel and express anger, the right to tell others what you are thinking and feeling.***
   - ***Hands Down-Trace hands on a sheet of paper. On the right hand, list the things that you may not like about yourself; on the left, the things that you like. (Chmela & Reardon, 1997)***
   - ***Write a Word Picture about yourself. List 5 words about yourself. It can include things you like and things you don't like. (Chmela & Reardon, 1997)***
   - ***Write refocusing sentences: I am fluent because…, I communicate well in…, I have good ideas like… etc.***

4. ***Work on Cognitive Re-structuring of beliefs about stuttering.***
    - ***Keep a journal. Journal on thoughts about a session, a topic of discussion, various situations that come up in therapy.***
    - ***Develop a Tool Box of Motor and Emotional Tools to manage speech. Actually draw or find tools to use in the box.***
    - ***Draw Your Stuttering: visualization helps children to associate feelings about speech about the objects or scenes developed.***
    - ***Discuss stuttering in an open, casual and comfortable manner. Stuttering is not something to hide.***
    - ***Use rating scales to help the child evaluate performance and feelings.***
    - ***Respond to the child's speech in behavioral terms; 1) describe what you see (i.e. great weekend! What a neat story! I noticed that you were pushing on some of your words. Did you feel that?) 2) followed by saying how you feel (i.e. I feel good that you decided to finish your story.) and 3) summing up with a positive feedback. (i.e. I like the way that you decided not avoid and to continue.)***
    - ***Validate Children's feelings: 1) Actively listen and acknowledge that you hear what the child is saying; 2) Reflect back what the child has said; 3) Discover the emotional connection (That must have been _____) and 4) Validate the child's feelings (It is ok to feel_____)***
    - ***Play the "I am a contribution" game. The child states " I am a contribution and then relates how he/she made a contribution or gift to others. (R. Zander, The Art of Possibility)***

5. ***Teach Assertiveness Skills***
    - ***Recognize rights; self as well as others.***
    - ***Use " I" statements***
    - ***Strive to maintain eye contact during communication***
    - ***Have a relaxed body posture***
    - ***Role Play difficult speaking situations***
    - ***Game: I'm Glad to be Me! A circle game of starting with the child stating "I am glad to be me because….." followed by the next child restating the first child's statement and adding his own. A similar activity can be done with a Mirror. Mirror, mirror in my hand, Tell me why I am the best child in the land. (Bloom & Cooperman, 1999).***
    - ***Feelings and Choices activity. Write difficult situations on cards and have the children recognize feeling and choices.***
    - ***Discuss concepts of Motivation, Relapse, Teasing, and Responsibility. Use Concept Webs or develop questions to encourage these discussions.***

SPEECH/LANGUAGE TRANSFER ACTIVITIES

1. Call a department store requesting if they have an item.
2. Take a walk and ask a stranger for directions to someplace.
3. Go to a food establishment and order lunch.
4. Make a speech to a small group about how you feel about speaking to groups or any topic of choice.
5. Discuss your feelings about stuttering and/or therapy.
6. Read aloud a section from a newspaper or book. Discuss the issue in a group.
7. Go into a supermarket and ask a salesperson for assistance locating an item you need.
8. Call up a pizza place and ask what they charge for a large pizza and if they deliver.
9. Call the bus station and request departure time, place, and arriving time.
10. Call a local radio station and request a special song.
11. Call a florist to ask how much one dozen red roses cost.
12. Call a bakery and ask for the average price of a wedding cake.
13. Tape a phone call to a relative or friend inquiring about a topic that is relevant to that person.
14. Read a newspaper article of a national event each day of the week. Tape one paragraph about the topic: review and evaluate.
15. Tape a conversation with a family member or friend. Evaluate and review.
16. Call up theater and ask for information regarding tickets, prices and times of the show.
17. Tell a group of friends about a recent movie or book. Tape, review & discuss feelings.
18. Tell a joke or funny experience to family members or friends. Tape and evaluate.
19. Keep a daily journal or log of speaking situations at FFP.
20. Call a friend. Record & evaluate.
21. Ask a stranger for change for a dollar.
22. Have a mock job interview situation.
23. Simulate getting a haircut; describe what you want.
24. Practice selling something – heart fund, church drives, school fund raiser, etc.
25. At a restaurant, practice ordering from a menu & compliment the service.
26. Ask five people what time it is.
27. Call a restaurant and ask for the special of the day.
28. Role-play; clinician is the waitress. Client is the customer. Order something to drink. Self critique. After ordering waitress says she didn't hear you; repeat.
29. Pretend that you are going through the grocery checkout. It's busy, and the clerk is in a hurry. You notice that you were charged the wrong price. You have to get the clerk's attention and tell her.
30. Call the dry cleaners and inquire about the price of cleaning one winter coat and a man's suit.
31. Go to a local store and ask for change for $1.00.
32. Listen to the weather forecast, then role-play that you are the weather forecaster.
33. Call a local library and ask them for their hours on Sunday – tape record and evaluate.
34. Play a game of 'telephone' – begin with a simple message to whisper to the next person and slowly increase the length of the message.
35. Play a game of Jeopardy or Password without time limits, then with the time limits.
36. Set up a "laugh-in" where clients prepare their favorite one-liners, jokes, riddles, etc. with no time limits.
37. Do a mock radio program or news cast, sports cast, weather forecast, etc…

Adapted for FF from Bloom & Cooperman: Weekend Workshop Manual.

PERIODIC SAMPLING OF STUTTERING/FLUENCY:

DESCRIBES: I = Inadequately, A = Adequately, C = Clearly

DEMONSTRATES: IN = Inconsistently, CO = Consistently

LINGUISTIC: W = Word, PH = Phrase, S = Sentence, MO = monologue, CV = Conversation, R = Reading, O = Other

VII. FLUENCY SKILLS	**Describes**	**Demonstrates**	**Uses in___**	**Comments**
Easy Beginnings				
Light contacts				
Cancellations				
Pausing and Phrasing				
Pseudo-stuttering; Stuttering in an Easy manner; Pulling out of a stutter				

Normative Fluency Data

Hugo Gregory: SDA (Systematic Disfluency Analysis)(see reference)

Severity Level	Less Typical Types Qualitative Features (LTT)	More Typical Types (MTT)
Normal	< 2%	> 10%	None
Borderline	2% - 3%	or > 10% of both	Infrequent signs of tension
	More typical audible/visible types of disfluencies (fillers, interjections, etc.)	
Mild	3% - 8%	10% - 15%	
	Signs of visible audible tension; multiple stutters occurring	
Moderate	8% -15%	Greater #'s	More severe stuttering; audible/visible tension
Severe	12% or more	Significantly high	Significant tension

Normal Speakers

- **2 or less stutters in 100 syllables or 2 or less stutters in a minute sample is normal.**
  - These are Less Typical Type **(LTT)**: sound/syllable/whole word repetitions, blocks, and prolongations

    Or……..

  - 8 or less disfluencies in 100 syllables = normal

  - This includes the More Typical Types **(MTT)**: interjections, revisions, phrase/word repetitions

Fluency Severity Rating Scale: Bruce Ryan

Use method A for both parts I and II or use method B for both parts I and II.

	(1) Mild	**(2) Mild- Mod.**	**(3) Moderate**	**(4) Moderate-Severe.**	**(5) Severe**
I. (a)Frequency of Blocks: Include prolongations & repetitions **or**	2-5%	6-10%	11-18%	19-24%	25% or more
(b) Stuttered words per minute**	.6-5		6-10		11+
II. (a) Duration – Average of 3 longest blocks **or**	Up to 1 sec.	2-4 secs.	5-9 secs.	10-15 secs.	16 secs. or more
(b) Total Words spoken per minute	90-99		70-89		69
III. Secondary Characteristics: Sounds, head moves., facial grimaces, etc.	Not noticed by average person		Distracts from content of communication		Displays obvious/ severe secondaries.

Recommended Procedure: Tape record speech samples of 200 words minimum for baseline. Tally frequency of blocks to compute percentage. Average 3 longest blocks to determine duration.

IX: BENCHMARKS/OBJECTIVES:

Diane C. Games M. A. CCC-SLP, BCS-F

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Certified and Licensed Speech-Language Pathologist

Board Certified Specialist-Fluency

6793 Ross Lane, Mason OH 45040 (H) 513-754-1288 © 513-532-3949

CHILD CASE HISTORY FORM:

CHILD'S NAME:_____AGE:_____BIRTHDATE:_____

PARENTS:_____ PHONE: (H)_____ (C)_____

ADDRESS:_____

PRENATAL & BIRTH HISTORY

Please describe any significant prenatal/birth issues including maternal health, child health or medical issues.

DEVELOPMENTAL & MOTOR HISTORY

Please describe any delays/problems with motor developmental milestones, coordination, balance, fine-motor (coloring/writing).

SPEECH & LANGUAGE DEVELOPMENT Please list any issues in speech language development. Were there any delays in onset of speech or problems in sound development? Is the child's voice quality abnormal? Are other people able to understand his/her speech?

RECEPTIVE/ATTENTIONAL/HEARING INFORMATION Please describe any issues of concentration, attention span, following directions or listening. Have you ever questioned your child's ability to hear?

EDUCATIONAL HISTORY: Please list your child's current school and any past schools; Has your child received speech/language services in the school setting? If so, where? What subjects does your child enjoy?

SOCIAL/BEHAVIORAL DEVELOPMENT Please discuss what activities, games, toys your child prefers. Does your child play/interact well with other children? Have consistent moods? Good relationships with family and friends? Comment on any behaviors related to his/her stuttering.

What are your child's special talents or interests?_____

OTHER COMMENTS:

DIAGNOSTIC THERAPY FORM (Completed Sample)

CLIENT NAME: ___SM_____ **AGE:**___10____

I. REFERRING CLINICIAN/AGENCY:_____

II. CLIENT INTREST/HOBBIES/STRENTHS (EXAMPLE):

S has a very high IQ and is interested in learning. He really likes science, especially looking into microscopes and learning about the solar system. He likes to play YuGiOh and is great at teaching. He has read all the Harry Potter boos and is starting to "grow out of them." S likes mind intriguing questions and exploring new ideas. He plays soccer, however sports are not his favorite thing. He Has 2 younger brothers with whom he plays and gets along with very well. He has a dog and would like another pet.

III. PREVIOUS THERAPY (EXAMPLE):

- **WHERE? HOW LONG?**
  S was receiving treatment at ___ for 12 months. He is now in treatment at CCHMC – 2 sessions.

- **THINGS I LIKE/D; WHY?**
  S stated that his past therapy was "all right." He stated that he did not make any progress. However, he did explain some of the techniques he learned to facilitate fluency. He liked playing some of the games they used in treatment and the rewards he received for completing activities successfully.

- **THINGS I DID/DO NOT LIKE; WHY?**
  S felt he did not make progress. In fact, he seemed indifferent about the idea of starting therapy again.

IV. OVERALL COMMUNICATION ABILITIES (VERBAL/NONVERBAL):

S has great verbal abilities. He lateralizes /s/, however recognized this and was able to produce the sound correctly. His speech was clear and he was able to get his ideas across well. He was shy at the beginning of the session, however became very conversational throughout. Eye contact was good even during moments of stuttering. All other pragmatic skills appeared age appropriate. Turn taking was good as was ability to stay on topic and ask appropriate questions.

V. PATTERN ANALYSIS (CORE AND SECONDARY):

S would stutter more during conversation, especially when excited. He had moments of syllable repetition, sound repetition and word repetitions. His voice would become strained and tense when he stuttered. Secondary behaviors were observed- during repetitions he leaned forward and his chin tremored. He also seemed to use interjections to stall prior to a moment of stuttering. SSI-3 mild severity rating; SPA-mild, 5.5% LT, 60% MT. During reading, stuttering was markedly reduced (1.16%).

VI. TEST RESULTS AND ADDITIONAL OBSERVATIONS (please complete real-time analysis during FFP, additional diagnostics to be completed upon submission of Journal for class):

Attitudinal scales were not administered since they were reported from his most recent evaluation, several weeks earlier.

i. Formal: On the CAT-R S's responses correlated with 27 related to negative attitudes and feelings regarding speech. This scale correlates more closely with stuttering children of the same age (mean = 16.7), than those of the same age who do not experience stuttering were reported. S indicated that "he does not find it easy to talk" and that "words will stick in his mouth." Additionally results from the A-19 scale which also probes feelings and attitudes about speed were consistent with those obtained on the CAT-R. His score on the A-19 was 11 (NS mean 8.17; SD = 1.8/s, mean = 9.07; SD= 2.44).
ii. Informal: framing my speech: shy, mixed-up, irritated. Hands down: + artist, science, drawing/ - get nervous easily, not very sociable.
iii. When asked to rate the effect that stuttering has on his life (1 = doesn't bother me at all, 10= I don't talk much or take part in things because of my stuttering) he self-rated as 8.

DESCRIBES: I = Inadequately, A = Adequately, C = Clearly
DEMONSTRATES: IN = Inconsistently, CO = Consistently
LINGUISTIC: W = Word, PH = Phrase, S = Sentence, MO = monologue,
CV = Conversation, R = Reading, O = Other

VII. FLUENCY SKILLS	**Describes**	**Demonstrates**	**Linguistic**	**Comments**
Easy Beginnings	A	IN	W, CV	
Light contacts	C	IN	S, PH, CV	Although he thinks it sounds funny he stated that it is his favorite technique
Cancellations	C	IN	W	He doesn't really like cancellations
Pausing and Phrasing	A-C	IN	PH, S, CV	Felt as though he has not learned this very well yet and was not sure if it sounded right

Pseudostutter	A	N/A	N/A	Did not like this at all

VIII: TREATMENT IDEAS TO FACILITATE FLUENCY:

The initial time was spent getting to know S and relationship building. He was so awake of the strategies, but was unable to sue them consistently. Therefore, I would have him begin by exploring the speech mechanism, understanding what happens during a stuttering moment and then help him learn to identify his stutters. We could use counters and both count stutters in a given time frame and compare them. It might be interesting for me to pseudo-stutter and have him identify when I stutter. My feeling is that he would learn to do this quickly and I would want to start introducing them either pullout or demonstrate a cancellation. My next level would be phrases. We could say fun phrases about science or while playing a game. At this point I would want him to use strategies at least 85% before moving into sentences or conversation.

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IX: BENCHMARKS/OBJECTIVES

IEP Goals for Stuttering

Adapted from an article by Craig Coleman, M.A., CCC-SLP, Stuttering Center News, Volume 2, Issue 1, February 2004.

When writing an IEP for a child with a stuttering disorder, it is important to target *all* aspects of the child's disorder, not just the number of disfluencies he or she produces. It is important to address the "quality" of the fluency, not just the "quantity." This means goals could address secondary behaviors, physical tension, or avoidance. Also, the child may not have control over how fluent he is. He only has control over whether he *uses techniques* to help him speak more easily. Goals should focus on the child's *effort* in addition to the desired clinical *outcome*. Some examples of possible stuttering objectives are below. Note that they target general categories of fluency behavior:

Targeting "Quantity" of Stuttering:

Johnny will demonstrate the ability to reduce the number of disfluencies in his speech by using easy starts at the beginning of sentences 85% of the time in a structured conversation.

Targeting "Quality" of Stuttering:

Johnny will demonstrate the ability to reduce physical tension during stuttering using the "pull-out" technique, for 50% of the disfluencies during a 5 minute oral reading.

Targeting Communication:

Johnny will decrease avoidance behaviors associated with his stuttering by entering 3 specific situations where he previously avoided stuttering. (Avoided situations should be noted in Present Levels of Performance section of IEP.)

Johnny will demonstrate desensitization to stuttering by using 5 pseudo-stutters during a conversation during his lunch period.

Targeting Knowledge of Stuttering:

Johnny will demonstrate his increased knowledge about stuttering by passing 3 quizzes on basic stuttering facts.

Johnny will educate 2 friends about his stuttering treatment techniques by teaching them to pseudo-stutter and use pull-outs.

The above objectives should be individualized to meet a child's specific needs. Writing IEPs in this way will help the child address the entire stuttering disorder.

Additional Goals for Stuttering in School Aged Children:

- Child will use a facilitating strategy (e.g. easy starts) for 2 conversational turns while speaking on the telephone, 8/10.
- Child will use a facilitating strategy for 2 conversational turns while speaking to a store clerk at the mall, 8/10.
- Child will demonstrate use of light contacts to modify moments of tension during 2-minute monologues, 8/10.
- Child will be able to describe tension points following stuttering up to the sentence level, 8/10.
- Child will use objective words to describe his disfluencies, 8/10.
- Child will participate in periodic measures to evaluate his feelings concerning communication and stuttering (2x per year).
- Child will rate his levels of tension and levels of disfluency following speaking activities (1x month).
- Child will identify situations where tension increases (update situational hierarchy monthly).
- Child will explain how speech occurs and the anatomy of the speaking mechanism.
- Child will be able to give 5 facts about stuttering to a friend or teacher.
- Child will identify 5 incidences of avoidance and analyze these situations for possible outcomes (monthly).
- Child will identify secondary characteristics as needed

Group Treatment: 

Group Treatment is important for children/teens who stutter because many struggle to speak in group situations. Group situations encourage communication interactions with peers and adults. It is important for children/teens who stutter to share feelings and attitudes about communication with other students similar in age. Group treatment allows students to practice these important communication skills.

Group Treatment should include some thought about the following issues:

1) **Everyone in the group should have an opportunity to speak. As a leader/speech pathologist, it is easy to feel the need to "keep the conversation going". Remember that silence is also ok. It may take some CWS/TWS some time to respond.**

2) **Group treatment should encourage interaction between members. A leader is the group "manager" whose goal is to stimulate discussion between group members.**

Group Treatment Plan (Sample)

Clinician: _____

Activity: Stuttering Twister_____

Description of Activity: A Twister board has been created containing either a single word or phrase taped on each circle. Ideas include: random words ("ball," "pillowcase"); stuttering facts ("one percent of the population stutters"); and positive affirmations ("I am a good person"). The Twister "spinner" board contains the label of a stuttering dysfluency in each quadrant (repetitions; sound prolongations; blocks; your choice), in addition to the "color" and "body part."_

Goal: The client will become desensitized to moments of stuttering by identifying stuttering disfluencies and stuttering purposefully with other clients during a structured task **Results/Comments:** The client demonstrated decreased sensitivity towards his stuttering during the activity. He was initially hesitant to participate; however, by the end of the activity he was able to identify and produce stuttering disfluencies with no apparent negative emotions.

Goal: The client will identify different types of stuttering dysfluencies (repetitions, prolongations, blocks) during a structured task with 706 accuracy **Results/Comments:** The client identified stuttering dysfluencies with 50% accuracy (4/8). He demonstrated the most difficulty identifying blocks.

Goal: The client will produce different types of stuttering dysfluencies (repetitions, prolongations, blocks) during a structured task with 70% accuracy. **Results /Comments:** The client produced stuttering dysfluencies with 60% accuracy. He demonstrated the most difficulty producing blocks.

Cognitive – Thinking:

Goal: The client will explain what he/she is doing (describe actual speech production) during a moment of stuttering during a structured task. **Results/Comments:** The client was able to explain his speech production during each of the stuttering dysfluencies (repetitions, prolongations, blocks). Visual cues were needed to assist him in explanation.

How to Play: Game 1. Identifying stuttering disfluencies: One clinician will use the spinner and give the command: "Left foot, red." The clinician on the Twister board will follow the command and then use a stuttering disfluency of his/her choice while reading the word or phrase on that particular circle. The client will

then identify the type of stuttering disfluency produced. Game 2. Producing stuttering disfluencies: (Same instructions only th student will do the pseudo-stuttering.

Group Treatment Ideas!

Helpful Websites: Compiled by Karen Rizzo
www.wilderdom.com
www.familyfun.com
www.home.duq.edu

Primary (Grades 1-3):

1. **"The Amazing Me:"** *(*See the "*Hands Down" activity from SFA Attitudes & Emotions workbook*). Pass out copies of the Hands Down worksheet and pass out with markers. Encourage each child to complete the worksheet with a partner. The speech pathologist leader also completes and shares his/her work as an example to start some sharing of what the kids put on their papers.

2. **Minefield in a Circle:** The group is put in to pairs and then gets into a circle with each member of the 'pair' sitting next to each other. Various objects are placed in the middle of

the circle (beanbag, ball, box, stuffed animal, key, book, etc.). Someone in each pair volunteers to be the 'minefield searcher' and must either close his/her eyes or allow a blindfold. The other person of the pair will instruct the blindfolded person to get a certain object out of the middle by listening to a description of the object by what it feels like or by the location of the object (to the right, to the left, etc.). Once the 'minefield searcher' has retrieved the object, he/she can return to sitting next to his/her partner with the object. Once every pair has one object, the people can take turns around the circle telling what their 'find' reminds them/makes them think of. (modified from Wilderdom.com).

3. **Wheel of Fortune:** Select 2 team leaders to decide on a word, phrase, saying, or famous person who stutters. Using a chalk board or an easel, write blanks for the letters that would spell out the word, phrase, saying or famous person who stutters. Designate the players to be on teams of 2 or 3 people. Each team takes turns guessing letters (just like in Hangman). For each correct letter, the team gets a point until one team guesses the message. The team gets 1 point for guessing the message as well. After the game is complete, add up the points to see who the winners are.

4. **Human Bingo:** Use a Bingo board Decide to play 'row' (down, across, or diagonal) or 'cover all.' Each child is given a pencil/marker and follows the directions on each space. They must move around the room to find someone who can fit the description in a given space (one person per space). The person they find must sign their first name on their bingo board space. The first person to complete 'row' or 'cover all' bingo must shout "BINGO" and they win the game. Afterwards, if time, expand the activity to sitting around in a circle and talk about what they learned about each other.

Upper Elementary (Grades 4-6):

1. **Pass the Buck:** Kids each have a small pile of fake $$ or tickets. They each take out one buck/ticket and tell something about themselves that they feel is a challenge for them. If they participate and share with the group, they pass their buck/ticket to the right. The person holding their own buck/ticket and now the person who just passed theirs to them tells something they feel is a challenge for them and get to pass the buck/ticket to the next person to the right and so on. At the end, the T.E.A.M as a whole has a pile of fake $$ or raffle tickets to each put their name on and turn in for a chance at winning a prize at the raffle!

2. **To Tell the Truth:** Almost all kids appreciate a good, ridiculous lie, and in this delightfully deceitful game, players must decide on the veracity of a simple statement before getting points (be the first team to press the 'taboo' buzzer). Have two equal teams of players line up, facing each other 5 to 10 feet apart. In one line stand the truth-loving Elves and, in the other, the happy-to-deceive Trolls. Designate one leader (a kid or an adult who does not belong to either team). To begin, the leader calls out a statement. It must be either clearly true, such as "Jason is wearing a white shirt," or inarguably false, such as "The letter M comes after the letter N." (The leader may use the Power Point Stuttering Facts/Fiction sheet by Katrina Zeit and Irv Wollman). Each team has equal opportunity to press the buzzer. The first team to 'buzz in' gets to say the answer of TRUE or FALSE. The leader confirms the answer correct or incorrect. If the team who 'buzzed'

and answered first is correct, the leader gives them a point. If the answer is incorrect, the leader takes a point. To avoid disputes, the leader must choose statements that are unequivocal; however, any statement that causes players to pause and think makes for a hilarious hesitation, as players decide whether to 'buzz or not to buzz.' To keep the game moving, it's a good idea to have a list of true and false statements on hand for the leader at the beginning of the game (modified from Familyfun.com).

3. **Life sized Guess Who**: Decide on two teams and split the room with half players on one side, half on the other side. Each team decides who will be the "amazing'" person first but no one tells. In front of each team will be one kid who will be the "player." The "player" has to ask the opposing team Yes and No questions (Is your amazing person a girl? Is your amazing person wearing white?, etc.). By asking questions, the "player" eliminates people on the team as he/she tells them to sit out so the "player" can figure out who the "amazing" person is. The team who guesses first is the winning team!

4. **Human Bingo**: Use the Bingo board, decide to play 'row' (down, across, or diagonal) or 'cover all.' Each child is given a pencil/marker and follows the directions on each space. They must practice various speaking tasks listed on the board. The first person to complete 'row' or 'cover all' bingo must shout "BINGO" and they win the game. Afterwards, if time, expand the activity to sitting around in a circle and talk about what they learned about each other.

Jr. High/High School:

1. **"Pass the Buck:"** Kids each have a small pile of fake $$ or raffle tickets. They each take out one buck and tell something about themselves that they feel is a challenge for them. If they participate and share with the group, they pass their buck to the right. The person holding their own buck and now the person who just passed theirs to them tells something they feel is a challenge for them and get to pass the buck to the next person to the right and so on. At the end, the group as a whole has a pile of $$ or raffle tickets to each put their name on and turn in for a chance at winning a prize.

2. **To Tell the Truth:** Almost all kids appreciate a good, ridiculous lie, and in this delightfully deceitful game, players must decide on the veracity of a simple statement before getting points (be the first team to press the 'taboo' or the Staples "That was easy" buzzer/button). Have two equal teams of players line up, facing each other 5 to 10 feet apart. In one line stand the truth-loving Elves and, in the other, the happy-to-deceive Trolls. Designate one leader (a kid or an adult who does not belong to either team). To begin, the leader calls out a statement. It must be either clearly true, such as "Jason is wearing a white shirt," or inarguably false, such as "The letter M comes after the letter N." Each team has equal opportunity to press the buzzer. The first team to 'buzz in' gets to say the answer of TRUE or FALSE. The leader confirms the answer correct or incorrect. If the team who 'buzzed' and answered first is correct, the leader gives them a point. If the answer is incorrect, the leader takes a point. To avoid disputes, the leader must choose statements that are unequivocal; however, any statement that causes players to pause and think makes for a hilarious hesitation, as players decide whether to 'buzz or not to buzz.' To keep the game moving, it's a good idea to have a list of true and false statements on hand for the leader at the beginning of the game (modified from Familyfun.com).

3. **STUTTERING FOR DUMMIES: Objective**: Stimulate discussion of stuttering by organizing and describing chapters for a book about stuttering. **Materials**: Paper and pencils or easel and paper. **Instructions**: Help the group prepare to write about stuttering with the intention of helping others to learn more about it. What categories do group member feel would be

essential to include? What specific information is important for people who don't stutter to know?

4. **EIGHT RULES FOR BETTER STUTTERING:** **Objective**: Stimulate discussion of the "new rules" by which stuttering now operates after some therapy. The new rules should portray stuttering as more controllable; the client should assume some responsibility for using targets; being open about stuttering; pseudo-stuttering, etc., and use the opportunity to contrast “what I used to do” with “what I do now”. **Materials**: Chart and easel **Instructions**: Clients are encouraged to talk about how their stuttering had changed and how their attitude upon entering speaking has become more affirmative, accepting and more disciplined. Have each group member contribute their "rules" starting with the most important ones. Write them on the chart for group discussion (www.home.duq.edu).

Human Bingo (Group Activity)

Has more than 1 brother or sister	Was born in another state	Has taught someone else how to stutter	Plays football	Can jump rope backwards
Has been teased before	Plays an instrument	Has a cat and a dog	Has been to Fluency Friday	Can do a cartwheel

			before	
Went to the beach this summer	Can speak another language	FREE SPACE	Knows Karate	Can ride a unicycle
Likes snakes	Has a birthday in October	Has long fingernails	Already has eaten all Halloween candy	Has 8 or more letters in their last name
Is an only child	Has drawn a picture of their stutter before	Has brown eyes	Has skied on water or snow	Has a birthday on a holiday

DEVELOPED BY KAREN RIZZO (2007)

Name Tag Glyph

- Students will be creating a name glyph to use as their name tag using the attributes in the following Name Glyph pages.
- Glyphs will be created on the next page following the directions.

Leader:

- **First**, have the students determine their position in their family. Circle their position and color to write their name.
- **Second**, have the students circle if they are new to Fluency Friday this year (cursive) or have been here before (printing).
- **They may NOW write their name**, with colored pencil/marker/crayon in cursive or print, black, green, red, or blue in the box on the next page.
- **Third,** have the students color the border according to the number of bothers and/or sisters they have.
- **Fourth**, have the students design their name tag according to the month they were born. Students should keep their design inside their name area and not in the border area. Students may color their design within their name area.
- **Lastly,** have the students put the number of dots in the border area according to which day of the month they were born.
- **Wear completed name tags**/glyphs once completed and use as object of discussion in smaller group activities (i.e., see what others have in common with you).

Name Glyph

Create a name glyph (name tag on following page) using the following attributes.

1. What is your position in your family?

	oldest	youngest	middle	Only
Write your name in	black	green	Red	Blue

2. Are you new to this school or did you attend this school before?

	New	Came before
Write your name in	Cursive	Print

3. How many brothers and sisters do you have?

	0	1	2	3	4+
Color border	green	blue	purple	yellow	Red

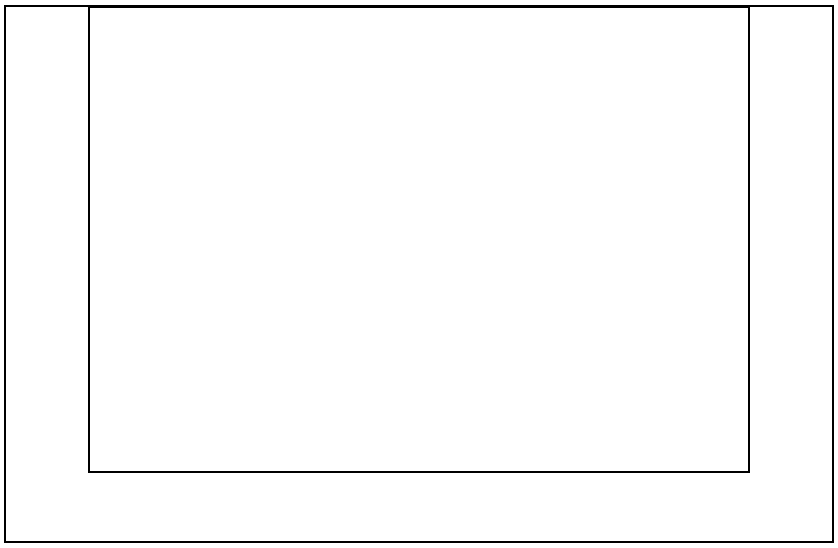
4. In which month were you born? Draw a design on your name tag.

Month	**Jan**	**Feb**	**Mar**	**Apr**
Symbol	Snowman	Heart	Kite	Umbrella
Month	**May**	**June**	**July**	**Aug**
Symbol	Flower	Fish	Sailboat	sun
Month	**Sept**	**Oct**	**Nov**	**Dec**
Symbol	Apple	Pumpkin	Leaf	tree

5. On which day of the month were you born?

	1st	2nd	3rd	4^{th}…	31st
# of dots on border	1	2	3	4	31

Create your name tag here using the glyph directions. Cut it out once finished to fit your name holder.



Developed by Karen Rizzo!

`

WHAT MAKES A HERO?

DIRECTIONS: Read the statements below. Circle the word "agree" next to each statement that matches your opinion of what makes a hero. Circle the word "disagree" if the statement does not fit your opinion of what makes a hero.

1.	A hero is brave and strong.	Agree	Disagree
2.	A hero is caring and helpful.	Agree	Disagree
3.	A hero is selfish.	Agree	Disagree
4.	A hero is never frightened.	Agree	Disagree
5.	A hero wants to be rewarded for his/her actions.	Agree	Disagree
6.	A hero makes mistakes	Agree	Disagree

7. A hero is never silly.	Agree	Disagree
8. A hero is dishonest.	Agree	Disagree
9. A hero puts others before himself or herself.	Agree	Disagree
10. A hero stands up for himself or herself.	Agree	Disagree
11. A hero never gets angry.	Agree	Disagree
12. A hero is always a popular person.	Agree	Disagree

Use your own words to finish the sentence below.

In my opinion, a hero is someone who:

Transfer Ideas for fluency skills

(Created by Carrie Lewis, FFP Conversational Breakfast, 2009)

Conversational Idea	Description	Materials Needed
"Sports Center"	CWS will pretend to be a sports broadcaster for their favorite team or sport	Pretend microphone, action photos from a variety of sports/games, sample written script for older students
"Weather Man"	CWS will give the weather	Pretend microphone, generic

	forecast for the week, as if they are on TV	map (drawn on poster board if needed), print-out of weather forecast for the coming week, weather symbols (rainy, sunny, cloudy, etc) for younger children
"Talking on the phone"	CWS will practice making phone calls, either real or role-play	Phone books, ideas of calls to make, old phones, cell phones
"This is Jeopardy"	CWS will pretend to be a contestant on Jeopardy and answer trivia questions about stuttering	The Jeopardy game created by CCHMC staff would be very helpful for this (see old FFP manuals); make a generic Jeopardy board with dollar values and a variety of questions that are relatively simple (like true/false etc)
"Celebrity Talk Show"	CWS will choose a favorite celebrity or character and pretend to answer questions as if they are that person	Pictures of a variety of celebrities (movie stars, musicians, athletes, animated characters) that cover a variety of age groups; pictures will help the students choose their celebrity; generic questions to ask the students…general enough for them to answer from another person's perspective (i.e. what's your name? what do you do? Where do you live? what would you say to your fans? Etc)
"Reading Aloud"	CWS will practice fluency with reading passages/repeated readings	A variety of reading materials that cover all ages; appropriate magazines are acceptable; if needed, can borrow books from the Usborne Books table
"Story Telling"	CWS will make up stories to practice connected speech	For younger children, bring several picture books; for older students, use magazine or newspaper pictures to generate a story or have them tell a personal story (proudest moment, embarrassing moment, favorite holiday memory etc)
	CWS will give directions for a	Bring several prompts of tasks to

"How-To Directions"	variety of tasks	explain (i.e. how to make a sandwich; how to open your locker; how to score a goal; how to braid hair; how to make a scrapbook; how to hit a baseball; etc)
"Can I take your Order?"	CWS will practice ordering food from a restaurant	Menus from popular restaurants (McDonalds; Wendys, Skyline, LaRosas, Gold Star; Frisch's etc); play money for paying
"Presidential Power"	CWS will use their imaginations to make up laws important to them	Prompts/ideas for kids to pretend they are the President and what would they want to change or explain what they would want people to do; ideas can be silly or serious….

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Affirmations

Circle those that describe you…

I am intelligent. I am a good talker. I like to help people.

I am honest. I am confident I am smart I am a good listener.

I am a good speaker. I am fluent. I am a leader. I am dependable.

I am a good reader. I am a good communicator. I am interesting.

I am responsible. I like to talk. I am a good problem solver.

I use good eye contact. I am good at talking on the phone.

I am assertive. I am likeable. I am friendly. I am a hard worker.

I am a good teacher. I am an advocate. I am admirable.

I am amiable. I am an artist. I am a singer. I am knowledgeable.

I am inventive. I am a good writer. I know the speech helpers.

I am tolerant of others. I am good at easy speech.

I am nice. I am a good speller. I am an athlete. I am likeable.

I am intelligent. I am a good person. I am assertive.

I know my speech helpers. I am fluent. I am a good listener.

I am good in many talking situations. I am responsible.

I am a good teacher. I am an advocate.

I am _____. I am _____.

Explain the Following Terms!

1. Repetitions
2. Blocks
3. Prolongations
4. Long Pauses

These are examples of _____.

5. Avoiding or Not Talking

6. Talking too Fast or Slow
7. Talking without enough air
8. Lack of Eye Contact
9. Using Fillers to start a word

These are examples of _____.

10. Brain
11. Ears
12. Voice Box/Larynx
13. Tongue
14. Teeth
15. Lungs
16. Diaphragm

These are _____.

17. Easy Starts/Onsets
18. Light Contacts
19. Breath Support
20. Pausing
21. Chunking or Phrasing
22. Forward Flow
23. Cancellation
24. Pullout

These are _____.

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2011

Handouts

Past & Present

Advice to Teachers

Re: Students with Stuttering

- **What is stuttering? Stuttering occurs in approximately 1% of the adolescent and adult population. Somewhere between 4-5% of children will experience a period of significant disfluency during development. No one knows exactly what causes stuttering, but adolescents often have difficulty managing a number of communication situations. Some facts for your information:**

1. **There is strong evidence of a genetic factor, both in families and in the ratio of boys to girls with persistent stuttering (4:1). This gender ratio is similar to that of other neurological disorders such as dyslexia.**
2. **Approximately 70% of younger children will outgrow stuttering without any intervention.**
3. **Students with persistent stuttering are not different from the population as a whole in terms of intellect, emotional or psychological characteristics.**
4. **Students who stutter will vary in the severity of the disfluencies, the type of stuttering, and consistency from day to day. The variability of stuttering can often be puzzling.**
5. **Stuttering is <u>not</u> an emotional or psychological problem!**

- **Suggestion for Teachers!**

1. **Allow for a less "rushed" communication style in your classroom and in interactions with the student by reducing your rate of speech & delaying your response with a "pause".**
2. **Help improve the student's self-esteem by focusing on positive communication successes….i.e. completing an assignment, or participating in a discussion. Giving instructions to "slow down", "take a deep breath" or "stop and start over" implies the student is not "working hard" or "doing enough".**
3. **Treat the student who stutters like any other student in class. BUT, make a plan to handle oral presentations. Let the student know that you are open to discuss variations in the presentation to meet his needs. Encourage your student to take risks but be flexible!**
4. **Encourage your student to answer questions in class and to participate in discussions, but, in general, let him decide if he wants to speak. Remember that activities that have the student "waiting for his turn" can often increase tension and anxiety. If your student is having difficulty speaking, you can help by maintaining eye contact and giving him time to respond.**

Diane Games, M.A. CCC-SLPBoard Recognized Specialist in Fluency Disorders

Counseling and Parenting: What Parents Need to Know!

Donna K. Cooperman, D.A./CCC-SLP, BRS-FD, The College of Saint Rose Albany, New York

- *About Your Child*:

1. He is not defective.
2. She can live a normal, happy life.
3. His speech is something he does, not who he is.
4. She knows that she has trouble talking, even if she is very young.

5. His stuttering pattern may change over time.
6. Stress makes it more difficult for her to talk.
7. He probably has a physical predisposition to stutter.
8. She may need extra time to organize her thoughts before speaking.
9. He can learn to control his stuttering.
10. She can speak effectively with or without stuttering.

- ***About Your Family***:

1. Speech doesn't happen in a vacuum.
2. All members of a family have an impact on a child's fluency.
3. Family members are a child's strongest advocates.
4. Their brother or sister's speech problems affect siblings.
5. Family time is a shared experience where family members act with kindness toward each other.
6. Family conversation is most effective when one person speaks at a time.
7. When one member of a family has a problem, all family members can be part of the solution.
8. Family members can provide speech models for each other.
9. Family members can provide an accepting environment where the message is more important than the way it is delivered.
10. Extended family members (grandparents, aunts and uncles, cousins) need to know about stuttering so that they can support your child.

- ***About You, the Parents***:

1. You are your child's primary communication partners.
2. You have not done anything wrong.
3. Your positive reactions to your child's speech can help to make talking easier.
4. Stuttering is not "bad" behavior. It is a way to talk.
5. Fluency is not "good" behavior. It is a way to talk.
6. Communication is something we value greatly.
7. Children who feel empowered to make choices believe that they can change the way they speak.
8. Positive self-esteem helps a child to talk without fear.
9. Assertive speakers are those who feel that the important people in their lives value their message.

Hamilton County Educational Service Center
HCESC
Together We Make the Difference

Speech Services at School for Children Who Stutter

A child who stutters may be eligible to receive speech therapy for free from the local school district. A federal law, the Individuals with Disabilities Education Act Amendments of 1997 (IDEA, P.L. 105-17) mandated that state education agencies and local school districts must provide special education services to children ages 3-21 who need them in order to receive a ***free, appropriate public education (FAPE)***. Speech therapy is considered to be special education. Even though IDEA is designed to provide a free, appropriate public education,

children attending private schools are covered under the law too. There are several differences in how the services are provided but even if your child attends a private school, he or she may be eligible to receive free speech therapy from your local school district.

To help you better understand special education law, we provide a basic explanation on how children are identified, screened, evaluated, determined to be eligible for services, and how speech therapy plans are developed for each child. Other considerations are briefly addressed such as parental consent and your rights. Differences in these processes for children who are enrolled in private schools are discussed. Then, speech therapy options are presented for children who are ineligible for services from the schools.

Getting started: IAT and Screening: The first step in the process is getting help for your child at school. The federal law requires that school districts locate, identify, and evaluate children with disabilities. This process begins when a teacher or parent identifies a concern about a child's ability in the classroom. Your child's teacher may recommend your child be referred to the ***Intervention Assistance Team (IAT)*** at his/her school. This team will include your child's teacher and probably the speech-language pathologist as well as other school personnel who may have suggestions about how to help your child. You will be notified and invited to participate as part of this team. The purpose of this team is to collect information about your child's stuttering problem and how it is impacting his performance in the classroom and in other school activities. The team may request that the child be ***screened,*** with your permission, by a ***speech-language pathologist.*** The team will agree on some strategies that might help your child with his speech in the classroom and at home. They will agree to try these ***"interventions"*** for a certain amount of time and to document if any change in your child's speech takes place during that time. They will also agree to reconvene at a certain time to review the interventions and what improvement, if any, was noted in your child's speech.

If your child is in ***preschool***, you can contact your local school district and ask that your preschooler be screened for stuttering. In the phone book, look under "Special Education" in the listings for the school district's administrative offices or superintendent's office. Second, your pediatrician may make a referral to the local school district because of concerns about your child's talking. Third, under IDEA, each school district has to have a specific plan for finding children who have disabilities so that they may receive appropriate services early. Some school districts meet this requirement by advertising in the local paper a regularly scheduled screening day once a month that you and your child can attend.

The Evaluation Team Report (ETR): If, after interventions have been tried, the Intervention Assistance Team decides that your child has a ***"suspected disability"*** with his speech, you will be asked for permission to do a ***Multi-factored Evaluation (MFE).*** Federal law requires that the school district conduct a comprehensive evaluation that is tailored to determine whether your child's stuttering makes him eligible for speech services at school. This means that the school district will have a speech-language pathologist evaluate your child's overall communication skills. Other individuals may be involved as necessary and appropriate. The law also requires that school districts get input from teachers and parents and that parents be on the team that makes the final decision regarding eligibility. Plan on telling the speech-language pathologist when your child first started to talk, when you first noticed her stuttering, whether it has changed over time, how his/her talking changes in different speaking situations or with

different listeners, and whether there is a history of stuttering in your family. Also be prepared to tell the SLP about your child's interests, hobbies, and other activities outside of school.

Is My Child Eligible for Speech Services at School? After the evaluation, a team will meet to determine whether your child is eligible for speech services at school. This is decided by comparing your child's evaluation results to guidelines developed by your local school district in compliance with federal and state laws. The team making this decision consists of you, the speech-language pathologist who evaluated your child, your child's teacher, and a representative from your child's school district. Other individuals may be involved as necessary and appropriate.

The eligibility decision is based on criteria outlined in the ***Individuals with Disabilities Education Act Amendments of 2004 (IDEIA):***

1. information and data collected about how the child responded to the interventions;
2. the testing results from the evaluation;
3. how these results compare to the eligibility guidelines used by the school district;
4. how your child's stuttering effects his/her "academic, non-academic and functional performance" in "academic, non-academic and extracurricular activities" (IDEIA 2004). This is commonly called "***adverse effect"*** if the stuttering is causing a negative effect on your child's performance in any of these areas.
5. the team's opinions regarding whether your child needs speech services to address a disability.

A written report called the ***Evaluation Team Report (*ETR)** and the decision about whether and why he is eligible for speech or other special education services will be available to you.

If your child is eligible, an ***Individual Education Plan (IEP)*** will be written within 30 days. If your child is not eligible, you must be notified why in writing. You must also be given information about what to do if you disagree with the team's decision.

The Individualized Education Plan (IEP): The ***IEP*** is a document developed by you and the school to lay out the special education plan for your child. It also specifically states what services your child will be receiving. It is developed with your input, input from your child's teacher, and from the special education team member(s) who will be working with your child. For stuttering, this is typically a speech-language pathologist.

Certain types of information must be included on every IEP:

1. a statement about your child's ***present level of educational performance***;
2. your child's annual ***speech therapy goals and objectives***;
3. what ***services*** will be provided and who is responsible for providing them;
4. the ***amount of time*** your child will receive services each week; and
5. how ***progress*** will be measured and reported to you.

The IEP is written one year at a time and is developed at a meeting that you attend with the school personnel. You must also give consent for the IEP to be implemented. Your child cannot be placed in speech therapy without your consent. At least once a year, a meeting will be scheduled to ***review*** your child's progress towards his goals and to determine whether new

goals need to be written or services need to be changed. The IEP is a flexible document. If your child's needs change before a year has passed, the current IEP should be modified at a new meeting.

Other considerations: If you do not agree with the team's recommendations regarding eligibility or placement, there are certain steps you can take to have the recommendations reviewed by an outside person or have your child independently evaluated by another professional. You can also bring an advocate with you to any meeting. For example, if you are paying a speech-language pathologist in private practice to treat your child, you can bring her to school meetings to help plan your child's public school speech program.

Children attending private school: If your child attends a private school but needs speech therapy, the local public school district is still required by federal law IDEA to identify and evaluate children suspected of having a disability. The private school may have services provided by a speech therapist if your child is identified as having a disability. The main differences for children attending private schools vs. those attending public schools are in how services are delivered and the replacement of the IEP with a ***"Individual Services Plan (ISP)."*** The ISP is similar to the IEP in many ways in that it will establish annual goals for your child and specify the kinds of services your child will receive. Personnel from your child's school are invited to help determine your child's eligibility for services and to help develop your child's ISP.

If My Child Is Ineligible: Sometimes even if your child is stuttering, he or she may not be eligible for free speech therapy through the public schools. This does not mean that you cannot get therapy for your child; instead, you will have to find a speech-language pathologist who works in a clinic or private practice to see your child. You will also have to either pay for therapy yourself or have it billed through your health insurance. For information on finding a speech-language pathologist who specializes in stuttering,
check http://www.stutteringhelp.org/resource.htm. You can also look in the yellow pages under "Speech Therapy," or under your local hospital's "Outpatient Services" department.

Additional Resources: You can find additional information on IDEIA, evaluation procedures, how you can contribute to your child's IEP, and children in private schools by going to the following web sites:

A Parent's Guide to IDEIA: http://www.edresourcesohio.org/files/whose_idea_is_this.pdf

Children in Private Schools in Ohio: http://www.edresourcesohio.org/files/Guidance_Doc_for_Nonpublics_04_091.pdf

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Insurance Fact Sheet: Fluency

What is Stuttering?

Fluency can be described as the natural flow or forward movement of speech which is effortless, continuous and produced with appropriate rate and rhythm. A fluency disorder, or stuttering, is characterized by speech behaviors that may consist of tense, effortful articulations (which may inhibit the natural flow) and may be associated with negative thoughts or feelings about talking and/or communication in general. Vocal symptoms may include an abnormal number of repetitions, prolongations of sounds, blocks of airflow, or other disturbances in the rhythm or flow of speech. Signs of associated tension and struggle may also be observed in the facial area, neck, shoulders, and hands. Over 3 million children and adults in the U.S stutter (approximately 1% of the general population; approximately 2 ½% of the preschool population) and boys are three times more likely to stutter than girls (Stuttering Foundation of America, 1999). Stuttering affects individuals of all ages but typically begins in early childhood, usually between the ages of two and five (Yairi, Ambrose & Niermann, 1993). "Probability of recovery decreases sharply with age, stuttering becomes chronic for many (Wexler, 1996)."

Unlike most other types of speech disorders, stuttering is multi-dimensional in nature and is likely influenced by several factors that interact in different ways and in varying degrees for each individual over time. These factors consist of the following components **physiological** (neurological predisposition, developing motor, linguistic, social, and/or cognitive abilities), **psychological** (how an individual may react (emotional/temperament; as well as the development of attitudes/beliefs) and **environmental** (the way in which the environment may interacts with the above developing skills and abilities on-going, over time). For any given child, the way in which these factors interact can be quite different and unique.

Characteristics of Stuttering

- Repetitions of whole words, typically monosyllabic of irregular tempo and rate
- Repetitions of a syllable segment in a word, typically the first syllable
- Prolongations of a sound
- Tremors, or noticeable movements in the small muscles around a child's mouth or jaw
- Alterations in pitch or loudness
- Insertion of a schwa (example: buh/buh/buh/baby)
- Avoidance or refusal by the child to talk for fear of possible stuttering
- Struggling behaviors and / or abnormal breathing patterns

What Causes Stuttering?

Most stuttering specialists concede that stuttering occurs because of an **underlying neurological dysfunction** (Ingham, Fox, Ingham, Zamarripa, Martin, Jerabek & Cotton 1996; Fox, Ingham, Ingham, Hirsch, Dowsn, Martin, Jerabek, Glass & Lancaster, 1996). Additionally, stuttering has long been acknowledged as having **a genetic etiology**, meaning the transmission of specific genes make children susceptible to this speech disorder (Andrews & Harris, 1964; Cox, 1988; Ambrose, Cox, & Yairi, 1997; Yairi, Ambrose, & Cox, 1996, Drayna, 2002). One study found that approximately 50% of persons who stutter have a family history of stuttering (Felsenfeld, 1998). Further, a number of studies have been conducted recently, which support the premise that a neurological dysfunction is responsible for stuttering (Bloodstein, 1995; Boberg, 1993; Caruso, 1991). These studies demonstrate that people who stutter perform more poorly on a variety of speech motor tasks including fluency. This generalized disability is indicative of a breakdown in the area of the brain responsible for motor speech performance.

Experts also believe that this central neurological dysfunction can be heightened or minimized by a variety of environmental and personality variables (Smith, 1990, Starkweather, Gottwald, & Halfond, 1990). Time pressure, performance demands, and sensitivity to the reactions of others are examples of variables that may exacerbate a stuttering problem that may have originally been caused by neurological dysfunction. Although stuttering is commonly perceived as a mental or personality disorder, research provides compelling evidence that children who stutter are not any different than their peers in terms of intellectual, academic or social functioning. ***"What is important to remember is that all evidence and research point to the fact that children-who- stutter are, as a group, no less intellectually, academically and emotionally well-functioning than their peers. They are not, by definition, nervous, anxious, unhappy, unintelligent, or anything other than children who have trouble speaking. As a group, they manifest no significant psychological or social differences from their normally fluent peers, although their own and others' reactions to their disfluency may eventually create such problems" (Rind and Rind). Further, "It is widely believed today that the emotional components of the stuttering problem, which can be so strong and pervasive by adulthood, generally are a result rather than the cause of the disfluency"*** (Wexler, 1996).

Assessment and Evaluation Considerations

Given the young age at which stuttering often begins to manifest, it would be safe to assert that children who demonstrate such speech breakdowns will not have fully developed their speech and language skills to a level equivalent to that of an adult. For them, language may have been developing normally until such time as the onset of stuttering began to emerge. As Watkins (1999) stated, ***"Their language skills are well within the normal range for their age as these functions have been developing quite normally."*** At this point, interruption in the normal process of speech and language development may occur. As stuttering develops, hesitation, anxiety, fear and embarrassment may begin to emerge, rendering the child unwilling or reticent to speak or participate in speech-related activities. Treatment then, for this group would be geared towards restoring the normal process of development through the reduction/elimination of the reactive behavior and/or reinstatement of previously developed patterns of speech. While a proportion of children who demonstrate signs of early stuttering will recover spontaneously, there are other subgroups of children who will not gain fluent speech without intense therapy. Key characteristics and symptoms that a speech language pathologist will assess during an evaluation include the onset and development of the stuttering, the development of speech and language skills to that point, how advanced the stuttering has become, the presence of any associated secondary mannerisms, and the family history.

Appropriate Treatment for Stuttering

Considerable research documents the positive influence of speech therapy on reducing stuttering frequency and significantly improving communication abilities (Conture, 1996; Ricciardelli, Hunter, & Rogers, 1989). Furthermore**, studies indicate that children, who receive speech therapy soon after stuttering appears, improve much faster and more significantly** (Yairi et al., 1993). Treatment effectiveness studies of children indicate an average of 61% reduction in stuttering frequency (Conture & Guitar, 1993). If left untreated, the child's stuttering disorder can exacerbate and have a significantly negative impact on the child's continued development of communication skills as well as the social and emotional aspects of his life. Disturbances in those areas may subsequently lead to other, additional services at a later time.

Children who stutter respond best to treatment that considers each individual child and his family.

- **Intensive therapy** should begin as soon as the disorder is identified. To make significant progress, children who stutter usually require individualized, one-on-one therapy sessions.
- **Consistent and frequent speech therapy sessions** are recommended. The intensity and duration of each session will depend on the child. Weekly or biweekly therapy sessions are usually necessary. Regression will occur if therapy is discontinued for a long period of time.
- **Parent involvement** is critical for the child's progress. Parents need to observe and even participate in therapy sessions and regularly discuss the child's progress with the speech pathologist. The speech pathologist can provide the parents supplemental exercises and activities to reinforce therapy goals at home.

Department of Speech Pathology

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Fluency Checklist for Teachers

Student Name: _____ **Date:** _____

Class/Period: _____

Fluency Checklist: (please check all that apply
This student:

_____ **participates in class discussions**
_____ **speaks with little/no signs of frustration**
_____ **asks questions**
_____ **interacts with peers**
_____ **performs average or above average academically**
_____ **responds when called upon in class**
_____ **avoids speaking in class (does not volunteer information or may not respond when called on)**
_____ **demonstrates difficulty and frustration when speaking**
_____ **is difficult to understand in class**
_____ **does not interact with peers**
_____ **is teased by peers because of stuttering**

Comments:
_____

Stuttering occurs when this student:

_____ **begins 1st word of a sentence** _____ **speaks to class** _____ **talks to adults**
_____ **reads aloud** _____ **answers questions**
_____ **talks to peers** _____ **responds using short phrases or words**

Comments:
_____

Stuttering is characterized by:

_____ **revisions (starting and stopping over and over)**
_____ **frequent interjections (um, like, you know)**
_____ **word repetitions (we we we went to the store)**
_____ **phrase repetitions (we went we went we went to the store)**
_____ **syllable/part-word repetitions (ta ta ta take this one)**
_____ **sound repetitions (t-t-t-t-t-t-take this one)**
_____ **prolongations (n----------obody)**
_____ **block (noticeable tension / no speech comes out)**
_____ **unusual face/body movements and tension**
_____ **unusual breathing patterns**
Comments: _____

Please rate this student on scale 1-10: **1 2 3 4 5 6 7 8 9 10**

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Teasing and Bullying

Teasing and bullying are commonplace in today's society. Children and adolescents endure teasing and bullying at school, playgrounds, home, after-school activities, sports events and any place where youth interact with one another.

What is Bullying? (Pepler & Craig, 1997)

- Physical violence and attacks
- Verbal taunts
- Threats and intimidation
- Extortion or stealing of money or possessions
- Exclusion from the peer group

What is Teasing?

- Name calling
- Put downs
- Negative comments
- Jokes intended to be hurtful
- Withholding important possessions

Approximately 50% of children are bullied at school at some time or another. Between 3% and 32% of students are bullied once a week or more often. 81% of the children who stutter reported that they were bullied at school at some time, with 56% of those children being bullied about their stuttering once a week or more often. Name calling and having one's stutter imitated were the most frequently reported types of bullying experienced (Langevin, 2003).

Research regarding the mental health outcomes of bullying and victimization indicate that both the bully and the victim of the bullying are at high risk for a wide range of mental health problems later in life if they do not receive support during their childhood (Pepler & Craig, 2000).

Mental Health Outcomes Associated with Bullying (Pepler & Craig, 2000)

- Externalizing Problems (i.e Conduct Disorder)
- Aggression
- Delinquency
- Early dating experience
- Sexual harassment
- Academic problems and school dropout
- Internalizing problems (i.e Anxiety)
- Victimization
- Negative peer reputation
- Continued problems throughout adulthood

Mental Health Outcomes Associated with Victimization (Pepler& Craig, 2000)

- Peer reputation as someone who can be victimized
- School Problems (i.e. school refusal, poor concentration, dropout)
- Internalizing problems
- Anxiety
- Somatization Problems
- Withdrawn Behaviors
- Victimization by Sexual Harassment
- Aggression

Boys report more physical forms of bullying whereas girls report more indirect bullying such as gossiping and excluding (Pepler & Craig, 1997). Teasing and bullying occurs most frequently for children in grades 1-3, 26%, as compared to 15% of grades 4-6 and 12% of grades 7-8 (Pepler & Craig, 1997). It is evident that intervention for teasing and bullying must begin as early as 1st grade in order to prevent lasting mental health issues for both the victims and the bullies.

Victims often keep the fact that they are being bullied and teased by peers secret from their parents and teachers. Victims often feel that reporting the bullying/teasing will make the situation worse or cause other students to disapprove of them (Olweus, 1991).

It is important that parents, teachers and therapists provide children who stutter the opportunity to discuss their experiences with teasing and bullying and help them identify solutions to situations that they may have encountered. Also by focusing on the child's area of strength and downplaying the stuttering aspect of their lives, the child who stutters can learn that they are more than just a stutterer (Roth & Beal, 1999). Good self esteem can go a long way in helping a child who stutters in dealing with teasing and bullying that they may experience in the community.

What can we do? (Langevin, 2003, Murphy, 1998)

- Help the child who stutters learn conflict resolutions strategies, and if they are being teased or bullied, specific strategies they can use are identified.
- Help parents learn to facilitate problem solving and make decisions about levels of intervention.
- Make visits to the classrooms of children who stutter. Help the students understand stuttering and learn how they can support their classmates who stutter.
- Help the child role play teasing and bullying situations and possible solutions.
- Help the child develop a list of responses that they can use in response to negative comments about their speech.
- Help the child understand the difference between "tattling" and "responsible reporting." "Tattling" is when you tell to get someone in trouble in front of others. "Responsible reporting" is when you talk to an adult in private about a difficult situation."
- Help the child differentiate between teasing and bullying and appropriate responses to both.

What can the child who stutters do? (Langeman, 2003, www.bullying.org, Elanor Roosevelt)

- Don't fight back
- Don't act scared
- Think of things to say ahead of time
- Don't bring expensive stuff or money to school
- Stay with friends
- Stay in the sight of teachers or other adults
- Avoid bad situations
- Ignore the bully/teaser and walk away
- Take responsible actions
- Use humor in an appropriate way to diffuse the situation
- Be assertive
- Say something unexpected
- Tell someone---get an adult involved

Suggestions for parents (Langeman, 2003)

- Enroll your child in a leadership course
- Strengthen your child's friendships
- Get help from school authorities
- Enroll your child in something s/he is good at such as a sport, music, etc.

Siblings

Teasing between siblings is common in anyone's home. When a sibling teases a child who stutters it can be particularly hurtful. It is important that parents sit down with the whole family and educate all family members about stuttering. Parents need to make other children in the family understand how unkind it is to tease a sibling who stutters about something over which they have little control (Lew, 2004). The Speech Language Pathologist can also play an integral role in educating siblings about stuttering. Including siblings in therapy sessions can help siblings, especially younger children understand more about stuttering and how hard it is to change one's speech.

Books about Teasing and Bullying for Children

Children, especially young children, often respond favorably to the use of books as a learning tool. There are several books on the market that relate to teasing and bullying that parents, teachers and clinicians may find useful when discussing teasing and bullying with a child.

King of the Playground *by Phyllis Reynolds*

Making a friend of the Bully

Bully on the Bus *by Carl Bosch*

Asking for help from an Adult

Standing up to the bully

Ada Potato *by Judith Caseley*

Getting other kids on your side

The Meanest Thing to Say *by Bill Cosby*

Saying "So what"

Parents, teachers, therapists and other adults in the community can work together to reduce teasing and bullying from occurring. However, it is unlikely to be completely extinguished. Therefore, it is important that Speech-Language Pathologist provide an environment where children who stutter feel comfortable sharing their experiences with teasing and bullying. The SLP must then help the child develop strategies to stop the teasing and bullying from occurring again. In addition, it is important that the SLP help the child learn to discuss his stuttering openly so that s/he can feel less shame.

Enhancing Fluency- Parent Form

DESCRIPTION/PURPOSE:

"Enhancing Fluency Parent Form" is used to help parents identify ways in which they assist their child in speaking more fluency and situations which disrupt their child's fluent speech. This strategy helps parents become more active participants in therapy by assisting their children become more fluent speakers. In addition, it helps the SLP identify situations that need to be adjusted in order to help the child be successful in therapy.

INTRUCTIONS FOR USE:

The Speech-Language Pathologist reviews the fluency enhancing situations and situations that disrupt fluency with the parent and provides examples so that the parent understands the information in the form. The form is sent home with the parent to complete. When the parent returns the form, the situations identified are reviewed by the SLP and strategies are developed with the parent to continue to enhance the child's fluency at home and eliminate situations which are increasing the child's stuttering. Homework is assigned to the parent if deemed appropriate by the SLP.

SHORT TERM OBJECTIVE:

The caregiver will learn to identify fluency enhancing behavior and fluency inhibiting behavior.

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Stuttering: A Multidimensional Speech Disorder

Stuttering is a complex communication disorder that can best be described by:

- The *specific speech behaviors* that are most characteristic as well as, the non-observable speech behaviors that consist of ...
- The *reactions, thoughts and feelings that the speaker develops* over the course of time while attempting to deal with the speech behaviors themselves.

Characteristics/Stuttering Behaviors (Speech):

- Repetition of sounds **(e.g., a a a about),** syllables **(e.g., mo-mo-mommy), whole words,** and phrases **(which are typically produced in rapid fashion, multiple times).**
- **Prolongation**, or stretching, of sounds or syllables (e.g., r-----abbit)
- **Blocks/Tense pauses**, non-volitional hesitations or stoppages (no sound between words or when initiating speech)

Characteristics/Stuttering Behaviors (Non-speech):

- **Reactions/Related behaviors**: reactions that accompany stuttering such as further increases in tension in lip/tongue/vocal cord muscles; tremor of the lips, jaw, and/or tongue during attempts to speak; foot tapping, eye blinks, eye aversion, head turns (most of which are considered escape behaviors – an attempt to cope with the moment of stuttering as quickly as possible). There are many additional related behaviors that can occur and vary from person to person.

- **A feeling of loss of control**: a person who stutters may experience sound and word fears, situational fears, anticipation of stuttering, embarrassment, and a sense of shame. Certain sounds or words may be avoided. One word may be substituted for another that is thought to be harder to say. Or, certain speaking situations may be avoided altogether. For example, a person who stutters may always wait for someone else to answer the phone. Or, he or she may walk around a store for an hour rather than ask sales staff where an item can be found. These reactions to stuttering typically occur in more advanced stages.

Additional Characteristics:

- **Variability in stuttering behavior:** depending on the speaking situation, the communication partner(s), and the speaking task. A person who stutters may experience more fluency in the speech-language pathologist's office than in a classroom or workplace. There may be no difficulty making a special dinner request at home, but extreme difficulty ordering a meal in a restaurant. Conversation with a spouse may be easier, and more fluent, than that with a boss. A person may be completely fluent when singing, but experience significant stuttering when talking on the telephone.
- Repetitions and prolongations are considered the core features of stuttering and typically distinguish stutter behavior from "normal developmental disfluent" speech. The presence of the other listed behaviors varies from person to person and is not present in the speech of normal non-fluent speakers or developmentally disfluent children.

Normal Disfluencies

Everyone is disfluent at times and may, under certain circumstances, demonstrate repetitions and/or prolongations while speaking. However, the disfluencies of people who do not stutter are not as frequent as those who do, and are not associated with any degree of negative feeling or thinking about speech or communication in general. The kind of disfluencies are also generally different as well, although children who **do not develop** stuttering may also evidence stutter behaviors in their speech for a period of time during their development.

Normal disfluencies tend to be repetitions of whole words, phrases, or the interjection of syllables like um and er. Repetitions are typically not longer than 1 iteration and are not associated with any degree of tension or rate change.

Disfluencies in Children

Most children go through a stage of disfluency in early speech development, usually between the ages of 2 ½ and 5. Speech is produced easily in spite of the disfluencies. Then as children mature and sharpen their communication skills these disfluencies typically disappear. In some children normal disfluencies may be present alone, while in others, these kinds of disfluencies may co-occur along with stutter behavior. While it is difficult to determine which children who demonstrate early stutter behavior will ultimately recover, there are some definite guidelines that are considered important when making decisions regarding interventions.

Identifying children who are at risk vs. normal disfluencies

The child at risk for stuttering:

- May have a family history of stuttering.
- May have other speech and language deficits along with the speech breakdown.
- Began demonstrating stutter behavior after 3 years of age.
- Repeats parts of words, either sounds or syllables ("t-t-table", "ta-ta-ta-table"); prolongs a sound ("sssun"); or breaks up words ("cow - boy"or has difficulty initiating - opens the mouth to speak but no sound comes out or turns off the voice between sound repetitions)
- Often repeats part of the word multiple times ("ta-ta-ta-table) although some reports indicate that these children may repeat only 1 or 2 times
- During repetitions, substitutes an "uh" vowel for the intended vowel in the word ("tuh-tuh-tuh-table" rather than “ta-ta-ta-table”).
- May use a broken rhythm during repetitions ("b b& & b boy")
- Has 10 or more total disfluencies every 100 words of which more than 3 are considered stutter-like behavior.

The child with normal disfluency:

- Will repeat whole words or phrases ("I-I-I want to - want to go out and play.")
- Typically repeats parts of the word no more than 1 or 2 times ("ta-table")
- During repetitions, uses the vowel sound normally found in the word ("ta-table")
- Has rhythmic repetitions ("b ..b ..boy")
- Has 9 or less total disfluencies every 100 words
- Starts speech easily; keeps speech going even though may repeat a phrase or word later in the sentence

Stuttering and developmental disfluent behavior usually emerges during the same time period and are less likely to begin after age 5. On occasion stutter behavior may appear for the first time in a school-age child and, far more rarely, in an adult. As a parent, seek the advice of an ASHA-certified speech-language pathologist if:

- You or your child are concerned about his or her speech
- Disfluencies begin to occur more regularly
- Occurs with greater frequency over time
- Disfluencies begin to sound effortful or forced.
- Airflow for speech is started before any other muscle movement is observable.

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Stuttering Prevention in the Home Environment - Checklist for Parents

- Reducing speech demands
  - Forget the manners for the time being!: try not insisting your child to say "please" or "thank you"
  - Eliminate requests for speech performance ("tell me a story, say the alphabet")
  - Model what you would like your child to say (ie: tell me about…….)
- Listening differently
  - Focus on content of your child's message, not how they say it
  - Positively reinforce communicative attempts
  - Whole family follows communication rules: listen to the person speaking
- Slowing your rate of speech
  - Try talking as slow as your child talks
  - Model slower relaxed rate of speech
  - Increase pausing in your speech between conversational turns to reduce time pressure
  - Increasing silence: allow more time for silence
- Eliminate Interruptions
  - Turn taking while talking
  - Let your child finish talking before you start talking
  - Whole family follows communication rules: only one person speaking at a time, everyone has equal opportunities to speak
- Reducing Questions
  - Avoid asking complex WH questions that will require lengthy, complex responses
  - Comment on your own activities, and your child may begin talking about theirs
- Modeling Normal Disfluencies
  - Demonstrate that it's ok for speech not to be completely fluent
  - Repeating a word/phrase or using interjections ("Go, *go* get your shoes; I want *um*.milk)
  - Your clinician will teach you how to do this (what types of stuttering to model)
- Talk Time Activities
  - Allow your child to select the activity and follow their lead – be less directive
  - Talk and play with your child without demanding responses
  - Commenting on your play activity: minimize questioning

Adolescent Fluency Treatment: The Challenge

By Diane C. Games M.A.,CCC-SLP BRS-FD

The treatment of the adolescent with a fluency problem presents a challenge due to the many factors that inhibit progress. While identifying and dealing with these barriers, those issues that facilitate growth and change need to be identified and strengthened as treatment progresses. The adolescent with a fluency problem copes with the frustration of stuttering moments, the struggle of communicating in many situations plus the emotional pain this disorder causes. The treatment journey with adolescents is challenging, yet so rewarding. Here are some ideas, thoughts and suggestions on treating adolescents with fluency problems:

- **"Buying into the process" The adolescent must feel that his/her thoughts, ideas and comments have value in the treatment program. This process begins in the first meeting as the client begins to tell their "Stuttering Story". The questions that follow this story must validate the adolescent's observations and feelings. Dealing with the pain, guilt and shame of stuttering is a critical aspect of treatment especially if the problem has persisted for several years, and this initial interaction plays a significant role in the success of subsequent sessions. Following the first interview, the adolescent with the guidance of the clinician must set goals or targets for treatment that closely mirror the concerns and issues raised in the initial interview. The clinician's observations of the types of disfluencies, the adolescent's attitudes which impact communication and the situations or environmental factors affecting fluency need to be interjected in agreement with the client's concerns in each of these areas. In short, the adolescent must feel that their concerns are being heard and that the goals of treatment will deal with these issues.**

- **"Making choices during treatment" As treatment progresses, most adolescents respond to therapy options, such as choosing which fluency enhancing strategy that may be useful or deciding where to begin practice in a situational hierarchy. For example, the clinician may want to go through a process of educating the adolescent on a variety of techniques to facilitate fluent speech including strategies such as Deliberate Phonation, Full Breath or Easy Onset. The practice portion of the treatment should allow the student to experiment and to modify the selection. Tasks such as journaling, obtaining evaluations from others, and maintaining an evaluation chart often help in this process.**

  The "Making Choices" component continues into attitudinal and situational activities. For example, an adolescent client recently indicated a need to practice telephoning skills. While this issue was identified in the initial diagnostic, the client did not feel comfortable targeting this issue until several months of treatment had passed. In the process, the task was broken down in small steps with the client practicing on an unplugged telephone to gradually making calls to comfortable communicators. The adolescent decided on the pace and type of practice. As the activity progressed over several sessions, the topic of avoidance and risk taking came up in several discussions. The end result was this client's comprehension of the value of addressing difficult situations, problem solving and assessing progress in small steps.

- **<u>"Understanding the process of treatment</u>" The routine of treatment often becomes comforting and successful, especially in individual treatment sessions. At this point, the adolescent must be challenged to change the course of treatment and move beyond his/her "comfort zone". Treatment is a process of not only evaluating the communication skills (in this case the fluency levels of the client) but of knowing when the client needs to grow and change. Often hesitant to try, the value of moving beyond the "comfort zone" is a critical aspect of successful treatment. Examples of ways to do this vary. In our practice, we offer a Teen/Adult Communication Council. In this group council, the clients practice communication skills in a small group atmosphere with the support of others who have communication problems. The teen's participation in the group is voluntary, but encouraged. Group presentations often produce high anxiety, but the opportunity to practice in a "safe" environment is invaluable. Our teens have given talks on computers, explained calculus problems and talked about personality issues. Encouraging change and helping the adolescent negotiate the maze or hierarchy of situational challenges is critical for success.**

- **<u>"Active Listening"</u> At the start of each session, the clinician needs to examine and acknowledge the pain of stuttering. Open ended questions such as "What is on your mind?" or "What has happened this week?" often open the dialogue for further discussion of important issues. The clinician can extend the dialogue by asking the client to "paint a word picture" or actually draw a picture of the fluency problem or difficult situation. Emotional labels are important for this type of activity. Often this leads to a discovery of ways to deal with the problem. For example, one adolescent client described his stuttering "like of box of rocks that is too heavy to move or pick up." He drew a picture of this box and added this comment, "the only way to move it is to take out the rocks one at a time." We continued the discussion with webbing small rocks or goals that could be addressed to "lighten" the box.**

- **<u>"Work on Self-Advocacy"</u> The adolescent client frequently needs support in the self-advocacy area. Dealing with difficult people, negotiating the process of college interviews, making small talk and practicing a number of other academic and social communication interactions is a necessary requirement of treatment of clients at this age. Practicing techniques to initiate conversation, make comments, ask questions and develop responses to a variety of communication situations plays an important role in social interactions. In addition, the adolescent needs support in initiating self-talk statements that reinforce his/her ability to change, to achieve more and deal with making mistakes. This type of communication practice is invaluable in approaching difficult situations and in achieving changes in communication patterns.**

Useful adolescent approaches:

Focus on vocabulary that is meaningful to the teen: rock groups, the names of kids on the basketball team, biological terms, computer talk, etc.

Practice targets in social situations, create a stack of topic cards for discussion, and generate articles on current events or areas of interest. Set up situations of having the teen make comments, ask questions, change the topic etc.

Videotape treatment segments to monitor progress and to address non-verbal issues such as eye contact and body language. The adolescent is often more critical of performance than the videotape analysis reveals.

Explore the Internet for articles, visit The Stuttering Homepage, email pen pals, and propose possible communication issues for discussion. Often the adolescent is interested in unique treatment methods such as fluency enhancing devices. Researching such topics offers the opportunity to discuss various aspects or types of treatment.

Encourage the adolescent to discuss or make a presentation on stuttering. I often have the adolescent prepare a presentation for family and friends just in case the opportunity arises to share this information in a more formal way.

Include family members when possible. Often the adolescent needs to discuss issues with family members. The opportunity to discuss treatment and feelings openly is important. Many adults with stuttering problems indicate that sibling comments or responses of parents in prompting them to slow down or monitor speech result were significant emotional components of their stuttering problem during adolescence.

My closing thoughts must include the need to be flexible, to individualize the treatment and to adjust the needs of the client. Enjoy, the gains these young people achieve are rewarding!

Changing Attitudes in Children who Stutter!

By Diane C. Games, M.A. CCC-SLP, BRS-FD

"An **attitude** is a hypothetical construct that represents an individual's degree of like or dislike for an item. Attitudes are judgments. They develop on the **ABC** model (affect, behavior, and cognition). The *affective* response is an emotional response that expresses an individual's degree of preference for an entity. The *behavioral* intention is a verbal indication or typical behavioral tendency of an individual. The *cognitive* response is a cognitive evaluation of the entity that constitutes an individual's beliefs about the object. Most attitudes are the result of either direct experience or observational learning from the environment." (www.google.com)

As a clinician who treats many children and teens who stutter, modifying negative attitudes about communication is an important aspect of the treatment process. Many children and teens who stutter have been discouraged by comments from peers or advice from listeners. Difficulty communicating in certain speaking situations also contributes to these negative attitudes. Various evaluation tools help to define a student's attitudes, but helping a student modify negative thoughts about his/her communication requires a variety of activities. In my experience, no two clients have moved through this process in exactly the same way, but several types of treatment activities appear to have facilitated attitudinal change.

First: Learn **vocabulary** to describe stuttering, the speech process and techniques to modify rate and tension.

Many children/teens who stutter have misconceptions about stuttering or various "tools" that might help them to speak fluently. Initially, the concepts of "talking and stuttering" need to be defined; what do both of these terms include, what happens during a moment of stuttering and during smooth speech. A list of terms about speaking and stuttering along with diagrams of the speech mechanism help students develop objective descriptions. A student reviews a list of words that describe communication and selects characteristics typical of his/her speech pattern. During this process, a student learns how to describe variations in tension, timing, the speech mechanism and various targets. (See attached: Terms about Speaking & Stuttering) In addition a review of the speech mechanism allows students to understand tension points and the process of normal speech production. For any student, using object vocabulary to describe a behavior is helpful for selecting tools to help modify stuttering and to change behavior.

The other aspect of this part of treatment is to introduce vocabulary for describing stuttering moments. Providing simple, easy to read definitions of the various fluency targets/tools allows the student to develop a personalized treatment approach based on past experiences. In treatment sessions, students choose either tension reducing strategies (easy starts, light contacts) or timing strategies (pausing & chunking) for various speaking tasks understanding that all depend on adequate breath support to help support speech. Experimenting with these tools both within the session and in outside communication activities allows the student to make decisions concerning which treatment techniques help them reduce tension, manage timing and improve breath support. What do these activities have to do with attitude? The students talk about stuttering in more object terms by describing increases/decreases in tension, lack of breath and speed/timing in various speaking situations. Problem solving difficult speaking situations or analyzing a problematic speaking interaction is empowering for students to manage communication and cope with challenging speaking interactions.

Second: Learn to **analyze** and **problem solve** approaches to various Speaking Situations

The variability of speaking situations is frequently confusing for students who stutter. Results from subtests of the Behavior Assessment Battery (Gene Brutten & Martine Vanryckeghem, Plural Publishing, Inc., 2007) measures changes in attitudes along with the child's behaviors and perceptions about stuttering in various speaking situations. Clinician created lists specific to the student's environment can also be effective. Once challenging situations are identified, the student and clinician can create a hierarchy of difficulty, develop ideas for managing communication and analyze changes while speaking in these situations. Creating Power Point slides is an effective tool to stimulate the problem solving aspect of treatment as the student is evaluating the use of the timing and tension strategies. During this type of treatment activity, the concepts of Time Pressure and Avoidance are also important to address (See Time Pressure and Avoidance Power Points: www.fluencyfriday.org). The value of Power Point teaching tools (PPT) is that students can create a personalized slide describing various speech behaviors with suggestions to modify thinking in various speaking situations.

Treatment needs to address what happens during these difficult speaking situations using objective statements (i.e. I have difficulty stopping for a breath. I feel tension in my throat, etc.) Simulated speaking situations during treatment sessions, in small groups, talking with familiar listeners, etc. are good practice steps for the student to feel success.

Third: Understand the impact of **negative thinking** on attitudes while speaking in difficult situations; transfer negative thoughts into positive ones.

Performance variations by various athletes provide a natural connection to speaking in difficult situations, i.e. athletes cannot perform against every team and in every game with the same outcomes. Again, the use of PowerPoint can facilitate comprehension of how thinking impacts attitudes about communication and gain a perspective on how to "think" about communication in a more positive manner. A PPT activity titled "What was I Thinking?" allows students to define positive and negative thinking and predict the outcome of each in challenging speaking situations. Students define both types of thinking and create both positive and negative statements. The PPT comments can be archived for the students to review at any time or for students new to stuttering treatment to read. A student can also create slides demonstrating what positive statements are useful for dealing with difficult speaking situations in his/her profile. Th

Fourth: **Tell Your Story**; Read the stories of other children/teens!

This also can be accomplished in a Power Point format such as "My Story" which provides a simple framework for children/teens who stutter to describe their communication pattern, feelings and ideas concerning his/her stuttering. The framework does not restrict the student's ideas or comments. The benefit of using this type of interactive activity is that students can connect with other students who stutter. A summary of this activity can be accessed at http://www.mnsu.edu/comdis/kuster/schools/SID4page.html.

Fifth: **Meet** other people who stutter

Students who stutter often feel isolated or alone. Finding ways to have adults/teens who also stutter visit the sessions of younger students is a powerful way to facilitate this type of interaction. With permission, sharing videos of other students who stutter talking about various issues related to stuttering can facilitate this type of learning. Students learn about the variability of the fluency patterns and benefit from hearing what students suggest. Talking openly about stuttering is also a valuable lesson. Videos and information from the Stuttering Home Page, the Stuttering Foundation of America and the National Stuttering Association also facilitate this process.

In conclusion, changing attitudes concerning communication is a process that involves many variables and takes time to modify. Changing attitudes involves not only the child/teen but the adults who surround the child; and this change can be impacted by many experiences and interactions both positive and negative. However, modifying attitudes is important aspect of treatment. In the words of Winston Churchill, "attitude is a little thing that makes a big difference".

Note: This paper was published for the annual online conference sponsored by Judy Kuster, The Stuttering Homepage (www.thestutteringhomepage.com).

Epidemiological Data onset of Stuttering: Measurement/Development:

• Followed children for 5 years: Recovery occurs naturally within 3 years of onset. After 3 years, rate of recovery drops; Recovery for most occurs 7-12 months post-onset Recovery Overall: Persistent Recovered Males 30% 70%

Females 18% 82%

- **For CWS: Majority of disfluencies (about 66%) are SLD/ For children who recover SLD are less than 33%. CWS exhibit more units per repetition than children who recover; The SLDs in CWS are more frequent and longer in duration. 52% of CWS exhibit one additional characteristic at onset (facial distortions).**
- **Stuttering does not arise out of normal disfluency. Stress Factors with Onset: (parent report)**
    - **Illness 14%**
    - **Emotional Upset 40%**
    - **Behavioral Stress 36%**
    - **Rapid Language Development 40%**
    - **Finding Words 43%**

Other Disorders:

- **Phonology: at 2 years – comparable; 3-4 CWS had poorer phonological skills**
- **Language: at 2 years CWS above norms on MLU measures At 3 & 4 CWS at norm**
- **Language Spurt: % of children Sudden 43.4% Intermediate 64.6% Gradual 71.4%**

Genetics:

- **Genetic Component: concordance higher in identical twins but not 100%**
- **Findings: multi-factor polygenetic disorder: a combination of environment and genetics.**
- **In recovered children: more environmental factors; likewise in persistent: larger database**

of genetic factors.

Measure	Initial dx	3 months later	6 months later
Frequency of SLD/ 100 syllables	11.99	6.34	4.46
Facial Contortions	3.18	2.36	1.91
Severity Rating	4.43	2.97	

GOALS	STRATEGIES	BARRIERS	ACTIONS	COMMENTS
PRACTICING MY TOOLS	EASY STARTS LIGHT CONTACTS	EVERYONE WILL LAUGH IF I STUTTER	CONTINUE TO TALK	I DON'T LIKE STUTTERING
NOT AVOIDING TALKING	MAKING COMMENTS; ASKING QUESITONS	I MAY HAVE TROUBLE SAYING WHAT I WANT TO SAY	USE MY TOOLS	MY TOOLS WILL HELP ME TO SPEAK EASIER
RAISING MY HAND IN CLASS	STUTTER EASIER	SOMETIMES I CANNOT USE MY STRATEGY	TRY AGAIN; PRACTICE IN EASIER SITUATIONS	IT IS IMPORTANT TO LET THE TEACHER KNOW THAT I HAVE DONE MY WORK.
TRYING TO TALK MORE	PAUSING & PHRASING	I USUALLY TRY TO SAY THINGS QUICKLY	PRACTICE LONGER RESPONSES	THEN I CAN USE PASUES/PHRASES

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The Process of Change: Protroska, DeClemente, & Norcross

Pre-Contemplation Resisting change	**1) Avoiding the subject** **2) Being ill-informed about it** **3) Not taking responsibility for it** **4) Presences of defense mechanisms e.g.** **Denial (I haven't got a problem)** **Rationalizing (making excuses)** **Intellectualizing (avoids engaging with problem emotionally)** **Projection (say others have got your problem)** **Displacement (blame other people)**	**Thinking about the subject** **Becoming well-informed** **Taking responsibility** **Become aware of your defenses** **Changing defenses into coping** **Concentrate on problem** **Proper logical analysis** **Empathy** **Sublimation - Take out feelings through sport, exercise, not on other people** **Be responsible (see 3 above)**
2. Contemplation Change on the horizon	**Seriously thinking about doing something** **May procrastinate about change** **May insist on the perfect solution before acting**	**Get emotional arousal –e.g. seek out films that deal with your problem.** **Vividly imagine your problem and the bad effects it has** **Make the decision using a rational decision-**

		making process e.g. pros and cons, Progress
3. Preparation Getting ready	You have decided on action, and are making the steps necessary to prepare you for action	Commit to change – make it a priority Counter anxiety by taking small steps, setting a time frame, telling people about your decision & making an action plan
4. Action Time to move	You are taking the steps required to change E.g. stop smoking, stop drinking	Find healthy responses to cope with the benefits of the problem (e.g. if smoking reduced anxiety, find other ways to reduce the anxiety) Exercise and relax Control your environment e.g. remove cigarettes, avoid your drinking pals, don't go past the cake shop, use 'to do list' and other reminders Reward yourself Get others to help you (e.g. bet them you can change)

5.Maintenance staying there	After several months you enter this stage	Look out for social pressures, internal challenges and special situations Review a list of negative aspects of problem regularly Avoid people and places that can compromise your change Make a crisis card to help you deal with occasions when you are tempted
6.Termination (if no relapse) Recycling – learning from relapse	You have a new self-image, no temptation in any new situation and self-efficacy	Congratulations! See it as taking one step back to take two steps forward Learn the lessons of relapse most people need more than one attempt, budget more time, energy and money be prepared for complications be aware that small decisions lead to big ones be aware that distress precipitates relapse

Keywords: Prochaska, Changing for Good. Stages of Change Model, CBT, Resilience, Therapy in London