Strategies for Children Who Stutter
EMBRY BURRUS, MCD, CCC/SLP

My information:
A. Embry Burrus, MCD, CCC/SLP
Clinical Supervisor
Auburn University
(334) 332-9985
aeburrus397@gmail.com
burruae@auburn.edu
www.aembryburrus.com

Objectives
• Participants will be able to identify the components of stuttering including the physical, emotional and psychological aspects, and how these aspects affect quality of life.

• Participants will be able to identify current strategies for helping school-age children who stutter
Objectives

Participants will gain knowledge that will enable them to feel more confident working with children who stutter.

DEFINITIONS:

A deviation in the ongoing fluency of speech; an inability to maintain the connected rhythm of speech (Van Riper, 1982)
Repetitions and prolongations of sounds that disrupt the forward flow of speech (Yaruss, 2005)

BACKGROUND

- Repetitions of speech sounds are the primary overt signs of developmental stuttering that happen in about 5% of children between ages of 2 and 6. Ratio of males to females is 3:1
- Spontaneous and complete recovery occurs in 60 to 70% of all children who display incipient stuttering behaviors, regardless if they receive therapy, or what type of therapy they receive.
**CWS vs. CWNS**

- **Pre-Schoolers**
  - Less successful at adapting to their environment
  - More reactive to environmental stimuli
  - More sensitive, anxious, introverted & withdrawn

- **School-Age Children**
  - Significant differences in temperament between CWS and CWNS
  - More sensitive and withdrawn
  - AWS scored higher on the nervous trait

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**Risk Factors**

- Stuttering arises due to an interaction among several factors:
  - **Motor skills** for producing rapid & precise speech
  - **Language skills** for formulating messages
  - **Temperament** for reacting to disruptions

Most recent research by Eggers, et al., 2010, in the JFD indicates that CWS scored significantly lower on self-regulation and higher on reactivity related scales.

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**BACKGROUND**

- Hard to tease out who is responding to therapy, and who is spontaneously recovering, because this can happen up to 3 years post onset (Yairi et al. 1994).

- Any disruption, even if it's mild, causes fear in parents, which is why therapy has focused on the elimination of these behaviors.

- But, this hasn’t worked, and children continue to stutter.
How do we feel?

Physical Components
- Sound/ syllable repetitions
- Prolongations
- Blocks
- Increased tension
- A series of coping mechanisms (avoidance, escape, postponement, or fillers/starters) developed in response to communication failure

Emotional Components
- The child’s reaction to the stuttering behaviors:
  - Shame
  - Embarrassment
  - Fear
  - Anxiety
  - Dread
  - Failure
  - Poor self-esteem
Emotional/Psychological Factors

- Research shows that the speech-related attitudes of school age CWS is significantly more negative than non-stuttering peers (Vanryckeghem, et al, 2005).

- Researchers used the Communication Attitude Test (CAT)

- And, this belief system is generally present by the age of six.

What does this tell us?

- "It suggests the need to measure, by standardized means, the speech-associated attitude of incipient stutterers and, when appropriate, to make the assessment and treatment of negative attitudes toward speech a meaningful aspect of therapy."

Psychological Components

- How does the child then view the world and himself based on the emotional reactions to the stuttering?
  - I'm not smart
  - I will get teased/bullied
  - Because I stutter, I am less than in some way
  - I won't have friends
  - Nobody will want to talk to me
  - People who don't stutter will have an advantage over me
  - Will I find a boyfriend/girlfriend?
Speech therapists cannot be blamed for the inefficiencies in helping children recover from stuttering, because most SLPs more than adequately fulfill their professional obligation of using the appropriate methods made available to them.

And, “CWS cannot be blamed for failing to implement therapeutic techniques.”

Now, we feel better, right?

How do we deal with the child’s reaction to stuttering, or the impact that stuttering is having on his/her life?

Research shows that this is what most SLPs are afraid of when it comes to stuttering therapy.
Assessment

What instruments do we use?
- Stuttering Severity Instrument (SSI-4)
- School and home speaking sample (if possible)
- Overall Assessment of the Speaker’s Experience of Stuttering (OASES) Ages 7-12
- Kiddy CAT (Communication Attitude Test) for pre-school and kindergarten CWS
- Pencil and paper tasks

Assessment

- Integrative Approach:
  - What are the child’s observable behaviors?
  - What are the child’s reactions to stuttering?
  - What are the reactions of those in the child’s environment? (peers, parents, siblings, teachers)
  - What is the overall impact of stuttering on the child’s life?

Assessment

- According to Yaruss, 2005, there are 3 types of reactions to stuttering:
  - A= Affective (feelings, attitudes)
  - B= Behavioral (avoidance, tension, struggle)
  - C= Cognitive (self-evaluation, thoughts about stuttering)
Trying to make a child 100% fluent is not the answer. This is why most SLPs are uncomfortable with stuttering. This, and the fact that it can be....uncomfortable!

You become the child's BEST advocate. As the SLP, you are the most qualified person to talk about stuttering with the child.

Educate yourself about the disorder, and then talk to the child about what you know. You are the "safe zone."

Iceberg Theory (Sheehan)

Factors to consider

- Educationally Relevant? IDEA – the SLP should address all areas that affect academic success:
  - Reducing negative reactions
  - Educating those in child's environment
  - Minimize overall impact of stuttering
  - Reduce stuttering behaviors
Feelings, Emotions

• How can you talk with them about their feelings?

• Paper and pencil tasks (Dealing with School-Age Children who Stutter: Working Effectively with Attitudes and Emotions, Chmela & Reardon) are a great way for the SLP to uncover information that the child may have difficulty telling you on his own.

What Pops? Worksheet

What is the goal?

• We can’t focus on getting rid of stuttering; no one is 100% fluent all of the time.

• Address the child’s overall communication experience as well as the impact that stuttering has on his QOL, which will improve self-esteem; then we can be successful.
Therapy should focus on the following:
- Changing speech to improve fluency
- Improving the child's attitude and acceptance
- Addressing negative consequences (how is stuttering limiting the child?)
- Overall communication skills – the Focus on Fluency kit is a great tool for this.

Focus on Fluency Kit

- Myths & Facts
- Speech Machine
- Different types of disfluencies
- The more honest you are, the more the child will respond in a positive manner.
Treatment for Young Children

- Fun games to use:
  - Turtle Talk
  - Fluency River
  - Roll ‘n Talk (good for groups)
  - Pirate Talk
  - Guess Who?
  - iPad activities

What is the most common strategy?

Working on rate: Slow speech, turtle speech, stretchy speech

I prefer smooth, easy speech, or smooth, controlled speech as it helps the child understand how to keep speech moving, yet it sounds natural.

Telling the CWS that you are not in a hurry is much more helpful than telling him to “slow down.”

Treatment for Older Children

- Ask the older student to make a hierarchy list of situations: list events in the order of their difficulty and then work on those specific activities or situations.
- For Example:
  - 1. Talking with friends
  - 2. Answering the phone
  - 3. Introducing myself at a party
  - 4. Doing a class presentation
  - 5. Making a phone call (ordering food, making an inquiry)
Strategies for Older Children

- Focus on strategies that incorporate natural sounding speech while addressing items on hierarchy:
  - Pausing
  - Phrasing
  - Easy onset
  - Controlled rate

Strategies for older children

- Help student understand and dispute irrational thoughts:
  - A. Event (I stuttered)
  - B. Thoughts (I am incompetent)
  - C. Feelings (Depressed, Sad)

Strategies for Older Children

- Event: I stuttered
  - Thoughts: Instead of, “I’m stupid,” let’s change that to, “My speech is different from others,” or “I could have used a strategy,” or even, “It’s not a big deal.”
  - Feelings: Encourage choice-making and empowerment. Instead of feeling sad, you can know that you have a choice.
Strategies for Older Children

- Ask the student to fill in the blank...
- Because I stutter, people will think ___
- Try to do some cognitive re-framing:
  - Is it true that you are _____?
  - List some things that prove to yourself that you are not what other people think
  - Talk about how this is just what you “think” others are thinking, not a reality

Reeves & Yaruss (2013)

- Increased openness about stuttering
- Reduced embarrassment & avoidance
- Reduced tension and struggle
- Increased communication success!

Bullying

- Bullying is a social disorder, a lack of the ability to socially problem solve
- An intent to do harm
- Repetitive
- Abuse of power
- Verbal, physical, cyber
Bullying Prevalence


- In 28 CWS,
  - 59% were bullied at some time about stuttering
  - 56% reported bullying was regular (1x week or more)
  - CWS were more upset about being teased about stuttering than other things

Bullying Prevalence

Blood and Blood

- (2004): 43% of adolescents who stutter were at risk for bullying compared to 11% of fluent peers
- (2006): 61% of boys who stutter were at risk for bullying compared to 22% of fluent peers

Bullying: What can we do?

- Increase peer education about stuttering
- Educate teacher, counselor about the consequences: decreased confidence, withdrawal, poor performance, increased stuttering
- Promote awareness and acceptance of differences
IEP Goals

Sample Goals

- Student will demonstrate the ability to:
  
a) Use smooth, easy speech to reduce stuttering
b) With 80% accuracy
c) During oral reading in the therapy room
d) With prompts from the clinician

Sample Goals

- Student will demonstrate the ability to:
  
a) Use easy starts to reduce tension
b) by using 5 easy starts
c) during an oral presentation in the classroom
d) without cues from the teacher or SLP
Sample Goals
- Student will demonstrate the ability to:
  a) increase fluent speech
  b) by using fluency enhancing techniques in 50% of opportunities
  c) during structured conversation outside the classroom setting
  d) with visual cues from the clinician

Sample Goals
- Student will demonstrate ability to:
  a) Increase fluent speech
  b) By using natural pauses in 80% of opportunities
  c) During structured reading/speaking tasks
  d) With the clinician in the therapy room

Signs of Progress
- Reduced fear of talking in general or about stuttering
- Awareness of secondary behaviors
- Increased awareness of feelings (negative or positive self-esteem)
- Use of strategies in situational challenges (if child feels this is helpful)
RELAPSE

Relapse is likely to occur with a 40 to 90% probability, and the relapse rates for stuttering reported as over 50% for adults and older children -- Silverman (1980, 1992)

Dismissal Criteria

- Therapy is over when...
  - The child stops stuttering? No, more than likely, he will always stutter.
  - The child can successfully manage stuttering and communicate effectively, or when he doesn’t feel the need for help.
  - You can be most effective as an advocate for the child, someone who helps him to feel better about himself, regardless of his communication.
Helpful Links/References

- [www.westutter.org](http://www.westutter.org) (National Stuttering Assoc.)
- [www.stutteringhelp.org](http://www.stutteringhelp.org) (The Stuttering Foundation)


Resources/References


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