My goal: To help you help your students overcome the burden of stuttering

Part I: Where Do I Begin?

I. To understand where you want to begin, you need to know where you want to end

   A. The first step toward planning successful therapy is to figure out what you want to accomplish. That’s the only way to know if you actually achieved your goal!

   B. Successful stuttering therapy involves more than just changes in observable speech fluency
      1. Improved fluency
      2. Improved management of stuttering behaviors
      3. Reduced tension and struggle
      4. Reduced avoidance
      5. Improved communication attitudes
      6. Improved communication abilities
      7. Improved quality of life
      8. Reduced negative impact from stuttering

II. A better understanding of stuttering will help us improve our therapy

   A. Stuttering is more than just a speech disorder. It can affect every aspect of a person’s life (This is part of what makes it confusing for so many SLPs)

   B. We need a framework for helping us manage all of these aspects of the disorder.

III. The WHO’s ICF provides an ideal framework for describing stuttering

   A. International Classification of Functioning, Disability, and Health (WHO, 2001) is comprised of two primary components
      1. **Body Function and Structure**: physiological and psychological functions of the body
      2. **Activities and Participation**: major areas of people’s daily lives
      3. **Impairments** in Body Function or Structure can lead to limitations in a person’s ability to perform activities or restrictions in the person’s ability to participate in life

         - Presumed Etiology
         - Impairment in Body Function
         - Activity Limitation / Participation Restriction

   4. The impairment has traditionally been defined as the production of certain types of speech disfluencies (see disfluency types figure at the end of the handout)
C. The **impairment** involves more than just the production of speech disfluencies
   1. The true experience of the moment of stuttering involves a feeling of “loss of control”
   2. “Loss of control” is the feeling that you know what you want to say, but for some reason, you can’t make yourself say it
   3. Typically, when people feel a loss of control, they exhibit certain types of speech disruptions
      a) SLPs call those “stuttered disfluencies,” but...
      b) Not all disfluencies involve a loss of control, and not all losses of control result in disfluencies

D. **Activities and Participation** describe what a person wants to do in life
   1. **Activities**: anything related to talking that a child might want to do (Introducing oneself to other people, asking or answering questions, reading aloud in class, talking on the phone)
   2. **Participation**: the ways in which people fulfill their roles in life (Being a student, learning to socialize with others, being a friend)
   3. **Activity limitations/participation restrictions** keep people from doing what they want to do

E. The **context** in which a person lives mediates the way an impairment affects a person’s life
   1. Context can refer to various reactions a person might have to the impairment
      a) **Affective**: Feelings, attitudes, emotions
      b) **Behavioral**: Actions (Avoidance, tension, struggle)
      c) **Cognitive**: Thought-processes, self-evaluation

F. “Stuttering is more than just stuttering” (Reardon-Reeves & Yaruss, 2013)

G. The ICF forms the core of the scope of practice for SLPs
   “Speech-language pathologists work to improve quality of life by reducing impairments in body functions and structures, activity limitations, participation restrictions, and barriers created by contextual factors…” -- ASHA (2007) Scope of Practice for SLPs
IV. Successful stuttering therapy involves more than just changes in observable fluency

A. Reduced **Impairment**
   1. Improved fluency
   2. Improved management of stuttering behaviors

B. Reduced **Negative Reactions**
   1. Reduced tension and struggle
   2. Reduced avoidance
   3. Improved communication attitudes

C. Reduced **Activity Limitations** and **Participation Restrictions**
   1. Improved communication abilities
   2. Improved quality of life

D. **Reduced adverse impact from stuttering**

By treating the entire disorder, we can help students overcome the adverse impact of stuttering

**Comprehensive Assessment**

I. **Assessment:** A comprehensive assessment means more than just a frequency count

A. Just as we plan to treat the entire disorder, we must also assess the entire disorder

B. **Impairment:** Understand the nature of the child’s stuttering behaviors
   1. Key facts about disfluencies
      a) All speakers produce all types of disfluencies
      b) Even non-stuttering children produce “stuttered” types of disfluencies on occasion
      c) “Non-stuttered” disfluencies may still reflect an underlying “loss of control” (i.e., stuttering)
      d) Physical tension is a sign of loss of control (Specifically, a sign of trying to regain control)
      e) Stuttering varies
         (1) You will need to collect data in more than one situation
         (2) You will need to collect enough data to get a representative sample of the child’s speech behavior

   2. Use a “count sheet” to track disfluencies
      a) Frequency of disfluencies
      b) Types of disfluencies
      c) Perception of tension and secondary features
      d) Other characteristics (conversational style, speaking rate, etc.)
      e) It’s not easy, but with practice, you can learn to measure stuttering behaviors reliably
3. Published assessments can help you document observable stuttering behaviors
   a) The **Stuttering Severity Instrument** (SSI; Riley, 2009) rates severity based on frequency, duration, and observed physical concomitants
   b) The **Test of Childhood Stuttering** (TOCS; Gillam, Logan, & Pearson, 2009) for ages 4 to 12 examines four different speaking situations

4. Remember that severity ≠ adverse impact. Some people may stutter frequently but experience minimal adverse impact
   a) Some people can stutter and still say anything they want and do anything they want. They just stutter while they’re doing it!
   b) Some people may stutter infrequently but experience significant problems in their lives
      1. This is particularly true with “covert” stuttering
      2. People who stutter covertly may be practically unable to communicate, even though they may produce few observable disfluencies
      3. (Reading aloud is particularly useful for “catching” children who stutter covertly and try to hide their stuttering)
   c) So, we can’t just assess severity

C. **Reactions:** Talk to your students about their thoughts and feelings about stuttering
   1. Although SLPs have traditionally been reluctant to talk to children about stuttering, it is the only way to truly understand their experiences. **It is okay to talk to children about stuttering.**
   2. Even if they are uncomfortable with this at first, your support and validation will help them understand that you are there to help them
      a) Therapy begins during the evaluation!
   3. Portfolio-based assessment can provide valuable information
      a) Reflective writing / drawing
      b) Journal entries
      c) Informal questionnaires, forms, checklists
      d) Transcripts of conversations with the child
      e) Documentation of behaviors observed by the clinician, teachers, family members, peers
   4. Published assessment protocols can help you evaluate ABC reactions
      a) **Behavior Assessment Battery** (BAB; Bruten & Vanryckeghem, 2008) includes the Children’s Attitudes about Talking (CAT) test
      b) The **Overall Assessment of the Speaker’s Experiences of Stuttering** (OASES; Yaruss & Quesal, 2010) examines affective, behavioral, and cognitive reactions (and more) for ages 6-12 and 13-17

D. **Adverse Impact:** Talk to your students about how stuttering affects their lives
   1. Does stuttering affect their ability to…
      a) Say what they want to say?
      b) Do what they want to do?
      c) Be who they want to be?
      d) Interact with peers, family members, and teachers
   2. Do they worry about how stuttering will affect their lives in the future?
3. The OASES examines adverse impact directly
   a) Functional communication difficulties in key situations (home, school, social settings)
   b) Effect of stuttering on overall quality of life

E. Environment: Parents, teachers, and peers affect children’s experience of stuttering
1. We use “Checking In” forms to gather information about the environment
   a) What do others know about stuttering?
   b) How do they feel about the child’s stuttering?
   c) What advice have they given to the child?
   d) What do they understand about therapy?
   e) How do they define successful therapy?
   f) What is their opinion about prior therapy?
   g) How involved were they / do they expect to be in therapy?
   h) Is the child experiencing bullying or other difficulties at school?

F. A truly comprehensive evaluation examines more than just the stuttering disorder.
Don’t forget about other aspects of speech and language development
1. Speech sound production
2. Oral motor abilities
3. Expressive / receptive language
4. Lexical Access
5. Narrative ability

G. If you wish to understand the whole child, you must evaluate the whole child

II. Recommendations: Children don’t necessarily need therapy just because they stutter
A. Not all children are ready for therapy.
   1. Having children in therapy when they are not ready is a waste of your time and theirs
   2. Parents may want them in therapy anyway, but our job is to carefully consider the
data to determine whether the child should be in treatment now

B. How do I know if a child should be in treatment now?
   1. The decision should be based on the child’s readiness.
   2. Readiness is a key determining factor in treatment success. The child will make the
most progress in treatment when he is to change.

C. What makes him ready?
   1. When the negative impact of stuttering is great. (When the pain of staying the same is high.)
   2. When he sees that he can make changes.(When the pain of change is minimal.)

D. To help with readiness, we spend time laying the foundation for the child’s success

Summary of Part I:
A comprehensive evaluation leads to comprehensive treatment
Part II: Let’s get started!

I. Treatment will be most successful when we lay a strong foundation for success

A. Learning about speaking provides the foundation for everything we do in therapy
   1. Learning about the speech machine helps the child understand the parts of the body involved in speaking (and stuttering)
   2. Drawing the speech machine helps solidify the child’s knowledge and encourages introspection and exploration
      a) The Respiratory System gives us the air we speech sounds
   3. Learning that our voices work in many ways helps the child recognize that stuttering is not the only way of speaking
      a) Recognize that our voices can work in difference ways helps children learn that they can make changes in how they talk
      b) It also helps to put stuttering in context – normalizes – stuttering as just one way of talking

B. Learning about stuttering provides the foundation for using techniques and reducing sensitivity to stuttering
   1. Learning what we do when we stutter helps children understand what stuttering is
   2. Learning about different types of disfluencies helps children understand the moment of stuttering
   3. “Teach the teacher” encourages introspection
   4. Exploring the moment of stuttering helps children feel what the speech machine does during stuttering
   5. Learning that you can change stuttering sets the stage for stuttering modification strategies

C. Students must know why they are doing everything they do in therapy
   1. For every technique…
      a) What is it?
      b) When can I use it?
      c) How do I use it?
      d) There are no secrets in therapy
      e) What else do I need to know?

D. Techniques aren’t perfect, and they only work when you use them

E. Remember the child’s perspective
   1. What we offer them is not terribly compelling
      a) Techniques take a lot of practice to learn
      b) Techniques sound different
      c) Techniques are hard to do
      d) Techniques don’t work all the time
      e) Would you want to do them??
   2. If students go into therapy with their eyes open, knowing the goals, knowing the procedures, and knowing the outcomes, they will be much more successful

II. Part II Summary: A successful ending depends upon a successful beginning
Part III: Packing the toolbox: Techniques for stuttering more easily

I. Getting Ready

A. The First Step…Teach the child strategies that cause him to speak more fluently…right?
   1. No… If using strategies for “speaking more fluently” were so simple, the child would have already figured out how to do it…
   2. Before we can help a child learn to speak more fluently, we have to help him figure out what he is doing to interfere with his speech.

B. What Is He Doing to Interfere with His Speech?!
   1. The true “core” behavior of stuttering is completely under the surface.
      a) That “loss of control” feeling is not anything a listener can see or hear…
      b) But the child can feel it, and that causes him to do things to try to regain control of his speech.
   2. When the child tries to regain control, the behaviors he exhibits are what we call the surface behavior of stuttering.
      “Stuttering is… what the speaker does in his attempts to avoid stuttering.” (from Johnson, 1955)
   3. Tension makes talking harder; Stuttering management techniques make talking easier.

II. Stuttering modification techniques help speakers change stuttering so it is not as tense, not as long, and not as disruptive to communication

A. There are three opportunities to change a moment of stuttering (Van Riper, 1973)
   1. After the stutter is over: Cancellation
   2. Before the stutter occurs: Preparatory Set (Easing In)
   3. During the stutter: Pull Out (Easing Out / Slide out)

B. Cancellation involves modifying tension after a moment of stuttering is over
   1. Cancellation is not just “replacing stuttering with fluent speech” or “fixing stuttering”
   2. Cancellation helps students learn to modify, manage, or reduce tension following stuttering
   3. For example: “I wwww-yyyyant – wwwwant that”
   4. Notice that the second production is not fluent; it is modified

C. Pull-out involves modifying tension during a moment of stuttering
   1. Pull-out is not just “stopping the stutter and saying the word fluently”
   2. Pull-out helps students learn to modify, manage, or reduce tension during stuttering
   3. For example: “I wwwwaaaant that”
   4. Notice that the tension decreases during the stutter
   5. Also called “easing out” or “slide out”

D. Preparatory set involves modifying tension before a moment of stuttering occurs
   1. Preparatory set is not “avoiding a stutter” or “stopping a stutter before it starts”
   2. Preparatory set helps students reduce tension before it builds up so they do not initiate speech with a tense posture
   3. Non-stutterers can’t truly practice preparatory set because our tension is fake
   4. The name comes from the way a person gets “set” or “prepared” to move, like in sports
   5. Also called “easing in”
E. **Speakers can also learn to stutter with less physical tension** (*easy*/ *voluntary* stuttering)

1. If a child can learn to “stutter through” that a loss of control with less tension, then stuttering can be less disruptive to communication

2. Easy stuttering can involve
   a) Light bounces “li-li-like this”
   b) Easy prolongations “lllllike this”

3. Easy stuttering / voluntary stuttering also help
   a) Reduce the desire to hide stuttering
   b) Reduce fear about the moment of stuttering

F. **Part III Summary:** Speakers can change how they **react** to the loss of control to reduce the severity of their stuttering behaviors

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**Part IV: More tools for the toolbox: Techniques for easier speech**

I. **Children can minimize the loss of control using speech modification strategies**

A. Speech modifications are easy to learn, but they are hard to do!

1. They take extra effort. For many children who stutter, speaking is hard enough!

2. They sound different from what the child is accustomed to (“It doesn’t sound like me…”)

3. They sound different from other children (“I don’t want to sound stupid!”)

4. No wonder children don’t want to do them!

B. Fortunately, we can simply speech modification by recognizing that all techniques involve changes to just two parameters: **Timing** and **Tension**

II. **Changing timing gives the child the time he needs to communicate successfully**

A. Changing timing increases opportunities for **planning** language and **producing** speech

1. Examples:
   a) Pausing as needed **before** starting to speak
   b) Pausing as needed **during** ongoing speech
   c) **Slightly** reducing speaking rate

2. If the child allows more time for language planning and speech production, he is more likely to be more fluent

B. “Turtle speech” can help preschool children and parents slow their rate and facilitate fluency

1. I prefer a more “natural” sounding speech, especially for school-age children

C. **Guidelines for Reducing Speaking Rate**

1. **Practice** using slow rate before you attempt it — get a feel for too slow and not slow enough

2. Use **natural** intonation and rhythm

3. Do not use “choppy” or “robot” speech or stretch out all the words
D. Modifications make speech sound less natural

1. Less Natural
   a) Choppy Speech
   b) Robot Speech
   c) Monotone Speech
   d) Stretchy Speech
   e) Linked speech
   f) Chained Speech
   g) Continuous Phonation
   h) Turtle Speech

2. More Natural
   a) Slowed speech
   b) Slightly smooth speech
   c) Speech with slight pauses
   d) Speech with slight pauses at turn-taking boundaries
   e) In other words… Speech that is only slightly modified

E. The easiest way to put pauses in your speech is to introduce them between phrases

1. Maintains naturalness and gives more time for planning. Pauses should occur at appropriate locations, e.g., between sentences and phrases
2. Pauses should not be so long that the child feels uncomfortable with the silence (~1 sec)
3. It will take practice for the child (and you) to develop comfort with silence
4. Focusing on pausing is easier (and more effective) than thinking about slowing speech

III. Changing tension helps the child move his articulators more smoothly and easily

A. When a child’s muscles are too tense, it is harder to speak
   1. Tension is a reaction to the underlying feeling of loss of control
      a) The tension is not the stuttering…
      b) It is part of what he is doing to interfere with speech
   2. The child will be able to speak more easily if:
      a) He can prevent tension from building up
      b) He can minimize tension after it’s already there

B. Light contact helps prevent tension from building up in the articulators
   1. The more tension, the more struggle and the more stuttering
   2. Children can reduce physical tension as their articulators are touching one another
      a) Similar to gentle laryngeal onset used in voice therapy, but for all speech muscles
   3. Light contact requires a lot of practice
   4. It may also cause the child’s speech to sound (and feel) less natural, so use it carefully

IV. Easy start involves changes to both timing and tension to enhance fluency

A. Reduce rate slightly and reduce physical tension slightly, at the beginnings of phrases
B. Use phrasing and pausing slows the pace to give opportunities to reduce physical tension
C. Focus on naturalness throughout the phrase… only the beginning of the phrase is modified
D. Requires lots of practice (for you and the child)

V. Part IV Summary: Speakers can change the timing and tension of language planning and speech production to enhance their fluency
Part V: What about that stuttering iceberg?

I. So far, treatment has addressed the impairment and some behavioral reactions

   A. This is a good start! It helps the child speak more easily and stutter less severely

   B. Successful therapy must also address the child’s affective and cognitive reactions>
      This helps children reduce their anxiety and improve their confidence as speakers

II. Why do some people have such strong fears?
    And why do they struggle so much when speaking?

   A. The “loss of control” is not a pleasant feeling
      1. People who stutter experience a feeling of “loss of control” when speaking
      2. In reaction to that loss of control, they experience emotions and engage in physical behaviors to try to regain control (Affective, Behavioral, and Cognitive reactions)

   B. These responses are normal, understandable reactions to the feeling of loss of control
      1. They are the same things you would do if faced with a similar feeling
      2. When people experience a loss of control repeatedly, they begin to fear that experience and try to avoid it…

   C. Reducing negative reactions helps children speak more easily and communicate more effectively
      1. When people are scared, they cannot perform to their best ability
      2. Fear leads to:
         a) Increased tension and struggle
         b) Increased avoidance of words, sounds, or situations
         c) Negative thoughts and self-talk
         d) Poor self-esteem and self-confidence
         e) Lower quality of life
      3. The more students fear stuttering, the greater the impact of stuttering on their lives

III. SLPs can help children overcome negative reactions to stuttering

   A. Unfortunately, many clinicians report discomfort with their counseling skills

   B. Before you can help children overcome their discomfort with stuttering, you first have to overcome your own discomfort
      1. (Too) many SLPs are uncomfortable with stuttering – this has to change
      2. If we are uncomfortable, when our students are stuttering, it is impossible for us to help them overcome their
      3. Fortunately, this is something we can change
IV. The best way to overcome a fear is to face that fear

A. Desensitization is the process of gradually exposing yourself to the thing you’re afraid of
   1. People with a fear of spiders need to be gradually exposed to spiders to build up a resistance to fear
   2. People with a fear of heights need to be gradually exposed to tall buildings
   3. People with a fear of stuttering need to be gradually exposed to…STUTTERING

B. Remember…the child is not afraid that he will be fluent. He is afraid that he will stutter
   1. We want our students to learn that it’s okay to stutter
      a) The more they learn that it’s okay to stutter, the more they learn that THEY are okay
      b) The more then know that they are okay, the easier it is for them to cope with stuttering
      c) And…the less likely they are to avoid, to tense and struggle, to fear, and to feel bad
   2. Ensure that your students understand the purpose and rationale for everything!

C. Desensitization takes time
   1. You cannot “drop” people into a stressful situation and expect them to sink or swim!
   2. That’s what our students have been doing all their lives! They need help to overcome the fear
   3. We can help by gently guiding them toward experiences that reduce rather than increase fear
   4. This means following a hierarchy

D. Hierarchies help us get from where we are to where we want to be
   1. SLPs use hierarchies for nearly everything we do
      a) E.g., articulation therapy is presented in an orderly fashion, moving from easier situations to harder ones
   2. We can do the same thing in helping our students start with easy situations and move toward harder ones when facing the fear of stuttering

E. A therapy activity: Help the child learn to stutter
   1. Demonstrate pseudostuttering (fake stuttering) on your own, and give students the chance to try it too in the therapy room, for starters
      a) Don’t be surprised if they are reluctant at first
   2. As their comfort with pseudostuttering increases (and it will), set up other situations, locations, and tasks where they can practice

D. Another therapy activity: Stuttering in different ways
   1. Give the child the opportunity to “play with” different types of stuttering behaviors
      a) Long stutters / short stutters
      b) High stutters / low stutters
      c) Loud stutters / quiet stutters
      d) Bouncy stutters / stretchy stutters
   2. These activities reduce the child’s sensitivity to disfluencies in general while helping him learn more about how his speech mechanism works (They’re also quite fun!)
E. Stuttering is embarrassing, but this embarrassment can be reduced

1. The child who has learned to overcome his embarrassment will be able to speak freely
   a) Say what he wants to say
   b) Do what he wants to do
   c) Be who he wants to be

2. ...regardless of whether or not (or how much) he stutters

3. This is a key goal of therapy, for this is what helps to reduce adverse impact

F. Many children who stutter feel shame, but they can diminish it

1. Shame is a feeling of failure in who we are...there’s something wrong with us

2. The way to reduce shame is to face the thing we’re ashamed of
   a) Talk about it
   b) Think about it
   c) Express our feelings about it
   d) Learn about it
   e) Teach others about it
   f) Own it
   g) Become more comfortable with it
   i) Accept it

3. As children reduces their shame, you will see changes in how they think and talk about themselves
   
   ➢ “I don’t know why this is happening to me” ➢ I know what I do when I stutter...
   ➢ I am the expert!
   
   ➢ “Nobody likes me because I stutter” ➢ I can stutter and still have lots of friends
   ➢ Stuttering is not my fault

   ➢ “I stutter because I did something bad” ➢ I stutter and I am okay!

4. Increased openness about stuttering leads to... improved communication success

F. Reduced fear also leads to... reduced time pressure, reduced stuttering AND increased comfort with tools

1. Greater comfort with stuttering can actually lead to greater use of speech strategies and... improved fluency!

G. Reducing negative reactions also helps to improve communication as a whole

1. Many people who stutter struggle with exhibiting appropriate eye-contact
   a) Once we understand how embarrassing it can be to stutter, we can understand why children may break eye contact

2. As the shame and fear go down, eye contact and other signs of confidence go up

V. Self-help groups reduce negative reactions by showing children that they’re not alone

A. There are more than 3,000,000 people who stutter in the USA

1. It’s very hard to feel alone when you’re one of over 3,000,000

2. Numbers help to reduce stigma and isolation
B. Another therapy activity: Help your students meet other people who stutter
1. Self-help organizations have local chapters and conferences for adults, teens, and youth
2. Make sure to connect all of your students with self-help and the broader stuttering community in some fashion
   a) Websites (NSA: www.WeStutter.org)  d) National / regional conferences
   b) Newsletters  e) Family days
   c) Local chapter meetings
3. Meeting people who have “been there” and made it through offers hope

Part V Summary: The more children can reduce their negative reactions, the more they can reduce the negative impact

Part V: No child is an island

I. Children who stutter live in an environment that does not understand their disorder

A. This applies to:
   1. Parents, who just want their children to stop stuttering (understandably) and have trouble accepting the true nature of the stuttering disorder
   2. Teachers, who may exclude children who stutter or not know how to respond to them at all
   3. Peers, who may bully children who stutter or fail to stand up for them when they are bullied

B. We must help children educate the people in their environment to further reduce the adverse impact from stuttering

II. Parents need just as much help coming to terms with stuttering as their kids do. In fact, they need more.

A. Start out by asking parents what they need from you
   1. Different parents have different needs
   2. Ask about:
      a) What has worked before (and what hasn’t)
      b) What they want from therapy (and what they have wanted in the past)
      c) What worries them now
      d) What they think they need at present

B. Most parents want their children to stop stuttering, but this is not something they can have
   1. It can be difficult for parents to realize that there is no cure for stuttering
   2. Often, nobody has told them before, so it falls to us
   3. We need to present this information in a way that helps them come to accept stuttering
   4. Focus on the fact that while there is no cure for stuttering, children can learn to manage their stuttering so it does not have a negative impact on their lives
   5. Helping parents understand that there is no cure for stuttering gives them the opportunity to start the healing process
C. Help parents focus on what’s really important to them (and their child)
   1. To help parents understand the broader goals of treatment, ask them this question:
      
      Assuming your child does continue stuttering,
      
      What would you like his life to be like in five years?
   
   2. Most want him to be happy, healthy, well-adjusted, not held back, able to communicate, to have friends
   
   3. These are exactly our goals; we’re just not getting there the way they expected us to
   
   4. We’re not just working on fluency and hoping for the best...we’re working on fluency and all the rest

D. Parents must understand the importance of all of the components of therapy
   1. They generally “get” the fluency work
   
   2. They may not understanding the importance or purpose of other aspects of therapy:
      
      Why should we try to accept something we want to get rid of?

E. Even after they understand stuttering, parents may still have trouble coming to terms with it
   1. They still wish that their child would just stop
      (Often they harbor fears about what stuttering will mean for their child’s life)
   
   2. We can help them overcome these fears by giving the opportunity to voice their fears
   
   3. Our job is to validate those fears and provide support, not just to provide facts

F. Therapy is an experiential process - You have to live it to get the benefits
   1. The parents have typically been observers of the therapy process (for school-age children)
   
   2. They have not directly been involved in the day-to-day work of therapy
      
      If they have been involved, it’s probably been reminding their children to practice
   
   3. They have not received the benefits of education, increased understanding, desensitization, increased acceptance, and learning about management skills
      
      In other words, they’re still stuck at the beginning!

G. A therapy activity: The child is the therapist
   1. The best person to educate parents about stuttering is the child
      
      a) The child is the one who is in therapy
      
      b) The child is the one who is learning about stuttering
      
      c) The child is the one who needs to learn how to educate other people about stuttering
   
   2. Moreover...
      
      a) The parents actually don’t know anything in particular about stuttering. They’re not in therapy
      
      b) The parents have had the opportunity to work through their own fears about stuttering (yet)
   
   3. After each therapy session, the child re-enacts the entire therapy session with the parents
      
      a) Reinforces what the child has learned in therapy
      
      b) Gives parents the chance to “live” the therapy, so they can make changes in their own lives
      
      c) Supports the child’s development of self-confidence and self-esteem as the expert about speech
      
      d) Ensures that the child is practicing
      
      e) Helps the parents understand what is actually being done in therapy
      
      f) Puts the parent in the ‘proper’ position as supporters rather than directors
   
   4. Parents can learn to help their child in a way that’s helpful
      
      a) The child can tell the parents what helps (not surprisingly, this means not nagging)
H. Help parents become aware of the mixed messages they send that betray their true fears

1. “Your speech sounds so great when you use your easy starts…”
   *(What does it sound like when I don’t or can’t?)*

2. “You did a really good job of practicing your techniques just now…”
   *(Does that mean I did a really bad job the other day when I forgot?)*

3. “I noticed that you didn’t use your strategies just now”
   *(Yes, but did you hear what I was talking about?)*

4. If parents (and therapists) keep trying to force children to always be fluent when they can’t (always), we give them the message that stuttering is bad… and so are they
   We may actually increase the shame and guilt that can make stuttering so problematic!

I. The most important thing that parents can do is provide support and acceptance

1. Stuttering is not the child’s fault, so parents shouldn’t act as if he has done something wrong

2. Parents can help by offering praise and encouragement for all aspects of managing stuttering, not just those related to fluency
   a) Accepting stuttering
   b) Speaking freely even when stuttering
   c) Entering difficult situations
   d) Managing physical tension
   e) Communicating successfully

J. Help the parents remember that it’s the child’s speech, not theirs

1. It can be hard for parents to sit back and watch as their child makes decisions that aren’t what they (think they) would wish

2. They have to be able to understand the child’s perspective and experiences so they can understand why the child makes those decisions
   *(Would they really make the same decisions if they were truly in the child’s shoes?)*

3. Regardless, it’s the child’s speech, the child’s choice, and the child’s burden
   *(The more the parents can empower the child to take on that burden, the more they will be helping him develop skills that he will use throughout his life)*

K. Parents Summary: The more parents can understand and accept their children’s stuttering, the more they can support their children as they develop healthier attitudes of their own

III. Teachers want to help, but they often don’t know what to do.

*We can help them understand stuttering*

A. Make sure teachers understand the true nature of stuttering

1. Just like parents, they need to be educated about what stuttering really is
   a) Several organizations have resources for helping SLPs educate teachers about stuttering

2. Key concepts:
   a) Stuttering behaviors and the stuttering disorder
   b) What is involved in comprehensive therapy, including the fact that the goal is not just “fluency”
   c) The importance of understanding the child’s reactions to stuttering and of addressing the adverse impact
   d) The value of viewing improved communication as the ultimate goal of therapy
B. The child is the best person to educate the teacher about stuttering.

1. Although we can certainly provide background information and facts, giving your student the chance to educate teachers has many benefits
   a) Ensures that the child is involved in finding solutions that work for him
   b) Improves the child’s self-confidence and self-esteem
   c) Gives an opportunity to assess the child’s knowledge
   d) Provides facts that are relevant to the child and personalizes the information
   e) Allows the child to highlight strategies that will be helpful for his particular needs

C. Therapy activity: A letter to the teacher

1. You can help the student write a letter to the teacher to provide background information and “break the ice” for talking about stuttering

   Dear Mrs. Jones, My name is Johnny, and I am in your class. Of course, you know that. I also stutter, and you probably know that, too!

   We’ve never really had the chance to talk about my speech, so I was wondering if we could meet so I can tell you some of what I’ve learned in therapy…

D. Classroom accommodations can help a child achieve educational goals as he becomes ready

1. Teachers often wonder whether students should engage in difficult tasks like oral reports

2. You can help them brainstorm about ways to be flexible in allowing children to achieve their educational objectives without over-taxing their communication abilities
   a) Giving oral reports in a small group
   b) Giving an oral report first to minimize the build-up of fear
   c) Giving the oral report with another child
   d) Removing or extending time limits to minimize time pressure

3. You can also help teachers view the attainment of goals along a hierarchy, just like we do
   a) If a child needs accommodations early in the year, that’s fine.
   b) He can work toward a time when he doesn’t need them later in the year

E. Teachers Summary: Just like parents, teachers need to understand stuttering and stuttering therapy, and they need to help the child know that it’s okay to stutter

IV. Peers can provide tremendous support for children who stutter, but often they do not because they don’t understand the disorder

A. Bullying is particularly problematic for children who stutter

1. Children who stutter are more likely to experience bullying than other children
   c) 59% of children who stutter report being bullied about their speech (Blood et al., 2011)
   d) 56% of children who stutter reported being bullied at least 1x/week (Langevin et al., 1998)
   e) 75% of adults who stutter reported that bullying interfered with school work (Hugh-Jones & Smith, 1999)

2. Because of their communication difficulties, children who stutter may find it harder to respond directly to bullies – they need our help!
B. Bullying is different from teasing (e.g., Tattum, 1989)

1. **Teasing** involves harmless “ribbing” or “joking” from family or friends
   a) Teasing is a way of showing love or good feelings toward others
   b) Teasing is having fun
   c) Teasing is not meant to be hurtful
   d) Teasing is enjoyed by everyone involved in the situation

2. **Bullying** involves a conscious effort to cause harm
   a) Bullying is hurtful
   b) Bullying is an attempt to control someone
   c) Bullying is done to create power for one person and take power away from another person
   d) Bullying is never acceptable
   e) Bullying is something we want to prevent—for all children, not just children who stutter

C. Bullying typically involves several people (Coloroso, 2008)

1. The players
   a) **Bully:** the child who is doing the bullying
   b) **Bullied:** the child who is being bullied
   c) **Bystander:** the other children in the school, situation, or environment

2. A comprehensive bullying management plan must take into account the needs of all of these individuals ...and all of the locations and situations in which bullying might happen.

D. Why do bullies bully?

1. Many bullies have low self-esteem (Donnellan et al., 2005)
   They pick on others to make themselves feel stronger

2. Some bullies are “popular” kids who have a low tolerance for differences in others
   They pick on others who stand out

3. Many bullies lack basic social skills and a sense of empathy or understanding for others
   a) Some may not care about the feelings of other children
   b) Others may thrive on other children’s negative feelings (“need to feed”)

E. Bystanders may “go along with” the bully because they don’t get it

1. When asked, they often say that they did not mean to harm the child who is being bullied
   a) They may even be friends with him, but they are afraid of the bully and not sure what to do

2. Even when bystanders don’t join in with the bullying, their lack of supportive action hurts
   a) A child who is being bullied may feel isolated when other children don’t stand up for him

3. Thus, bystanders can be perceived as either contributing to the **problem** or contributing to the **solution** – not doing anything actually contributes to the problem

F. What happens when a child is bullied? Bullying make us feel bad

1. Bullies bully people about things that bother them
   a) Bullies seek out differences between individuals then attack people based on those differences
   b) They are not interested in *any* differences – only the differences that bother people
   c) If a bully tries to pick on someone about something that doesn’t bother him, they won’t get the negative reaction they crave
2. Bullies know what bothers someone based on his reactions
   a) If a person reacts negatively to the bully’s comments, the bully will continue to pick on those differences
   b) What if the person could react less negatively?

G. What happens when a child who stutters is bullied? Bullying makes stuttering worse
   1. Bullying makes people feel bad
      a) When children who stutter feel bad, they may be more likely to stutter more
      b) They may stutter more frequently or more severely (with more physical tension/struggle)
      c) The more severely a child stutters, the harder it is for him to respond verbally to the bully
   2. Bullying isolates people socially
      a) Children who stutter are at risk for social isolation – bullying exacerbates the separation
      b) Other children who do not understand stuttering may be more likely to become active or passive bystanders – either way, this increases the child’s isolation

H. Bullying and stuttering
   1. Bullying can increase negative thoughts, anxiety, avoidance and tension
   2. This can increase stuttering, which increases bullying even more!
   3. All of this leads to reduced progress in therapy

INCREASED Bullying
INCREASED Negative Thoughts
INCREASED Anxiety, Avoidance, & Tension
INCREASED Stuttering
REDUCED Therapy Progress

From Murphy et al. (2013), Minimizing Bullying for Children Who Stutter

A 6-step intervention program
to help children minimize bullying (after Murphy et al., 2013)

Step 1: Teach children about stuttering
   A. The more children understand about stuttering, they less insecure they will feel.
      This gives them power to face their stuttering and the comments of bullies and bystanders
   B. Some key facts about stuttering
      1. Stuttering is not the child’s fault.
         a) It’s a genetically determined, neurologically defined condition
         b) It’s not learned, it’s not a psychological problem, and it’s not caused by parents or by something the child did wrong
      2. Stuttering varies over time and in different situations
      3. Changing speech is hard work – therapy is not easy
Step 2: Teach children about bullying

A. The more children understand bullying, the less they will think that bullying is their fault

B. This helps them separate their feelings about their stuttering from their feelings about bullying and gives them even more power to face bullying situations

C. Some key facts about bullying
   1. Bullying is not their fault
   2. Bullying is not the same as teasing
   3. Bullies bully because bullies have problems of their own
   4. Bullies crave negative reactions
   5. Bullying is never right
   6. Children can work to minimize bullying

Step 3: Help children think differently about stuttering

A. Stuttering is embarrassing
   1. This is why children react the way they do
   2. They feel bad about themselves, and they may feel that the bully is right about them
   3. It’s that negative response that the bully craves

B. If the child could be less embarrassed, he might be able to respond in different ways
   1. If he could respond in a way that does not give the bully the negative response he craves, the bully will (eventually) move on
   2. We can help the child learn to respond differently to the comments of bullies

C. This is not the same as saying, “just ignore it”
   1. Parents often tell children to “just ignore” comments about their speech
   2. It’s very hard for children to ignore hurtful comments when people are picking on them about the thing they hate most about themselves

D. What parents are really trying to say is, don’t give the bully the negative reaction he craves
   1. Their intention is right…it’s just too hard for kids to do while stuttering still bothers them
   2. The key to success is helping children become less bothered by their stuttering (This is one of the goals of stuttering therapy anyway!)

E. Cognitive restructuring
   1. Learning to “think differently” about the problems we face in life (Based on the work of Beck (1979), Ellis (1962) and others (e.g., Rapee et al., 2000)
   2. Basic premises:
      a) how we think about something influences how we feel
      b) Some of our thoughts are worried thoughts…They make us feel more scared
      c) Some of our thoughts are calmer thoughts…They make us feel less scared
      d) If we can change our worried thoughts to calmer thoughts, we will feel less scared
F. Examples of worried thoughts and calm thoughts

1. Worried thoughts
   a) I will stutter on every word if I read out loud in class and everyone will laugh at me.
   b) I’m always stutter when I talk to girls.
   c) I can’t answer questions in class because everyone will stare at me if I have a block.
   d) I can’t do… because …
   e) If I stutter, then … (something bad will happen)

2. Calm thoughts
   a) I might stutter on some words, but I am getting better at not worrying about that as much.
   b) Some people might laugh at me, but not everyone. I have friends in class, and they won’t try to make me feel bad on purpose.
   c) I might stutter when I talk to people, but it’s okay to stutter.

3. Children can work to change their thoughts
   a) Identify the worried thoughts behind negative feelings
   b) Gather evidence about the thoughts
   c) Evaluate the thoughts based on the evidence
   d) Change the worried thoughts to calm thoughts
   e) Examine the possible consequences of the feared event

4. Our goal is not to convince children to think differently, but to give them the opportunity to evaluate their existing thoughts

5. We encourage children to be detectives seeking evidence for/ against their current thoughts

6. This way, they come to make changes on their own

G. As a child overcomes his fear of stuttering, it will be easier for him to respond to bullies in less negative ways. That is, he will be better able to “ignore” the bullying and take actions that will lead to less bullying in the future

**Step 4: Help children respond appropriately to bullying**

A. Bullies crave the negative reactions they get

   1. If they don’t get those negative reactions from one child, they will seek those negative reactions from another

   2. There is nothing we can do through the child who stutters that will help the bully – he needs help of his own!
      a) School-wide bullying management programs can help bullies, too.
      b) We hope to redirect the bully away from talking about stuttering

   3. If the child who stutters can say to the bully, “no, that doesn’t bother me,” this will help to redirect the bully so he won’t keep picking on the child about his stuttering.

B. Redirecting bullies can help to defuse the situation

   1. Simple, matter-of-fact comments can show the bully that he’s not going to get what he wants
   2. The bully says, “You stutter!” The child who stutters says, “Yeah, you’re right.”
   3. What’s the bullying going to say next?
C. If the bully doesn’t get the **negative** reaction, he will try something/someone else

1. Of course, he’s accustomed to getting a negative reaction from the child who stutters, so he might keep trying for a while...
2. Your student will need to be prepared to repeat his responses until the bully gets bored and gives up/moves on

D. Sample responses: The bully says, “You stutter!”

1. The child who stutters says...
   a) “Yup, I do.” or “I know…” or “Did you just notice?”
   b) “You told me that yesterday. It’s still true.”
   c) “I don’t like it when you say that” and other “I” statements
   d) “That’s really not nice of you to say. I wish you’d stop.”
   e) “You should have seen me before…”
   f) “Did you know that I go to speech therapy for that?”
   g) “Huh? “I can’t hear you” or “So” repeatedly (after Cooper, 2000, “squeaky wheel technique”)
   h) “I know, now are you still playing this game?”

2. The problem is… Verbal responses can be very difficult for children who stutter
   a) They will need our help to learn what to say and how to say it effectively

E. Role-playing: gives the child the chance to select and practice different verbal responses

1. **Direct role-playing:** the child who stutters plays himself and the SLP plays the bully
2. **Reverse role-playing:** the child plays the bully and the SLP plays the child who stutters

F. In “Let’s Make a Movie,” you and the child:

1. **Brainstorm** about different responses to bullying
2. **Write a script** for what the bully might say and how the child might respond
   (verbal responses to redirect)
3. **Act out** different responses to see what might work best
4. **Practice** responses that help to minimize bullying

V. **Step 5: Help children educate peers about stuttering & bullying**

A. Bystanders often go along with the bully

1. They may be afraid of the bully themselves. They don’t want to get picked on next
2. They don’t understand bullying. They may not know that the bully will pick on them anyway
3. They don’t understand stuttering - It is a confusing behavior if nobody has told you about it
4. We can help the bystanders become part of the solution by giving them the facts about bullying and stuttering.
5. The more they understand, the more likely they will be to help (or not hinder)

B. There are many ways to educate peers about stuttering

1. Acknowledge stuttering openly (A key aspect of desensitization)
2. Provide information about communication disorders in general
   (Important part of a broader tolerance training program)
3. Distribute handouts an brochures about communication (and stuttering) at school
   (Great activity for BHSM and NSAW)
4. Participate in support groups (Helps the child remember that he’s not alone!)
C. The classroom presentation gives children the chance to provide information to peers
   1. To get started...Ask the child, “If you could tell your friends anything you wanted to tell them about your speech, what would you tell them?”
      a) Most children have already thought about this...they have a list of facts they’d like to share
      b) Brainstorm with them about ways to share these thoughts
   2. Your students will soon see that the best way for others to learn about stuttering is for them to teach others about stuttering!

D. Sample components of a classroom presentation
   1. Introduction (why are we here?)
   2. Classroom participation (what do people know about stuttering?)
   3. Definition of stuttering (“Stuttering is no one’s fault”)
   4. Facts and myths about stuttering
   5. Famous (and not-so-famous) people who stutter
   6. How does it feel to stutter? (pseudostuttering)
   7. What are speech management tools (“This is not easy!”)
   8. What is bullying?
   9. Who else has been bullied and why?
   10. How should we respond when somebody is bullied?
   11. Helpful responses to stuttering
   12. Questions and answers

E. The more other kids know about stuttering (and bullying), the more likely they are to be part of the solution not part of the problem

Step 6: Teach parents and others about stuttering

A. Parents, teachers, and administrators can all play an important role in minimizing the impact of bullying – and helping to prevent it
   1. Many do not know enough about stuttering to understand the child’s experiences
   2. They may think that stuttering is just a “speech issue”

B. We can help them
   1. Help parents understand stuttering and come to terms with the fact that their child stutters
   2. Help teachers and administrators understand how common bullying is for children who stutter and how bullying can exacerbate the stuttering disorder

C. 8 ways parents can help their children (see Murphy et al., 2013)
   1. Identify bullying: Learn how to recognize signs that it may be occurring
   2. Understand the players: Learn that bullying involves the bully, the bullied, and the bystanders
   3. Understand the situation: Learn more about what is really happening from the child’s perspective, so they can respond in a helpful way
   4. Listen and provide support: What children need most is someone to talk to, not always someone to “fix” the situation
5. **Validate their child's feelings:** Let their child know that whatever he is feeling is okay.
   Affirm that there is no right or wrong way to feel

6. **Develop a support network:** Educate the key adults, family, and friends in the child’s life to establish a team of people who are united in their desire to support and affirm the child

7. **Bully-proof their child:** Help their child build self-esteem and “personal power” so bullying will have less of a negative impact

8. **Create a plan to end bullying:** Help the child make a list of positive actions he can take when he feels teased or bullied (just as we have done in therapy)

D. Create a **safe place** for the child to stutter
   1. There is no simple cure for stuttering
      a) In all likelihood, the school-age child who stutters or teen will continue to deal with stuttering in some fashion
      b) The more they accept stuttering, the easier it will be for them to face throughout their lives
      c) Note that acceptance does **not** mean that we are giving up on improving fluency; it simply means that we work toward improved fluency in the context of self-acceptance
   2. Parents can help the child with this acceptance by learning to accept stuttering themselves and making their homes a safe place for the child to be himself (which means, to stutter)

E. 7 ways teachers and school administrators can help (see Murphy et al., 2013)
   1. **Get the facts** about the situation before jumping in
   2. **Get involved** once they understand what is going on
   3. **Help children learn to solve problems** using common problem-solving strategies
   4. **Remember their unique perspective** as a person at the center of the child’s life
   5. **Work to prevent bullying** by creating a safe place for everyone in the class
   6. Prepare students to handle **difficult situations**
   7. **Involve the SLP** to help students with speech disorders such as stuttering (or anything else)

F. Create a positive (communication) environment for all
   1. Teachers and administrators can establish a culture of tolerance and acceptance for all of the children in their class and school
   2. This involves ensuring that everyone knows:
      a) **It’s okay** to be different – in fact, everyone is different
      b) **It’s not okay** to bully others
   3. For children who stutter, this also involves acceptance of differences in speech and a communication setting that gives the child the time he needs to speak

   **It’s not okay to bully, but it is okay to stutter!**

**VI. Summary: Children can overcome the effects of bullying, and we can help**

A. Helping the child learn that he is okay and that it’s okay to stutter
B. Helping the child learn to respond appropriately and directly to bullying
C. Helping other people in the environment (especially peers) learn what stuttering is, what bullying is, and why it’s never okay to bully somebody else
D. Helping parents learn how to support the child’s development of self-esteem / personal power
E. Helping teachers and administrators create an accepting environment that is supportive of differences between people
Overall Summary

By taking a comprehensive view of stuttering, we can help children:

A. Improve their ability to manage speech and stuttering
B. Reduce their negative reactions to stuttering
C. Overcome the adverse impact of their disorder
D. Educate others about stuttering and create a supportive team of people who “get it”
E. Say what they want to say and communicate effectively and successfully

VII. Selected References


