

Fluency Friday Plus **Fluency Friday Plus**

FFP 2012

“Go for the Gold”!

Diagnostic Protocol

Child/Teen Booklets

Group & Individual Treatment Ideas

Handouts: Past & Present

Thanks to the many speech language pathologists who have given time and talents to the development of the Fluency Friday program!

Fluency Friday Plus!

Fluency Friday Plus (FFP) is an intensive treatment program for children/teens who stutter. This program serves students from Kindergarten through High School and beyond. This project is a collaborative effort involving speech/language professionals from university, private practice, hospital and educational work settings. Community speech-language pathologists from each of these settings supervise graduate clinicians from Bowling Green University and the University of Cincinnati who provide the treatment during the program. The graduate clinicians receive training from the organizational team of FFP in addition to completing a course on stuttering at the graduate level.

During the day and one-half event, Fluency Friday Plus activities include:

- **Individual & Group Treatment:** The children/teens who stutter attend both individual and peer group sessions. In addition to practicing fluency targets, issues such as attitudes about speaking and the emotional aspects of dealing with a stuttering disorder area are addressed.
- **Role Playing/Skits:** Opportunities are designed for children/teens to “act out” various situations concerning feelings, difficult speaking situations and dealing with comments or teasing. Skits are shared with parents at the end of the day.
- **Open Microphone:** During the lunch hour of the first day, children/teens are encouraged to speak to the participants in the auditorium using a microphone. In this supportive environment, a number of students feel free to tell jokes and stories.
- **Conversational Breakfast:** This breakfast is held Saturday morning to provide opportunities to practice social conversation. Multiple Conversational Stations are set up by the graduate clinicians to encourage the children/teens to practice the telephone; read out loud to a group; handle teasing; ask and answer questions; tell a story; do a one minute monologue; learn a card trick and teach it to someone; fake stuttering for one minute; persuade someone; be interviewed; and tell someone you stutter. In addition to the breakfast, the children/teens work to earn raffle tickets by interacting with other children/teens/graduate clinicians/supervisors and parents. A drawing for the baskets filled with donated items is held on Saturday morning.
- **Parent Training:** An educational program for the parents, teachers and extended family members provide opportunities for parents to enter into discussions on topics of concern or interest. In addition, lectures by experts in the field of stuttering are scheduled. Topics consist of education about the causes and treatment of stuttering. Discussion also occurs on ways to help your child.
- **Teen Panel:** Teens meet with the parent group to answer questions and to share experiences. This forum enables the teens to speak freely to a large, “listener

friendly” audience who respect their courage and value their unique insight into living with stuttering.

- **Adults with Stuttering Speak**: On Saturday morning, adults who stutter present an informal seminar to the parent group reflecting on their personal experiences growing up with stuttering, dealing with other topics generated by the parent group.
- **Web Page/Graduate Clinicians/Supervisors Manual**: The Fluency Friday web page is updated each year and can be viewed at www.fluencyfriday.org. The web site facilitates the distribution of information about FFP including handouts used in this program. In addition to the web page, all graduate clinicians and supervisors receive a manual containing all of the handouts from FFP.

Graduate clinicians are assigned to one or two CWS. Where possible, the graduate clinicians contact the professionals, the parents and the child/teen prior to FFP. During FFP, the graduate clinicians learn about various types of disfluencies and the attitudinal aspects of stuttering. Graduate clinicians receive feedback from supervisors throughout the event in both written and discussion form. Supervisors are recruited from all practice settings. The supervisors participate in a training session to review the procedures, activities and forms utilized at FFP.

On a final note, the Fluency Friday project was initiated in 2001 due to the need for children/teens with stuttering disorders to receive intensive treatment and to interact with other students experiencing similar communication problems. The initial planning committee also felt the need for families to have support and better understanding of the disorder of stuttering. Local universities were interested in the clinical training opportunities for graduate clinicians associated with this project. Both the Ohio Speech-Language and Hearing Association and the Southwestern Ohio Speech-Language-Hearing Association have supported this project with funding. Local private donations have also contributed to FFP. However, this project could not have expanded and developed without the many speech-language pathologists who have participated on a yearly basis.

Thanks to the many professionals who have made the FFP program “one with no boundaries and a wonderful place for possibilities!”

Diane C. Games: 2012

Fluency Friday Plus

Contact List: 2012

Diane Games Coordinator/Private Practice: C: 513-532-3949; H: 513-754-1288;
dgameesslp@aol.com

Cincinnati Children's Hospital Medical Center: Irving Wollman-W: 513-803-3372,
Robert Reichhardt W: 513-636-5701, & Karen Rizzo W: 513-636-6013

Hamilton County Education Service Center: Susan Brown & Ann Slone W: 513-
674-4255

University of Cincinnati: Susan Givler W: 513-558-8505, Phyllis Breen W: 513-558-
8510 and W: Sue Schmidlin 513-558-8531

Bowling Green University: Donna Colcord W: 419- 372-0189

University of Toledo: Rodney Gabel W: 410-530-6682

Wayne State University: Derek Daniels W: 313-577-3339

Western Kentucky University: Charley Hughes

Cincinnati Public Schools: Maureen Simpson W: 513-363-5774

Oak Hills Schools: Carie Lewis 513 -921-2160

Fluency Friday Plus “Cheat Sheet” for Supervisors

Friday

1-Stop at the desk: pick up a folder that will contain a schedule, a list of graduate clinicians for your age group; and a feedback form. Your folder will have **lesson plan forms, feedback and competency forms** have been added to FFP. The new forms target interview strategies as well as determining goals for treatment. 2-Meet other Supervisors in your “age group” and decide which graduate clinicians to supervise. You may have 2-3 clinicians to support.

3. Remember that each university may have different requirements. Check with your graduate clinicians to clarify.

4 Diane/Irv will give a brief talk about the overall purpose/details of FFP to the graduate clinicians and the supervisors.

5 Locate your graduate clinician(s) to briefly discuss the breakdown of the day and answer any questions. “Touch base” with the graduate clinicians throughout the day to address and questions or concerns.

7- Remember: the graduate clinicians often do not get assignments until a day or two before FFP & often re-assignments are made at FFP. These last minute changes can be upsetting.

Saturday

1- Touch base with graduate clinician(s) prior to the Conversational Breakfast.

2- Complete Supervision Feedback Forms: Include constructive feedback to the graduate clinicians. Please feel free to make suggestions to help them! Discuss your observations with the graduate clinicians at the end of the day on Friday

Note graduate clinicians get a copy of the supervision feedback form and the other copy should to be turned in at the registration desk. It will be given to the University for review.

- **REMEMBER**: FFP is a chance for supervisors to “*Educate rather than Evaluate*” the graduate clinicians. However, they are expected to respond in a positive way.
- For most graduate clinicians, FFP is the first practicum with students who have fluency disorders and many do not get assignments until the morning of FFP.
- The graduate clinicians often need help with developing appropriate goals for students.
- Often, the best time to touch base with clinicians and “brain storm” is during lunch or directly following an individual session.
- Do feel free to interject during an individual therapy session to help guide the clinicians.
- During Group Treatment, give the graduate clinicians the opportunity to lead the activities. The graduate clinicians may need help brainstorming ideas initially or just to get the group going, but then should take over the leadership.

Fluency Friday Plus “Cheat Sheet” for Graduate Clinicians

Friday

1-**Stop at the desk & pick up a Graduate Clinician folder**. The folder will contain the FFP schedule, room assignments, a list of supervisors for each age group and a feedback form. Your folder will also include a list of other graduate clinicians who have students of a similar age.

2- **Go to your assigned room and “get settled”**. Meet the other Graduate Clinicians doing practicum in the same “age group”. Talk to your supervisor to briefly discuss the breakdown of the day. Supervisors are there to support you!

3-FFP team members will give a brief talk about the overall purpose of FFP to the graduate clinicians and the supervisors before the Opening Ceremony.

4-Remember to “Touch base” with your supervisor throughout the day and especially at the end of the Friday to discuss your concerns or to ask questions.

5- **Remember**: Often, the FFP team receives applications a day or two before FFP. The Supervisors in your age group will make last minute changes. As a result, you might be asked to work with two students. Also, some registered FFP students may not show up. These changes are difficult but your supervisor will reassign you to another child/teen. Also, feel free to ask your supervisor to help in any aspect of the FFP event!

Saturday

1- “Touch base” with your Supervisor prior to the Conversational Breakfast. Graduate Clinicians will receive their assignments for the Conversational Breakfast before FFP. Please **bring materials to use at your Conversational Breakfast assignment** on Saturday.

2- **Complete your Feedback Form**: Please feel free to make suggestions for FFP!

3- Discuss your observations/concerns with your Supervisor at the end of the day.

Helpful Tips for Graduate Clinicians

- **REMEMBER**: FFP is a chance for you to do therapy in a supportive atmosphere with experienced speech-language pathologists. Your energy and enthusiasm will make FFP a success for all! However, if you have a problem, privately talk to your supervisor or a member of the FFP team.
- You will need to bring games, pictures, cards, etc. to FFP. You will also need to bring materials for the Conversational Breakfast on Saturday. Paper/pens and some activities

will be available. During Group Treatment, try to find an activity that allows all members (especially the students to stutter) an opportunity to speak or ask questions.

Thanks again for your time and energy for the FFP Project! The children and teens who attend FFP carry the positive aspects of this program all year long! One of the positive outcomes for the kids is seeing others who stutter. Without a doubt, FFP would not be the same without your energy and ideas! The entire FFP team thanks you!!!

FFP is an opportunity for students in graduate training to work with children/teens who stutter. You will receive a manual with all of the information on the web page. This experience will provide clinical hours including 8 hours for treatment intervention and 2 hours for diagnostic evaluation if attending both days. Please refer to the following page document: *GRADUATE CLINICIAN COMPETENCIES: FFP 2012 (adapted from ASHA, SID 4, Fluency and Fluency Disorders)*.

Preparation:

- Become familiar with the web page: www.fluencyfriday.org
- The FFP Manual is online. A few copies of important documents will be available at FFP.
- Contact your referring clinician or parent for information about your student. As with any project of this nature, changes may occur with your student assignment. Be flexible. The supervisors are prepared to help you.
- The tentative schedule for FFP includes:
 - 2.5 hours of Individual Treatment on Friday
 - 1 hour of Individual Treatment of Saturday
 - 2.0 hours of Group Treatment – Attitudes/Emotions
 - 1.0 hour of Skit Group planning
 - 1.0 hour for the Conversational Breakfast
 - 1.0 hour for Opening Microphone
- **Supplies:** FFP has some supplies available in case of an emergency-paper, glue, markers, and some fluency books. Props for skits are also available but you will need to be prepared with your own activities and materials. Please feel free to ask your supervisor for some advice or help with situations where additional materials are needed. You will need to bring some material with you to FFP.
- **Diagnostic /Treatment Planning:** It is helpful to have many activities/ideas available. Each student will have a booklet (see web page for samples) but you will need additional activities.

- **Plan several activities for practicing speech targets. These can include practice cards, games, reading and conversational practice. Plan activities to deal with attitudes and emotions with regard to stuttering. Plan a couple of group activities. You will be working with other clinicians during group, so the group will need to decide which activity to use. Remember the theme when planning activities. Many of the activities in the students' booklets will focus on the meeting goals, finding confidence, learning your strengths and overcoming your weaknesses. These booklets are a guideline for you. You do not have to do every activity in the booklet. We will also have a student handout for the Conversational Breakfast. Your students will also be earning raffle tickets throughout FFP. Drawings for raffle baskets will be done at the end of the day on Friday.**

On a final note: This day and one-half experience is wonderful for the kids who stutter! This is also a great opportunity for graduate clinicians to experience this population. We are blessed in Cincinnati to have a wonderful local professional association (SWOSHA) and a supportive state association (OSLHA) who provide FFP with support! There will be many professionals from the community coming to FFP to help! Despite the effort and planning that takes place, "things happen"! Flexibility and Professional Presentation are the key words for the day and one-half! Hopefully, FFP this year will be as successful as previous FFP events. Please feel free to contact me with questions/problems.

Diane Games: dgameslp@aol.com (H) 513-754-1288 © 513-532-3949

FLUENCY AND FLUENCY DISORDERS

GRADUATE CLINICIAN COMPETENCIES: FFP 2012

Several competencies were selected as guidelines for the supervisors and graduate clinicians at FFP! FFP, an intensive program for children & teens who stutter, is also a supervised practicum for graduate clinicians. These competencies pertain to the graduate clinicians' activities at FFP. The entire list of competencies can be accessed on The Stuttering Homepage: www.mnsu.edu/comdis/kuster/Stutter.html (search: competencies)

GRADUATE CLINICIAN: _____ **SUPERVISOR** _____

_DATE: _____

1. *Can identify normally fluent speech by describing continuity, rate, & effort*
2. *Can identify disfluencies by type: blocks, prolongations, repetitions, etc.*
3. *Can describe effortful behavior and its anatomic/physiological source as it relates to stuttering*
4. *Can identify & relate other communication disorders to the development and /or maintenance of stuttering*
5. *Can obtain representative speech samples to evaluate for stuttering frequency, duration of stuttering and speech rate*

6. Can assess a client's use of sound, word and situational avoidance as well as secondary features

7. Can identify when the experience of stuttering leads to avoidance, postponement, struggle and secondary behaviors

8. Can utilize available & appropriate diagnostic tests to assess stuttering, associated behaviors, & attitudes

9. Can help clients work towards normal fluency & natural sounding speech

10. Can identify & measure environmental/situational variables (time pressure, etc.) that may be related to stuttering

11. Can implement a variety of procedures to achieve transfer and maintenance of changes achieved in the clinical setting

The diagnostic and treatment protocols at FFP have been designed to provide clinical experiences that will target each of these competencies.

Diagnostic Protocol



2012

www.fluencyfriday.org

Note: The Diagnostic Protocol was compiled with the permission of the various authors. All are acknowledged & FFP thanks them for their generosity in helping us help kids who stutter.

Real-Time Analysis of Speech Fluency

(Yaruss, Journal of Speech-Language Pathology, 1998)

- Diagnostic assessment typically looks at frequency of disfluency, duration, types, and severity of disfluency of disfluency in spontaneous speech. Diagnosis also includes potential interactions between fluency and speech/language development and oral-motor skills. Also the client's reaction to stuttering and attitudes about speaking.
- The two most fundamental measures include frequency of disfluency and types of disfluency.
- Thorough evaluation is important for planning treatment.

Purpose of Real-Time Analysis

- Provide a measure of the frequency of various types of disfluency occurring in a speech sample.
- Does not require a transcription.
- Quick and easy to perform.
- Provides information important to clinical decision-making.
- Flexible by allowing the clinician to select syllable or word measurement; the behaviors measured (types of disfluency vs. stuttering); and sample size. Other measures such as duration and number of iterations can also be measured.
- Transcribed analysis is time consuming and Real-Time Analysis can be done more frequently, thus is a better tool for session-to-session documentation.

Procedures for Conducting Real-Time Analysis

- Basic procedure involves observing a speech sample and counting fluent and disfluent words (either video tape, audio tape or in person).
- Step 1: Observe the client speaking for a few minutes to become familiar with the general speaking style and pattern of disfluencies in the speech.
- Step 2: Begin coding speech with a dot (.) or a dash (-) for fluent words and an (x) or coding symbol for a disfluent word.

Coding Symbols: R = repetitions rv = revision

P = prolongations F = filler/starter

B = blocks

p = long pause

- **Representative Sample.** Do not worry about missing words or maintaining pace with the speaker. Focus on obtaining a representative sample.
- **Disfluency Count Sheet:** word count or syllable count-most differentiate between less typical and more typical disfluencies.
 - **Specific Considerations to document:**
 - .multiple iterations of a single disfluency – mark with type of disfluency & number
 - .disfluencies involving several words (not always a correlation between number of disfluencies and words)
 - .multiple types of disfluencies observed in a single word or phrase production; options include selecting the most severe type of disfluency, entering a code for each type of disfluency, or develop a code for disfluency combinations. Make a note of this behavior.
 - .formulaic utterances/lexicalized phrases
 - .repetitions that are not disfluencies
 - .noises
 - .unintelligible utterances
 - .non-representative samples
 - .additional markings: vertical slash for utterance breaks, superscripts for number of iterations, heavy dots for the presence of visible or audible tension.
- Intra-judge agreement is important.

Yaruss, J.S. (1998), "Real-Time Analysis of Speech Fluency: Procedures and Reliability Training." AJSLP, Vol. 7, No. @, pp25-37.

Yaruss, J.S., Max, M., Newman, R. and Cambell, J.H. (1998). "Comparing Real-Time and Transcript-Based Techniques For Measuring Stuttering", Journal of Fluency Disorders, 23, pp. 137-151.

FLUENCY FRIDAY PLUS: TYPES OF DISFLUENCIES (Gregory, et. al.)

More Typical Disfluencies (Disfluencies without tension; Counted but separated from disfluencies with tension)

- **Hesitations:** silent pause of 1 second or longer
(ie: I.. (pause)..want the red one)
- **Interjections:** meaningless words irrelevant to the message [um/like/well/uh]
(ie: I *um* want the red one)
- **Revisions:** change in content, grammar, or pronunciation of a message
(ie: I want the *blue...the red* one)
- **Unfinished words:** a word that is abandoned and not completed later in the message
(ie: I want the *oran....red* one)
- **Phrase repetitions:** repetition of at least 2 complete words of the message
(ie: *I want...I want* the red one)
- **Word repetitions (up to 2x):** repetition of a whole word in a slow casual way
(ie: *I I* want the red one)
-

Less Typical Disfluencies (Disfluencies with tension; considered as stuttered words)

- **Word repetitions (3x or more):** repetitions of a whole word
(ie: *I I I I* want the red one)
- **Interjections:** (used as a starter, or 3x or more, or used rapidly)
(ie: *Um Um Um* I want *well well well* the red one)
- **Syllable repetitions:** more than a sound repetition and less than a word repetition
(ie: I *wa wa* want the red one)
- **Sound repetitions:** repetition of a phoneme that does not stand alone as a word
(ie: I want the *r r r* red one)
- **Prolongations:** duration of a phoneme (may include pitch rise and tension)
(ie: *IIIIIIII* want the red one, or I *waaaaaaaa*ant the red one)
- **Blocks:** inappropriate timing for initiation of a phoneme or release of a stop element
(ie: I want.....the red one) [can include fixed articulatory posture and tension]
- **Multi-component:** combination of disfluencies right in a row (less or more typical types)
(ie: *I I I waaaaaaaa*ant the red one, or *I, uh uh, wa wa wa* want the red one)

Tips for Counting Moments of Stuttering

- A **Repetition** of a sound, syllable, or word is **one disfluency** regardless of the number of iterations. (i.e.: Um um um um I wa wa wa want the red uh one = 2 stutters and 5 syllables)
- A **Prolongation** of a sound is one disfluency.
- A **Block** on a word is one disfluency regardless of the duration.
- An unnaturally **long pause** is one disfluency if the pause is longer than comfortable for the listener.
- A revision is one disfluency.
- In reading, the omission, modification, or addition of a word or words is one disfluency.
- Fillers and starters are counted as disfluencies; several fillers words used to initiate a word are counted as one disfluency.

COUNTING DISFLUENCIES Bloom & Cooperman (1999)

1. Repetitions of sounds, syllables, or words are counted as one disfluent word regardless of the number of iterations.
2. Prolongations of sounds are counted as one disfluent word.
3. Blocks on a word are counted as one disfluent word regardless of the durations of the block.
4. Unnaturally long pauses are counted as one disfluent word. This is a judgment/the pause should call attention to itself.
5. Revisions are counted as one disfluent word.
6. In reading; the omission, modification, or addition of a word or words is counted as one disfluent word.
7. Fillers and starters are counted as disfluent words. If the client uses several fillers (um, uh, etc.) prior to saying the next word, these are all counted as one disfluent word.

The method of counting stuttered words/minute is recommended as this allows the clinician to obtain samples at various points in the treatment session by taking 1 or 2-minute samples. Counting the number of total words in a sample divided by the number of disfluent words is also acceptable protocol.

CODE: *R* = Repetition
P = prolongation

Name: _____

B = block

(-) = long pause

Examiner: _____

(x) = revision

F = filler/starter

Age: _____ Date: _____

Student: _____

Age: _____

Date of Sample: _____

Speaking Condition: play _____ monologue _____ conversation _____

Communication Partner: clinician _____ parents _____ peers _____

Was the student asked to use a fluency strategy prior to the sample? Yes or No

Instructions:

- Use calculator to count 300 syllables (1+1 =, then press = after that for each syllable)
- Do not count stutters as part of your syllables
- Use clicker/mark on paper to count stutters
- Divide # of stutters by 300 syllables (ie: 16 stutters/300 syllables = .053333)
- Multiply answer x 100 (ie: .053333 x 100 = 5.333%)
- Obtain percentage of stuttered syllables (ie: 5.3%)

Sample 1: _____%

Sample 2: _____%

Sample 3: _____%

Types of stutters used: (mark with X)

_____ Word repetitions 3x or more and rapid

_____ Interjections used as starters

_____ Syllable repetitions

_____ Sound repetitions

_____ Prolongations

_____ Blocks

_____ Multi-components of these

Further description of stuttering: (visible tension, pitch rise, 2ndary behaviors):

FLUENCY FRIDAY PLUS: Timed Sample Word Count

Student: _____

Age: _____

Date of Sample: _____

Speaking Condition: play _____ monologue _____ conversation _____

Communication Partner: clinician _____ parents _____ peers _____

Was the student asked to use a fluency strategy prior to the sample? Yes or No

Instructions:

- Use stopwatch to time the speaking sample (1 or 2 minutes): only time when student is speaking, turn stopwatch off when student stops talking or when you talk.
- Use clicker or mark with pen # of stutters during timed period
- Divide # of stutters by # of minutes to get stuttered words per minute (swpm)
(ie: 9 stutters in 2 minutes = 4.5 swpm, or 10 stutters in 1 minute = 10 swpm)

Sample 1: _____ swpm

Sample 2: _____ swpm

Sample 3: _____ swpm

Types of stutters used: (mark with X)

_____ Word repetitions 3x or more and rapid

_____ Interjections used as starters

_____ Syllable repetitions

_____ Sound repetitions

_____ Prolongations

_____ Blocks

_____ Multi-components of these

Further description of stuttering: (visible tension, pitch rise, 2ndary behaviors):

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.

A-19 SCALE

NAME: _____ DATE: _____

- | | | | |
|-----|---|-----|----|
| 1. | Is it best to keep your mouth shut when you are in trouble? | Yes | No |
| 2. | When the teacher calls on you, do you get nervous? | Yes | No |
| 3. | Do you ask a lot of questions in class? | Yes | No |
| 4. | Do you like to talk on the phone? | Yes | No |
| 5. | If you do not know a person, would you tell them your name? | Yes | No |
| 6. | Is it hard to talk to your teacher? | Yes | No |
| 7. | Would you go up to a new boy or girl in your class? | Yes | No |
| 8. | Is it hard to keep control of your voice when talking? | Yes | No |
| 9. | Even when you know the right answer, are you afraid to say it? | Yes | No |
| 10. | Do you like to tell other children what to do? | Yes | No |
| 11. | Is it fun to talk to your dad? | Yes | No |
| 12. | Do you like to tell stories to your classmates? | Yes | No |
| 13. | Do you wish you could say things as clearly as the other kids do? | Yes | No |
| 14. | Would you rather look at a comic book than talk to a friend? | Yes | No |
| 15. | Are you upset when someone interrupts you? | Yes | No |
| 16. | When you want to say something, do you just say it? | Yes | No |
| 17. | Is talking to your friends more fun than playing by yourself? | Yes | No |
| 18. | Are you sometimes unhappy? | Yes | No |
| 19. | Are you a little afraid to talk on the phone? | Yes | No |

(Copied with permission from Barry Guitar, Ph.D., 1996)

A-19 Scale For Children Who Stutter

Susan Andre and Barry Guitar- University of Vermont

Establish rapport with the child and make sure that he/she is physically comfortable before beginning administration. Explain the task to the child and make sure he/she understands what is required. Some simple directions might be used: "I am going to ask you some questions. Listen carefully and then tell me what you think; Yes or No. There is no right or wrong answer. I just want to know what you think."

To begin the scale, ask the questions in a natural manner. Do not urge the child to respond before he/she is ready, and repeat the question if the child did not hear it or you feel that he/she did not understand it. Do not reword the question unless you feel it is absolutely necessary, and then write the question you asked under that item.

Circle the answer that corresponds with the child's response. Be accepting of the child's response because there is no right or wrong answer. If all the child will say is "I don't know", even after prompting, record that response next to the question.

For the younger children (kindergarten and first grade), it might be necessary to give a few simple examples to ensure comprehension of the required task:

- | | | |
|----------------------------|-----|----|
| a. Are you a boy? | YES | NO |
| b. Do you have black hair? | YES | NO |

Similar, obvious questions may be inserted, if necessary, to reassure the examiner that the child is actively cooperating at all times. Adequately praise the child for listening and assure him/her that a good job is being done.

It is important to be familiar with the questions so that they can be read in a natural manner.

The child is given one point for answers that match those given below. The higher a child's score, the more probable it is that he/she has developed negative attitudes toward communication. In our study, the mean score of the K through 4th stutterers (N=28) was 9.07 (S.D. = 2.44), and for the 28 matched controls, it was 8.17 (S.D.=1.80).

Score one point for each answer that matches these:

- | | | | |
|----|-----|-----|-----|
| 1. | YES | 10. | NO |
| 2. | YES | 11. | NO |
| 3. | NO | 12. | NO |
| 4. | NO | 13. | YES |
| 5. | NO | 14. | YES |
| 6. | YES | 15. | YES |
| 7. | NO | 16. | NO |
| 8. | YES | 17. | NO |
| 9. | YES | 18. | YES |
| | | 19. | YES |

(copied with permission from Barry Guitar, Ph.D., 1996).

CHILDREN'S ATTITUDES ABOUT TALKING – REVISED (CAT-R)

(The "Negative" answer is written here in Italics)

- | | | |
|--|-------------|--------------|
| 1. I don't talk right. | <i>True</i> | False |
| 2. I don't mind asking the teacher a question in class. | True | <i>False</i> |
| 3. Sometimes words will stick in my mouth when I talk. | <i>True</i> | False |
| 4. People worry about the way I talk. | <i>True</i> | False |
| 5. It is harder for me to give a report in class than it is for most other kids. | <i>True</i> | False |
| 6. My classmates don't think I talk funny. | True | <i>False</i> |
| 7. I like the way I talk. | True | <i>False</i> |
| 8. People sometimes finish my words for me. | <i>True</i> | False |
| 9. My parents like the way I talk. | True | <i>False</i> |
| 10. I find it easy to talk to most everyone. | True | <i>False</i> |
| 11. I talk well most of the time. | True | <i>False</i> |
| 12. It is hard for me to talk to people. | <i>True</i> | False |
| 13. I don't talk like other kids. | <i>True</i> | False |
| 14. I don't worry about the way I talk. | True | <i>False</i> |
| 15. I don't find it easy to talk. | <i>True</i> | False |
| 16. My words come out easily. | True | <i>False</i> |
| 17. It is hard for me to talk to strangers. | <i>True</i> | False |
| 18. The other kids wish they could talk like me. | True | <i>False</i> |
| 19. Some kids make fun of the way I talk. | <i>True</i> | False |
| 20. Talking is easy for me. | True | <i>False</i> |
| 21. Telling someone my name is hard for me. | <i>True</i> | False |

- | | | |
|---|-------------|--------------|
| 22. Words are hard for me to say. | <i>True</i> | <i>False</i> |
| 23. I talk well with most everyone. | <i>True</i> | <i>False</i> |
| 24. Sometimes I have trouble talking. | <i>True</i> | <i>False</i> |
| 25. I would rather talk than write. | <i>True</i> | <i>False</i> |
| 26. I like to talk. | <i>True</i> | <i>False</i> |
| 27. I wish I could talk like other kids. | <i>True</i> | <i>False</i> |
| 28. I am afraid the words won't come out when I talk. | <i>True</i> | <i>False</i> |
| 29. I don't worry about talking on the phone. | <i>True</i> | <i>False</i> |
| 30. People don't seem to like the way I talk. | <i>True</i> | <i>False</i> |
| 31. I let others talk for me. | <i>True</i> | <i>False</i> |
| 32. Reading out loud in class is easy for me. | <i>True</i> | <i>False</i> |

Score: _____

Answer Key - CAT-R

- | | |
|-----------|-----------|
| 1. True | 17. True |
| 2. False | 18. False |
| 3. True | 19. True |
| 4. True | 20. False |
| 5. True | 21. True |
| 6. False | 22. True |
| 7. False | 23. False |
| 8. True | 24. True |
| 9. False | 25. False |
| 10. False | 26. False |
| 11. False | 27. True |
| 12. True | 28. True |
| 13. True | 29. False |
| 14. False | 30. True |
| 15. True | 31. True |
| 16. False | 32. False |

Norms to be used with the CAT-R (based on the Dutch CAT-D)

(M represents mean number of negative responses for the group)

Norms for Stuttering Children

<i>Age</i>	<i>N</i>	<i>M</i>	<i>SD</i>
7	24	14.79	6.62
8	13	17.23	9.86
9	10	17.6	6.35
10	9	18.56	6.8
11+	14	17.57	6.93

Norms for Non-stuttering Children

<i>Age</i>	<i>N</i>	<i>M</i>	<i>SD</i>
7	62	9.95	5.57
8	40	10.35	4.49
9	42	10.62	5.92
10	41	8.20	5.17
11+	86	6.34	5.12

SCALE OF COMMUNICATION ATTITUDES

		TRUE	FALSE
1.	I usually feel I am making a favorable impression when I talk.	_____	_____
2.	I find it easy to talk with almost anyone.	_____	_____
3.	I find it very easy to look at my audience while speaking.	_____	_____
4.	A person who is my teacher or my boss is hard to talk to.	_____	_____
5.	Even the idea of giving a talk in public makes me afraid.	_____	_____
6.	Some words are harder than others for me to say.	_____	_____
7.	I forget all about myself shortly after I begin to give a speech.	_____	_____
8.	I am a good mixer.	_____	_____
9.	People sometimes seem uncomfortable when I am talking to them.	_____	_____
10.	I dislike introducing one person to another.	_____	_____
11.	I often ask questions in a group discussion.	_____	_____
12.	I find it easy to keep control of my voice when speaking.	_____	_____
13.	I do not mind speaking before a group.	_____	_____
14.	I do not talk well enough to do the kind of work I'd really like to do.	_____	_____
15.	My speaking voice is rather pleasant and easy to listen to.	_____	_____
16.	I am sometimes embarrassed by the way I talk.	_____	_____
17.	I face most speaking situations with complete confidence.	_____	_____
18.	There are few people I can talk with easily.	_____	_____
19.	I talk better than I write.	_____	_____
20.	I often feel nervous while talking.	_____	_____
21.	I find it very hard to make talk when I meet new people.	_____	_____
22.	I feel pretty confident about my speaking ability.	_____	_____
23.	I wish that I could say things as clearly as others do.	_____	_____
24.	Even though I know the right answer, I have often failed to give it because I was afraid to speak out.	_____	_____

SCORE _____

NUMBER of
RESPONSES that Match
the C.A. Inventory -Key

“NORMS” FOR S24 COMMUNICATION ATTITUDES INVENTORY

(Andrews and Cutler, 1974 revision of Erickson, 1959 text)

36 ADULT MALE STUTTERERS

25 ADULT MALE NONSTUTTERERS

Prior to Treatment

Mean = 19.22

Mean = 9.14

Range = 9 - 24

Range = 1-21

S.D. = 4.24

S.D. = 5.38

After Treatment

Mean = 14.27

Fluency range = 0-24

Instatement S.D = 5.73

After Transfer Phase Mean = 9.11

Fluency Range = 1-18

Phase S.D. = 5.18 C.A. Inventory – Key PWS Responses:

- | | | | | | |
|------|-------|-------|-------|-------|-------|
| 1. F | 6. T | 11. T | 13. F | 18. F | 23. F |
| 2. F | 7. T | 12. F | 14. F | 19. T | 24. T |
| 3. F | 8. F | 13. F | 15. T | 20. F | |
| 4. T | 9. F | 14. F | 16. F | 21. T | |
| 5. F | 10. T | 15. T | 17. T | 22. T | |

The Cognitive, Attitudinal, Language, Motor & Speech (CALMS)

Developed by Charlie Healy & Lisa Scott Trautman: <http://www.unl.edu/fluency/clinician>

This tool is an instrument designed to track the Cognitive, Affective, Linguistic and Motor aspects of stuttering.

The Behavioral Assessment Battery (BAB) (Plural Publishers)

Developed by Gene Brutton, PhD and Martine Vanryckeghem, PhD.

This tool is a multi-dimensional set of inter-related, evidence-based, self-report tests that provide normative data for children between the ages of 6-15. The BAB includes the following tests:

- **Speech Situation Checklist: Emotional Response (SSC-ER)**
- **Speech Situation Checklist: Speech Disruption (SSC-SD)**
- **The Behavioral Checklist (BLC): tests coping responses**
- **The Communication Attitude Test (CAT): measure attitudes**

Please select one or two subtests for FFP. Administering the entire battery is not possible due to time constraints at FFP.

Bibliography

Andrews, G., & Cutler, J. (1974) "S-24 Scale, Stuttering therapy: The relations between changes in symptom level and attitudes." JSHD, 39, 312-319.

Bloom, C.M. & Cooperman, D.K. (1999). Synergistic Stuttering Therapy: A Holistic Approach. Andover, MA: Butterworth-Heinemann.

*Brutten, G. H., & Dunham, S. L. (1989). "The Communication Attitude Test: A normative study of grade school children." *Journal of Fluency Disorders*, 14, 371-377.*

*Chmela, K. and Reardon, N. (1997). "The School-Age Child Who Stutters: Working Effectively with Attitudes and Emotions." *Stuttering Foundation of America Conference of School Clinicians, Memphis, TN.**

*Gregory, H.H., 1995. *Analysis and Commentary, Language, Speech and Hearing Services in Schools*. 26, p 196.*

Gregory, H., Hill, D. & Campbell, J.(1996). "Stuttering Therapy Manual: Workshop for Specialists." Northwestern University, Evanston, Ill.

*Ham, R. E., *Therapy of Stuttering*. 1990, Prentice-Hall, Inc. Englewood, N.J.*

Healey, C., Trautman, L. and Susca, M. (2002)CALMS Rating Scale for School-Age Children Who Stutter. www.unl.edu/fluency. (note: this site also contains the CAT-R)

*Kuster, Judy. *The Stuttering Homepage*. www.mankato.msus.edu/dept/comdis/kuster/stutter.html.*

Manning, W.H. (2001). Clinical Decision Making in the Diagnosis and Treatment of Fluency Disorders: Second Edition. Vancouver, Canada: Singular Publishing Group.

*O'Brian, S., Packman, A., & Onslow, M., (2004) "Self-Rating of Stuttering as a Clinical Tool", *AJSLP*, Vol. 13, pp. 219-226.*

Onslow, M., Packman, A. & Harrison, E. (2003) The Lidcombe Program of Early Stuttering Intervention: A Clinician's Guide. Austin, Tx. Pro-Ed.

Peters, T.J. & Guitar, B. (1991). Stuttering: An Integrated Approach to Its nature and Treatment. Williams and Wilkins, Baltimore, Md.

Shapiro, D. A.,(1999), Stuttering Intervention: Collaborative Journey to Fluency Freedom. Austin, Tx. Pro-Ed.

Quesal, R. and Yaruss, J.S. Assessment of Childs Experience of Stuttering (ACES). www.stutteringcenter.org. (2005).

Reardon, N. and Yaruss, J.S. (2004). The Source for Stuttering: Ages 7-18. Chicago, Ill. Linguistics.

Ridge, H. and Ray, B., 1991. *Fluency at Your Fingertips. Communication Skill Builders, Tucson, Az.*

Yaruss, J.S. (1998), "Real-Time Analysis of Speech Fluency: Procedures and Reliability Training." *AJSLP*, Vol. 7, No. @, pp25-37.

Yaruss, J.S., Max, M., Newman, R. and Cambell, J.H. (1998). "Comparing Real-Time and Transcript-Based Techniques For Measuring Stuttering", *Journal of Fluency Disorders*, 23, pp. 137-151.

Zebrowski, P. M. and Kelly, E.M. (2002). Manual of Stuttering Intervention. Clifton Park, NY: Singular Publishing Group.

Fluency Friday Plus

Individual & Group Treatment Ideas

2012

STRATEGIES FOR SHAPING FLUENCY/MODIFYING STUTTERING!

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

Fluency Shaping: (Manning, 2001) Stuttering is viewed as a physical phenomenon. If the speaker follows the rules of speech mechanics, his speech will be 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 client 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 client becomes completely responsible for self-managing his speech.

Full Breath Target: Synergistic TX: (Bloom and Cooperman, 1999) Teach 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 client 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 pws. 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.

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 as 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: Stuttering Modification techniques target the speaker’s struggle and avoidance of the core moment of stuttering causes that 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 person who stutters waits a few seconds and then produces the word again in an easier manner that is slower and controlled. Another option is to reproduce the stuttered word fluently.

Pullout: PWS must catch themselves in a moment of stuttering and then produce a pullout, easing themselves out of the stuttering event. The speaker must 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 pws anticipates will be stuttered. Using a slower rate and light articulatory contacts the pws 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)

Stuttering on Purpose: This technique can help the pws feel more comfortable with stuttering and less anxious in difficult speaking situations. This is also called “Easy Stuttering” and helps the pws understand the role of avoidance and fighting stuttering in speaking situations.

Pausing and Phrasing: This is when you break up sentences or utterances into smaller units. This helps the pws learn to manage breathing and to apply strategies mid-response.

Bouncing: This is repeating a word or sound in an easy way. This practice helps the pws learn to manage muscle tension and to become comfortable with the moment of stuttering.

FLUENCY MATERIALS

While some materials will be available at FFP, graduate clinicians should bring material/games/ideas for treating fluency clients during the Fluency Friday Plus program.

Assessment materials for children/teens should also be included including pictures and prompts for obtaining samples.

Each graduate clinician should plan 1) activities for treating Speech targets at a variety of levels, 2) activities for treating the Attitudes & Emotions and 3) activities for treating Situational issues.

The most useful materials to include in treatment kits include:

- **Therapist-made games, activities, puppets, etc.**
- **Pictures of a turtle or snail (to visualize slow speech) and a racehorse or a rabbit (to visualize rapid speech)**
- **A “fluency tool kit” containing items that will help children remember the targets and/or skills (i.e., rubber band, ball, Chinese finger puzzle, pencil with eraser, eyeball, toy turtle, etc.)**
- **Maps**
- **Menus**
- **Magazines**
- **Store catalogues**
- **Story books**
- **Interesting picture portfolios**
- **Word cards**
- **Phrase cards**
- **Sentence cards**
- **Lists of current telephone numbers**

The above are only some of the recommended materials for inclusion in your bag of treatment ideas. Be creative. Try to think “outside the box” when creating your materials. Think about what kinds of activities you might want to have available to you when sitting in front of your assigned child. A good activity does not have to cost a lot of money. Therapist-made materials and free “stuff” make a kit interesting.

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 remind that the more you struggle, the harder it will be to speak.
3. Turtle- to remind your client that slow and steady wins 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 from Ellen Bennett)

1. Paint a picture 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.
2. Make your own speech mechanism: use Cool Whip for lungs (airy??), licorice for the vocal cords, Chocolate Syrup for saliva, gummy worms for the tongue and popcorn for the teeth. Talk about speech helpers and speech production.
3. Make a Trail Mix-Talk about choices. Give the snacks labels for different choices: such as Easy starts, Soft Starts, etc.
4. Obstacle Course-Make the theme of overcoming obstacles part of building and mastering the Obstacle Course.
5. Balloon Faces-The Faces of Teasers: Have the children paint the faces of teasers on balloons. Run relay races with the balloons, use bats to hit the balloons, have the children sit on the balloons to pop them.
6. Speech Pizza: Every child makes his/her own pizza. The focus is on being individual and special; each one is unique.
7. Pet Rock: Make a pet from a rock to represent someone to talk to.
8. Getting to know you banner- have each child sign a banner with a special trait or skill.



Cincinnati Children's Hospital Medical Center
Speech-Language Pathology Department
513-636-4341

DESCRIPTION/PURPOSE:

Fluency shaping consists of training the child to produce easy, relaxed speech. It is recommended that the child begin practice at a one word level and progress in a hierarchy of levels up to conversation level. This allows the child to feel the success of fluency. The child progresses to the next level when s/he has met the desired level of mastery for each level.

INSTRUCTIONS FOR USE:

The following activities are suggestions provided in a hierarchy format for which to begin easy, relaxed speech practice.

SHORT TERM OBJECTIVE:

The child will produce easy, relaxed speech at the (one word, two word, phrase, sentence, conversation) level with ___ % accuracy.

Easy Speech Activities

ONE WORD:

Ball Roll: Have the child roll the ball over picture cards and name them using slow, easy speech.

Basketball: Child names pictures using slow, easy, speech while tossing the basketball through the hoop.

Build a Road: Child builds a road with picture cards and names them using slow, easy speech then drives a car over the road.

Bag Pull: Child pulls cards from a bag and names them using easy, relaxed speech.

Candy Land: Child names colors while playing Candy Land using easy, relaxed speech.

TWO WORDS:

Animal Memory: Child names mother and baby animals with easy, relaxed speech while playing animal memory (i.e. baby seal, mommy monkey).

Safari Gears: Child picks but pieces to build with and names them using easy, relaxed speech (i.e. blue gear, red hippo, yellow block, etc.)

Turtle Picnic: Child uses easy, relaxed speech while naming colors, vegetables and fruit (i.e. orange carrot, purple grapes, yellow banana, etc.)

Barnyard Bingo: Child uses easy, relaxed speech while naming colors and animals (i.e. red cow, yellow sheep, etc.)

Where's Spot book: Child uses easy, relaxed speech while answering questions in Where's Spot book (i.e. child responds with "no, bear" or "no, snake", etc.)

Hi Ho Cherry-O: Child uses easy, relaxed speech while telling what they spun (i.e. thee cherries, two cherries, empty basket, dog bite, etc.)

PHRASES:

Bingo: Let the child choose the bingo pictures and use their easy, relaxed speech as they name them (i.e. I picked dog, I picked umbrella, etc.)

Animal Olympics: Have child use their easy, relaxed speech to tell what color they spun (i.e. I got red, I got blue, etc.)

Trouble: Have the child use their easy, relaxed speech to tell what number they popped (i.e. I popped 6, I popped 4, etc.)

AB Seas Game: Have the child use slow, easy speech to tell what kind of fish they caught or what letter they caught (I caught a mermaid, I caught A, etc.)

Flashlight game: Put pictures on the wall and turn off the lights. Have the child use slow, easy speech and tell what they find (I see zebra, I see car, etc.)

SENTENCES

Guess Who: Have child use slow, easy speech while asking questions.

Go Fish: Have child use easy, relaxed speech while asking questions.

Carmen San Diego: Child uses easy, relaxed speech to tell something about the state they landed on (i.e. Ohio is the Buckeye state, etc—the cards help them with this task)

Barrier Games: Have the child use easy, relaxed speech to tell you where to put an item (i.e. Put the dog by the tree, etc)

What's Different Books: Have the child describe what is different in each picture using slow, easy speech (Little Bo Peep Lost her hook, etc.)

CONVERSATION

Conversation Starters: Child uses slow, easy speech while answering conversation questions (see attached)

Hand Stories: Draw hand and use outline to tell story, relate events, etc. using easy, relaxed speech.

Telephone Chat: Child uses easy, relaxed speech while telling you about something on the telephone.

Scavenger Hunts: Child uses easy, relaxed speech while on a scavenger hunt around the building. Child must introduce him/herself to a different person for each item.

Puppet Play: Child uses easy, relaxed speech while putting on a puppet show.

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

(Diane C. Games, M.A., BRS-FD)

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, LinguSystems, 1998)***
 - ***Practice Positive Self Talk (The Source for Stuttering and Cluttering, LinguSystems, 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

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

- Call a store requesting if they have an item.
- Ask for directions to someplace.
- Go to a food establishment and order lunch.
- Make a speech to a small group about how you feel about speaking to groups or any topic of choice.
- Discuss your feelings about stuttering and/or therapy.
- Read aloud a section from a newspaper or book. Discuss the issue in a group.
- Go into a supermarket and ask a salesperson for assistance locating an item you need.
- Call up a pizza place and ask what they charge for a large pizza and if they deliver.
- Call a local radio station and request a special song.
- Call a florist to ask how much one dozen red roses cost.
- Call a bakery and ask for the price of "six chocolate cupcakes".
- Read a newspaper article or a book and tape one a summary.
- Tape a conversation with a family member or friend. Listen and review.
- Call up theater and ask for information regarding tickets, prices and times of the show.
- Tell a group about a recent movie or book.
- Tell a joke or funny experience to family members or friends.
- Keep a daily journal or log of speaking situations at FFP.
- Call a friend. Record & evaluate.
- Have a mock job interview situation.
- Simulate getting a haircut; describe what you want.
- Practice selling something – heart fund, church drives, school fund raiser, etc.
- Practice ordering from a menu & compliment the service.
- Ask five people what time it is.
- Call a restaurant and ask for the special of the day, when they open and how to get there.
- Role-play; clinician is the waitress. Client is the customer. Order something to drink. Self critique. After ordering, the waitress asks you to repeat.
- 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.
- Ask for change for \$1.00.
- Listen to the weather forecast, then role-play that you are the weather forecaster.
- Play a game of 'telephone' – begin with a simple message to whisper to the next person and slowly increase the length of the message.
- Play a game of Jeopardy or Password without time limits, then with the time limits.
- Set up a show where clients prepare their favorite one-liners, jokes, riddles, etc. with no time limits.
- Do a mock radio program or news cast, sports cast, weather forecast, etc...

DIAGNOSTIC THERAPY FORM (Irving Wollman: CCHMC)

CLIENT NAME: _____ **AGE:** _____

REFERRING CLINICIAN/AGENCY: _____

CLIENT INTEREST/HOBBIES/STRENGTHS (this information can be obtained prior to FFP):

PREVIOUS THERAPY:

- WHERE? HOW LONG? THINGS I LIKED; WHY?

- THINGS I DID/DID NOT LIKE; WHY?

OVERALL COMMUNICATION ABILITIES (VERBAL/NONVERBAL):

PATTERN ANALYSIS (CORE AND SECONDARY):

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

Formal:

Informal:

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

<u>VII. FLUENCY SKILLS</u>	Describes	Demonstrates	Linguistic	Comments
Easy Beginnings				
Light contacts				
Cancellations				
Pausing and Phrasing				
Pseudostutter				

VIII: TREATMENT IDEAS TO FACILITATE FLUENCY:

IX: BENCHMARKS/OBJECTIVES

DIAGNOSTIC THERAPY FORM (Completed Sample)

CLIENT NAME: SM AGE: 10

I. REFERRING CLINICIAN/AGENCY: CPS (Clinician -KZ)

II. CLIENT INTREST/HOBBIES/STRENGTHS (this information can be obtain prior to FFP):

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 books 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:

- **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

<u>VII. FLUENCY SKILLS</u>	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

Pseudo-stutter	A	N/A	N/A	Did not like this at all
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VIII: TREATMENT IDEAS TO FACILITATE FLUENCY:

The initial time was spent getting to know S and relationship building. He was so aware of the strategies, but was unable to use 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.

Potential Benchmarks/Objectives for Stuttering:

- 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 and analyze these for possible outcomes (once per quarter).

QuickTime™ and a
decompression
are needed to see this picture.

Writing 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.*

Group Treatment: FFP!

Group Treatment is important for children/teens who stutter because many struggle to speak in this type of situation. Fluency Friday Plus includes situations that encourage communication interactions peers and adults. It is important for children/teens who stutter to share feelings and attitudes about communication. Group treatment will also allow students to practice these important communication skills.

Groups at FFP will include:

- **Attitudes/Emotions – one hour on Friday and one hour on Saturday**
- **Open Microphone – optional opportunity to speak during lunch**
- **Skit Planning – an opportunity to share ideas in an cooperative team setting**

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.

Ideas for Group Treatment are included in this manual. You may use these, adapt them in any way or create your own! In addition, experienced clinicians will be available during your group session. You will still need to bring ideas/materials for group, but will be supported during this portion of FFP.

Group Treatment Plan

Clinician: _____

Activity: _____

Children: _____

Description of Activity:

Goals Targeted:

Affective:

Results/Comments:

Behavioral:

Results/Comments:

Cognitive:

Results/Comments:

How to Play:

Group Treatment Plan (Sample)

Clinician: JHA _____

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,” “pillowCate”); 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 type of stuttering disfluency in each quadrant (repetitions; sound prolongations; blocks; your choice), in addition to the “color” and “body part.”

Goals Targeted:

Affective:

1. 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.

Behavioral:

1. The client will identify different types of stuttering disfluencies (repetitions, prolongations, blocks) during a structured task with 70% accuracy.

Results/Comments: The client identified stuttering disfluencies with 50% accuracy (4/8). He demonstrated the most difficulty identifying blocks.

2. The client will produce different types of stuttering disfluencies (repetitions, prolongations, blocks) during a structured task with 70% accuracy.

Results/Comments: The client produced stuttering disfluencies with 60% accuracy. He demonstrated the most difficulty producing blocks.

Cognitive – Thoughts:

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 disfluencies (repetitions, prolongations, blocks). Visual cues were needed to assist him in the explanation.

How to Play: Game 1. Identifying stuttering disfluencies

- 1.) One clinician will use the spinner and give the command – “Left foot, red.”
- 2.) 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

- 1.) One clinician will use the spinner and give the command – “Left foot, red.”
 - 2.) The clinician will then also tell the clients which type of stuttering disfluency they must produce.
 - 3.) The clinician will call on each child separately and have them use the designated stuttering disfluency using the word or phrase on their particular circle.
- * you will need one client and one clinician to play both games; however, the activity can be adapted for groups as well.



Group Treatment Ideas!

Helpful Websites:

www.wilderdom.com
www.familyfun.com
www.home.duq.edu

Compiled by Karen Rizzo (updated 2010)

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 the Bingo board in your Fluency Friday therapy resource book. 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 FFP raffle 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 \$\$ or FFP 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 in your Fluency Friday therapy resource book. 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.

Jr. High/High School:

- 1. "Pass the Buck:"** Kids each have a small pile of fake \$\$ or FFP 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 FFP raffle tickets to each put their name on and turn in for a chance at winning 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' 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." (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. 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
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Has been teased before	Plays an instrument	Has a cat and a dog	Has been to Fluency Friday before	Can do a cartwheel
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 (developed by Karen Rizzo)

- Students will be creating a name glyph to use as their nametag 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**, 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 brothers and/or sisters they have.
- **Fourth**, have the students design their nametag 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: Developed for FFP by Karen Rizzo

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	Black	Green	red	Blue

name in				
---------	--	--	--	--

2. Are you new to Fluency Friday or did come before?

	New	Came before
Write your name in	Cursive	Printing

3. How many brothers and sisters do you have?

	0	1	2	3	4+
Color border	Green	Blue	Purple	Yellow	Red

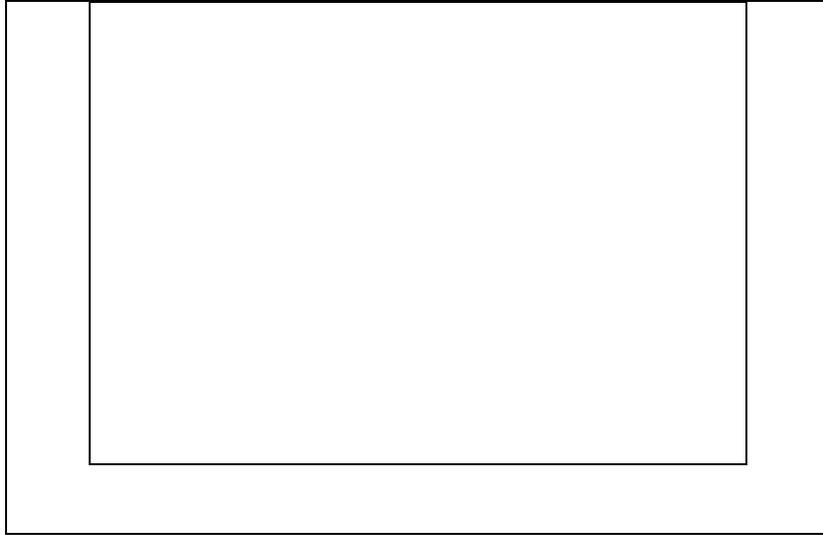
4. In which month were you born? Draw a design on your nametag.

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 ...	31 st
# of dots on border	1	2	3	4	31

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



WHAT MAKES A HERO? (Karen Rizzo)

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 |

Transfer Ideas for Fluency Skills
(Created by Carrie Lewis, FFP Conversational Breakfast)

Fluency Friday 2012: Go for the Gold!

Conversational Breakfast: Breakfast of Champions:

Station	Description	Which Graduate School??	Graduate Students should provide these materials
1. Interview	CWS will develop interview questions for their favorite Olympic athletes.		Pictures of several Olympic athletes
2. Read Aloud	CWS will practice oral reading with passages (of varying degrees of difficulty) about Olympics or athletes		Non-fiction books or reading passages from the Internet (variety of reading levels)
3. Trivia	CWS will answer trivia questions about the Olympics, past and present.		Variety of trivia questions (varying degrees of difficulty); could make this into a "Jeopardy" or other game show format
4. Thank you Speech	CWS will pretend to win medals and give thank you speeches.		Medals made from paper and ribbon and prompts for thank you speeches
5.	CWS will look at pictures of athletes in action and describe		Real pictures

Broadcaster	the action.		or Olympic clip art pics; plastic or paper microphones
6. Guess that Sport	CWS will listen to clues about different events and have to guess the event (use picture choices for younger children).		Write clues about different Olympic sports for children to guess
7. My Opinion	CWS will rank order or sort the sports/events on a variety of scales (such as most-to-least exciting; team vs. individual, summer vs. winter, etc)		Cards with Olympic games (words or pictures) from summer and winter Olympics; students get to express their opinion and answer questions
8. Give Directions for the Torchbearer	CWS will give verbal directions for completing a paper maze for the Olympic torchbearer http://www.3dinosaurs.com/pdf/packs/olympicpath.pdf		Use paper mazes from the resource provided or make your own; the task is giving verbal directions
9. Make your own	CWS will create their own flag, with themes, colors,		Variety of craft

flag	pictures, etc. that represent themselves		materials and pictures that can be glued or drawn
10. Weatherman	CWS will use maps to give the weather for the Olympics and also they will explain how the weather will help or interfere with the Olympic games.		Weather maps from the newspaper or internet; questions about sports & weather
11. Explain a sport!	CWS will select a sport from a "how to" framework of several sports. CWS will follow the step by step prompts to explain the sport.		Various frameworks will be available at this table.
12. Talking on the telephone	CWS will "pretend" to talk on the telephone about a recent sports event either a personal experience or from a pictures of other sports...i.e. the Cincinnati Reds, football teams, etc.		Various telephone numbers will be available for calling/or students can pretend to call.



Department of Speech Pathology
513-636-4341 (phone)
513-636-3965 (fax)

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 like sports. 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! (D. Games)

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 _____.

Bibliography

Bloom, C.M. and Cooperman, D.K. (1999). Synergistic Stuttering Therapy: A Hollistic Approach. Andover, MA: Butterworth-Heinemann.

Chmela, K. and Reardon, N. (1997). "The School-Age Child Who Stutters: Working Effectively with Attitudes and Emotions." Stuttering Foundation of America Conference of School Clinicians, Memphis, TN.

Gallway, W. Timothy (1974). The Inner Game of Tennis. New York: Bantam Books, Random House.

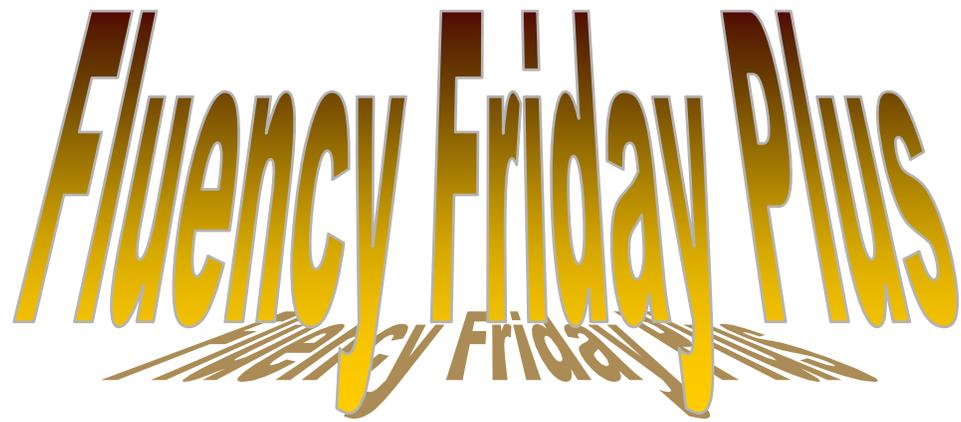
Kuster, Judy. The Stuttering Homepage. www.mankato.msus.edu/dept/comdis/kuster/stutter.html.

Manning, W.H. (1996). Clinical Decision Making in the Diagnosis and Treatment of Fluency Disorders. Albany, NY: Delmar Publishers

Zander, R. and Zander, B. (2000). The Art of Possibility. New York: Penguin Books, Penguin Putnam Inc.

Zebrowski, P. M. and Kelly, E.M. (2002). Manual of Stuttering Intervention. Clifton Park, NY: Singular Publishing Group.

Fluency Friday Plus



2012

Handouts

Past & Present!

Advice to Teachers concerning 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 not 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-SLP Board 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.

Speech Therapy 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 Improvement Act of 2004 (IDEIA, PL 108-446) mandates that state education agencies and local school districts 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 IDEIA 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 special education process is to identify children who need services. IDEA 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 and how it is impacting his performance in the classroom. 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. Second, your pediatrician may make a referral to the local school district because of concerns about your child's talking. Third, under IDEIA, 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 IAT team decides that your child has a "*suspected disability*" with his speech, you will be asked for permission to do an **Evaluation Team Report (ETR)**. 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 therapy. 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 the school district HCESC, 2012

Is My Child Eligible for Speech Therapy? After the evaluation, a team will meet to determine whether your child is eligible for speech therapy. This is decided by comparing your child's evaluation results to guidelines developed by your local school district. The team making this decision consists of you, the speech-language pathologist who evaluated your child, your child's classroom 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 Improvement Act of 2004 (IDEIA):

1. Information and data collection about how the child responded to the interventions;
2. 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 affects 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 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 therapy 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 HCESC, 2012

child, you can bring her to school meetings to help plan your child's public school therapy.

Children attending private school: If your child attends a private school but needs speech therapy, the local public school district is still required by IDEIA to identify, evaluate, and provide services that are provided to children attending public schools. 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 "**Service Plan.**" For example, instead of a speech-language pathologist coming to your child's school to provide stuttering therapy, your child may have to walk to the closest elementary school for therapy. The Service Plan 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 Service Plan. **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.

Additional Resources: You can find additional information on IDEIA by going to the following web site: **A Parent's Guide to IDEIA:**

http://www.edresourcesohio.org/files/whose_idea_is_this.pdf

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CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER



Department of Speech Pathology

513-636-4341 (phone)

513-636-3965 (fax)

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 interact 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, Downs, 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.



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-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



CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER

Department of Speech Pathology 513-636-4341 (phone)

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, Eleanor 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 a parent identify ways to assist their child to speak more fluently and to handle situations that disrupt his/her 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.

INSTRUCTIONS 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 that 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.

Cincinnati Children's Hospital Medical Center

Department of Speech Pathology

513-636-4341 (phone)

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.



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.

- **“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 pattern

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 Brutton & 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.

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”.

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“Social Skills Activities!” Diane C. Games, M.A., CCC/SLP; Board Recognized Specialist-Fluency Disorders

Adults, teens and children who stutter may experience difficulty communicating in certain social situations. Challenging speaking tasks might include giving information, communicating in a group setting, or introducing a new topic in a discussion. Another challenging social communication issue is responding to the non-verbal language of the listener. Activities to practice the social interactive aspects of communication often improve a client’s confidence in daily social interactions. Various scales/tests can help to identify strengths and challenges for each client. Addressing social language communication in treatment situations potentially could improve self-esteem, foster a better self-image and increase communication assertiveness. These factors are an important aspect of the overall outcomes in treatment of people of all ages.

Treatment activities to address “social” or “pragmatic” communication skills should be introduced in structured activities that target the following: speaking for various purposes (i.e. informing, demanding, promising & requesting); changing language according to the needs of the listener (i.e. giving background information, using language appropriate to the listener/situation); and using conversational rules (i.e. turn taking, staying on topic, etc.). While working on social interactions, the students can also practice the transfer of fluency enhancing/stuttering modification techniques. A potential outcome for the client could be improved confidence in social situations and acceptance of stuttering.

Some of my favorite activities to practice social language with students who stutter include the following:

- 1. **Topics on the Table** (sports, school, etc): Approximately 25 topics are placed on the table. The client must pick a topic and make two comments. Other students (or the clinician) must ask a question or make a comment. This activity continues with several verbal exchanges.*
- 2. **Functional Communication**: Clients also practice common sayings that might include greetings, “slang” phrases, and other frequently utilized responses seen in conversational interactions both socially and in the work setting.*
- 3. **Conversation Cards**: Each student picks a conversational task. The cards include a. **Compliments**: making eye contact and giving a compliment; b. **Transition Cards**: commenting on a previous conversation & extending the topic; c. **Speaker Change**: getting another student to talk about the topic. Topics can also be generated by the student or selected from a list.*
- 4. **Initiating a Topic of Interest**: Each student writes down three topics of interest. The student selects one topic and explains it to the clinician and/or other students. Each group member must show interest by commenting and/or asking a question on the topic.*

5. **Requesting examples & information:** *The Speech Language Pathologist provides a number of prompts including pictures of current events or a list of topics. The student must first ask a question. The listener/responder must answer the question and include two examples or ideas. The responder must continue the conversation by requesting information from another group member.*
6. **Keeping the Conversation Going:** *Each student lists three topics and speaks for a minute on the topic he/she chooses. Individual goals are determined prior to the sample. All students share responsibility to maintain the conversation by commenting/questioning of the speaker's topic or changing the topic in a positive way...i.e. "I saw that actor in another movie".*
7. **Expressing an Opinion:** *The therapist states three opinions about various topics. For example, "all students should attend school year round". Each student in the group takes a turn expressing his/her opinion on the topic. Again, this can also be done individually.*
8. **Restating/summarizing information:** *Each student must pick a topic and talk about it. Another student must summarize the information and extend the question by asking a question or making a comment about the main speaker's speech that includes some key information.*
9. **Communication Situations:** *Members of the group/or the individual make a list of types of "difficult" speaking situations such as: "answering quickly", "using feared or challenging words/sounds", "speaking to an authority figure", and managing "Speed Stress" by maintaining a slower rate despite communicating with a "fast talker". The student must a) describe why that situation is challenging (i.e. I have trouble with _____ because) and b) the student must problem solve the situation (i.e. say the first few words a little slower). In this activity, the student also discusses "feelings" about speaking in the situation; explain why avoiding or changing words is a "short term fix"; suggest potential strategies for managing "stressful" situation and discuss any "coping behaviors" used in these situations.*
10. **Dealing with "tough speaking experiences":** *If a student mentions a problem situation, it is important to immediately talk about the communication interaction. Drawing a picture or writing down "what happened" in the interaction often facilitates discussion and creates a problem solving dynamic. For example, a Junior High aged student experienced "teasing" from some of his classmates. As he talked about the students involved, I drew a picture of each student and listed information about each student under the drawing. The following observations were made by "Ben" about his classmates: "Ryan"-good friend, strict parents, funny, wrestles, smart; "Alex"-gets in trouble, entertainer in class, family is rich/nice, not a good student, likes sports; "Chad"-does everything for homework, never gets serious, parents are goofy, plays soccer, basketball & baseball; &"Julie"- very smart, easy-going, plays a lot of sports- soccer, volleyball, basketball. I then asked him to complete his "profile" and Ben listed "smart, quiet in school, can get out of control, studies-does homework, sports-soccer, basketball, etc., is nice. Here is what Ben concluded from this activity: 1) everyone gets angry sometimes, 2) everyone has a special gift, and 3) everyone needs to work on things.*
11. **Tools: graphic organizers, drawing difficult situations; using webs, making a video etc.:** *Talking about difficult speaking situations or interactions is challenging for some students. The benefit of using graphic organizers/webs/PowerPoint is that the student can think about the situation, develop his/her ideas and decide how he/she might handle a similar*

interaction or situation in the future. It is also helpful to share the final summaries with other students.

Client Example: A high school student who stuttered also experienced some difficulty with social interactions at school. He completed an initial form with the following observations: The Way I Am: (he listed) friendly, funny sometimes, quiet in class, much more fun outside of school; The Self I Don't Like: not being sociable, procrastinating, taking a long time to do homework; The Self I'D Like to Be: cool, friendly, funny when I can, not procrastinating. The session then moved to ways he could become more social such as sitting with classmates at lunch, talking in the locker area, etc. Several of the activities listed above helped him problem solve

In conclusion, social language activities and various communication interactions are an important aspect of treating students who stutter. While group treatment is an ideal way to work on social communication, students' schedules may prohibit this type of interaction. However, it is beneficial to "share" information between students when possible. Students can record thoughts on various speaking situations that can be shared with other students using Power Point, Word documents or audio/video recording. Treatment activities that provide a problem solving or solution generating format can facilitate the development of positive thinking when in social interactions.

