Treating Stuttering in School-Age Children
Mid-South Conference on Communicative Disorders
February 22, 2019

SCHOOL-BASED THERAPY

The school-based SLP can be an INCREDIBLE SUPPORT AND ASSET to the child who is struggling with a really tough problem.

The access to the school situations involving academic and social speaking is ideal. These are often the student’s most difficult or even dreaded parts of their day to day lives.

Teachers are usually happy to have support and suggestions.

The student who stutters may need some individual support, but can be integrated into diverse treatment groups.

School-based SLPs have less access to parents, however the student can create things especially for their parent to “advise” about what helps them.

SUBGROUPS-BASED ON LEVEL OF STUTTERING SEVERITY AND LIFE IMPACT

Basic
Kids who stutter (likely mild to moderate) and have little to no awareness and/or have no negative reactions

Complex
Kids who stutter severely and are aware, have some negative life impact but are still managing a decent level of participation and social interaction

Complex +
Kids who stutter and are experiencing a high level of covert symptoms and penalty—may stutter (overtly) anywhere in the mild to severe continuum

Evaluating to Inform Treatment Planning

Overt Symptoms
- Primary
- Secondary

Covert Symptoms
- Reduced participation
- Word-switching/avoidance

Penalty
- Bullying
- Anxiety
- Academic performance
- Social isolation
Evaluating for Overt and Covert Features

Stuttering severity instrumentation is fine for identifying severity of overt stuttering symptoms. The OASES is a good tool for evaluating other aspects of stuttering but isn’t totally necessary.

Do a quick check to see if the student is aware of and can identify moments of stuttering:
- Younger Kids:
  - “Do you know why you came to see me today/what kind of teacher I am?”
  - “If no, OK, well do the speech teacher help people with speaking and getting their words out. Do you agree with your saying?”
  - If at no awareness then you can be pretty sure they are not aware. Or sometimes they will say that they didn’t (because they had someone tell them that), but they have no idea what that means in relation to their own speech.

Other Kids:
- Do you think you have had any stuttering while we have been talking today?
- Do you think you are stuttering a lot or a little or same as usual today?
- If aware of any, I am asking about when I think you have a stutter. Will you raise up a finger every time you feel a stutter?
- Give the students a short-answer question so the formulation complexity isn’t too high.

Many kids do not identify stutters as they occur even though they are aware. It can be uncomfortable or just difficult. Don’t worry about it too much during the evaluation period. You will often find they either don’t usually and quickly or not at all.

Riley, G.D., SSI-4: Stuttering Severity Instrument Fourth Ed. Austin, TX, Pro-Ed.

Yaruss, S.J., Quesal, R.W., (2018), Overall Assessment of the Speaker’s Experience of Stuttering, McKinney, TX, Stuttering Therapy Resources, Inc.

Subgroups for treatment planning

<table>
<thead>
<tr>
<th>Basic</th>
<th>Complex</th>
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<tr>
<td>Overt-Significant Stuttering (meets severity criteria)</td>
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<td>- May have physical secondary characteristics</td>
<td>- Blocks, prolongations, repetitions</td>
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<td>- May have high quantity of stuttering</td>
<td>- Physical distortions</td>
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<td>- May have stutter types in the severe-sentential range</td>
<td>- Accessory and postponement behaviors</td>
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<td>No Covert Symptoms</td>
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<tr>
<td>- Participates fully in class</td>
<td>- Avoids raising hand</td>
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<td>- behains in school activities</td>
<td>- May teach wrong or abandon attempts at speaking</td>
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<tr>
<td>- Not experiencing penalty</td>
<td>- May switch words or abandon attempts at speaking</td>
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<tr>
<td>- Not experiencing anxiety</td>
<td>- May feign illness to escape situations</td>
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<tr>
<td>- Has network of friends/alleys</td>
<td>- May be mistaken for a poor reader</td>
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<tr>
<td>- Academically fine</td>
<td>- May refuse some classroom assignments</td>
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Penalty
- May be mistakenly identified as a poor reader |
- May refuse some classroom assignments |
- High level of anxiety and stress |
- May not be teased because doesn’t say much, but if/when teased, is extremely sensitive |
- Highly reactive to even mild teasing |
- May frequently miss school to avoid talking

Interview—For kids who have awareness, or if you are not sure how aware they are, you could ask some* of these questions:

- On a scale of 1 to 10, how much does stuttering bother you?
- Do you know anyone else who stutters?
- *Do you raise your hand in class whenever you want to?
- Have you been teased or bullied?
- Have you avoided talking—pretending not to know an answer or saying you are unprepared when you actually are prepared?
- *Are there classes or situations that are especially difficult to talk in?
- Have you skipped school to avoid giving a presentation or report?
- *Do you participate in all the activities you would like?

Subgroup: Complex +

Mid to Moderate Overt Symptoms—
- may or may not meet standard eligibility criteria |
- may appear to be generally fluent |

Covert Symptoms
- limited verbal participation |
- adds statements to simplify language and/or choose words less likely to contain a stutter |

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- May be mistakenly identified as a poor reader |
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Treatment Decisions

- It is helpful to know if there is a family history of stuttering.
- Also good to know how long student has been stuttering.
- Beyond age 7 or 8, more likely to be chronic unless there is an unusual onset, such as a recent, later-childhood onset or a recent medication change/addition.
- Intervention can help minimize severity and progression of stuttering into the later years.
- Younger children may also need more direct treatment—child could already be in the complex category and it can already be apparent that they are likely to persist in stuttering.


Approaches—Fluency Shaping and Stuttering Modification

Fluency Shaping
- Goal: Easy onset or fluent flow
- Instruction focuses on:
  - Easy onset or fluent flow
  - Rate
  - Use of articulators in a more gentle manner
  - Use of continuous voicing
- Approach is behavioral conditioning: contingencies applied for fluent vs. stuttered speech
- Pros: Less need to confront difficult situations
- Cons: Speech can sound unnatural

Stuttering Modification
- Goal: Ability to tolerate (to the long extent) an acceptable level of stuttering and participation in speaking activities
- Instruction focuses on:
  - Reduction of avoidance
  - Accepting and confronting stuttering
- Approach is teaching and providing feedback, guiding person to be in charge of their speech and their goals, developing problem-solving skills.
- Pros: Can be more spontaneous and enjoyable
- Cons: Needs to confront beliefs, attitudes, difficult situations

Treating Accessory Behaviors

- These can be indicative of the child having full or some awareness of difficulty moving forward.
- Can child identify these? Need to ID, may need to start with ID of clinician’s use.
- Sometimes kids want to make up their own name for the symptom
- They can become very lengthy and more disruptive to speech than stuttering would be.
- I use a very simple “go right into the word” cue

Always prepare kids for teasing and/or bullying

- Much better than being blind-sided by it
- Even at the basic level, child may have been teased but doesn’t care-still good to educate.
- What is teasing/bullying?
- Why does it happen?
- It is not your fault, not about you, there is nothing you do to deserve it, it’s always wrong.
### Responding/action plan for teasing/bullying

- **Possible Responses:**
  - Ignore
  - Report (always report if it’s physical)
  - Plan a neutral response. (assertive not aggressive)
  - Consider a humorous response.
  - Have an ally.
  - Talk about what to do when someone else is bullied.
  - Talk about the bully—may be sad, or having a hard time, or feels bad about him or herself.

### Treatment-Basic Subgroup
**Minimal or no awareness-related behaviors or external consequences**

- Treat if there are tense stutters, physical concomitants, emerging accessory (escape, postpone) behaviors, and/or teacher/classroom concerns.
- In this group, for preschool, Kindergarten, first grade age range, teacher supports should also be put into place. Still possible that stuttering will resolve. May need minimal SLP input with periodic monitoring.

### Treatment-Basic Subgroup Outcomes:

- In Basic Mode, you may just be laying the groundwork for later treatment, when greater cognitive ability and self-awareness emerges.
- After some goals are met and child understands and responds to tx up to the level of their ability and current status, place on a monitoring schedule.
- Follow up with teachers, continue teacher supports as needed.

### Treatment-Basic Subgroup:
**Applying Approaches—Fluency Shaping**

- Fluency Shaping may be sufficient
- Keep it simple
- Easy Starts
- May need to address rate
- Good speech behaviors:
  - Eye contact
  - Posture
  - Just right speed
  - Just right volume
- Lots of positive RF, less redirection
  - *That was an easy start.*
  - *I like the way you said that.*
  - *You told that story really well.*
Easy onset / Easy Start/ Get Started Easy

This is how it is done, but I often use modeling instead of explanation. Child-generated drawings can be used to represent how the child perceives the strategy. I sometimes use a slide drawing. Can also use things like rubber band, stretch bracelet.

Strategy:
EASY ONSET:
(this is done consciously before the person begins to speak)

1. RELEASE AIR
2. START VOICE
3. BEGIN FIRST SOUND OF THE WORD
4. EASE INTO REST OF WORD

Treatment-Basic Subgroup:
Applying Approaches-Stuttering Modification

Especially useful for treating tension, avoidance behaviors

IDENTIFY

• Educate about speech machine
• Identify own moments of “stuck” sounds as able
• Ignore normal, tension-free repetitions
• Identify where in their speech machine they get stuck
• Keep it simple


Treatment-Complex Subgroup:
Understanding Stuttering

Knowledge is power

Tailor an education plan to the age and cognitive level of the student

General knowledge

Prevalence-How many people stutter
More boys than girls
Possible reasons why people stutter
Words for stuttering in other languages
Famous people who stutter (pros and cons to this one)

NOBODY’S FAULT!

Potential Goal: Student will demonstrate knowledge about stuttering, including symptoms, prevalence, possible causes, and related physiology.
Treatment-Complex Subgroup
Terms and Symptoms

Students may be interested in the terms or words to describe overt symptoms, like:
- repetition
- prolongation
- block
- starter/filler
- physical behaviors that can happen

And it is good to learn about kinds of things that happen because of stuttering, such as:
- avoidance
- word-switching, giving up on a statement

Treatment-Basic and Complex:
Physiology or Speech Machine

Depending on the age of the student, this can be very simple or somewhat complex, with the anatomical terms as appropriate.

Overview of the parts of the body involved in speech production
What each of the parts does and the sequence of how speech is produced
Use the model to identify what happens in their own stuttering
Can also be helpful when teaching strategies

Create a speech machine

This one is edible!

Treatment Complex-
Stuttering Modification-Identify overt and covert behaviors

Now that there is some familiarity with stuttering, the student can identify their own symptoms and related behaviors.

SLP may need to help. If the student does not identify an important characteristic, SLP can use own judgement about bringing it up now or waiting until later.

It’s good if the clinician can identify some speech-related difficulties as well, such as sometimes I talk too fast, I don’t speak up in a group easily.

This is also a good thing to do in a group.
Can be expanded to include other types of disorders, if needed.
Therapy Tasks - Identification Step

Can use a worksheet: Student discusses and writes down what they identify about their stuttering.

Things I do when I stutter: (examples: get stuck, repeat sounds, hold my breath, close my eyes, say "um" a lot)

Things I do because I stutter: (not talking in class or at lunch, ways I change what want to say, not going to events)

Therapy Tasks - Identification-use of visuals

Write all possible symptoms and behaviors on something I use shoes or treasure boxes and have students select the ones that apply to them. (Can supplement choices to incorporate students working on other disorders.)

Here are a few examples:

Treatment: Complex Stuttering Modification

Need to explore underlying thoughts and feelings

• Some kids can do this easily and right away
• It makes me angry, sad, frustrated, stresses me out
• May need to use more creative activities
• Grouping with another child who expresses self easily can help. This can be done in a general way for kids in a group, even if stuttering is not the only issue within the group

Creative Prompts

- Draw a picture of stuttering
- Create a poem/rap
- Pie chart about me—how big is stuttering in the whole picture?

This drawing was described by the artist:
Stuttering is a genie on a magic carpet and he floats around in front of me and I can’t get a hold of him. That’s his fist in my mouth.

Therapy Goals for Complex Cases—

Likely not “Fluency” or a “% Fluent Speech”

Goals aimed solely at achieving fluency can be frustrating for both the SLP and the student:
- Often puts undue pressure on the student and asks for a skill that may be impossible even for adults, consistent and successful use of strategies across all situations in the continuum of easier to more difficult is generally unrealistic.
- Can result in trying to suppress stutters, which in turn develops into struggle and tension and more escape and covert behaviors
- Can result in guilt or feeling of failure—I can’t meet the goal, I can’t use my tools.
- Excessive reminders to “use your tools” can result in less talking
- Perpetuates the idea that they can “get rid” of stuttering

Kid’s Choice

Student identifies which of the symptoms are the most bothersome
Tailor your therapy to start with that one (or 2), it can usually be incorporated and related to the over-arching goals.

Once the student has chosen a target, SLP can teach or facilitate an action plan

The target(s) can be overt or covert symptoms, or one of each.
Follow the student’s lead.
### Treatment targets:

**Student’s concern is blocking/holding breath:**

- Identify when it happens, describe it. Can relate to speech machine/model
- Easy stuttering is likely necessary-blocks typically emerge from attempts to “not stutter.” Suppressing stutters increases tension.
- Use speech machine/model to understand how the exhale needs to happen to get the voice going. Can get into talking about valves if you want, or relate to something that interests the student.
- Activities instructing/eliciting coordination of air flow plus voicing.
- Tight to loose muscles

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### Potential outcome goal:

**Student will identify stuttering blocks and utilize fluency shaping and stuttering modification to manage them successfully.**

### Potential short-term goals:

- Will identify blocks in a) clinician’s speech and b) own speech, 80%, spontaneous speech level.
- Will coordinate air flow and voicing to initiate words, 80%, spontaneous speech level in natural contexts, minimal cues
- Will change tense blocks to easy repetitions, 80%, sentence level in structured tasks, with visual cues.
- Will produce easy repetitions in short answer responses, once per sentence, 80% of trials, minimal cues.

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### Treatment targets—repetitions:

**Student’s concern is repetitions:**

- Identify when they happen and describe
- Identify source of tension (speech mechanism)
- Are there certain sounds that they occur so more often?
- How significant are they? If they are relatively mild, demonstrate to those moments of stuttering. Talk about normal non-fluency (little stutters) that don’t really interrupt the flow of speech.
- Increase student’s feeling of ability to control and change the repetitions.
  - Tense to loose: make tense and rapid repetitions on purpose, then slow them down, make them slower.
  - Do loose repetitions on purpose. Vary the number of repetitions. You do them also, let the student tell you how many times to repeat a sound.
  - Catch and release (During the stutter) Catch a real stutter that is tense, let it out easy.
  - Cancel (After the stutter) redo a very tense repetition in an easier manner

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### Treatment targets—Prolongations:

**Student’s concern is Prolongations:**

- This is similar to the approach with repetitions:
  - Identify when they happen and describe
  - Identify source of tension (speech mechanism)
  - Are there certain sounds that they occur on more often? (May be word-medial vowels, or often /s/, /l/, /w/, /m/ sounds)
- How can you change the tension? Might be something like not pressing the lips, loosen muscles, let the exhale go easier.
- Plan to prolong or stretch the sounds, do it in a controlled easy manner. This is especially important if there is a high level of anticipation of stuttering on certain words or sounds. “Plan to stutter” is a good approach. Sometimes reducing the stress of “am I going to stutter or not?” removes the actual stuttering events.
- Can also apply catch and release and cancel strategies from previous slide.
Potential Outcome Goal: Student will identify stutters and modify the amount of tension in order to speak efficiently and effectively with minimal disruption.

Potential short-term goals:
- Student will identify (repetition, prolongations) in a) clinician’s speech and b) own speech, 80%, spontaneous speech, structured tasks, minimal cues
- Student will identify the physical characteristics of own stuttering and relate them to specific speech mechanism structures, 80%, short answer responses, moderate cues
- Student will reduce tension during moments of stuttering using ease-out strategy (or pull-out or change-out) 80%, short answer responses, moderate cues
- Student will apply cancellation following a tense stutter, 80%, spontaneous speech, structured conversation, minimal cues

Potential Outcome Goal: Student will replace use of accessory behaviors such as starters, fillers, escape and postponement behaviors with fluency shaping and stuttering modification to achieve effective and efficient communication with minimal disruption.

Potential short-term goals:
- Student will identify accessory behaviors 80%, spontaneous speech, minimal cues
- Student will proceed to intended words without accessory behaviors, minimal to moderate cues, across a variety of situational complexity, 80% of opportunities

Treatment targets - Student’s concern is use of starters, fillers or backing up (Accessory Behaviors)
- Identify when they happen, talk about what the word is that they are trying to postpone or get started on.
- Instruct and cue to Go right into the word. May need lots of coaching, external reinforcement, and to let the student “catch” you using the behavior.
- Provide a replacement strategy—usually this is easy repetition or “let the stutter go easily”, because all the accessory behavior is due to trying to not stutter.
- Often the accessory strategy they have been using continues until the word can get pushed out, so you don’t really know what kind of stutter is/would be happening. Once they begin to go right into the word, the stutter type they are trying to avoid will be identified. It’s possible the actual stutter is much milder than all the accessory behaviors. It’s ok to let that word have a stutter in it.

Treatment targets - Student’s concern is participation
- Identify underlying reason—(and validate.) Examples:
  - I’m afraid I will stutter.
  - I’ve been laughed at. Or afraid I’ll be laughed at.
  - Time pressure—teacher calls on another person if I hesitate
- Is there academic penalty such as a participation grade?
- Where/when is the student most frequently holding back on participation or socialization?
  - Lunch/friends
  - Group activities
  - Reading aloud
  - Raising hand in class(es)
  - Foreign language class
  - Extracurricular activity
Make a custom rating scale using the child's words. Use this to track symptoms, often they decrease as avoided situations are confronted.

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Participation continued:

Initially, the goal is just to participate, don't worry about using a particular strategy.
Discuss the concerns the student has and how to respond when/if they occur (such as laughing.)
Develop a continuum of easiest to most difficult situations and include specific teachers/classes if applicable.
Discuss the goal with teachers as needed, or have the student do this.
Make a plan to stretch comfort zone in easiest situation first.
Let student decide what/who/how many times.
Clinician can set a goal for him or herself also.
Be accountable-follow up with student and report on your own goal.
This type of work can be a huge confidence-booster.

Tools for identifying and ranking speaking situations and reactions to stuttering:
- Worry Ladder (Chmela’s materials, student write the situations on rungs of a ladder, lowest rungs= easier, highest = more difficult)
- OASES
- Make own list

Communication attitudes tests:
- School Age: Behavior Assessment Battery CAT-Communication Attitude Test
- Preschool & Kindergarten: KidsCAT Communication Attitude Test for Preschool and Kindergarten Children Who Stutter
  - Plural Publishing, Authors Martine Vannyclegehem and Gene J. Brutten
  - 2006

Potential outcome goal: Student will participate in classroom question-answer and discussions at desired and acceptable level per self- and teacher-rating.

Potential short-term goals:
- Student will raise hand 1 or more times in each class, as appropriate.
- Student will decrease speech-related anxiety by xx points on a 1-10 scale, by self-report.
- Student will identify 2 self-advocate strategies to support classroom and activity participation
- Student will apply 2 self-advocate strategies to support classroom and activity participation
### Treatment Targets - Summary

Other target behaviors such as blocking, talking on low air, squeezing eyes, using head/hands/feet as secondary physical behaviors - Any of these behaviors can be approached in a similar way as presented in the examples.

- Identifying and describing is always important
- Choose strategies - may be a physical change in how word is produced, may be a behavioral change.
- Instruct and model strategies and/or set a goal for yourself that stretches your comfort zone
- Apply it according to the student’s continuum of easy to difficult
- Problem-solve barriers and difficulties
- Who else is on my side? Involve others as appropriate

### Teacher Support

Teacher may have no idea the student is not participating due to stuttering. Sometimes the student’s talking is so limited, the teacher doesn’t notice any stuttering.

- Provide info on what is being avoided and why (per the student).
- Address specifics such as:
  - Student is being laughed at or feels as if will be
  - Student needs a couple extra seconds to respond
  - Student gets interrupted by others if there is a break in his speech
- Tasks are timed (example: say all your multiplication sets in one minute)

Make recommendations examples:
- Wait several seconds after calling on the student.
- Some students also want “let him finish.” Teacher does not need to say why.
- No timed verbal tasks: This includes computer programs that evaluate responses that are spoken into the mic. I think this should apply to all students who stutter.

### Other ways teachers can help:

Avoid going up and down the class rows calling on each student to speak or read. The student who stutters may wait through 10 other students and have a lot of time to build up anxiety about their turn.

In earlier grades, have all the students read aloud in pairs if there is a student who struggles a lot with stuttering during reading aloud. Choral speech is pretty much always fluent. This could be a temporary thing as the student builds confidence. If all the students do it, the student is not singled out.

### Teachers continued:

Call on the student early in the class period.

Have the student go first, or early in the class period if there are presentations.

Provide a multiple choice question for the student to answer, it’s easier and the success can build confidence. “Was it Alaska, Alabama or Maryland?”
**Teachers continued:**

**Educating the other students:**

The student may want to provide the class with information about stuttering. This can promote empathy and may reduce likelihood of teasing/bullying, because the student acknowledges the issue. Sometimes the SLP will participate.

The teacher can talk to the student about what would help—the student may want the teacher to provide the students with information and instruction about appropriate responses. Or the student may not want anything said. Sometimes teachers will do several mini-lectures on different types of challenges students have—hearing loss, cerebral palsy, learning difficulties, heart conditions, whatever. This takes the focus off of just one student.

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**Presentations and other high-stress situations**

Generally, we try not to change the expectations for students who stutter. In extreme cases, accommodations can be set up.

Student will deliver oral presentations to the teacher one-on-one. Can present together with a friend.

Can record the assignment at home and send it.

Having lower expectations for any student sends a message “we don’t think you can do this.” Get creative, elicit ideas from the student about how tasks can be accomplished.

It’s also possible that the student will eventually choose to do the presentations in class.

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**Complex cases need desensitization**

- Stuttering while keeping eye contact
- Easy stuttering
- Talking to or reading about others who stutter
- Appropriate videos—Stuttering Foundation of America-Stuttering for Kids, by Kids (free on their website, www.stutteringhelp.org)
- Parker Mantell commencement speech (older students, YouTube)
- “De-awfulize”
- Consider using the education materials the student has gathered to make a class presentation.

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**Students may need to develop resilience**

- Tasks that talk about and facilitate problem-solving
- This is hard, let’s figure out how to handle it.
- Emotional regulation
- Confidence builders—
  - doing things out of comfort zone
  - helping others
- Extra-curricular activities
- Developing “Thick Skin”
- Books—What Do You Do With a Problem? Author Kobi Yamada
  - Beautiful Oops Author Barney Saltzburg
  - I Can Handle It! Author Laurie Wright
  - The Adventures of Phil Carrot: The Forest of Discord Authors Michael Sugarman and Kim C. Seaw
Self-advocacy and Empowerment – Helping Others Understand

The activity What I wish _______ understood about stuttering is a good one. The blank can be filled in with anything:

What I wish
People
My class
My teacher(s)
My friends
My cousin
Dad
Understood about stuttering

The student writes (or tells) what these things are, and can decide to share or not share the information.

Complex +

Child who is highly sensitized to stuttering
May have a sensitive and reactive temperament in general
Experiencing a high degree of distress
Avoidance is probably high
May be doing a lot of word-switching
May have some perfectionistic tendencies
May experience a lot of external pressure to stop stuttering. Parents sometimes do this and are not intending to. Parents who also stutter may be especially invested in their child becoming fluent.

Complex +
Needs the steps applied in Complex case, plus extra support

Classroom support -
Managing teasing
Teacher strategies- may need significant help from teachers
Educating the students about stuttering and what to do and not do
Ally identification and development
Confidence and resilience builders
Reinforcement for small steps
Consider guidance counselor assist

Complex +
Needs to “show” the stutter

• Get to the stuttering behavior-often it’s carefully hidden
• It may be relatively mild-the reaction and anticipatory fear is greater
• SLP may need to add communicative stress such as time pressure or competition in order to bring out the stuttering behaviors.
• Being grouped with another student who stutters can be helpful, especially one who stutters openly and is coping well with stuttering.
• If available, an older mentor who also stutters, like a teen or young adult who could come in and talk with the child.
Stuttering treatment in general:

Do everything you ask the student to do. Take turns in activities (can just do a few turns). Use the strategies in your own speech.

Increase complexity of tasks as quickly as possible.

Take it out of the therapy room

Use a lot of positive reinforcement, notice and comment when student reduces tension in a stutter, has a mild stutter, does something out of comfort zone, tells a great story

Be careful not to over-reward non-stuttered speech, it can set up an all-or-nothing mind set. “If I don’t stutter, I did a good job, if I did stutter, I didn’t.”

Looking up and having eye contact while stuttering is important.

<table>
<thead>
<tr>
<th><strong>Adding environmental complexity</strong></th>
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</thead>
<tbody>
<tr>
<td>Adding time pressure</td>
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<tr>
<td>Resisting time pressure</td>
</tr>
<tr>
<td>Adding noise</td>
</tr>
<tr>
<td>Adding Movement</td>
</tr>
<tr>
<td>Video/audio record</td>
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<tr>
<td>Audience</td>
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<tr>
<td>SLP purposely interrupt (prepare/explain to student)</td>
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<tr>
<td>SLP speak quickly</td>
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<table>
<thead>
<tr>
<th><strong>Adding Linguistic Complexity</strong></th>
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<tbody>
<tr>
<td>Create own story; Story in a bag (create story around 5 objects); Progressive Stories in a group</td>
</tr>
<tr>
<td>Explanations: similarities/differences; pros and cons; describing something for other person to guess</td>
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<tr>
<td>Giving detailed instructions: Barrier Games, instructional video, create a sequence of actions and teach it</td>
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<tr>
<td>Improv impromptu speeches</td>
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<tr>
<td>Prepare and give presentation</td>
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<tr>
<td>Prepare a PSA about stuttering</td>
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<tr>
<td>Create and present a skit</td>
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<tr>
<td>Retell a story</td>
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<tr>
<td>Tell what words mean</td>
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<tr>
<td>How and Why questions</td>
</tr>
<tr>
<td>Telling Jokes</td>
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</tbody>
</table>

Q: What washes up on very small beaches?
A: Microwaves!

Q: What do you call an attractive volcano?
A: Lava-babe!

Q: What did the big flower say to the little flower?
A: Hey, bud!

Q: What kind of shorts do clouds wear?
A: Thunderear!

Q: What’s a tomato’s favorite game?
A: Twistar!

Q: What did one volcano say to the other volcano?
A: I lava you!

Q: What did the cloud say to the lightning bolt?
A: You’re shocking!

Q: What is the opposite of a cold front?
A: A warm back

Q: What bow can’t be tied?
A: A rainbow!

Q: What falls but never hits the ground?
A: The temperature!

Q: How do hurricanes see?
A: With one eye!
## Games and activities

<table>
<thead>
<tr>
<th>Activity Description</th>
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<tbody>
<tr>
<td>5 Second Rule (time pressure)</td>
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<tr>
<td>Taboo (limits word choices, linguistic complexity, can have time pressure)</td>
</tr>
<tr>
<td>Structured Sentence Tasks (Verb Matching Game, produce sentence descriptions)</td>
</tr>
<tr>
<td>Can do single word tasks if needed when using a new strategy (word association game, naming items in a category)</td>
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<tr>
<td>For tx groups could have all the words start with the artic sounds, or the task can be language and fluency</td>
</tr>
<tr>
<td>A lot of the activities I use are language tasks</td>
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</tbody>
</table>

## Resources:

- **StutterTalk**
  - [www.stuttertalk.com](http://www.stuttertalk.com)  - Podcasts and Website/Facebook

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

- **Friends Association of Young People Who Stutter**
  - [www.friendswhostutter.org](http://www.friendswhostutter.org)

- **SAY (the stuttering association for the young)**
  - [www.say.org](http://www.say.org)

- **Kristin Chmela’s videos and books**

- **Nan Bernstein Ratner: Intervention Strategies for Children Who Stutter**

- **Stuttering Therapy: Practical Ideas for the School Clinician (SFA)**

- **Anything by Scott Yaruss—he has some great stuff on Youtube**

- **Stuttering Homepage** [www.mnsu.edu/comdis/Kuster/stutter.html](http://www.mnsu.edu/comdis/Kuster/stutter.html)

- **Fluency and rate tracker** [www.natke-verlag.de/silbenzaehler/indexen.html](http://www.natke-verlag.de/silbenzaehler/indexen.html)

- **Book: Let's Talk About Stuttering, Author Susan Kent, published by Rosen Publishing Group**