

# Differential Diagnosis

- Assessment should accurately reflect the child's:
  - language
  - voice
  - articulation and/or phonology
  - hearing
  - oral-motor
  - fluency

# Children who stutter

- Will differ in their individual
  - ☐ **feelings**
  - ☐ **speech behavior**
  - ☐ **attitudes**
- *Therefore, the extent of involvement in each one of these areas will determine the way in which you tailor your intervention*

# Framework for treatment

- What is the relative contribution of A-B-C? (affective, behavioral, cognitive components)
- How does E (environment) impact ability to change A-B-C?

# If B is a main concern:

- Target acquisition of “tools” to shape and strengthen fluency and additional tools to modify residual stuttering as needed
- Target attitudes and emotions as they surface throughout therapy

# If A is most affected:

- Child is likely to benefit from SM approach with increased attention to attitudes/feelings/beliefs about himself as a CWS/communicator
- Discussions/exercises focused on uncovering, acknowledging, understanding and changing feelings are highlighted
- Giving the child tools for changing the way he speaks

# If all three are affected equally:

- Develop a plan in which all components may be targeted simultaneously. This involves a combination of stuttering modification (SM) and fluency shaping (FS)
- How we talk
- How we feel about talking

# Parents

## Fluency Checklist-Data Sheet for Parents

Child's Name: \_\_\_\_\_ Date/s: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Parent's Name/s \_\_\_\_\_

Speech/Language Pathologist: \_\_\_\_\_

**Section I:**            INFORMATIONAL            Circle the appropriate yes/no response

1. I feel comfortable when my child stutters publicly in my presence            Y N
2. I am capable of "helping" my child successfully manage through moments of stuttering when appropriate.            Y N
3. My level of awareness regarding the disorder and specific strategies to facilitate improved fluency and positive attitudes is good.            Y N
4. I am confident that I could manage teasing or negative verbal behavior that has been directed at my child.            Y N
5. I am comfortable discussing my child's stuttering with him/her if approached.            Y N
6. I am comfortable discussing my child's stuttering with others (family members/friends/coworkers).            Y N

*Please complete sections II, III and IV with information you have either directly observed or perceive to be true for your child.*





**Section IV: BEHAVIORAL/ENVIRONMENTAL** Please indicate any of the behaviors {\*see definitions box below if necessary} that you typically observe in the home (H), or outside environments (OE). Place the letter/s next to the behavior/s observed. This will help us determine which behaviors are present as well as the environments in which they occur.

1. Frequent blocks and prolongations \_\_\_\_\_
2. Occasional blocks and prolongations \_\_\_\_\_
3. Frequent repetitions of sounds, syllables, words \_\_\_\_\_
4. Occasional repetitions of sounds, syllables, words \_\_\_\_\_
5. Frequent restarting of the message with numerous filler/starter words \_\_\_\_\_
6. Struggle/forcing \_\_\_\_\_
7. Word avoidance \_\_\_\_\_
8. Eye aversion \_\_\_\_\_
9. Extraneous movements of body or head \_\_\_\_\_
10. Purposeful attempts at resaying the word again in a smoother way (obvious attempt at using a fluency strategy) \_\_\_\_\_
11. Signs of self-monitoring speech \_\_\_\_\_
12. Other \_\_\_\_\_

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## \*Definitions/Examples

**Blocks:** A complete stoppage of movement/voice/air either prior to saying a word or within the context of a word boundary. Since blocks are inaudible they should not be confused with simple pausing or hesitations (e.g. “I want to tell you something.” Or, “I want to tell you some thing.”).

**Prolongations:** Sustained production of a sound with a word. Vowels or consonants may be prolonged (e.g. “I w-----ant to tell you so-----mething.”).

**Repetitions:** Repeated iterations of a **word** (e.g. “I I I want to tell you something.”), a **syllable** (“I wa wa want to tell you something.”) or a **sound** (“I want to t t tell you something.”).

# Teachers

## Fluency Checklist-Data Sheet for Teachers

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Student Name: \_\_\_\_\_ Date/s: \_\_\_\_\_  
Grade Level: \_\_\_\_\_ Teacher \_\_\_\_\_  
Speech/Language Pathologist: \_\_\_\_\_

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**Section I: INFORMATIONAL** Circle the appropriate yes/no response

1. I have had some prior experience with a child who stutters. Y N
2. I feel confident engaging with a child who stutters. Y N
3. My level of awareness regarding the disorder and specific strategies to facilitate improved fluency and positive attitudes is good. Y N
3. I am able to manage teasing or negative verbal behavior that is directed at this student's speech difficulty. Y N
5. This student has discussed his stuttering with me. Y N
6. I would like additional information about stuttering. Y N

*Please complete sections **II, III** with information you have either directly observed or perceive to be true for this student. Complete section **IV** with the assistance of the school speech clinician through direct observation {\* if your school does not have a speech pathologist on staff, please attempt to complete the last section based upon your own judgement}.*

**Section II:            GENERAL        Circle the appropriate response.**

1. This student performs at the average or above-average range academically.    Y N NA
2. This student has been a target of teasing as a result of stuttering.            Y N NA
3. This student speaks with little or no signs of frustration.                    Y N NA
4. This student observes turn-taking rules in conversation.                    Y N NA
5. This student uses appropriate non-verbal conversational behaviors (e.g. eye contact/smiling/acknowledging the speaker)                    Y N NA
6. This student demonstrates appropriate, age-level language competence.        Y N NA

**Section III:            ATTITUDINAL        Using a 7 point scale, please rate the level of engagement as compared to this student's current classmates (1= lowest/7= highest).**

1. This student actively participates in class discussions \_\_\_\_\_
  2. Asks questions in class \_\_\_\_\_
  3. Interacts with peers easily \_\_\_\_\_
  4. Responds when called upon in class with complete answers that directly address the question \_\_\_\_\_
  5. Regularly volunteers information for discussion \_\_\_\_\_
- Does not avoid opportunities to speak \_\_\_\_\_

**Section IV: BEHAVIORAL/ENVIRONMENTAL** *With the assistance of the speech clinician please indicate any of the behaviors {\*see definitions box below if necessary} that you typically observe in the classroom (C), lunchroom (L) and gymnasium or recess (G/R). Place the letter/s next to the behavior/s observed. This will help us determine which behaviors are present as well as the environments in which they occur.*

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3. Frequent repetitions of sounds, syllables, words \_\_\_\_\_
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11. Signs of self-monitoring speech \_\_\_\_\_

Other \_\_\_\_\_

## COMMENTS

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# Scoring for Behavioral

## Scoring for behavioral:

**Level 7:** Frequency is high and is composed of prolongations and blocks. There may likely be additional disfluencies (repetitious segments) and possibly restarting of messages. Struggle is present.

**Level 6:** Frequency is relatively high and is composed of prolongations/blocks without evidence of struggle or forcing. Repetitions are likely as well.

**Level 5:** Frequency is moderate and is composed of prolongations, possibly blocks of relatively brief duration. Repetitions are present although there is likely no evidence of struggle.

**Level 4:** Frequency is moderate and is composed predominately of repetitions. Possibly brief prolongations and or fleeting blocks.

**Level 3:** Frequency is minimally disruptive (mild) and is composed of repetitions.

**Level 2:** Frequency is relatively low and is composed of repetitions of low iteration number.

**Level 1:** Frequency is minimal and is composed of repetitions, likely whole words with occasional syllable repetition.

**Level 0:** Is highly fluent and/or demonstrates obvious attempts at self-monitoring (without external cueing).





# Involvement

- Parents

- Child

- Teachers

# Conceptual intervention models

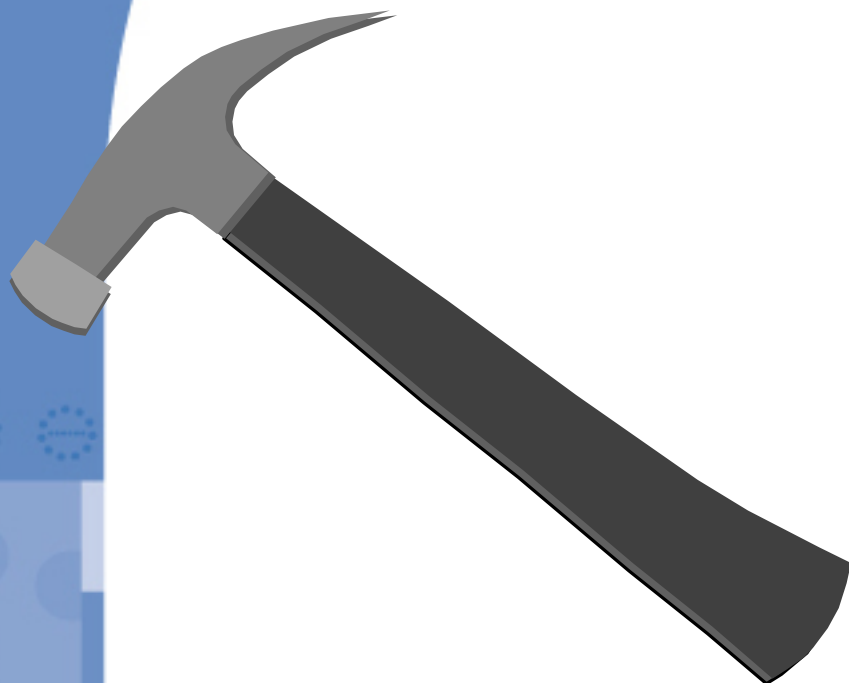
- *Van Riper* - SM
- *Runyan and Runyan* - FS
- *Gregory* - FS (SM)
- *Bennett* - FS/SM

# House that Jack Built

Bennett, E., 1993

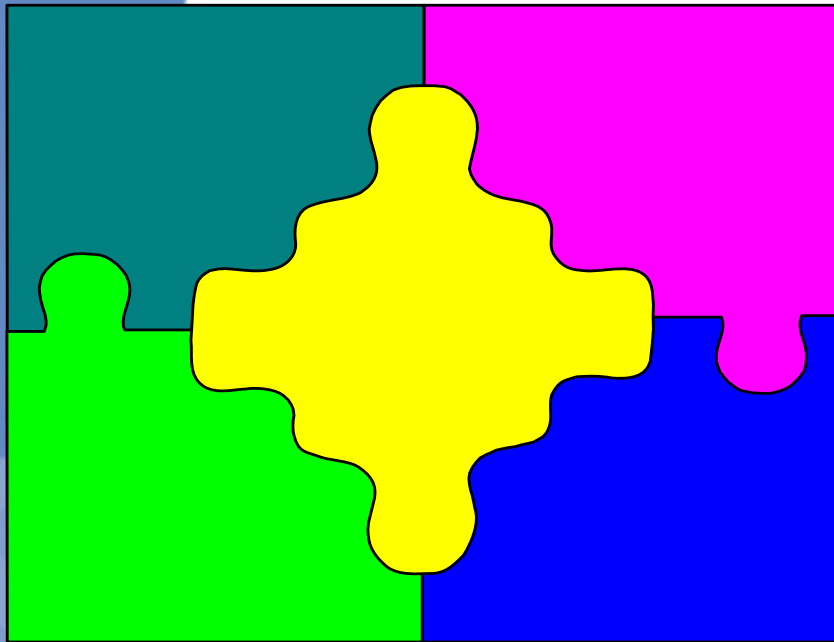
- A combined approach to stuttering intervention
- 4 stages using a “house building” analogy
- Laying the Foundation of Knowledge
- Installing Plumbing
- Building Rooms and Walls
- Building Roof of Fluency

# Toolbox paradigm



- Dynamic model that integrates child-family-teachers-friends-clinician by.....
- Developing the use and transfer of learned skills to .....
- assist the child in managing his speech beyond the clinic setting

# Bill Murphy



- *“We want to give children a toolbox full of tools (motor and emotional) to help them manage their speech.”*

# Teaching the tools

- Expressed in vocabulary that is understandable and easy to recall
- Reliant upon application of analogies and associations to facilitate learning and recall
- Developed through identification, practice, brainstorming, problem-solving/guided observations
- Capable of establishing transfer and development of support systems through a “concrete” framework which the client can easily apply

# Tools/Targets

- **Fluency shaping**
  - Full breath
  - ERA-SM
  - Slow, smooth speech
  - Continuous phonation
  - Easy onset
- **Stuttering Modification**
  - Identification
  - Cancellation
  - Pullouts
  - Light contacts
  - Negative practice
  - Bounces

# Empowerment tools



- Positive self-talk
- Openness
- Assertive reactions
- Knowledge; FAQ's about stuttering and communication in general
- Managing teasing



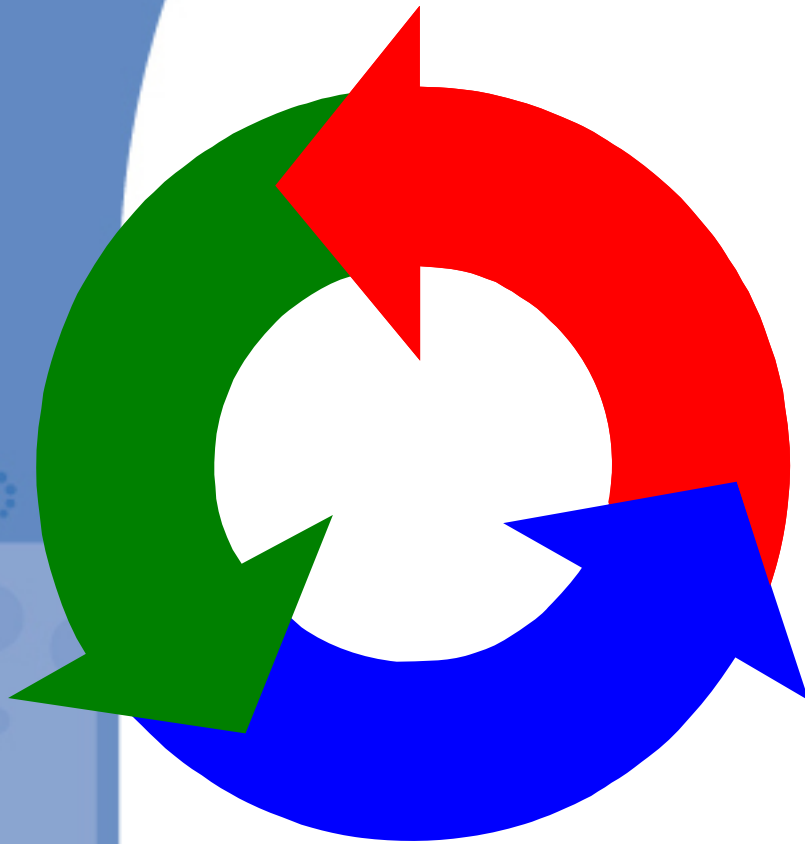
# Building the toolbox: Structure of treatment

- Using the A-B-C paradigm determine which tools/targets should be given greater emphasis
- Construct the toolbox with individual targets/items
- Teach the motor-speech tools in a hierarchical fashion - simple to complex
- Teach the appropriate attitudinal tools on-going throughout the treatment process
- Develop associations for each tool to facilitate recall and use strategically as you begin to implement transfer activities

# Association examples

- Full breath
- Easy relaxed approach
- Continuous phonation
- Cancellation
- Light contacts
- Pullouts
- Openness
- Assertive responses
- Positive self-talk
- Air pump; whoopee cushion
- Rubber bands/balls
- Train set/legos
- Erasers/tape
- Tissues/feathers
- “Now and Later”  
“snickers bars
- Mirror
- Microphone/cell phone
- Tape recorder

# Use the toolbox to develop support systems

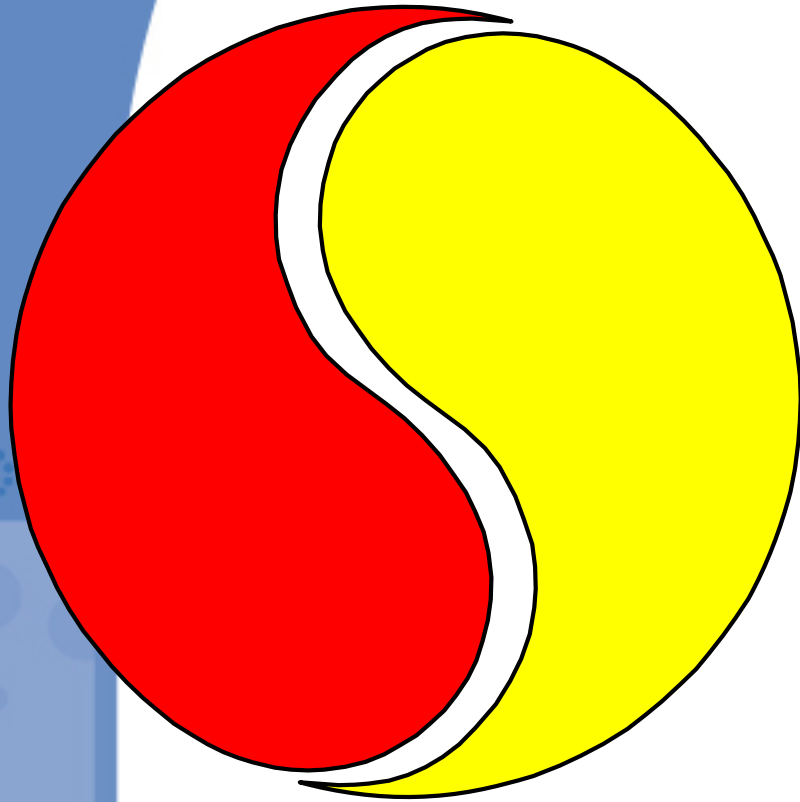


- Child begins to share information with:
  - family
  - friends
  - teachers
  - coaches
  - others of significance

# Transfer considerations

- Long term maintenance requires that skills are mastered and the the individual is capable of independently problem-solving and making decisions that are not based upon stuttering and,
- Its success is dependent upon.....
- The transfer of skills to extraclinical speaking situations.

# Fluency/easy speech baseball



- Object: Game format that targets both motor speech training practice concurrent with discussions regarding attitudes and beliefs about self, stuttering and communication in general

# Game comparisons: the powerR game; Blood, G.W., 1995

- game format
- discussion of attitudes and feelings about self and their stuttering
- may teach problem-solving skills, coping techniques and methods for positive change
- Age range: adolescent-young adult (school-age, 7-14)
- attitudes/feelings (motor-speech practice)
- accuracy of resp. is rewarded (not rewarded)
- client responds depending on what he "rolls" (clinician directs the questions/statements)

# Components

- Gameboard with baseball field laid out
- Spinner - color coded, numbered and differentiated by size corresponding to type of hit: single (widest) homerun (narrowest)
- Nine colored chips to indicate batter's team
- Index of topics/questions/statements

# How to play

- Student spins and is awarded the base after responding to a question, statement, topic offered by the clinician
- Following discussion, the clinician spins and if the # is at least 1 base higher = out; same or lower = safe
- 3 runs student wins; 3 outs clinician wins
- Responses are NOT judged for correctness



# Discussions focus on a variety of topics/themes



- general communication skills
- perfection
- FAQ's about stuttering
- speech mechanism
- stuttering terminology
- reactions
- fear/avoidance

# Motor speech practice



- Specific tasks are requested depending upon the students current ability level ranging from simple - ("say a sentence with the word.....using era/sm") to complex ("make a phone call and ask about.....")

# Summary

- Integrate *motor speech* practice concurrent with the development of *healthy attitudes* regarding stuttering and communication in general for the purpose of .....
- Mastery of skills
- Development of problem-solving skills

*“Empowering the child to make decisions that are NOT based upon the possibility of stuttering.”*

Manning, W.H., 1996