Handout KSHA: Tx Children/Teens who Stutter

Yovetich, William S. (1984). Message Therapy: Language Approach to Stuttering Therapy with Children, *Journal of Fluency Disorders, 9, 11-20*

Goal 1. Introduction to Communication (Yovetich)

In this phase of the therapy, the child is learning about two aspects of "communication". The first one involves knowledge of Communication of Speech Acts including the following:

- requesting information
- accepting information or rejecting information
- relaying information/commenting
- turn-taking in conversation]
- elaborating
- questioning or requesting
- reviewing information/self-checking
- disagreeing/protesting
- questioning/clarification
- joking/humor

In this phase, communication interactions are presented to the child. A message is taught as a unit of communication within each of these various speech acts. At this point in the therapy, the child is encouraged to respond or interact, yet changes in their messages are not required. The child is encouraged to identify the message unit. The child learns about his role as both a speaker and a listener in the communication interaction. As these types of situations are set up, the child begins to understand what his role is as a communicator and receiver in verbal interactions. The therapy presents the second aspect of this goal which involves Ways to Communicate. This would include non-verbal cues (gestures, body language) and verbal communication. A variety of messages are sent in different ways to the child. The flexibility or range of communication interactions is an important and necessary part of the introduction of message therapy. The child is encouraged to use the word "message" and hears it several times throughout these initial therapy sessions. This format can be presented effectively through the use of puppetry or figures in a role-playing situation.

GOAL 2. Sending Good and Easy Messages

Following the introduction of messages in Goal 1, the child receives a strong amount of reinforcement for sending good messages. He is reinforced for completing a communication interaction in an appropriate way. Again, it is important for the therapist to select language interactions which are ability appropriate or "easy" for the child at this point. As we enter the concepts involved in Goal 2, we begin to establish an easy versus hard message concept. The child begins to be reinforced for not only sending a good message but for delivering it in an easy way. The easy way of course is one which is fluent. At no time throughout this goal is a child instructed to breathe easily or use strategies which facilitate fluency other than delivering their message in an easy way. When a disfluent moment is observed, it is simply labeled as being a "hard" message. The child begins to learn that there are differences in the way messages can be delivered. These differences involve fluent versus disfluent speech. He also begins to learn that he has a choice about the way he delivers his message. If he chooses to send it in a disfluent or hard way, he still is reinforced for having sent a good message. At this point in time, he is encouraged to practice easy message delivery. Again, it is important for the therapist to utilize materials which are language easy for the child so that his success rate with easy messages is very high.

The important concepts of this goal include designing a structured pattern of responses for the child to utilize. It is also important to select an easy language load and to generate a script with specific topics and rules for the child to respond.

GOAL 3. Evaluation of the Communication Interaction

In this goal, the focus on the child's responses begins to take place. There is a new kind of reinforcement procedure utilized by the therapist. The child is reinforced for changing or altering his message. In earlier levels, easy messages are scripted or patterned. In this level, the child learns that he has control and can alter the content of the message on his own. Hard messages are identified and requests for change are presented by the therapist. In this goal, the child begins to check or evaluate his environment. It is important that he begin interpreting listener's cues accurately and making adjustments or qualifications in the messages presented. The child is asked to change the content of his message while the clinician shapes the manner of response. This is done by gradual increases in language complexity. The child's responses to the communication interaction become less emotional and more analytical. If the child delivers a hard message, his content is reinforced but he is asked to deliver it in a different manner. This process helps the child begin to internalize the self-correction process so necessary for successful carryover in the treatment of fluency disorders.

GOAL 4. Formulation, Organization and Expression of a Variety of Communication Messages.

This goal emphasizes the convergence of fluency and language skills. Here is where the utilization of an instrument such as the PLAI becomes a vital framework for helping the child mature and develop fluent discourse. We begin to build fluency and language skills through the use of an interactive-type of therapy which targets pragmatic, syntactic, semantic, and phonological objectives with the message unit still being the focus of the therapy. By utilizing a framework which increases language complexity, we begin to build a hierarchy of skills. At this level, the child focuses on 1) receiving information or messages, 2) internalizing and organizing information and 3) verbally relating this experience in an appropriate message. It is important for the child who has disfluent speech to begin to analyze and evaluate their environment. They accurately interpret all information available to them. Focusing on these types of perceptions can be overwhelming for the disfluent child. They must understand that they can expand and develop appropriate responses. The child must learn that he has a choice about how he can communicate.

It is important to understand that these goals are not mutually exclusive and that they do not necessarily follow this sequential order. The "message therapy" approach to stuttering remediation with children provides a variety of choices to the clinician. Individualized programs based on the deficits observed in each child can be targeted. As we have discussed previously, the profile of the disfluent child is one lacking in many areas: language, pragmatics, phonological and behavioral issues are evident. Finding a cohesive approach to the many problems of the disfluent child becomes a challenge. The flexibility of communication that is so essential for the children to comprehend is a natural part of this therapy approach.

GOALS OF MESSAGE THERAPY

A Message Can Be Defined As One Complete Unit of Thought

1. The various aspects of good communication, with emphasis on the content rather than on the actual motor responses.

2. The evaluation of his own message with respect to clarity of thought and content.

3. The characteristics of an "easily sent" message.

4. Effective organization, formulation and expression of thought.

Instructional Objectives of Message Therapy

I. INTRODUCTION COMMUNICATION

The child will be able to demonstrate, either verbally or motorically, knowledge about the "essence of communication."

A. COGNITIVELY

The older child will be able to:

1. Relate information about the different types of communication (verbal and nonverbal).
2. Relate the types of interferences in the form o communication that does not affect the content.

B. MOTORICALLY

1. The child will demonstrate the ability to send good messages by the act of freely conversing with the clinician.
2. The child will, on request of the clinician, rephrase a previously sent message.
3. the child will send messages while interfering or being interfered with in various speech and non-speech ways.

II. SEND AN "EASY MESSAGE"

A. COGNITIVELY

The older child is able to relate examples of easy messages previously given, in addition to offering some unique forms discovered individually.

B. MOTORICALLY

All children will demonstrate easy non-tense forms of speech, which include disfluencies. The older child, using message therapy as a carryover procedure, will spontaneously demonstrate changes in struggle behavior from a hard to easy form, which are accepted as part of "easy message."

III. CHANGING EVALUATIVE BEHAVIOR

A. COGNITIVELY

The older child will be able to discuss previously presented examples of listener feedback in reference to his own speech and to offer some instances of personal experiences where:

1. Maladaptive reactions to listener feedback were engaged in versus looking for alternative reasons to the listeners' behavior.
2. He has discovered new or confirmed alternative views, presented in therapy, to his previously held attitudes toward his internal feelings.

IV. FORMULATION, ORGANIZATION, AND EXPESSION

A. COGNITIVELY

The older child will be able to discuss the concepts and their merits in the formulation and organization of messages to be sent.

B. MOTORICALLY

The children will demonstrate easily sent messages that are indicative of organization of the overall message, presented in a sequence, one message at a time, in correct order, with pauses occurring at correct semantic junctions and disfluencies consisting of those classified, by the clinician, as acceptable.

Although the goals appear sequential, the therapist should feel free to interchange and interrelate them in therapy. With school-aged children, topics and ideas from traditional therapy can be superimposed on message therapy.

Yovetich, William S. (1984). Message Therapy: Language Approach to Stuttering Therapy with Children, *Journal of Fluency Disorders, 9, 11-20.*

Childhood Stuttering: Advances in Knowledge & Their Clinical Implications
Presentation given by: Nicoline Ambrose & Ehud Yairi
University of Illinois, Urbana-Champaign
Chicago, Illinois – ASHA Convention 2003
Summarized by D.Games 11/03

- **Prevalence Data** Previous studies: Andrew and Harris (1964) 4.9% Lifetime and 1% prevalence entire age range; Manssen (2000) 5.19%

  Data from their studies: 3,289 Pre-school aged children resulted in 2.46% prevalence.

  Gender Distribution: Preschool 2.1: 1 M:F; Adults 4:1

- **Age of Onset**
  Range: 16-60 months
  Mean: 33.38 months
  Males: 33.59 months
  Females 32.95 months
  Most Typical: 2-4 year age range/most before age 4

- **Pattern of Onset** (Parent Report)
  Sudden Onset (1-3 days) 41%
  Intermediate Onset (1-2 weeks) 32%
  Gradual Onset 27%

- **Comparing Disfluencies**

Age	SLD	SLD
	psws	Normal ps
2	10.15/100 ss	1.22/100 ss
3	11.75	1.6
4	6.87	0.91
All	10.37	1.33

SLD = Stutter Like Disfluencies
Psws = preschool children with stuttering
Ps = preschool children without stuttering
Ss = stuttered syllables

- **Parent Rating of Stuttering Severity**

  Mild: 35% Moderate: 45% Severe: 20% Parents very accurate in dx of severity.

Epidemiological Data: Measurement over development:

Measure	Initial dx	3 months later	6 months later
Frequency of SLD/ 100 syllables	11.99	6.34	4.46
Facial Contortions	3.18	2.36	1.91
Severity Rating	4.43	2.97	1.99

- **Followed children for 5 years: Recovery occurs naturally within 3 years of onset. After 3 years, rate drops**
- **Recovery for most occurs 7-12 months post-onset**

Recovery Overall:

	Persistent	Recovered
Males	30%	70%
Females	18%	82%

- **For CWS: Majority of disfluencies (about 66%) are SLD/ For children who recover SLD are less than 33%. CWS exhibit more units per repetition than children who recover; The SLDs in CWS are more frequent and longer in duration. 52% of CWS exhibit one additional characteristic at onset (facial distortions).**
- **Stuttering does not arise out of normal disfluency.**

Stress Factors with Onset: (parent report)

- **Illness 14%**
- **Emotional Upset 40%**
- **Behavioral Stress 36%**
- **Rapid Language Development 40%**
- **Finding Words 43%**

Other Disorders:

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

Genetics:

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

Genetics could impact: Structural anomalies; brain processing; auditory processing; motor skills and temperament.

Best Predictors of Persistent Stuttering:

- **Family History**
- **Gender**
- **Age of onset**
- **SLD trends**
- **Disfluency length**
- **Disfluency type**
- **Disfluency duration**

Secondary Indicators:

- **Head and neck movements**
- **Expressive Language**
- **Phonology**

Other Issues:

- **Severity**
- **Concomitant Disorders**
- **Awareness: reaction**

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