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Disclaimer and Author Information

The information contained in this North Carolina *Department of Public Instruction Module for Fluency Disorders–Evaluation and Treatment* document has been created as a guideline for North Carolina Speech-Language Pathologists and is for general information purposes only.

The information is provided by Rita D. Thurman, M.S.--CCC, SLP and edited by Perry Flynn, M.Ed.--CCC, SLP. While efforts have been made to keep the information up-to-date and correct, no representations or warranties of any kind, expressed or implied, about the completeness, accuracy, reliability, suitability or availability with respect to the information can be made. Any reliance placed on such information is therefore strictly at users own risk.

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Definitions

1. **Fluency.** Fluency is the aspect of speech production that refers to the continuity, smoothness, rate, and/or effort with which phonologic, lexical, morphologic, and/or syntactic language units are spoken.
2. **Fluency Disorder.** A fluency disorder is a “speech disorder” characterized by deviations in continuity, smoothness, rhythm, and/or effort with which phonologic, lexical, morphologic, and/or syntactic language units are spoken.
3. **Disfluency.** Disfluency refers to breaks in the continuity of producing phonologic, lexical, morphologic, and/or syntactic language units in oral speech.
4. **Dysfluency.** (Same as stuttering [see 5].)
5. **Stuttering.** Stuttering is a disorder of fluency characterized by various behaviors that interfere with the forward flow of speech.
6. **Accessory (Secondary) Behaviors.** Accessory (or secondary) behaviors include the entire range of reactions, strategies, “tricks,” and avoidance or escape behaviors that stutterers perform either when they stutter or in anticipation or fear of stuttering.
7. **Rate.** Rate refers to the speed with which sounds, syllables, or words are spoken.
8. **Effort.** Effort refers to the amount of perceived exertion a speaker experiences during speaking.
9. **Suprasegmental Features.** Suprasegmental features are dimensions of speech that extend across phoneme or allophone (i.e., “segment”) boundaries, and include such things as rhythm, prosody, melody, and inflection.
10. **Naturalness.** Naturalness refers to the degree to which speech (and language) sounds like that of normal, native speakers.
11. **Cluttering.** Cluttering is a fluency disorder characterized by a rapid and/or irregular speech rate, excessive disfluencies, and often other symptoms such as language or phonological errors and attention deficits.
12. **Neurogenic Stuttering.** Neurogenic stuttering refers to stuttering, often transient, that began with—or is maintained as a result of—a specific, identifiable neurological insult or lesion.
13. **Psychogenic Stuttering.** Psychogenic stuttering is stuttering that is clearly related to psychopathology.

Evaluating Students Who Stutter—Clinician Requirements

The following guidelines are part of ASHA's Guidelines for Practice in Fluency Treatment. ASHA states that in order for a clinician to conduct a proper evaluation, he/she must be able to:

1. Differentiate between a child's normally disfluent speech, language-based disfluency, the speech of a child at risk for stuttering, and the speech of a child who has already begun to stutter.
2. Distinguish cluttered from stuttered speech and understand the potential relationship between these two disorders.
3. Relate the findings of language, articulation, voice, and hearing tests to the development of stuttering.
4. Obtain a thorough case history from an adult client or the family of a child client.
5. Obtain a useful speech sample and evaluate it for stuttering severity both informally by subjective impression and formally by calculating relevant measures such as the frequency of disfluency, duration of disfluency, and speaking rate.
6. Be familiar with the available diagnostic tests for stuttering that serve to objectify aspects of the client's communication pattern (secondary features, avoidance patterns, attitudes, etc.) that may not be readily observed.
7. Identify and measure, where feasible, environmental variables (i.e., aspects, such as time pressure, emotional reactions, interruptions, nonverbal behavior, demand speech, or the speech of significant others) that may be related to the onset, development, and maintenance of stuttering and to fluctuations in the severity of stuttering.
8. Identify disfluencies by type (prolongation, repetition, etc.) and, in addition, describe qualitatively the fluency of a person's speech.
9. Relate, to the extent possible, what stuttered speech sounds like to the vocal tract behavior that is producing it (for example, recognizing the subtle acoustic cues that signal vocal straining).
10. Conduct appropriate consultation with the client or parents, and construct a treatment program, based on the results of comprehensive testing, on the client's personal emotional and attitudinal development, and on past treatment history, that fits the unique needs of each client's disorder(s).
11. Administer predetermined programs in a diagnostic way so that decisions with regard to branching and repeating of parts of the program reflect the unique needs of each client's disorder(s).
12. Explain clearly to clients or their families/significant others what treatment options, including the various types of speech treatment, medication, devices, self-help groups, and other forms of treatment are available, why they may or may not be appropriate to a specific case, and what outcomes can be expected from each, based on knowledge of the available literature.

Frequently Asked Questions

What is Stuttering?

Stuttering is a disorder of fluency characterized by various behaviors that interfere with the forward flow of speech. While all individuals are disfluent to some extent, on the surface what differentiates stutterers from nonstutterers is the frequency of their disfluency and/or the severity of their disfluency. However, the other factor that differentiates stutterers from nonstutterers is that almost invariably the disfluencies that the stutterer regards as stutters are accompanied by a feeling of loss of control. “It is this loss of control, which can’t be observed or experienced by the listener, that is most problematic for the stutterer.” (Robert Quesal)

Is stuttering a “speech disorder”?

Many individuals who stutter acquire maladaptive patterns of thinking and feeling, sufficiently common to be identified as frequent covert aspects of stuttering. For example, a child who stutters may adopt the belief that speaking is inherently difficult. Those who stutter for a number of years often acquire the negative self-concept of “stutterer,” leading them to adopt other beliefs and attitudes consistent with this self-concept. Also, many stuttering children and adults report fear or anxiety about speaking or the prospect of speaking; frustration from the excessive time and effort imposed by stuttered speech; embarrassment, shame, or guilt following stuttering episodes; and even hostility toward other conversation partners. Stuttering is a speech, academic, social, and cognitive disorder.

What causes stuttering?

There is no single cause of stuttering. Current research indicates that many different factors play a role in the development of stuttering, including genetic inheritance, the child’s language skills, the child’s ability to move his or her mouth when speaking, the child’s temperament, and the reactions of those in the child’s environment. Traumatic brain injury and neurological impairments such as cerebral palsy may also result in stuttering.

Is a person with this disorder called a “stutterer”?

In 1993, as the result of the influence of a number of consumer and self-help groups, the American Speech-Language-Hearing Association (ASHA) adopted a policy in which person-first language is to be used in lieu of direct labels (Executive Board Meeting Minutes, 1993). According to the policy, “stutterer is regarded as potentially insensitive to the individual who manifests the problem of stuttering.” Therefore, authors are required to use the term “person who stutters” instead of “stutterer.” Recent articles have tended to use abbreviations (e.g., PWS for person who stutters or CWS for child who stutters) to avoid the awkwardness inherent in using the longer versions.

What does stuttering therapy encompass?

Stuttering is typically a complex problem. It may begin simply, but it usually, and sometimes quickly, becomes complex because of the reactions, defensive behaviors, and coping strategies of the person who stutters and the reactions of significant others in the listening environment.

Furthermore, in older children, the communicative difficulties that stuttering creates present barriers to

social, educational, and vocational life that can greatly complicate the problem. In some cases, there can be serious emotional disturbance, such as depression or sociopathic behavior. These complexities create issues that clinicians help their clients deal with through treatment and referral. Stuttering treatments that do not address the complete problem in whatever complexity it presents are not within the guidelines of good practice (ASHA Guidelines for Practice in Stuttering Treatment.)

What can parents and teachers do to help?

It is important to remember that teachers and parents do not cause stuttering, as was at one time believed. Rather, they can be an effective resource in supporting and promoting more effortless speech in students. The following documents provide information for Teacher and Parent to promote fluent speech.

Information for Teachers

(Suggested note to a teacher from a speech-language pathologist)

1. Let the student know you are listening by maintaining natural eye contact and waiting patiently for him/her to finish speaking. Also encourage other students to be "good listeners" and not interrupt.
2. Try not to finish the student's sentences. It is tempting because you think it helps them, but it can add pressure to the speaking situation.
3. Use a slow rate when talking with the child so the interaction is more relaxed and felt to be less rushed.
4. Avoid comments like "slow down," "take a breath," and "relax." It is never as simple as this and can add to the pressure of the moment of stuttering.

Stuttering may look like a problem that can be easily solved with simple advice, but it is more complex than that. Sometimes the best thing you can do is to just let the struggling student know you are there to listen to him/her and are interested in what he/she has to say.

If you ever have any questions, please feel free to contact me.

Speech-Language Therapist:

E-mail:

Information for Parents (from the Stuttering Foundation of America)

- 1. Speak with your child in an unhurried way, pausing frequently.** Wait a few seconds after your child finishes speaking before you begin to speak. Your own slow, relaxed speech will be far more effective than any criticism or advice such as “slow down” or “try it again slowly.”
- 2. Reduce the number of questions you ask your child.** Instead of asking questions, simply comment on what your child has said.
- 3. Use your facial expressions and other body language to convey to your child that you are listening to the content of their message and not to how they are talking.**
- 4. Set aside a few minutes at a regular time each day when you can give your undivided attention to your child.** This quiet, calm time can be a confidence-builder for younger children.
- 5. Help all members of the family learn to take turns talking and listening.** Children, especially those who stutter, find it much easier to talk when there are few interruptions.
- 6. Observe the way you interact with your child.** Try to increase those times that give your child the message that you are listening to them and that they have plenty of time to talk.
- 7. Above all, convey that you accept your child as he is.** The most powerful force will be your support of your child whether stuttering or not.

References and Resources

1. Stuttering Foundation of America

www.stutteringhelp.org

2. National Stuttering Association

www.WeStutter.org

3. Friends: Association for Young People Who Stutter

www.friendswhostutter.org

4. Specialty Board on Fluency Disorders

<http://www.stutteringspecialists.org/>

5. The Stuttering Home Page

www.stutteringhomepage.com

6. The Stuttering Center of Western Pennsylvania

<http://www.stutteringcenter.org/>

7. Division 4 ASHA–Fluency and Fluency Disorders (Perspectives on Fluency and Fluency Ds)

http://www.asha.org/about/Membership-Certification/divs/div_4.htm

8. The International Cluttering Association (ICA). General Information

<http://associations.missouristate.edu/ICA>

9. ICA support group and related information

<http://groups.yahoo.com/group/cluttering>

Young Children Who Stutter (ages 3-7)

Spontaneous Recovery—What do we know about it?

- 80% of preschoolers who stutter will spontaneously recover
- children who stutter early are more likely to spontaneously recover if cycles of stuttering lessen with each emergence, the more likely the child will recover
- type of stutter is no longer considered in spontaneous recovery
- males and twins are at a higher risk for stuttering
- if there is a familial incident, the child is at higher risk
- if a child is still stuttering after 18 mos. post onset, stuttering is more likely to persist

Evaluation and treatment should be pursued if a child is high risk, if he/she has been stuttering for more than six months, if stuttering has increased in severity during a period of four months, or if stuttering occurs in conjunction with a language delay.

Evaluation

1. Analyzing **type** of dysfluency

- Repetitions—part word, whole word, phrase
- Blocks—silent, holding articulatory set, associated with tension
- Prolongations
- Transitions between syllables (continuous phonation)

2. Evaluation must also address:

- Child's linguistic complexity or deficits
- Child's phonological skills
- Child's environment
- Child's awareness of his/her stuttering
- Teacher interview (see forms in index)
- Standardized tests:
 - KiddyCat: Communication Attitude Test for Preschool and Kindergarten Children who Stutter
http://www.pluralpublishing.com/publication_kiddycat.htm
 - Stuttering Prediction Instrument, Riley –for children 3 to 8 years of age
<http://www.proedaust.com.au/details.cfm?number=63>
 - Stuttering Severity Index (not normed on preschoolers ~ still count and analyze dysfluencies)

Developmental Profile of a 4 year old

- Socialized play begins—starts to have friends.
- Begins to receive and attend to messages from peers, not just adults
- Emergence of social sense of humor (e.g., giggles, etc.)
- Dad or mom may become a "best" friend
- Improved ability to play well with others, limited ability to see another person's perspective or needs
- Verbal refusal (saying "no" more calmly using several words) usually replaces aggressive "no's"
- Boy play tends to be more aggressive than girl play

Developmental Profile of a 5 year old

- Chooses friends
- Prefers friends own age and same sex
- Uses props for role-playing
- Enjoys pretending in play
- Directs other children in play
- Understands rules of simple, competitive games
- Plays cooperatively with peers without adult supervision
- Expresses emotions in acceptable ways
- Shows awareness and concern for others' feelings
- Uses appropriate social responses

Developmental Profile of a 6 year old

- Have longer attention spans
- Language becomes more sophisticated and more complex
- Begin to apply their knowledge to the printed form
- Begin to straddle the real world and make believe
- Confident in their talents and like to show off
- More awareness of other's emotions

Developmental Profile of a 7 year old

- Have longer attention spans
- Language becomes more sophisticated and more complex
- Begin to apply their knowledge to the printed form
- Begin to straddle the real world and make believe
- Confident in their talents and like to show off
- More awareness of other's emotions

Source: American Academy of Pediatrics

School Age Children Who Stutter—Evaluation

- A. Parent questionnaire (included in this manual: *Parent Checklist, p. 20*)
- B. Teacher questionnaire (included in this manual: *Teacher Checklist, p.18-19*)
- C. Evaluation may include:
 - 1. Gather information that describes the student in all areas of communication, cognition and social function
 - 2. Speech Behaviors
 - a. Stuttering Severity Index (SSI-4)—determine type and frequency
 - b. Rate of Speech

Normal Ranges of Childhood Speaking Rates

Table adapted from Guitar (2006)

<u>Age</u>	<u>Number of Syllables Per Minute</u>	<u>Data collected by:</u>
3	116-163	Pindzola, Jenkins, & Lokken 1989)
4	117-183	“
5	109-183	“
6	140-175	Davis & Guitar (1976)
8	150-180	“
10	165-215	“
12	165-220	“
Adult	162-230	Andrews & Ingham (1971)

- 3. Some Selected Measures
 - a. Overall Assessment of the Speaker’s Experience of Stuttering--OASES-S (for school-age children, ages 7-12) and OASES-T (for teenagers, ages 13-17)
 - b. Perceptions of Stuttering Inventory—(PSI)
 - c. Cognitive Affective Linguistic Motor Social Scale—(CALMS)
 - d. Behavior Assessment Battery for School-Age Children Who Stutter—(BAB)—includes information about attitudes about talking and situational fears:
- 4. Educational Impact
 - a. Classroom participation: observation; teacher/child report; student report & behavior observed
 - b. Student’s knowledge about stuttering and coping strategies
 - c. Additional Communication Skills:
 - 1) Expressive and receptive language
 - 2) Articulation
 - 3) Pragmatics
- 5. Implications for therapy
 - a. Current strategies/skill set
 - b. Parents’ instructions/intervention
 - c. Student’s greatest interests
 - d. Student’s analysis of their speech

Syllable Counts and Types

1. Normal Disfluencies

- a. **Hesitations** (pause)
- b. **Interjections** (um, uh, er)
- c. **Revisions** ("I want-I need that")
- d. **Repetitions** of phrases ("I want- I want that")

2. "Stuttered" Dysfluencies

- a. Sound, Syllable or Whole Word **Repetitions**: ("li-li-like this")
- b. **Prolongations** ("lllllike this")
- c. **Blocks** ("l---ike this")

NOTE: "Normal" disfluencies can be used to avoid or postpone stuttering (e.g., "I um, you know, ah, I want)

3. Counting Dysfluencies for the Stuttering Severity Index

- a. **Repetitions** of a sound, syllable, or word is one dysfluency regardless of the number of repetitions.
- b. **Reiterations** are counted by recording each repetition as one stuttered syllable (i.e., Um um um um I wa wa wa want the red uh one = 2 stutters and 5 syllables).
- c. **Prolongation** of a sound is one dysfluency.
- d. **Blocks** on a word is one dysfluency regardless of the duration.
- e. **Interruptions in the flow of speech** are counted. An unnaturally long pause is one dysfluency if the pause is longer than comfortable for the listener.
- f. **Revision** is one dysfluency. In reading, the **omission, modification, or addition** of a word or words is one dysfluency.
- g. **Fillers** and **starters** are counted as dysfluencies; several fillers words used to initiate a word are counted as one dysfluency.

Rating Severity

Severity is measured across five domains:

1. **Behavioral**—severe, moderate-severe, moderate, mild-moderate, mild
 - Stuttered syllable count measures from SSI-4
 - Length of stuttered syllable and associated tension
 - Type of stuttered syllable most prevalent
 - Speaking rate

2. **Negative Reaction to Stuttering**—severe, moderate-severe, moderate, mild- moderate, mild
 - Determined by measures from OASES (only instrument that is standardized),
 - PSI (subjective measure)
 - CALMS (subjective measure)
 - Information from teacher and parent checklist

3. **Educational Impact**
 - Information from teacher and parent checklist—significant affect moderate affect, limited affect
 - Student’s degree of knowledge about stuttering: limited, average, extensive

4. **Overall Communication Skills**—level of impairment based on standardized testing

5. **Medical condition** that affects fluency (e.g., Fluency may be impacted by the stimulant medication that students may receive for ADHD).

The child above has been referred for or is receiving services for fluency skills. Please help me gain a better overall view of this student's speech skills by completing the following information:

1. This student: (Check all that apply)

- _____ doesn't mind talking in class.
- _____ seems to avoid speaking in class. (Does not volunteer, if called upon; may frequently not reply).
- _____ speaks with little or no outward signs of frustration.
- _____ is difficult to understand in class.
- _____ demonstrates frustration when speaking.
- _____ performs average or above average academically.

2. This student is dysfluent or stutters when he/she: (Check all that apply)

- _____ begins the first word of a sentence.
- _____ speaks to the class.
- _____ speaks during a long explanation.
- _____ gets upset.
- _____ uses one or two words utterances.
- _____ shares ideas or tells a story.
- _____ answers questions.
- _____ talks with peers.
- _____ reads aloud.
- _____ talks to adults.
- _____ other _____

3. Check any of the following behaviors you have noticed in this student's speech:

- _____ revisions (starting and stopping and starting over again).
- _____ frequent interjections (um, like, you know).
- _____ word repetitions (we-we-we).
- _____ phrase repetitions (and then, and then).
- _____ part-word repetitions (ta-ta-take).
- _____ prolongations (n-----obody).
- _____ block (noticeable tension/no speech comes out).
- _____ unusual face or body movements (visible tension, head nods, eye movements).
- _____ abnormal breathing patterns.

4. **This student in the Classroom:**

- I do/do not have concerns about this child's speech because:
- I observe the most dysfluency when:
- When this student has difficulty speaking he/she reacts by:
- When this student has difficulty speaking, I respond by:

5. **Your Perceptions:**

- I have/have not had prior experience with a child who stutters.
- Some questions I have about stuttering are:
- Some questions I have about helping this child be successful in the classroom would be:

6. **Your Observations:**

This student with PEERS:

- Please describe this student's relationships with others of the same age.
- Has this student been teased or mimicked because of his/her speech?
- When this student has difficulty speaking, the other children react by:
- Following a reaction by a peer, this student:

This student in GENERAL:

- Has this student ever talked to you about his/her speech problem? If yes, what was discussed?
- Do you have additional information about this student that would be helpful to the speech-language pathologist to get a clearer picture of this student's speech needs?

Thank you for taking time to share this helpful information.

Please return this form to _____ by _____
Speech-Language Pathologist Date

Parent Checklist—Stuttering and Fluency

Circle the number that best describes your child:

1. Most of the time my child's stuttering is:

1 2 3 4 5 6 7

Mild Moderate Severe Very Severe

2. I think other people (outside our family) would rate my child's stuttering as:

1 2 3 4 5 6 7

Mild Moderate Severe Very Severe

3. I think my child thinks about his/her stuttering as:

1 2 3 4 5 6 7

Mild Moderate Severe Very Severe

4. I think my child can effectively use the techniques he has been taught for smooth speech:

1 2 3 4 5 6 7

Never Sometimes All of the time

5. How much physical effort does it take for your child to talk?

1 2 3 4 5 6 7

No effort Some effort A lot of effort

6. How much mental effort does it take for your child to talk?

1 2 3 4 5 6 7

No effort Some effort A lot of effort

7. When my child talks at school, I believe he/she is

1 2 3 4 5 6 7

Very fluent Stutters occasionally Stutters frequently

Functional Information Important For Students Who Stutter

- Efficiency:
 - How easily is the student able to maintain smooth, effortless forward flow of speech?
- Assertiveness:
 - Is the student able to participate equally when initiating or responding in interactions?
 - Is the student able to respond appropriately to fluency disruptors such as interruptions or competition for talking?
 - Is the student affected by thoughts & feelings?
- Confidence:
 - Is the child able to communicate when, where, how, and with whom he/she wants?
 - Is this affected by his/her thoughts & feelings?
 - Observe in the classroom to assess whether in classroom to see if participation is consistent with that expected for students of the same age/grade/sex
 - Ask teacher whether classroom participation is consistent with homework/test performance

Tools for gathering functional information

- Remember that the law states that assessing social and emotional aspects of the problem is appropriate and expected.
- Remember the multidimensional nature of the problem.
- Functional Limitation: **Efficiency** (See Evaluation for School Age Students Who Stuttering—behavioral measures--this module.)
- Functional Limitation: **Confidence** (See Evaluation for School Age Students Who Stuttering—evaluating Cognitive Affective aspects—this module.)

Special Considerations

A. Documenting a Student's Confidence

- Heavily affected by the child's thoughts and feelings
- Answer these questions:
 - How does the child see the problem? His/her awareness, description, label of the problem?
 - What is the child's level of concern? Worried? Expressing concern to others?
 - Is the child working to hide the stuttering? Substitutions, avoidance?
 - What are the student's fears?

B. How do others see the problem?

- Do they think the student is concerned?

- How do they know?
 - What are their concerns?
- C. Discuss with the student his/her difficulties
- Asking general questions
 - Who do you like to talk to the best?
 - What do you like to talk about the most?
 - Is talking usually easy for you?
 - If you could change something about your talking, what would it be?
 - Do you know why you're here today?
 - Asking specific questions:
 - What does it mean to stutter?
 - What about your speech do you want to change?
 - What does it look/sound like?
 - When does it happen?
 - Who does it happen with?
 - What do you do when it happens?
 - Do you know why it happens?
 - Has anyone ever said anything to you about it?
 - Is there anything you do to make it better/easier?
 - Does it ever make you feel.....?
 - How did you get so smart (intuitive) about this?

Communication Goals

- **Demonstrate control of delivery skills (Efficiency)**
 - Use appropriate volume and vocal expression.
 - Attend to rate of delivery.
 - Use fluency strategies.
- **Participate appropriately in one-on-one situations and group settings (Assertiveness)**
 - Participate in one-on-one communication.
 - Respond to adult or peer-initiated topics.
 - Initiate new topics.
 - Respond to questions with appropriate elaboration.
 - Maintain appropriate eye contact.
- **Participate in group communication: (Confidence)**
 - Display appropriate turn-taking behavior.
 - Perform group presentations/projects.
 - Seek opinions of others.

SAMPLE/EXAMPLE
SPEECH AND LANGUAGE EVALUATION

NAME:
PHONE:
DATE:
DOB:

PARENTS:
DOB:
AGE:
GRADE:

Referral Information

----- was referred for a speech evaluation by...

-----'s birth and educational history include...

The teacher's concerns include:

The parent's concerns include:

Mr. and Mrs. ----- report that there is (no) a family history of stuttering.

EVALUATION

Fluency

(Describe behavior during evaluation.)

(Describe stuttering behavior) -----'s speech was analyzed in a variety of speaking situations in the therapy room. She was judged to have a significant/moderate, mild stuttering pattern. She exhibited many initial word blocks, part word repetitions or prolongations, particularly on...

Dysfluencies occurred in all speaking situations. The Stuttering Severity Instrument-4 (SSI-4) was used to analyze -----'s speech in conversation. She produced -----syllables a minute and stuttered on --- of the syllables. The mean length of the three longest stuttered syllables was ---- seconds. SSI-4 was also used to analyze imitated productions. When asked to imitate multi syllabic words and short sentences, ----- stuttered on ----- of the syllables. Stuttering persisted during automatic tasks (counting and saying days of the week). ----- stuttered on -----of the syllables in this situation.

-----'s main difficulty appeared to be coordinating voice onset (or initiating voice, or voice transitions–prolongations, mid word dysfluencies, etc.) Transition from voiceless to voiced productions as well as voiced to voiced productions was also difficult to coordinate.

When asked to describe her dysfluencies, ---- says (give example....one may be: it gets “stuck in [her] mouth” and that she sometimes feels like she is running out of breath after talking for lengthy periods of time.)

Articulation Testing

The Goldman-Fristoe Test of Articulation was administered to assess ----'s articulation skills.

Articulation skills were judged to be within normal limits.

Language Testing

Administration of the Clinical Evaluation of Language Fundamentals (CELF-4):

Specific test description and results are included below:

Test Description

The Clinical Evaluation of Language Fundamentals–Fourth Edition (CELF-4) was administered to better understand ----'s language skills. Both language processing and production are assessed by this instrument.

1. The Concepts and Following Directions subtest requires the student to listen to complex directions and point to various animals. Coordination, inclusion/exclusion, spatial, temporal relation and quantitative concepts are all tested.
2. In the Recalling Sentences subtest, the student is asked to repeat sentences without visual information.
3. In the Formulated Sentences subtest, the student is required to make a sentence containing a specific word about a picture (e.g., “Tell me a sentence using the word 'whenever' “).
4. The Word Classes subtest requires the student to listen to 3-4 words in a group and determine which two words go together. Words are associated by category, as antonyms, or as synonyms. The test assesses auditory memory (stimulus materials are presented auditorily only) and higher executive language function.
5. Word Definitions is a subtest that requires the student to define a word given the individual word and its use in a sentence.
6. In the subtest Understanding Spoken Paragraphs, the student is read a short paragraph and asked questions pertaining to that paragraph. No visual information is available.

Test Results

<u>Subtest</u>	<u>Scaled Score</u>	<u>Percentile Rank</u>
Concepts & Following Directions		
Recalling Sentences		
Formulated Sentences		
Word Classes		
Receptive		
Expressive		
Total score for word classes		
Word Definitions		
Understanding Spoken Paragraphs		

In addition to individual subtest scores, the CELF also provides composites scores.

The Core Language Score is considered to be the most representative measure of -----'s language skills and provides an easy and reliable way to quantify a child's overall language performance. ----- received a percentile rank of ----, which places ----

The Receptive Language Index is a cumulative measure of ----'s performance on three subtests designed to probe receptive aspects of language including comprehension and listening. Her performance placed him in the ---- percentile. This indicates that ---- is functioning ----

The Expressive Language Index is a cumulative measure on three subtests that probe expressive aspects of language including oral language and expression. -----'s score placed her in the ---- percentile and ----

The Language Content Index is a cumulative measure of performance on three subtests designed to probe semantic knowledge. -----'s score placed her at the ---- percentile, which was ----

The Language Memory is designed to probe short and long term memory for language concepts. ----'s performance placed her in the ----- percentile and ----

Cognitive-Behavior Assessment

(list results of testing from OASES, CALMS or PSI)

Trial Therapy

In order to determine prognosis for improvement, therapy activities were introduced to ----- . Using a small hand motor to demonstrate voice onset ("speech motor starting"), ----- easily imitated a gentle vocal onset with glides. ---- also responded positively to this same model to show "connecting" sounds to keep the voicing consistent. ---- was attentive, cooperative and felt to be an excellent candidate for treatment.

SUMMARY AND RECOMMENDATIONS

For Information on Procedures and Policies Please Consult

<http://ec.ncpublicschools.gov/policies/nc-policies-governing-services-for-children-with-disabilities>

SAMPLE/EXAMPLE

Individualized Educational Program Goals

Goals should be measurable and incorporate behavioral, educational, emotional and social objectives.

Present Level(s) of Academic and Functional Performance

Include specific descriptions of what the student can and cannot do in relationship to this area. Include current academic and functional performance, behaviors, social/emotional development, other relevant information, and how the student's disability affects his/her involvement and progress in the general curriculum.

Ima is a cooperative student who is always helpful to the teacher in the classroom. She is never disruptive, but she often seems to refuse to answer questions in the classroom. She asks not to read aloud during reading circles.

During the evaluation in conversational speech, Ima stuttered on 13.2% of the syllables in a 3 minute sample and her rate of speech averaged 114.7 syllables a minute. The mean length duration of her three longest stuttered syllables was 1.5.

Ima's reaction to these stuttered words was notable. She became frustrated during blocks and exhibited facial tension during a block. Other secondary behaviors included fist clenching, head jerks and shoulder elevation.

Overall Assessment of the Speaker's Experience of Stuttering (OASES-S) revealed that Ima's stuttering has a moderate severe impact on her quality of life and communication in daily situations. Her reaction to her stuttering was found to have a severe impact on her communication.

The following goals are provided as examples to be used in treatment. Specific goals will depend on the needs and behaviors presented by the individual student.

Ima Student

Behavioral Goals: *Examples*

Ima will increase her fluent productions to 80% during a 5 minute sample in three different locations.

Ima will manage a stuttering block by sliding out of it in 8 out of 10 trials during a 5 minute sample in three different locations.

Ima will reduce the tension and length of a block by 50% during a 5 minute sample in three different locations.

Ima will speak 5 times a week in the classroom during class or small group discussion with fewer than two disfluent episodes each reporting period.

Ima will identify moments of stuttering by tapping a pencil prior to the stutter in spontaneous speech during 4/5 instances in three locations.

Educational Goals: *Examples*

Ima will watch or listen to 5 different videos or podcasts about stuttering and discuss them each report period.

Ima will analyze and describe her voice and articulation production during episodes of stuttering during 5 different speaking situations each report period.

Social/ Emotional Goals: *Examples*

Negative attitudes and reactions to stuttering.

Ima will identify and discuss 3 feelings that she has about her stuttering during 5 different opportunities each report period.

Ima will produce voluntary stuttering (pseudo stuttering) during 5 different speaking situations each report period.

Ima will discuss her stuttering with one other adult (in school) and one other child each report period.

Ima will attend a stuttering support group 2 times each report period.

Ima will decrease speech avoidance behaviors (filler words, repetitions prior to a block) to .5 a minute in three different speaking situations.

Therapy Young Children Who Stutter (Ages 3-7 years of age)

1. Parental involvement and education

- a. Guidelines for Success (provided separately)
- b. Describing initial stages of therapy– *Young Children Who Stutter* by Scott Yaruss <http://www.westutter.org/whoWeHelp/parents/Booklet-Young-Children-Who-Stutter1.htm>
- c. Parents will become clinicians
- d. Direct vs. indirect therapy decisions depending on variables revealed in evaluation

2. Initiating Therapy

- a. Must be developmentally appropriate
- b. Visual cues
 - 1) Develop “tools” to be used.
 - 2) Check for need of effective pause.
 - 3) Check for need of management of repetitions.
 - 4) Use concrete/meaningful objects in the child's environment.
- c. Repetitive motor activities
 - 1) Use repetitive sentence/phrase books (see book list).
 - 2) Spontaneous activities that use repetitive phrases.
- d. Appropriate literature familiar for the child.
- e. Build on success–empower the child.
- f. Develop and increase positive stimulus control.

Some commercially available treatment programs: Use as Guidelines
--*Easy Does It for Fluency: Preschool/Primary*
--*Cooper Preschool Fluency Program*
--*Lidcombe Program (must be trained in administration)*

3. Therapy strategies

Fluency Shaping

- a. Using visual cue to establish easy onset and voice continuity.
- b. Use “tools” to teach “voice on” skills–teach speech function
- c. Teaching light articulatory contacts–“light touch”
- d. Use consistent vocabulary to describe fluency and stuttering:
“sliding speech,” “stretching speech,” “bumps,” “repeats” Ask child to provide the words.
- e. Point out tactile: “How does it feel?”
- f. Gradually increase length and complexity of utterance.
- g. Include multisyllabic words and complex vocabulary.
- h. Let student “teach” someone how to stutter ~ how to “fix it.”

Fluency Modification

- a. Identification: increases awareness and provides desensitization
Identification in student and therapist using toy pager, counters, or lights
- b. Self Analysis: Ask student for description of stuttering and use his “language.”
- c. Cancelling is not always an effective tool for preschoolers. If used, called it a “fix it.”
- d. Structured teaching for “pull throughs” or “slide outs.”
- e. Use cue for “connected” phonation
Develop non-verbal cue with parents (Be careful when and how often to use these).
- f. Eliminating secondary behaviors. The best way to eliminate secondary behaviors is to imitate them.
- g. Eliminating filler words and starter words.
Modeling effective “thinking” words (replacements).
Talk about and manage “garbage words.”

Other Therapy Goals

- a. Articulation—incorporate it into therapy levels.
- b. Language—word retrieval, language organization (*The Magic of Stories*).
- c. Pragmatics – eye contact, body language, greetings, “shyness.”

4. Carry-over and Transfer

This should start your first day of therapy!

- a. Modify therapy environment.
 - 1) Have siblings and/or parents in session.
 - 2) Change location and activity frequently increase positive stimulus.
control: tape recorders, “tool belt,” zapper, counter.
- b. Move around. Use hands on activities.
- c. Incorporate fine motor tasks.
- d. Work in a group with another child or mentor. Try to match personalities.
- e. Always set the student up for success.
- f. Increase the complexity of the language.
- g. Use books that require the student to interact (Book list is available in a separate section).

- h. Make the child successful. Build on success.
- i. Teaching difficult speaking situations: introductions and interruptions.
- j. Be proactive about school speaking situations.
 - 1) Role play “show and tell” or other activities from school.
 - 2) Get the names of other students in his/her class to practice saying.

Fluency Therapy Parents' Guidelines for Success

Stuttering therapy is provided on an individual and/or group basis depending on the needs of the student. A direct, physiological approach to modifying speech behaviors is used. As with any new motor skill, the more a student practices, the easier it is to use the techniques introduced.

The student will also be required to complete assignments for transfer of skills, to complete assignments that develop desensitization to stuttering and to increase his/her knowledge of stuttering through reading and videos.

The following guidelines will facilitate successful therapy.

1. Session frequency and length will be determined by the student’s Individualized Education Program.
2. Parents are welcome to attend therapy sessions at any time. For preschool students, siblings may be asked to participate in therapy to facilitate carryover, once fluency is established.
3. Parents will be requested to practice procedures at home with their child.
4. Homework practice is recommended to occur at least four times a week for a minimum of 15 minutes. Homework may be tape recorded and tapes brought to the following therapy session.
5. Students are encouraged to attend support groups for children/teens who stutter such as: Friends: The National Organization of Children Who Stutter (annually-- the first Saturday in March) . <http://www.friendswhostutter.org/>
TWST: Teens Who STutter.
http://www.westutter.com/localChapters/States/North_Carolina.html
NSA Youth Day. <https://www.z2systems.com/np/clients/nsa/event.jsp?event=252>
6. Mentor sessions may occur with younger or older students. This enables the student to practice/work with a variety of listeners.
7. Reviewing literature that pertains to current research in stuttering therapy is recommended. Reading material will be provided.
8. Videos and DVDs from the Stuttering Foundation of American may be assigned.

Suggested Book Lists for Therapy

Repetitive Phrase Books

Brown Bear, Brown Bear, Eric Carle (good question forms)
The Gingerbread Man, many authors (uses slides to initiate phonation)
Have You Seen My Duckling?, Nancy Tafuri (good vocal onset)
I Can Do It, Eric Carle (initiating vowel)
It's My Birthday, Helen Oxenbury (Initiating vowels)
I Went Walking, Sue Williams (Initiating vowels)
The Lady with the Alligator Purse, Nadine Bernard Westcott (multisyllabic words)
Sometimes It Looked Like Spilt Milk, Charles G. Shaw (repetitive phrase—more complex)
There Was An Old Lady Who Swallowed a Fly, Nadine Bernard Westcott (complex phonology)
The Very Busy Spider, Eric Carle (longer sentences)

Simplistic Language Books

Mouse Paint or Mouse Mess, Linnea Riley
Nicky 1,2, 3
Mrs. Wishy Washy
Tom & Pippo, Helen Oxenbury
White Rabbit's Color Book
Where's Rusty? (Curly?), Usborne books
Who's Making That Smell? (Mess?) (Noise?), Usborne books

Spontaneous Speech Books

Good Dog Carl, Alexandra Day (or any of the Carl books)
The Chimp and the Clown, Ruth Carol
George Shrinks, William Joyce
Tuesday, David Wiesner

Read and Summarize or Interactive

Andrew's Loose Tooth, Stephanie's Ponytail, Robert Munsch
or anything by Robert Munsch
Island Light, Rosemary Wells
Moss Pillows, Rosemary Wells
Pig Sty, Mark Teague
Would You Rather, John Burningham
River Parade, Alexandra Day
Gingerbread Baby, Jan Brett
Annie and the Wild Animals, Jan Brett
No Jumping on the Bed, Tedd Arnold

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School Age Children Who Stutter

1. Initiating Treatment

- Keep in mind that each student is an individual and maintains unique stuttering patterns.
- Does each session incorporate the following:
 - motor behavior,
 - cognitive features,
 - linguistic needs,
 - affective parameters, and/or
 - social implications.

A. Motor aspect of speech production

1) Goals:

- a) Make it developmentally appropriate.
- b) Use the modality that is strongest for the student.
- c) Make it interesting.
- d) Make naturalness a goal.

2) Teaching strategies and techniques

a) Fluency shaping

- (1) Goal is to help student approach a word that “prevents” stuttering or “shapes” fluency.
- (2) Focuses on anticipating the mechanics of speech.
- (3) Helps student initiate voicing.
- (4) Keep voice moving between words—connected voicing.
- (5) Light articulatory touch.

b) Fluency modification and cognitive features

- (1) Goal is to help student modify the stuttered word and change it to a fluent production.
- (2) Requires that a student to be able to analyze his speech.
- (3) Uses “pullthroughs,” “cancellation,” “ease-out.”
- (4) Uses pseudo stuttering.

B. Cognitive Therapy

1) Cognitive features--introduced during the analysis portion of fluency modification.

- a) Student must be able to identify moment of stuttering.
- b) Student needs to analyze his stuttered moment.
- c) Student needs to understand how that stuttered moment changes throughout time.

2) Cognitive therapy reveals how a student thinks about his stuttering and increases his knowledge base at his stuttering.

C. Linguistic Needs

- 1) Integrate language goals from evaluation.
- 2) Look at word retrieval & organizational language in difficult “motor based” situations.
- 3) Filler words/garbage wordsusing effective “thinking words.”

D. Affective Parameters--Attitudes and feelings

- 1) Gain experience with psycho therapies that may apply to your student.
 - a) ACT therapy
 - b) Counseling DVD from the Speech Foundation of America (SFA)
 - c) Mindfulness training
- 2) Coping with fear
 - a) Chmela’s ladder (Working with preschoolers who stutter: Successful Intervention Strategies)
 - b) Literature from SFA
- 3) Transfer activities
 - a) Talk about ways communication demands vary.
 - b) Develop a speech hierarchy.
 - c) Problem solve.
 - d) Discuss why “tools” are not being used.
 - e) Vary the carryover activities.
 - (1) Elementary school students
 - (a) Story box for story retell
 - (b) Show and tell practice
 - (c) Bring a friend to speech
 - (2) Middle school students
 - (a) Practice timing with jokes
 - (b) Practice “excuses”
 - (3) High school students
 - (a) Practice job interview
 - (b) Simulate college interviews
 - (c) Fluency drills w/ defining SAT vocabulary

E. Social Aspects

- 1) Monitor how this changes over time.
- 2) What kind of speaking situations is he/she involved in?
- 3) Does he/she avoid speaking situations?
- 4) What speaking situations would he like to do?
- 5) Remind him/her that he/she is really *building muscle courage*,
- 6) Role play--Be the impatient teacher.
- 7) Any problems occurred with teasing/bullying?
- 8) Attend groups, mentor sessions, self help groups.
- 9) Talk about feelings in social situations.

F. Pragmatics: Is he/she a good communicator?

- 1) Teach being a good listener.
- 2) Use Michelle G. Winner’s Social Thinking materials.

2. Discharge from therapy
 - A. Therapy sessions should be gradually faded/moved to consultation.
 - B. Goals should be:
 - 1) The student is an effective communicator.
 - 2) The student is comfortable with his/her present level of fluency.
 - C. Final management goals
 - 1) The student's life is less impacted by his fluency.
 - 2) The student manages fearful speaking situations.

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Fluency Shaping

Voicing Practice and Light Touch

Bounce into /b/ words: Keep your voice moving through the bounce, feel the ease touch on /b/. (You can use a /m/ in practice to feel your voicing start)

EXAMPLES:

Ba-ba-baseball is fun

Bla-bla-blame your sister

Bi-bi-bikes are fun to ride

Bor-bor-borders are limited

Be-be-be careful to wipe your feet

Be-be-better not go there

Bri-bri-bring your shoes with you

Bai-bai-bait the hook

Brea-brea-breakfast is at 7:00

Boa-boa-boats go fast

Boo-boo-boots are for rainy days

Be-be-best to go early

Be-be-bedtime is coming

Bi-Bi-Billy is my friend

Boo-boo-boom goes the explosion

Bu-bu-but it is mine now

Be-be-because it is hers

Ba-ba-bad roads are bumpy

Beau-beau-beauty and the Beast

Bu-bu-bumpy roads are fun!

Bi-Bi-Billy is running in the race

Be-be-because he can't sing

Bi-bi-bicycles go fast

Voicing Practice and Light Touch

Practice “light touch” with these stop/friction sounds. Feel for your voice to start on the vowel with “ch” and on the “j” with “j” words.

EXAMPLES:

“Ch” sentences/phrases

Change the tire.

Check your mirror.

Chance of a life time

Chew your food.

Cheating is not allowed.

Choose your battles.

Charge ahead of them.

Children are small.

Chimes are annoying.

Chimney sweeps are needed.

China is a country.

Chestnuts are roasting on a open fire.

Chattanooga is in Tennessee.

“J” sentences/phrases

Jump in the car.

Janet is a girl.

Juice for breakfast

Jordan is a boy.

Just wait and see.

Jury still out

Jacob is going.

Judy is a cat.

Jays are noisy.

Jeeps have no top.

Jewish religious day

Jerusalem the city

Janet is the teacher.

Voicing Practice and Light Touch

k/ words.... Practice transition from stop sound with **no voice** to vowel **with voicing**. Be sure to add friction to /k/.

Tongue reaches up in back .

EXAMPLES:

Can I kick the ball?

Catch the ball.

Could you catch the ball?

Kites are fun to fly.

Kitchens are good place to cook.

Cary Town Mall has ice cream.

Crazy Mad-Libs are fun.

Computers are good for games.

Capture the flag is a fun game.

Can you go?

Coordinate with others.

Care about the day.

Can't tell right now.

Kindness goes a long way.

Kites are meant for flying.

Couldn't the man reach the book?

Keys will open the door.

Codes are needed for the lock.

Cool weather ahead.

Kaitlyn is a girl.

Cameron is a boy.

Caroline was running.

Kent won the game.

Kacey went to the mall.

Catherine likes to go by Cate.

Kevin wore a new shirt.

Kyle didn't want the soup.

Callie is wearing make up.

Color the picture.

Cause enough to change.

Voicing practice. m/ and /n/ warm up. Feel for your voice starting on each sound. Slide that voice through the word and sentence/phrase.

EXAMPLES:

Matt is his name.

My name is _____.

Money is good to have.

Midnight is too late.

Meatballs are yummy.

Make me a sandwich.

Mix up the cards.

Mary is a girl.

Mine is white.

Marry a rich man.

Max works at the store.

Next in line...

No news today

Never trust a girl.

November is nice.

Nobody knows the answer.

Noodles are good for lunch.

Knees get skinned outside.

Next in line is a girl.

Nathan is a boy.

North Carolina is my state.

Nine is my favorite number.

Voicing practice. Light touch with “p”. Watch for transition from no voice on stop sound to voicing on vowel. Feel for light touch with air across lips. Prolong vowel to feel transition.

EXAMPLES:

Put up the book.

Place it here.

Pick up the shoes.

Play in the yard.

Paper is gone.

Prepare the report.

Pour the milk.

Peas are green.

Pears are yummy.

Pay for the dinner.

Point the finger.

Post the message.

Pin the tail on.

Pans go in the oven.

Pull on the rope.

Purchase a car.

Pies are delicious.

Practice the flute.

Patty is a girl.

Pick the best one.

Paper the kitchen.

Patrick is a boy.

Voicing practice. Moving from voiceless to voiced vowel. Feel for the air to move into the voiced vowel. Slow the vowel a little to feel for your voice to start.

EXAMPLES:

Humming birds are fast.

Heat the room in winter.

Seven boys were at the party.

Scissors are for cutting.

Helmets are for safety.

Hot air balloons are terrible.

First in the class

Sit on the bench.

Hamburgers are good to eat.

Hollow the wood

Sandwiches are good.

Share your food.

How did it happen?

Hurry when you get there.

Shut the door in the evening.

Some may return

Hermit crabs are scary.

Follow the man.

Find the classroom.

Force the air through a tube.

Homemade cookies are yummy.

Who is the new teacher?

Sounds like a great idea.

Found a new way

Hall of Fame for basketball

Hunt with a bow.

Four more years

Send me a letter.

Happiness is everywhere.

Farm animals are smelly.

Some of the teachers

Help me with the project.

History is a fun subject.

Fans help the heat.

Shoes are tight in the evening.

Shut the door.

Horses are fun to ride.

Six years of bad luck

Voicing practice. D words. Bounce and Slide. Keep your voicing on while you bounce into the first word. Make a nice light contact while you are bouncing the /d/, then slide through the rest of the sentence/phrase.

EXAMPLES:

1. Do-do-doors are wood.
2. Do-do-don't wait for me.
3. Di-di-did he go?
4. Do-do-does it matter?
5. Do-do-dogs are furry.
6. Da-da-dates are soft.
7. Da-da-dance at the party.
8. Du-du-dust the dresser.
9. Da-Da-Dan is my dad.
10. Do-do-do your best.
11. Da-Da-Daniel is a boy.
12. Da-Da-David is his friend.
13. Dee-dee-deer are fast.
14. Di-di-dine in the kitchen.
15. De-De-Debbie is a girl.
16. Di-di-dice are square.
17. Du-du-dump the garbage.
18. Dow-dow-down in the trash

Start your voice. /b/ and /d/ sentences/phrases. Use /n/ to start /d/ and /m/ to start /b/ first time through. Ease into the vowel—making it longer.

EXAMPLES:

Babies are cute.

Boys are next.

Bet on the fastest horse.

Best part of the day

Baseball is my favorite sport.

Bobby is one of my best friends.

Brains are a good part of your body.

Breakfast is the most important meal.

Break the pinata and you'll get candy.

Because we are late, we won't get good seats.

Dan will go.

Days are not nights.

Don't eat the cookies.

Dinosaurs are extinct.

December has Christmas.

Does that DVD work well?

Dimes are worth ten cents.

Did you do your homework?

Dan walked home from school.

Donuts are my favorite dessert.

Voicing Practice and Light Touch.

Bounce the /t/ in each word and slide into the vowel.

EXAMPLES:

1. Tee-tee-teach me the word.
2. Ta-ta-take out the garbage.
3. Too-too-two more days.
4. Ti-ti-time for your lunch.
5. To-to-toast is for breakfast.
6. Ti-ti-ticks come in the summer.
7. To-to-tommy is my cousin.
8. Te-te-test the limits.
9. Te-te-tear the paper.
10. Ta-ta-taste the ice cream.
11. To-to-tomorrow is Monday.
12. To-to-total the numbers.
13. Ty-Ty-Tyler is my friend.
14. Too-too-toothpaste is spicy.
15. Ta-ta-table the issue.

Now, say a sentence for: two, to, too

Practicing Pull Throughs

Sentence practice —stop and block on the bold word, stop your air flow, increase tension. Then, pull through moving forward through the sentence.

EXAMPLE:

He is the **man** who wrote the book.

Why **did** she host such a party?

My favorite store is **Claire's**.

Take your coat off that chair.

How **did** you know they were coming?

I **can't** believe how much you ate at the buffet.

King's Speech is playing at a theater nearby.

Dr. Carlson works at the hospital.

She made a wonderful dinner.

The dancer made her **debut** on the New York stage.

When you drive to Raleigh, watch out for road construction.

Finish the job before you leave for the day.

Music is an **important** part of my life.

Pick the color that is closest to your couch color.

Couldn't the **dog** reach the bed?

Remember to **take** your coat when you leave.

Promises are never enough.

Pull Through Practice--Stop and Start Practice

Block on purpose on the word in bold, release the tension and pull through to finish the word and sentence.

Game

On Monday it rained all day and I couldn't go outside the entire day. So, **I** decided to play Wii. The **first** game that I played was Mario Supreme. This is a **game** that involves one or two players. The **object** of the game is to climb a huge building.

I have never made it to the top. My friend made it once and he screamed at the top of his lungs.

You shouldn't **play** this game by yourself or you will become addicted. **You** just can't stop. One time I played for **seven** hours. I didn't **even** stop to eat dinner. My girlfriend **yelled** at me when she found out what I had done.

Recycling

Recycling is **not** important. People say that we are **polluting** the earth if we do not recycle. However, I know that the **trucks** that come to get the recycled items end up causing more pollution. **They** use up too much gas and cause bad emissions every time they stop to pick up the recycle bins.

Besides, plastic does not take up much room in a land fill and we have plenty of land fills. If **everybody** just made sure that their plastic jugs are crushed before they put them in the garbage, there would be **plenty** of room in the landfill.

So, you don't need to recycle, just drink everything out of plastic or cans and crush it afterwards.

(Make a statement about whether or not you agree with this and why.)

Interview Questions

1. Where do you go to school?
2. How long have you lived in.....?
3. Did you have any special interests/ extra curricular activities at school?
4. How are your grades in school?
 5. What's your favorite movie?
 6. Who is your favorite actor/actress?
 7. Tell me about your family.
 8. Tell me about your pets.
 9. What's your favorite kind of music?
 10. Who are your favorite singers?
 11. What's been your favorite vacation?
 12. If you could go anywhere in the world, where would you go and why?
 13. What are your favorite sports?

Identification practice: Read the sentences/phrases below and tap your pencil when you stutter on a word. Try to “catch the stutter” as soon as you feel it start.

Run as fast as you can.

What time is it?

Wait for the bus.

Who is the new girl?

Where are the new clothes?

When do you eat lunch?

Long ago in a distant land

Where do you live?

All my children were there.

Are you going to the party?

Is that the new bus driver?

I never go to the mountains.

Rest among the flowers.

Why do you care?

While you were gone, we made cookies.

Apples are best in the fall.

Let me show you the way.

(Now ask me 5 questions and “catch the stutter”)

Estimate the amount of time

You never thought he would win.

Open the present carefully.

We should have seen that coming.

Becoming A Stuttering Expert

1. What causes stuttering?
2. Do you know anyone who stutters?
3. What do you do to keep from stuttering?
4. What does it feel like when you stutter?
5. What things do you avoid?
6. Are there different kinds of stuttering?
7. What do other people think when you stutter?
8. Do other people who stutter sound like you?
9. Do more girls than boys stutter?
10. Do only smart people stutter?
11. When is your stuttering worse?
12. What do you “say” to yourself before a class presentation?
13. What is the number one fear for most people who stutter?

Adapting Games for Desensitizing to Stuttered Moment(s) and Increasing Awareness

Sticky Uno

Play Uno and each time you say a number you must “stutter on purpose.” Stutter the way you usually would on that word. For example: I am playing a red (block or repetition) *four*.

(This works with any card game—Go Fish, Hearts, Black Jack, etc.)

Frozen First Word --Guess Who

Play Guess Who and “freeze” the first word of each sentence. Make the word block hard and then release it to say the rest of the word and sentence.

(This works with any question and answering game.)

Motionless Memory

Play Memory with a set of cards, but you must pick a word in your sentence to “go motionless” on.

For example, “I found a bird and I found a.....(no movement for two seconds) crocodile. They don’t match.” You can add tension to the motionless word to make it feel like a block or just feel comfortable with the pause.

Stuttering Story Chain

Each person in the session must say a sentence that develops a story. When you do your sentence, you must choose a word to “stutter on purpose” when you say it. Get in a circle. The first person starts the story with one sentence. The next person adds a sentence that relates to the first. The next person adds to the story with one sentence. Keep going until the story is finished or you are laughing too hard to finish.

Activity for Desensitization and Self Advocacy: Crime or No Crime

Developing procedures to allow children who stutter to be an advocate for themselves is an important part of treatment. Children need a format to talk about their stuttering, better understand their feelings about stuttering and develop strategies to react to their listeners. Just as important, they need to have fun doing it! Adding the “fun” component allows the child to develop a positive attitude about communication.

As described by Murphy, Yaruss and Quesal (*Journal of Fluency Disorders* Volume 32, Issue 2, 2007, Pages 121-138), the therapy process must include a way for “*desensitization to stuttering, cognitive restructuring, self-acceptance, (and) purposeful self-disclosure.*” The activity “Crime or No Crime” provides for these opportunities.

The children play the role of "judge," "accused," "attorney" and "jury." The “accused” (a younger child) is supported by an “attorney” (an older child and mentor, who helps him/her formulate his/her defense). The judge helps the jury (remaining children) deliver the verdict. After being given his/her “accusation,” the accused and attorney explain why it is not a crime (e.g. stuttering during a class presentation) and why they should be found “not guilty.” Participants are given the opportunity to play each role.

This activity can be done with as few as two other children; one functions as the judge and one the accused. The therapist can play the role of attorney and offer advice to advocate his/her position.

Additional props to enhance this activity include a gavel, Crime Scene Tape, and/or an ink stamp pad for finger printing.

Addendum

Accusations

- You are accused of stuttering in a class presentation.
- You are accused of cheating in a game with your speech teacher.
- You are accused of stuttering while answering a question in class.
- You are accused of stuttering while ordering in a restaurant.
- You are accused of stuttering on the phone when your grandmother called.
- You are accused of stuttering while telling a joke in the lunchroom.
- You are accused of stuttering when reading in front of the class.
- You are accused of stuttering while talking to the principal.
- You are accused of stuttering when you asked for directions at the mall.
- You are accused of throwing a rock at your sister's/brother's head.
- You are accused of hitting someone in the eye with a boomerang.
- You are accused of giving your brother the flu.

Procedures–Varied depending on the number of children involved.

1. The judge reads the crime.
2. The accused states why he/she thinks it is not (or is) a crime.
If not a crime: must explain why.
If it is a crime: apologize and suggest consequence.
3. The defending attorney offers comments.
4. The jury states whether or not they think the accused is guilty or not guilty.
5. The judge states his verdict.
6. Everyone rotates to a new role and the group starts back with step 1.

Support Groups in North Carolina

FRIENDS: The National Association of Young People Who Stutter

Friend's Conference: Raleigh, North Carolina. Date: First Saturday in March. Contact: Rita D. Thurman, 919 (571-0622) or thurmanrita@gmail.com.

National Stuttering Association

ADULT chapters are designed for adults who stutter and their families. Teens with their parents are also welcome. The adult chapters form one of the core programs of the NSA. Speech-Language Pathologists and students in SLP are also encouraged to attend.

Greenville: Meetings are held the second Thursday of the month from 6:00pm - 7:00pm in room 3405, Allied Health Sciences Building of East Carolina University, however due to low attendance please contact Dan Hudock danhudock05@gmail.com prior to meeting.

NC Triad - Greensboro: Emily Sharpe (336-337-7354 nsagso@yahoo.com). Meetings are held the second Tuesday of each month from 7:00pm -9:00 pm in the Phillips Room of the Elliott University Center on the campus of UNC Greensboro. Web site: <http://www.nsagso.blogspot.com>

Appalachian State—Boone: Joe Klein (kleinjf@appstate.edu). Meetings are held the second Monday of the month. Contact Joe Klein for location.

Raleigh: Rita Thurman (919-571-0622 thurmanrita@gmail.com). Meetings are held the second Wednesday of each month from 6:30pm - 8:00pm. Location: Glenwood Place-Caswell Building, 3700 National Drive, Suite 219, Raleigh, NC 27612. For further info, call or email Rita.

*****NEW*** *Raleigh TWST chapter, for teens ages 13-19.*** Meetings will take place at 3700 National St, Suite 219, Raleigh NC 27612. Meetings will be held the first Wednesday of the month. For further information please contact Rita Thurman (thurmanrita@gmail.com or 919-571-0622) or Reuben Schuff (rschuff@gmail.com or 765-409-0936).

Stuttering Foundation of America

<http://www.stutteringhelp.org/>

Cluttering: Evaluation and Treatment

1. Definition:

“Cluttering is a speech disorder characterized by the clutterer’s unawareness of the disorder, by short attention span, by disturbance in perception, articulation and formation of speech and often by excessive speed of delivery. It is a disorder of the thought processes preparatory to speech and based on a hereditary disposition. Cluttering is the verbal manifestation of Central Language Imbalance which affects all channels of communication (e.g. reading, writing, rhythm, and musicality) and behavior in general” (International Cluttering Association, 2002)

2. ASHA’s definition (1999)

“...a fluency disorder with rapid and/or irregular rate, excessive disfluencies, often with other symptoms such as language or phonological errors and attention deficits”

Knowledge base of cluttering is complicated by the fact that it is a low incidence disorder and a multifaceted disorder

3. What causes cluttering?

A. Rate of speech plays a pivotal role in the diagnosis of cluttering:

1) Demands/Capacity Model: It’s what happens when we speak at a rate that exceeds our capacity.

2) Dissynergy or disintegration of the communication system

B. Secondary to ADHD or LD

C. Poor self monitoring skills – lack of awareness

4. Diagnosis

Simply arriving at the diagnosis of cluttering can be a difficult journey, only to be followed by an equally challenging path toward appropriate intervention.

A. Diagnostic tools available for making a diagnosis

1) Predictive Cluttering Inventory (Daly & Cantrell, 2006~ revised by Van Zaalen, *et al.* 2009) attached in *Evaluation* documents

2) Portfolio assessment

a. Compare child’s speech at home to in the clinic --recordings

b. Child’s awareness

c. May take more than one session

d. Include assessments from other professionals (classroom teacher, physician, psychologist, special ed. coordinator, neuropsychologist)

B. Case History

- 1) Include birth or medical problems
- 2) Developmental landmarks
- 3) Onset and associated events
- 4) History of changes
- 5) Past advice

5. Treatment

A. Rate

- 1) Start with non-speech motor acts
 - 2) Video and audio tape speech
 - 3) Observe the rate of others
 - 4) Develop a cuing system for feedback (facial expression, hand movement)
- *Remember your ultimate goal is self monitoring in spontaneous speech.

B. Articulation and Prosody

- 1) Associate articulation practice with rate
- 2) Multisyllabic words
- 3) Stress patterns
- 4) Speech “highlights” (e.g., final consonants)
- 5) Exaggerated syllables or inflection
- 6) Activities used with apraxic clients may be used with students who clutter

C. Self monitoring

- 1) Speeding tickets?
- 2) Organizational language work (the *Magic of Stories*)
- 3) Encode one thought at a time

D. Social and pragmatic implications

- 1) How hard are you making your listener work?
- 2) Look for feedback from your listener.
- 3) Taking turns and sharing conversation.

6. Transfer and Maintenance

A. Transfer activities

- 1) For people who clutter, the vigilance required to self-monitor can be extremely demanding.
- 2) Transfer begins on first day of treatment.
- 3) Phoning and recording homework.

- 4) Change locations and task demands.
- 5) Activities should vary in audience size and location.
- B. Continuous problem solving
- C. Stay positive

7. Discharge

- A. Completed Individual Goals: Has the student met his goals?
- B. Communication: Is the student a good communicator?
- C. Monitor: Can the student independently monitor his speech?