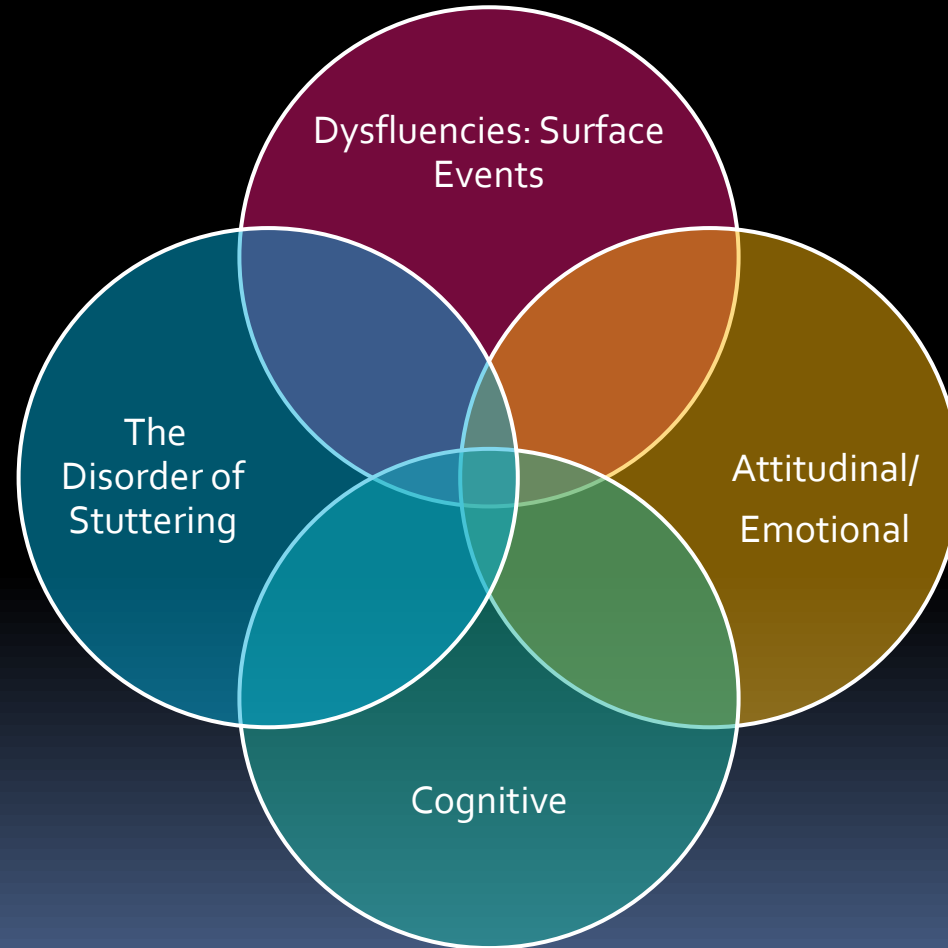



TREATMENT OF STUTTERING...BY ROD GABEL & DIANE GAMES





Introduction

It is truly beyond the scope of this website to tell clinicians how to treat all children who stutter. We want to share some basic ideas and thoughts that really transcend the use of any specific therapy program, use of a device, or some other sort of new age approach. Hopefully, you will leave this talk feeling better about what you can do for children who stutter that you are working with now or might be working with in the future.




We believe that the school setting is potentially the best place to do therapy. This is where the child lives, works, and socializes. We do know that there are many reasons why therapy is difficult to deliver in the school systems. Some of these difficulties are related to the structure of the school system, the stuttering problem, the children we work with, and the therapeutic process. Also, many therapists are not as comfortable with stuttering as they would like to be.



Introduction

For preschoolers, therapy is going to be quite different than for adolescents and preschoolers. For the older children, there will be more similarities, though many approaches will depend on the maturity level of the child or adolescent.

It is so important that therapy be closely aligned with the child's academic and social needs. Thus, goals will most likely be very much related to how the child's verbal ability and therapy will impact their achieve and interact in the classroom.





Preschool Therapy


Therapy approaches for preschoolers who stutter can be separated into direct vs. indirect approaches. Decisions on which approach to pursue may be based on the child's need, the needs of the parents, the risk factors identified from the assessment and the therapist's level of training. Both approaches have been researched and can be used as best practice.



Preschool Therapy- Direct Approaches

Goals include generating spontaneous fluency and a positive attitude toward fluency and oneself as a communicator.


Objectives are targeted in direct play with transfer as the main goal. One step will be to provide vocabulary to talk about communication. Then, the clinician will work to establish fluency and transfer into a number of speaking situations, with the assistance of the parents. Then, work will be done to develop a resistance to fluency disruptors by increasing the complexity and length of the speaking situations. Finally, families will be encouraged to discuss feelings about communication. Families will then continue to utilize those behaviors that increase the child's fluency.





Preschool Therapy- Indirect Approaches with Parents


In general, indirect approaches will teach parents to react/interact to the child w/o drawing attention to the disfluency. The therapy will encourage good listening skills, will have parents simplify, slow and soften the daily speech model. Finally, the parents will reduce other forms of stimulus bombardment.





Preschool Therapy- Indirect Approaches with Parents


Parents and the clinician will give the child as many fluent talking experiences as possible. It is important to keep the child from becoming aware of his stuttering. The parents will reduce pace and tension in the household routine while identifying, reducing or eliminating all fluency disruptors.



This approach is also referred to as the Multi-Process/ Demands and Capacity Approach. One of the therapy supplement papers describes a similar approach called Message Therapy.



Lidcombe Program-Direct Therapy



A direct therapy approach, founded on the processes of operant conditioning, is the Lidcombe Program. This program requires supervised training and strict adherence to procedures/protocol. This is a parent initiated treatment program with emphasis on training the parents to assess and monitor fluency levels. Parents provide appropriate reinforcement at a specific ratio of positive to negative reinforcers to various levels of disfluency.

Comparison

■ Multi-Process Approach

- Looks at phonology/articulation; language; oral-motor skills; cognition; and social-emotional development.
- Looks at families strengths and weaknesses: stress levels, schedules, rate of talking, expectations, questioning & reactions to stuttering

■ Lidcombe Program

- Objective frequency measure
- No severity measures
- Good intrajudge reliability
- Can be used as repeated measure over tx.
- Parents measure frequency
- Not time consuming
- Rating scale of 1-10

Comparison

- Multi-Process Approach
 - What causes stuttering may or may not maintain it.
 - Need to consider the three P's: **Predisposing** factors (genetics); **Precipitating** factors (growth issues); **Perpetuating** factors (response of the child/care takers) etc.
- Lidcombe Program
 - Parents learn to measure the child's stuttering/evaluate progress/identify problems in tx.
 - A simple and replicable tx that does not attempt to teach a novel speaking pattern

Comparison

- Multi-Process Approach
 - A focus on the child's capacity to manage speech/language, social, cognitive and physical changes during a period of rapid growth may contribute to dysfluent speech
 - Stuttering results from a complex interaction between the child's environment & the capacities that the child brings to that environment.
- Lidcombe Program
 - A direct, behavioral treatment for young children who stutter
 - Major objective is development and maintenance of stutter-free speech
 - Parents are trained to administer treatment

Comparison

- Multi-Process Approach
 - Expand the child's capacity for fluency by altering speech output in some way
 - Modify environment to provide the best match for the child's current fluency
- Lidcombe Program
 - Child: eliminate stuttering in all situations (talk & have fun)
 - Parents: learn to treat in and beyond the clinic & learn to measure fluency/stuttering effectively to increase fluency

Comparison

■ Multi-Process Approach

- Based on the Demands-Capacity Model
 - *Physical* development-structural, perceptual, fine and gross motor, sensory-motor, & neurological.
 - *Cognitive* development-perceiving, reasoning, imagining and problem solving.
 - *Social and emotional development*- forming social relationships, coping with stress and arousal, forming self-concept.
 - *Speech and language development*-syntax, semantics, pragmatics, phonology, integrating speech motor skills with linguistic ability

■ Lidcombe Program


- Clinician demonstrates steps in tx
- Assists parent's learning of the program activities.
- Therapist must undergo intensive 2 day training program; now adding a school aged component
- Research based results.



Therapy With School Age Children

We would like to begin this section by sharing a specific case of hypothetical children:


Case History 1



Jeremy is 9 years old and a fourth grader at your school. He is a good student, athletic and a relatively cheerful child. Jeremy is going into the fourth grade. He is an only child. He does very well in the classes that he likes and not as well in classes that he dislikes. Similarly, he has situations in which he speaks completely fluently and others in which he is unable to get a word out because of some very severe blocks. He does not participate readily in class and often will answer in short phrases when talking to his teacher. His worst subject this past year was reading, but reading has not been an issue in the past. His mother is unsure why he has declined in this area, especially since Jeremy reads a lot at home and will even read aloud to his father. His father and an uncle stuttered during childhood.



Therapy With School Age Children



Jeremy refers to himself as a “stutterer,” but has many close friends and is an excellent athlete for a child his age. Jeremy does not like to talk in class, but really appears to have a leadership role in his group of friends. In fact, this year he was named class president. The instances in which he has to lead the class in the pledge or in other speaking types of public speaking tasks, he will attempt to complete them and does well despite some severe stuttering moments. His teacher reports that the past few times he has had to speak in front of the class, he has chosen to delegate these roles to his vice president and secretary. Though it is hard for her to remember, the teacher does not believe that there was any speech prior to this time period in which he had particular difficulty. Teachers generally describe him as a pleasant and responsible child.

Therapy With School Age Children

Jeremy has begun to show much more struggle with his speech this past year. He used to stutter in a very easy manner, usually repeating single words and phrases. His mother reports that he is now having complete blockages in his speech. These blockages appear to be very tense and struggled. He does not talk about his stuttering. His father and mother have begun trying to initiate discussion with him, but he usually will turn away or look down during these conversations. His parents do not offer advice. His grandfather, who Jeremy spends a lot of time, will often correct or offer advice on how to handle his stuttering. Jeremy does not appear to be bothered by this.

- Fluency measures- 15% total disfluency and 8% stuttering like disfluencies.
- SSI Score- Moderate to severe
- Attitudinal measures yielded a relatively poor communication attitude.

Therapy With School Age Children

- What things are you curious about?
- What else would you like to know about Jeremy and his problem?
- What aspects of Jeremy are going to be impacted by your intervention, rather, what are your hopes for Jeremy?
- What aspects of Jeremy are going to be impacted by your intervention, rather, what are your hopes for Jeremy?
 - *The point is that there are many things to look at aside from speech fluency, and though this child is doing well, there are clearly potential effects that stuttering will begin to have on Jeremy's ability to communicate effectively in school.*

What do we Know About Treatment?


Stuttering is a multidimensional problem. It is a difficulty in producing fluent speech, but treatment might also focus on changing negative affective, behavioral, and cognitive reactions to stuttering.

For those individuals who stutter into late childhood and adolescents, there can be many long term difficulties including:

- Reduced ability to communicate effectively.
- Negative stereotype of people who stutter.
- Reduced educational, social, and occupational opportunities.
- Speech therapy can help to improve a person's ability to cope effectively with the problem. This will include changing their speech and also how they communicate despite stuttering.



What do we Know About Treatment?




When considering working with children and adolescents who stutter, one must consider the length of time the person has been stuttering. The combination of core behaviors, secondary behaviors, emotions, and beliefs will be well established. Thus, the clinician will need to be prepared to guide the client in a very difficult process of change. As we know, change can be a very tough process. Often times, clinicians will believe that his or her client is simply unmotivated, when in reality, the person is simply struggling with change. If you add to this that the individual may have experienced many perceived failures in therapy, we might understand the baggage that the adult or adolescent who stutters brings to the therapy process.



What do we Know About Treatment?

Therapy for stuttering, but really any therapy at all, is all about helping the person change. Change is very difficult. So, for children who stutter, clinicians should not be surprised when there is slow progress. Also, it should not be surprising that children do not always come to therapy motivated to make changes. Stuttering is often a frightening and frustrating experience for children.



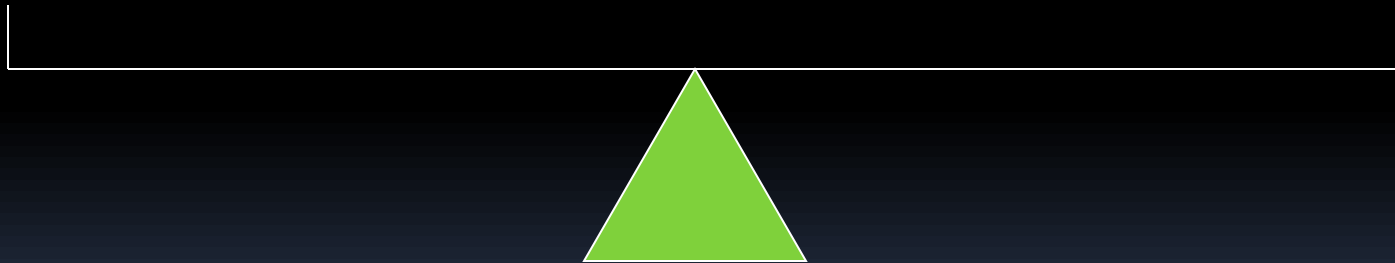
There must be patience in therapy for children in schools and for adolescents. For many of these children, stuttering has become a chronic problem, so they will need long term therapy to cope with their stuttering. One goal for their therapy experience is to help them learn skills that will allow them to be successful at some point. Another goal may be to help them manage their speech well enough to be successful in school.

Treatment of Stuttering in the Schools

A Balance


The Child

Environment





What Mood Should Accompany Therapy?




Providing support for children who stutter during the primary, middle, and high school periods is so important. Often, the goals that therapists, children, and families set for therapy are not in line with what might be possible or realistic. Goals should be measurable, meaningful and reflect what the child can do. Therapy should be fun. Having a calm, fun and healthy atmosphere will allow for an atmosphere that makes stuttering a problem the student can touch and begin to minimize the negative emotions and attitudes.



Basic Goals


SAM will produce fluent speech 95% of the time in sentences, conversation, and in the classroom.

- How about:
 - *Sam* will produce more fluent speech in a variety of contexts.
 - *Sam* will produce less severe stuttering by reducing secondary behaviors in a variety of contexts.
 - *Sam* will speak _____ times a week in the classroom during a class discussion and other activities.
 - *Sam* will identify five behaviors that he produces in reaction to his stuttering moments.
- 

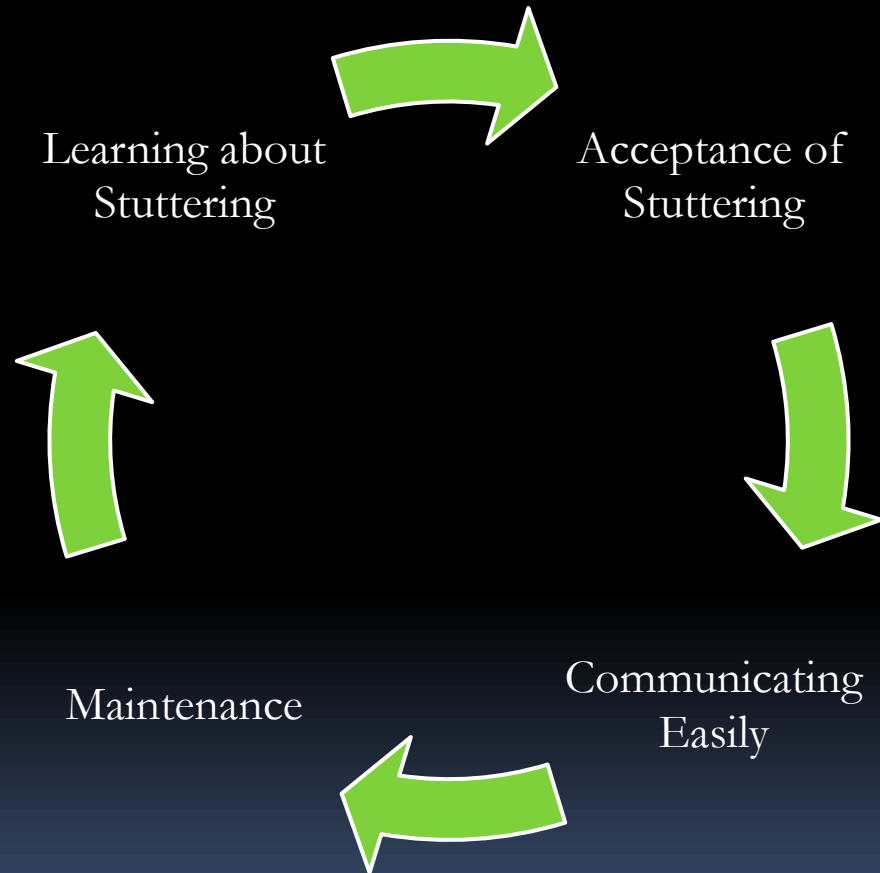


Basic Goals

SAM will reduce all of his negative attitudes about stuttering.

- How about:
 - *Sam* will identify 5 feelings that he has about his stuttering.
 - *Sam* will discuss his stuttering with the clinician by using a variety of activities.
 - *Sam* will discuss his stuttering with one other adult (in school) and one other child during the school year.
 - *Sam* will produce a presentation about stuttering, and share it with his class and family.
- 

Multifaceted Approach to Therapy





Learning About Stuttering

The first phase of therapy will focus on learning about stuttering. This includes teaching the child about stuttering, which includes identifying and analyzing all of his or her stuttering behaviors. Identifying behaviors should never be a punitive process. Discussion of both stuttering and fluency should not be simply evaluative, it should lead to a feeling of hope and mastery.

-----The child is not doing anything wrong (guilt) and they are not broken or wrong (shame)-----

Identification of Stuttering


The purpose of identifying stuttering is to help the child learn about what she/he is doing. There are several principles that need to be followed.

- First, it is important to talk about the child first. The child is more than the stuttering behaviors that are present. The clinician needs to spend a lot of time establishing rapport.
- It is important to start with *indirect* identification. The child will need to see what behaviors make up stuttering in general. So, the clinician should put stuttering into his or her speech. This will allow the child to begin talking about stuttering, without as much pressure as talking about his or her behavior.
- Use terminology that is understandable, when helping the child begin to talk about stuttering. Use the child's terminology. "Bumps", hard speech, or stuttering. Also, talk about where stuttering happens. Where in the mechanism is the child stuttering? Where is the glitch?



Identification of Stuttering

Once the child appears comfortable talking about the clinician's stuttering, it is probably appropriate to begin direct identification. Direct identification is done by having the child talk about the stuttering behaviors that are present in his or her speech. This can be done in many ways. First, the child and clinician can simply list the behaviors that they notice. Also, they can each use tangible objects, such as a button or a mark on a piece of paper, to represent each occurrence of stuttering. Finally, there can be a reward, like a dime or a sticker for each moment of stuttering that is noticed.



Tallying

A less offensive means of doing direct identification is tallying. Tallying is a means of marking and keeping count of stuttering moments. Items needed for tallying are a pen or pencil, piece of paper, and a lot of talking. When there is a stuttering moment, clients should:


- Keep eye contact with your clinician or partner and keep talking
- Complete the word you are trying to say
- Make a mark on the piece of paper
- Regain eye contact with your clinician or partner
- Keep talking

The person will be successful when there is 100% agreement (number of behaviors tallied) between the clinician and the client. In fact, it is an even better outcome when the client has more tallies than the clinician.



Learning About Stuttering

Parents and children often know very little about stuttering. In addition, much of the information that is available about stuttering is not easy to understand and may also be erroneous. In addition, teachers and other professionals do not know very much about stuttering.




So, many families are not providing a good environment for children who stutter and often make the problem much worse. So, when teaching the child about stuttering, it is so important to include parents, and also teachers.



Learning About Stuttering


One of the most beneficial activities a clinician can establish is to help a child make a stuttering handbook to share with his or her parent. This information can come from exploring websites (see included slide show) and reading materials about stuttering (see citations in this text and in the included reading list). The child will become the teacher. The child will develop mastery of the topic, stuttering might become less frightening and there may be many questions that are answered. For parents, many of the misconceptions can be removed and they will also get answers that they need. In general, this information may lead to a calming of the environment.





Learning About Stuttering


To summarize this phase of therapy:

- The point of learning about stuttering is to *demystify* stuttering. Make it *touchable*.
 - Start the process of making the disorder controllable, as the child begins to identify behaviors that relate to stuttering and fluency
 - Increasing problem solving skills- making this a logical process.
 - Making the child feel better about themselves, and their stuttering.
 - Begin reducing the amount of anxiety by those in the environment.
 - Help the family and other become more knowledgeable about the problem.
- 



As stated earlier.....


It is really important to have children or adolescents tell their story and develop their thinking and understanding about stuttering. This will help them begin to change their belief system and may alter their emotions related to stuttering. This also will begin the process of acceptance and change. On this website, we include several examples or power point lessons that the second author has completed with some of her clients/students.





As Stated Earlier.....

It is really important to have children or adolescents tell their story and develop their thinking and understanding about stuttering. This will help them begin to change their belief system and may alter their emotions related to stuttering. This also will begin the process of acceptance and change. On this website, we include several examples or power point lessons that the second author has completed with some of her clients/students.






Acceptance of Stuttering

By accepting stuttering, we mean the need to accept the basic fact that stuttering is merely a part of who the child or adolescent is as a person. They are not their stuttering, but the stuttering is an important issue and problem that they are responsible for managing. They have choices to make, reactions to manage and issues to solve related to their stuttering and their world. The therapist's job is to help the child in this journey.

By helping the child learn and understand stuttering, the therapist has helped the child make tremendous progress toward accepting their stuttering.



Acceptance of Stuttering



Several techniques can be done to help the child make the important step toward stuttering openly and honestly. Two can be done in therapy. One approach is done by simply having clients tally with the clinician while looking in a mirror. Clients should observe how they are stuttering while talking. There is no need to keep eye contact with the clinician, but clients should not avert their gaze from the mirror. This will often be uncomfortable at first, but can be a powerful technique to help clients become less inhibited about stuttering. This technique may also facilitate the identification process, and help clients develop better eye contact, if necessary.




Acceptance of Stuttering

Another technique that can help in the acceptance process is “freezing” or holding onto a moment of stuttering (Van Riper, 1982). For people who stutter, the feeling of being stuck in a moment of stuttering can be not only unpleasant, but debilitating. Certainly, this is a very frustrating experience. By having clients hold onto the moment of stuttering, and then release it, they may begin to feel some freedom and relaxation during this difficult moment. Other approaches, included as “therapy supplements” in this section of the website will also help guide the student in the process of acceptance.



Counseling

Counseling is certainly another component of therapy. Most authorities suggest the use of cognitive-behavioral counseling, also known as cognitive restructuring, techniques in therapy. Discussion of these techniques is beyond the scope of this course. The most important consideration is to help the client promote positive thinking and attitude change. The reader is referred to publications in stuttering (Bennett, 2006; Chmela & Reardon, 2001; Manning, 2008) and in the counseling literature (for suggestions on specific techniques.





Problem Solving


Problem solving is a key component of acceptance and changing stuttering. To facilitate problem solving, it is often helpful to help clients brainstorm possible solutions to situations in their lives, and help them visualize how they would like upcoming difficult situations to occur. In addition, it is appropriate to help them establish personal goals for therapy. These goals might be similar to the goals that the clinician has for therapy, but also might be quite different.

Also, problem solving might include developing appropriate comebacks when dealing with bullies and other difficult people.



Classroom Management


We would like to share a few suggestions for attitude change/classroom management. We know full well that each school and situation are different and clinicians should work in ways that “fit” their school.

- Calling a meeting with teachers, parents and others to help discuss stuttering. Let the child run the meeting, with you facilitating. This is an opportunity for the student to be in control. Also, the child could give their class a lecture on stuttering, and how they might be helped by the group. The presentations contained in the therapy supplements might also be of assistance.
 - Writing an open letter to the teachers, explaining stuttering and ways in which the teachers can help.
 - Role playing dealing with stuttering, and even dealing with others in their environment.
- 



Acceptance

Remember, acceptance does not mean that the child should be necessarily like or be happy about stuttering. Acceptance has to do with developing better reactions to the problem. Thus, the goal should be to help them cope better with their stuttering---
AT SOME POINT!

- With children, I feel like we can make changes, but it is just as important that we set the stage for the long lasting change that comes later in life. We cannot cure this problem, but we can help. The ultimate goal is to help them become a happier and healthier adult----who happens to stutter.
- 

Changing Stuttering

The goals of this part of therapy include learning ways to change stuttering and alter fluency so it does not fully hinder what the child wants to do with their talking. The first author also refers to this part of therapy as *Communicating Easily*, a more generic term for combining fluency shaping and stuttering modification therapies. The broad areas of change include:

- Changing how they are able to handle their speech mechanism, through the use TECHNIQUES
- Modifying stuttering and modifying (shaping) fluency
- Reducing negative behaviors related to stuttering.
- Helping the child develop approaches to dealing with their environment.



Changing Stuttering

One important aspect of changing stuttering is decreasing avoidance behaviors. For this, students can create a hierarchy of easy to difficult speaking situations. The clinician can discuss these situations, then help the child begin planning how they may approach these types of situations. The key is to start with the easier situations, gain success, and then build from that. The clinician can help the child make commitments to do things they may not prefer to do (without procrastinating), and then help them follow through. Through counseling, the child can learn to control apprehension and anxiety with positive self-talk and building perspective. The clinician must remember that this has to be the child's choice. One of our therapy supplements is an outstanding presentation on avoidance.



Changing Stuttering

Obviously, much of therapy will focus on changing stuttering type behaviors. While doing many of the other aspects of therapy (identification, freezing, etc.), the child will begin to the process of eliminating negative secondary behaviors. Also, they will begin to modify their stuttering.

One of the major ways an individual can improve their communication is by simply communicating more. Often, communication is simply affected by avoiding situations or words and by using an avoidance behavior during speaking (e.g. circumlocution, starter words or sounds, fillers, etc.). During the acceptance phase, the clients will have begun approaching situations in which they have difficulty, specifically feared situations. They will also be doing more stuttering and talking about it. Essentially, the goal should simply be to TALK—TALK—TALK. The clients need to see stuttering, even severely, while talking more is not only acceptable, but necessary early in the process of change.



Changing Stuttering

The first option that one might provide to their clients is the idea of voluntary stuttering. In general, children can be taught to introduce an easy, relaxed, and controlled form of their stuttering behaviors early in an utterance. This behavior may help clients initiate a phrase and stutter more easily. Voluntary stuttering might also be introduced when clients are otherwise experiencing a lot of fluency. The presence of this controlled stuttering might allow them to relieve some anxiety and prepare to manage any residual stuttering. In addition, it puts stuttering “out there” so the client can move forward.

Other approaches might also include terms such as prolongations, pull-outs, and bounces. All of these techniques share the same components, that being avoiding stuttering, decreasing tension and slowing down the stuttering moment.

The clinician is referred to several texts in our bibliography, to gain a better idea of different types of techniques.



Changing or Shaping Fluency


Speech production can also be altered in a way to modify fluency. There are many ways to do this, though most times the techniques can simply be done by having the child reduce the amount of tension in the muscles and reduce the rate of their movements. Many of the texts in the bibliography suggests ways in which fluency can be taught. The basic idea is to introduce light contacts in speech, focus on smooth movements and reduced rate. These types of techniques increase control, but also require a lot of focus and attention, which can be quite difficult for a person of any age. We suggest working with children to also accept that stuttering occurs whether they are trying to be fluent or not. There is no guarantees. The key, might be to avoid time pressure and keeping a comfortable pace. One of the presentations in our therapy supplement focuses on time pressure.



Therapy


The point of this part of the website is not to give you a cookbook for how to do therapy, but simply to provide an introduction to issues you might need to consider. We provide many additional resources for those who may need to learn more about providing therapy.

It is also important to note that the clinician might need to reach out to professionals in their communities who might be more skilled in working with kids who stutter. The contact information for specialists in the state of Ohio are included in this website.



A Special Word on the SpeechEasy and other Fluency Devices

A number of research studies have explored the efficacy of devices delivering altered auditory feedback (AAF) to reduce stuttering (see Pollard, Ellis, Finan & Ramig, 2009). In general, findings suggest that these types of devices allow PWS become quite fluent in the laboratory and clinical settings. Difficulties come in the generalization of fluency in extra-clinical and real-life settings. Historically, it has been speculated that this might be solved by developing devices that were small enough to be worn by clients in real-life speaking situations. A newer version of this concept is the SpeechEasy device, marketed by the Janus Corporation.



Recent research studies have found little support for the use of the device as a means to reduce stuttering/increase fluency in real-life settings (see Pollard, Ellis, Finan & Ramig, 2009). Research has continued to develop an understanding of how the device might be used as an adjunct to therapy.