

TRI-COUNTY SPEECH ASSOCIATES, INC.  
Patricia K. Fisher, M.A. +++ Diane C. Games, M.A.  
Licensed and Certified Speech-Language Pathologists  
430 Ray Norrish Drive  
Cincinnati, Ohio 45246  
(513) 671-7446 . Fax: 671-7448  
e-mail: [tricountyspeech@fuse.net](mailto:tricountyspeech@fuse.net)

## Adolescent Fluency Treatment: The Challenge

By Diane C. Games

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 their 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.

- **“Understanding the process of treatment”** 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.

- **"Active Listening"** 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.
- **"Work on Self-Advocacy"** 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.

#### **My other thoughts on 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!**