STUTTERING TREATMENT AND THE SCHOOL-AGED CHILD: EMOTIONAL AND ATTITUDINAL CONSIDERATIONS

by
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STUTTERING: TRENDS IN TREATMENT

• Stuttering Modification (1930s)
  o Reduction or modification of moments of stuttering
    (make stuttering easier, more acceptable)
  o Amelioration of emotional responses

• Fluency Shaping (1970s)
  o Change overall way of speaking (controlled fluency,
    then modified to approximate natural-sounding speech)
  o Focus on observable behaviors, structured
  o No attention to attitudes or emotions-relapse common

• Integrated approaches (1990s)

INTEGRATED APPROACH

• From the world of Fluency Shaping
  ▪ Managing airflow/breathing/breath support
  ▪ Gentle onset of phonation
  ▪ Prolonged speech

• From the world of Stuttering Modification
  ▪ Voluntary stuttering ("Can’t control when I will
    stutter, but can control how I will stutter.")
  ▪ Easy stuttering (slow speech, light articulatory
    contacts, smooth transitions between sounds--
    overlap with fluency shaping)
  ▪ Reduction of secondary behaviors
  ▪ Dealing with attitudes and emotions is integral
CURRENT FOCUS ON ATTITUDES AND EMOTIONS

• What goes around, comes around………
  (maybe we should have never lost sight of this……)
  o Bryngelson: Bring the problem out into the open and be willing to stutter. established support groups
  o Johnson: Fear was heart of problem: stuttering was an avoidance reaction caused by fear of anticipated speech interruption
  o Van Riper: React to feelings associated with the expectation of stuttering as a signal to replace old preparatory set with new behaviors

Importance of addressing attitudes and emotions

• Why deal with feelings?
  o feelings affect behavior
  o feelings motivate and resist change
  o need to address fear and shame
• What we've learned from our NSA adults
  • Anxiety does not cause stuttering, but it sure doesn't help any………
    • Iceberg analogy (Joe Sheehan)
    • Role of the “fight or flight” response
  • “I can’t use my techniques when my brain goes white.”
• Why do we blame clients when they can’t maintain fluent speech?

Breaking the cycle or stopping the snowball from rolling any further down the hill….

• Many adults who stutter have a history of painful memories and experiences involving stuttering
• We can try and avoid some of this later pain by dealing with the attitudes and emotions associated with stuttering earlier in life
• Break the cycle!
The iceberg analogy
Thanks to Russ Hicks and the Stuttering Homepage

Coping
• (attempt to) deal effectively with something difficult
• almost a synonym—“manage”
• stress—relationship between an individual and the environment that is viewed by the individual as endangering his/her well-being (a “threat”)
• threat—elicits the flight or fight response
• process of coping—constantly changing cognitive, behavioral and emotional efforts to manage stressors
• coping responses—may become those that anticipate the stressor—serve to protect
• coping responses may be positive, but also may not be
• there may be short-term gains that ultimately only add to the problem long-term
• Success may mean giving up coping strategies…..

COMMERCIALY AVAILABLE MATERIALS
• Focus on Fluency (Kristin Chmela, available from Super Duper Publications)
  • Education
  • Desensitization
  • Basic Communication
  • Fluency Shaping
  • Stuttering Modification
• The School-Age Child who Stutters: Working Effectively with Attitudes and Emotions (Kristin Chmela and Nina Reardon, Stuttering Foundation)
• Treating the School-Age Child Who Stutters: Some Intervention Ideas and Resources (a presentation by Peter Ramig)
Assessments that address attitudes and emotions

- Assessment of the Child's Experience of Stuttering (ACES)
- Overall Assessment of the Speaker's Experience of Stuttering (OASES™)
  - Ages 7-12 (new Oct 2010)
  - Ages 13-17 (new Oct 2010)
  - Ages 18+
- A-19 Scale
- Erickson S24 Scale

Treatment activities to address attitudes and emotions

- Education
- Advertising/self-disclosure
- Desensitization
- Overcoming avoidance
- Cognitive restructuring

  - It is very helpful to have a concrete "product" resulting from activities—especially for younger children

**Activities appropriate for early elementary (approximately K-3)

Education
Being educated about stuttering (taking ownership)

- Learning how speech is produced
  - "Speech Machine***
- Fact vs. Fiction**
- Famous PWS (poster available from Stuttering Foundation)
  - Write a letter to a famous person who stutters
- Stuttering pen pal
- What makes a good communicator, including being a good listener?
- Draw your stutter**
  - Therapist, family member or friend can draw how it feels to be a listener in the moment of stuttering
Drawings by children and teens from the Stuttering Home Page
Education continued

• Identification of behaviors**
  o Mirror work
  o Videotaping
  o Tallying—make it a game
  o Freezing moments of stuttering
  o Make a “what I do when I stutter” list
• Teach an adult or friend how to stutter (and grade them)**
• Speech toolbox vs. Speech trash can

Advertising/Self-disclosure

“Feel the fear and do it anyway” (Catherine Montgomery)

• Discuss stuttering openly - remove the stigma
• Parent counselling/education
• Create a stutter-friendly environment
• Clinician does activities with child
• School presentations on stuttering** (show and tell)
• Phone practice
• Bring a family member, friend to speech**
• Support group, online support
• Write/illustrate a book about stuttering**
• Advertising with store employees
• Doing surveys/questionnaires
• Award children with “Fearless Stuttering Certificates***

Stuttering Survey Example

• “My name is Erin and I’m a person who stutters. I am working on my speech and am wondering if you have a couple of minutes to answer some questions about stuttering?”
  o What do you think causes stuttering?
  o What would you do if your child stutters?
  o What do you think a person who stutters should do to overcome his or her stuttering?
  o Do you know anyone else who stutters?
  o Do you have any questions about stuttering?
  o Thank you for your time
  (American Institute for Stuttering)
Desensitization Therapy
Reduce anticipatory behaviors, anxiety and fear associated with stuttering

- Gives power back to the client
- Increase eye contact
- Seek out speaking situations
- Humor is a great therapy tool!
  - An attitude of "so what"
- Exposure to a hierarchy of anxiety-causing situations and environments
- Do voluntary stuttering together (SLP models)
  - Practice pseudo/voluntary/fake stuttering in a supportive environment**
    - "Catch the stutter" game
    - Silly stutter game
    - Stutter like a ______ (astronaut, British king, cowboy)
    - "Longest Stutter Award"

Overcome Avoidance Behaviors
Avoidance/withdrawal creates the majority of the "handicapping" nature of stuttering

- Approach rather than avoid
  - Listener encourages them to continue with their message even if their speech is bumpy**
- Make a list of words and situations the child avoids
  - "Catch the avoidance behavior" game
    - fillers
    - switching words
    - abandoning message
- Discuss consequences of avoidance behaviors / nonproductive speaking behaviors
- Identify role of secondary behaviors
- Start with easy situations and work up (from the clinic room out into the public)
- Be aware: Success may mean an increase in observable stuttering

Support Resources

- Support groups
  - National Stuttering Association www.nsastutter.org
  - Friends: The National Assoc. of Young People who Stutter www.friendswhostutter.org
- Parent support groups (organized by school district)
  - On-line resources
    - www.nsastutter.org/connect/internet-groups.htm
    - www.mnsu.edu/comdis/kuster/kids/kids.html
    - www.mnsu.edu/comdis/kuster/kids/teens.html
- Newsletters
  - Stuttering Foundation
  - National Stuttering Association
    - www.nsastutter.org/stutteringInformation/NSANewsletters.html
Cognitive Restructuring

• Changing negative self-talk into positive self-talk
• Create positive speaking situations/environments
• Mental imagery—visualize yourself doing it
• Highlight child’s strengths
  o “All About Me” book
• Role playing
• Redefining the role of stuttering in your life
  o What have been the benefits of your stuttering?
  o What would your life be like if you no longer stuttered?
• Power of assumptions
  o Reframing assumed listeners’ reactions (examine the evidence)

SOME CONTRIBUTIONS FROM PSYCHOLOGY---COUNSELING

• (…..or nobody taught us how to do this stuff in grad school…….)
• Counseling is not giving advice. It is helping the client to discover how they think and feel and how to solve the problem for themselves, in their own way and time.
• Ask, do not tell. Listen……
• Emotional and attitudinal considerations in the treatment of stuttering:
  • Cognitive Behavior Therapy
  • Motivational Interviewing

COGNITIVE BEHAVIOR THERAPY
(DVD available from the Stuttering Foundation)

• CBT is a form of psychotherapy developed in the ‘60s by Aaron Beck
• Emphasizes role of thoughts, assumptions, and core beliefs to explain how people feel and act
  o Evaluate listeners’ reactions realistically
  o Use knowledge of stuttering/talking to make different choices
• Thoughts, feelings, physiological responses and behaviors are intertwined.
• Are ways of coping helpful or counterproductive?
  How can change happen?
Cognitive Behavior Therapy model

What I think (worry thoughts)

- Don’t vomit
- Don’t stutter, don’t block
- Please don’t call on me.
- I wonder if I’m gonna stutter a lot
- I think I’m probably going to stutter
- I think I’m going to get stuck on a word.
- They’re probably going to be mean or not be my friends.
- I’m scared I’m gonna get stuck on a word.
- I think I’m going to be scared and stuck on a word.
- They’ll laugh at me
- Take a deep breath and relax (+)
- I should slow down (+)
- Calm down when I stutter (+)
- (Use your “wise brain”—Scott video)

What I do (actions)

How I feel (emotions)

- Nervous
- Sad
- Frustrated
- Mad
- Stressed
- Scared
- Shy
- Embarrassed
- Upset
What happens in my body

- Feel like I will vomit
- Shaky
- Dizzy
- Upset stomach
- Queasy
- Muscles tighten (chest, neck, stomach)
- Tighten up
- Hard to breathe
- Sweat
- Hard to get a word out
- Eyes get tight/heavy
- Arms get stiff
- Head hurts
- Heart beats faster

What I do (actions)

- Rock back and forth
- Take deep breaths
- Close eyes
- Think of an excuse to get out of it
- Jump around to get the energy out
- Stop talking
- Switch words
- Eye contact is hard
- Push it out
- Talk slower(+)
- I do what I need to do, talk (+)
- Stutter(+)
- Try and calm down(+)
- Sit down and relax(+)/Take a breath(+)
- Use the speech tools I learned(+)
- Talk smoother(+)
- Try to slide out my words(+)
- Stutter on purpose to make it less scary(+)

MOTIVATIONAL INTERVIEWING
(Text by Miller and Rollnick)

- “Overcoming the ambivalence that keeps many people from making desired changes in their lives, even after seeking out professional treatment”

- Exploring ambivalence and developing discrepancy between where you are and where you want to be

- Another way to look at it: Changing coping strategies
Motivating change—one example
Target behavior: Voluntary stuttering

<table>
<thead>
<tr>
<th>Making a change</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>fewer blocks</td>
<td>stutter on purpose = stutter more</td>
</tr>
<tr>
<td></td>
<td>less severe</td>
<td>people will know I stutter</td>
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<tr>
<td></td>
<td>reduced secondaries</td>
<td>stutter more</td>
</tr>
<tr>
<td></td>
<td>less avoidance</td>
<td>people will know I stutter</td>
</tr>
<tr>
<td></td>
<td>“stutter on my terms”</td>
<td>stutter more</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not making a change</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>less work</td>
<td>I will continue to have a lot of anxiety/tension</td>
</tr>
<tr>
<td></td>
<td>not everyone will know I stutter</td>
<td>I will go back to old patterns I don’t like</td>
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MN Department of Education
Subpart 1. Fluency disorder; definition and criteria.

"Fluency disorder" means the intrusion or repetition of sounds, syllables, and words; prolongations of sounds; avoidance of words; silent blocks; or inappropriate inhalation, exhalation, or phonation patterns. These patterns may also be accompanied by facial and body movements associated with the effort to speak. Fluency patterns that are attributed only to dialectical, cultural, or ethnic differences or to the influence of a foreign language must not be identified as a disorder.

A pupil has a fluency disorder and is eligible for speech or language special education when:
A. the pattern interferes with communication as determined by an educational speech language pathologist and either another adult or the pupil; and
B. dysfluent behaviors occur during at least five percent of the words spoken on two or more speech samples.

Looking at the criteria critically

- Those who don’t meet criteria
  - “mild,” infrequent dysfluencies
  - covert (hide stuttering)
  - but are severely affected socially and emotionally
- Those who do meet criteria, but who are coping successfully
  - overt stuttering, accept themselves as they are
  - overt stuttering: using fluency management techniques is more effort than stuttering
Writing IEP Goals and Objectives

From The Source for Stuttering Ages 7-18 (adapted):

Sample Annual Goal

• [Client] will participate in activities designed to improve his attitudes/emotions towards stuttering from a level requiring clinician support to an independent level outside the clinic.

Sample Objectives

• [Client] will demonstrate the ability to use pseudo-stuttering in a familiar situation when prompted by the clinician in 80% of opportunities as measured by clinician data collection.
• [Client] will demonstrate the ability to educate a peer about stuttering when asked by the peer at least two times prior to progress review as measured by student report.
• [Client] will advertise his stuttering to a familiar adult or peer in the school setting at least two times prior to progress review as measured by student report.

Writing IEP Goals and Objectives

From The Source for Stuttering Ages 7-18 (adapted):

Sample Annual Goal

• [Client] will improve his effective communication in a variety of settings/environments from a level requiring clinician support to an independent level outside the clinic.

Sample Objectives

• During classroom activities that require reading out loud, [Client] will volunteer in at least 50% of opportunities as measured by teacher and student reports within the progress review period.
• During group discussions, [Client] will participate in at least 50% of opportunities as measured by teacher and student reports prior to progress review as measured by student report within the progress review period.
• When the teacher poses a question to the class, [Client] will volunteer to answer in at least 50% of opportunities as measured by teacher and student reports within the progress review period.

Writing IEP Goals and Objectives

Sample Annual Goal

• [Client] will improve his ratings of attitude, anxiety, and avoidance of troublesome words and situations to 1-2 with #1 being the most positive on a five-point scale in the specified setting.

Sample Objectives

• Given a rating scale, [Client] will improve his rating of his level of anxiety/fear regarding his speech in a situation outside the clinic to a level of 1-2 with #1 being the most positive on a five point scale.
• Given a rating scale, [Client] will maintain his rating of how often he avoids troublesome words in a situation outside the clinic to a level of 1-2 with #1 being the most positive on a five point scale as measured by student report within the progress review period.
• Given a rating scale, [Client] will improve his rating of satisfaction with his communication in a situation outside of the clinic to a level of 1-2 with #1 being the most positive on a five point scale.
EXPECTATIONS FOR SUCCESSFUL TREATMENT

• Is it realistic to expect to “cure” stuttering? Then why do we beat up ourselves (and sometimes our clients) when we don’t?
• The rule on relapse: expect it. Need to assist clients with strategies to manage it.
• Reduction in frequency of stuttering (measured in % fluent syllables or words)
• Reduction in severity of stuttering (harder to measure the degree of “struggle”)
• Goals are written so successful use of fluency enhancing or modified stuttering techniques is counted as “correct”
• Improvement in the attitudinal and emotional reactions (have to rely on clients’ assessment)
• Improvement in quality of life.

GOAL: FULL PARTICIPATION

• International Classification of Functioning, Disability and Health (WHO, 2002)
  • Tool for measuring functioning in society, no matter what the impairments
  • Model of disability: “biopsychosocial” model (synthesis of biological, individual and social perspectives)
  • What is level of functioning?
  • What treatments can maximize functioning?
    • Reduce or remove limitations to activities and restrictions to participation in widest array of environments possible