Translational research is the core of our efforts – advancing knowledge from our lab to the clinic is a daily practice – the result is lasting, long-term change.

With past and ongoing support we have established a lab and an institute devoted exclusively to stuttering.

We hope the outcomes of both will contribute to a meaningful advancement in our understanding and treatment of stuttering.

To those who have helped us to establish these resources we will forever be grateful...

Stuttering: Translating Theory To Practice

Courtney Byrd, PhD, CCC-SLP
Associate Professor, Department of Communication Sciences and Disorders
Founding Director, Michael and Tami Lang Stuttering Institute

www.moody.utexas.edu/stuttering

Roadblocks to advancement

- Speech-language pathologists consistently rank stuttering as the area they feel least comfortable assessing and/or treating
- Stuttering is consistently the least federally funded area within our field
- Third party reimbursement is difficult to impossible to secure for stuttering therapy
- Inaccurate, negative misperceptions of stuttering have been and continue to be commonplace

Stuttering is not...

- A psychological disorder
- Something that happens because the person is nervous, anxious, or less intelligent
- Something that everyone does from time to time
- A behavior that a child will outgrow if the parent ignores it
- A disorder than can be easily remediated

Stuttering is...

- A multifactorial neurophysiological disorder with a genetic predisposition
- Mutations to three genes (GNPTAB, GNPTG, and NAGPA) have been found to disrupt the signal that directs enzymes to their target location in the lysosome of the cell (Drayna & Kang, 2011).
- Structural and functional neurological differences have been identified

What is stuttering?

- A multifactorial neurophysiological disorder with a genetic predisposition
- Mutations to three genes (GNPTAB, GNPTG, and NAGPA) have been found to disrupt the signal that directs enzymes to their target location in the lysosome of the cell (Drayna & Kang, 2011).
- Structural and functional neurological differences have been identified
Neurological differences

• Children with persistent stuttering showed deficiencies in left gray matter volume with reduced white matter integrity in the left hemisphere (Chang et al., 2008).

• Children who stutter have reduced connectivity in areas that support the timing of movement control (Chang & Zhu, 2013).

• Preschool children and adults who stutter showed atypical lateralization of speech and language functions (Weber-Fox, Wray, & Arnold, 2013).

• Adolescents and young adults who stutter have more white matter connections in right hemisphere than controls (Watkins, Smith, Davis, & Howell, 2008).

Risk factors for persistence

• Boys higher risk than girls (Craig et al., 2002; Yairi & Ambrose, 2013)

• Family history of persistent stuttering (Kraft & Yairi, 2011)

• Time duration since onset of greater than 6 to 12 months or no improvement over several months (Yairi & Ambrose, 2005)

• Start stuttering at age 3½ or later (Yairi & Ambrose, 2005)

• Co-occurring speech and language impairment (Ntourou, et al., 2011; Yaruss et al., 1998)
What is the difference between cluttering and stuttering?

Cluttering depicted...

• “It's almost as if people who clutter can't decide exactly what it is that they're trying to say. They might have the content in mind, but the actual words are not clearly formed in their minds”

Is there a higher prevalence of stuttering in bilinguals?

Signs of cluttering

• Rapid and/or irregular speech rate
  • May be within normal limits but too fast for their systems to handle

• Excessive coarticulation resulting in collapsing and/or deletion of syllables and/or word endings

• Excessive non-stuttering like speech disfluencies (revisions and/or use of filler words)

• Pausing in places typically not expected syntactically that may result in unusual prosody

(Myers, 1992; St. Louis, Myers, Bakker, & Raphael, 2007; Ward, 2006)
No but may be risk for misdiagnosis...

- Bilingual Spanish English children produce a significantly higher number of speech revisions than monolinguals (Bedore et al., 2006).

- Critical overlap between types of disfluencies considered to be stuttering and speech revisions...
  
  - Watson, Byrd, & Carlo (2011)
  - Byrd, Bedore & Ramos (2015)

Awareness and Concern

When do children seem to recognize that they stutter?

Is it ok to talk to my client and/or parent about observed instances of stuttering?
When is stuttering most likely to occur?

Does the frequency of stuttering a person produces vary or stay relatively consistent?
Variability

This is why it is always better to bring child in even stuttering has decreased…

Speech easy...

• SpeechEasy™ introduced in April 2001.
  • DAF or FAF

Speech Easy Video

What is this device that was once described as a “medical miracle” for stuttering?

Why does stuttering seem to increase at initiation of therapy?
It may or may not...

• Increased awareness of moments but no real increase in stuttering...

• Temporary increase in stuttering related to increased awareness...

What is the potential impact of stuttering on the child’s life?

Assessment of Stuttering

• Measurement of speech disfluencies
  • Across a variety of contexts

• Interview
  • Parent, teacher, child

• Communication attitude, temperament, resilience

• Speech and language abilities

• General communication skills

• Trial therapy
Measurement of Speech Disfluencies


Speaking contexts

• Automatic speech tasks
• Conversation across settings, speakers, formats
• Narration
  • Byrd, Logan, & Gillam, 2012

Speech Disfluency Analysis

• Identification of disfluency types
• Duration of disfluencies
• Clustering of disfluencies
• Iterations of disfluencies
• Secondary behaviors
• Frequency of disfluencies


Stuttering-like disfluencies...

• Repetitions of whole words
  • "She-she-she isn’t coming with us."
• Repetitions of sounds and syllables
  • "Sh-sh-sh-she isn’t coming with us."
• Sound Prolongations
  • "Shhhhhhhhe isn’t coming with us."
• Blocks (inaudible sound prolongations)
  • "[Sh]-----She isn’t coming with us."

Byrd, C. (2015) Stuttering-like disfluencies...
Nonstuttering-like disfluencies...

- Repetitions of phrases
  - "She isn’t she isn’t coming with us."
- Interjections
  - "Uh-she isn’t coming with us."
- Revisions
  - "He-she isn’t coming with us."

Duration

- Measurement of the length of the stuttering moment
  - Wha-wha-wha-wha

What is stuttered speech?

- Arrhythmic, tense, atypical disruption in forward flow of speech
  - REMEMBER THE QUALITY TRUMPS THE TYPE....

Clustering

- Disfluencies that occur adjacent to one another
  - He-he i----s going home.
  - Wha-wha-wha-wha-w-----what is that?
Iterations

• The number of times the repetition is repeated

  • I-I-I am going (N = 3)
  • He-He-Henry already left (N = 2)
  • Ca-can I go with you (N = 1)
  • Did did did did did you see that (N = 4)

Types of secondary behaviors

• Closing his/her eyes
• Excessive lip, neck, and/or jaw tension
• Tapping of fingers and/or feet

  - OR no unusual non-speech behaviors

Additional Fluency Count Considerations

• Consider the disfluency categories to assist in decisions

• NEVER make decision based on frequency alone

• Note that there are available standardized tests for diagnosis and severity
  • e.g., TOCS and SSI-4

• Keep in mind the disfluent speech findings for speakers of more than one language

Sample Interview Questions
**Interview**

- Preschool and School age
  - Child, parents, teachers
- Adolescent
  - Same as school-age in terms of people, but content of questions directed towards child differs

**Interview: Parent**

- What brings you here today?
- What do you hope to learn/gain from this eval?
- Describe your child’s speech. Show me.
- When did it begin?
- What do you think might be the cause?
- Has it changed since you first noticed it? How?
- Does it come and go? When?
- Are there times when it is better or worse? Certain sounds, situations, people, times of day, etc.
- Do you notice any physical tension...? Extra body movements...?
- What do you do when he/she is having difficulty?
- Do you do anything to try to help? Does it?
- Is your child aware of his/her disfluencies? Always, sometimes, never? What makes you think so?
- If aware, does he/she seem concerned? Ashamed, embarrassed? Why do you think so? Examples.
- Does child react to speech in anyway? How? Try to improve? Does it help?
- Does he/she ever seem to avoid speech? Situations? Words? People? Topics? Sounds?
- How do others react to his/her speech? Family members, strangers, children, teachers, etc.
- Does he/she react to those reactions? How?
- Has he/she had any previous evaluations/therapy? What was his reaction to it? How did you feel about it? Did it seem to help?
- What have you been told about stuttering?
- Do you have any other concerns about your child’s development?
Interview: Parent

• Describe a typical day in the life of your child
• How does he get along with siblings, parents, etc.? How does he/she interact with other children?
• Does he/she like to talk? What does he/she like to talk about?
  To whom does he/she like to talk the most? The least?
• Describe for me the amount of talking that is done in your family.
• What kinds of things do you do together as a family?
• Any family history of speech/language problems, therapy, results?

Interview: Teacher

• Does student repeat parts of words?
• Does he repeat sounds more than once every 8 or 10 sentences?
• Does he repeat the same sound more than once?
• How long have you noticed this?
• Does he sometimes get stuck so badly that no sound at all comes out, with his/her mouth wide open?
• Does he express frustration or embarrassment when he has trouble with a word?
Interview: Teacher

- Have you ever noticed him raise the pitch of his voice, blink his eyes, look away, or have muscle tension in his face when he stutters?
- Does he use extra words like “uh” or “um” to get a word started?
- Have you ever noticed him use extra body movements during instances of stuttering?
- Do you think he ever avoids talking or substitutes words because he might stutter?

Interview: School Age Child

- Are there times that you want to talk extra well? When/Where? Why? Are there times that you don’t care how you talk? When/Where? Why?
- Who is the best listener at home? At school? What do you like listeners to do? How do you want them to listen? Who does those things the most? Least?
- Do you have trouble talking sometimes? What do you do? Show me.
- If the child has had therapy ask “What did you do? Has it helped? What was the best part? Worst part? Why?”
- If you could have three wishes come true what would they be and why?

Interview: School Age Child

- Do you like to talk?
- Who do you like to talk to? At home? At school? Least? Most? Why?
- Who do you think likes to talk to you? Why?
- Who talks the most at home? At school? The least? Who does each family member talk to the most? Why?
- Who is the best talker at school? At home? Who is the worst talker at school? At home? Why?
- Who interrupts the most? Least? Who do you interrupt?

Interview: Adolescent

- What brings you here today?
- What do you hope to learn/gain from this eval?
- Describe your speech. Show me.
- When did it begin?
- What do you think might be the cause?
- Has it changed since you first noticed it? How?
- Does it come and go? When?
- Are there times when it is better or worse? Certain sounds, situations, people, times of day, etc.
- Do you notice any physical tension...? Extra body movements...?
Interview: Adolescent

• What do you do when you are having difficulty?
• Do you do anything to try to help? Does it?
• Do you ever avoid speech? Situations? Words? People? Topics? Sounds?
• How do others react to your speech? Family members, strangers, etc.
• Do you react to those reactions? How?
• Have you had any previous evaluations/therapy? How did you feel about it? Did it seem to help?
• What have you been told about stuttering?

Interview: Adolescent

• Has your stuttering influenced your career aspirations? Social activities? Education? Hobbies?
• How would your life be different if you did not stutter?
• If you could have three wishes come true what would they be?
• From the speech we have observed you produce today would you say that is typical, less than typical, more than? Why?

Interview: Adolescent

• Describe a typical day in your life
• How do you get along with siblings, classmates, etc.?
• Do you like to talk? What do you like to talk about? To whom do you like to talk the most? The least?
• Describe for me the amount of talking that is done in a typical day for you.
• Any family history of speech/language problems, therapy, results?
• What did you tell your friends, family members about coming here today?

Attitude, Temperament, Resilience
Assessment measures

- **Attitude**
  - Preschool - Kiddy-CAT, interview, drawing, hands exercise
  - School Age - OASES, interview, drawing, hands exercise
  - Adolescent – OASES, interview

- **Temperament**
  - Oyler 7 point scale

- **Resilience**
  - DESSA

**Attitude: Hands**

Things I like about myself

Things I don’t like

**Attitude: Drawing**

**Hierarchy**
Development of Hierarchy

• Preschool
  • Parent interview

• School age and adolescent
  • Parent Interview, direct interview and hierarchical drawing

• Consider potential need to collect hierarchy in both languages
• Keep in mind hierarchies are not static

Hierarchy: Mountain

Speech and Language Testing
Disfluency counts are not enough….

- Oral motor exam
- Receptive and expressive vocabulary
- Receptive and expressive language
- Articulation
- Phonology
  - Byrd, Conture & Ohde (2007)
  - Anderson & Byrd (2008)
  - Susan, Byrd, & Guitar (2010)
  - Byrd, ValSally, & Susan (2012)
  - Sasisekaran & Byrd (2013)
  - Sasisekaran & Byrd (2014)
  - Gladson & Byrd (2015)

Trial Therapy

- Preschool
  - Play interaction using fluency facilitative techniques
- School-Age
  - Identification
  - Modification

Speech Fluency

Stuttering Treatment

Preschool children who Stutter


General Treatment Goals for Child

- To learn appropriate interaction styles
- To learn different ways of talking and the related consequences
- To learn appropriate reactions to speech disfluencies
- To learn about their feelings related to speech and stuttering
- To develop positive communication attitudes
- To develop effective communication strategies

Treatment: Strategies for Clinicians

- Model use of fluency facilitative techniques
- Demonstrate appropriate reactions to speech disfluencies
- Promote appropriate interaction styles
- Providing parent education re: stuttering
- Desensitize parent to child's stuttering
- Facilitate child's development of positive communication image
- Monitor transfer outside of clinic environment


What are fluency facilitative techniques?

- Slow rate
- Pausing of at least two seconds before responding
- Slow movements
- Reduced demand speech
- Respectful interaction styles

Slow rate

- What is it?
  - Slower speech overall: fewer syllables or words per minute
  - Should sound smooth and connected, not choppy

- Why use it?
  - It's fluency enhancing because it...
    - Helps child attend to what he/she is doing
    - Gives more time to process
    - Gives child time to make changes in complex motor coordination
    - Helps child feel changes in muscle tension

  Logan, Byrd, Mazochi, & Gillam (2011)

Pausing for > 2 seconds

Child ⇒ Can I go play?
  Have you finished? ⇔ Clinician

Child ⇒ Can I go play?
  Have you finished? ⇔ Clinician

Child ⇒ Can I go play?
  Have you finished? ⇔ Clinician

Child ⇒ Can I go play? <1 to 2 sec>
  Have you finished? ⇔ Clinician
Reduced demand speech

- I wonder
- I think
- I don’t know
- I can’t remember
- I saw you
- I was thinking about
- I wish
- I see
- I bet
- I heard

Teach Different Ways of Talking

- Bumpy versus smooth
  - Bag, movements of objects
- Fast versus slow
  - Car, ball, reading book
- Tense versus relaxed
  - Pulling, fist, writing, coloring

Emphasize respectful interaction

Parent education

- Basic facts about stuttering
  - Incorporate weekly questions from parents
- Provide Theoretical Explanation
  - Have parents apply to child
- Treatment related readings
  - Lidcome, DCM, PCI
- Advice for relevant people that child/parent may likely interact with
  - Pediatrician, Teacher
- Any other issue that arises in discussion or parent requests info about
Parent desensitization

Thursday

Describe your child’s speech disfluency.

Describe your thoughts, feelings, reactions during moment.

Describe your thoughts, feelings, reactions after moment.

Note any additional thoughts, feelings, observations during use.

Reflective Listening

• Important to use this with children and when counseling parents
• Teach parents to use as well
• Excellent resource: “How to talk so kids will listen and listen so kids will talk”
  • Excerpts from this book are on the following four slides

Listening

Acknowledging

Eric laughed at me so...

So I laughed at him and then he laughed at me even harder.
Understanding

Model Appropriate Reactions to Disfluencies

- **Clinician** modeling
  - "I-I-I-I-I" [intermittently stop then say “that was sort of hard for me to say. It really made it easier when I said it more smoothly and slowly.]
  - Acknowledgment of stutter/praise for getting through it

- **Parent** modeling
  - Same as noted for clinician

Facilitate positive communication image

- **Positively acknowledge all child’s speech**
  - Wow! You said that so smooth and easy
  - That was kind of hard to say and you were still able to say it. Give me five!
  - You remembered to wait your turn! Way to go!
  - I love the way that you listened to what she was saying.
  - It sounded like you got stuck on that word. Guess what? I get stuck sometimes too. Isn’t that cool?

Facilitate communication excellence

- Use the reliable and valid guidelines for presentation evaluations
- Have child focus on developing those skills
- Record child, play back for them to self-rate
- Have child teach others effective communication strategies
Solicit feedback from the child

- Motivation
- Understanding
- Enjoyment
- Feedback regarding all factors needs to be solicited with regard to each activity and overall session

Monitor Transfer

Daily charting: Slow rate

**Yenote:**
How long were you able to use slow speech?
Describe child’s speech disfluencies during use.

Rate difficulty of use of slow speech:

<table>
<thead>
<tr>
<th>No effort</th>
<th>Minimal effort</th>
<th>Moderate effort</th>
<th>Maximum effort</th>
<th>Unable to use it</th>
</tr>
</thead>
</table>

Note any additional thoughts, feelings, observations during use.

**CAUTION:** PARENTS TEND TO DECREASE OR CEASE USE OF STRATEGIES WHEN CHILD IS MORE FLUENT

Stuttering Treatment

School-age children who stutter
General Goals for School Age Child

- Education
  - Speech Production
  - Stuttering
- Identification
- Modification
- Desensitization
- Facilitate communication excellence
- Development of positive communication Image

Child Education: Speech Production

- Use crossword puzzles
- Word search
- Mad Libs
- Unscramble words
- Drawing
- Presentation
- And many more...
Child Education: Speech Production

- When Exxon walked into the store, she tossed her
  hat up and began running with the
  drapes waving.

- When Elon walked up the steps, he
  suddenly gave up his
  responsibility and turned around.

- Elon went to the store and stepped on a
glass.
  After he felt down, he walked to the store
cashier to buy
  some refreshments.

- When Elon got home, she made
  herself a salad.
  Then she decided to take a nap
  and fell asleep on the
  couch.

Child Education: Stuttering

- Stuttering Awareness Game
- Guess who stutters Game
- Videos of other children who stutter
- Question of the week
- And many more...

http://www.stutteringhomepage.org/

Teaching demonstrates understanding...

- Have child share in an organized manner what he or she has learned about speech production
- Have child share in an organized manner what he or she has learned about stuttering
- ...the more opportunities provided across a variety of settings and listeners, the better!
  - Make movies, video blogs, brochures, give formal and informal talks, solicit surveys, etc.
Identification: Overview

- Need to be able to quickly, correctly and objectively identify when they stutter and what they do when they stutter
- Physically feeling the behavior is crucial because once they see/hear it, it has already happened.

Identification Speech Disfluencies

- Catch My Speech
- Stop, hold and Go
- Where did my sound get stuck?
- Make Sticky Speech
- Shine light on stutter

Stuttering Modification Therapy

- Modify moments of stuttering
- Reduce fear of stuttering
- Eliminate avoidance behaviors

Stuttering Modification Strategies

- Modify moments of stuttering
- Reduce associated thoughts, feelings, beliefs, behaviors
- Eliminate avoidance behaviors
Fluency Shaping Therapy

- Modify entire speech production
- No focus on fear or avoidance
- Focus only on complete fluency.


Fluency Shaping Strategies

Slower, physically relaxed speech initiation at beginning of phrases or utterances...
- Easy relaxed approach with smooth movements
- Easy onset
- Light articulatory touch
- Continuous phonation


Key considerations

- Have to be able to master strategy before child can decide which strategy is best, most comfortable to use...

- NOTE: It is easier to stutter...

Facilitate communication excellence

- Use the reliable and valid guidelines for presentation evaluations
- Have child focus on developing those skills
- Record child, play back for them to self-rate
- Have child teach others effective communication strategies
Cognitive restructuring

- Explore mindfulness as a tool in therapy
- Facilitate child's ability to identify negative thoughts regarding his/her speech
- Help child brainstorm alternative positive thoughts
- Have child actively practice replace negative thoughts with positive thoughts


What do I do, feel, say when I stutter?

- Role-play
- Puppet show
- Story completion
- Story development
- Comic strips
- Sharing real life experiences


Comic strips


Story completion

Story development

Addressing Bullying

• Step 1: Help child to understand it
  • Who is involved, Why it is happening, What is maintaining it

• Step 2: Help child to transform thinking about why this is happening
  • Cognitive restructuring

• Step 3: Help child formulate assertive responses
  • Brainstorm what they can say when or do when faced with this situation

• Step 4: Further empower child by having him teach others
  • Make video blogs, give presentations, etc.

Desensitization: Voluntary Stuttering

• What is it?
  • The child stutters “on purpose”, choosing when and how

• Why use it?
  • Can be used to teach any aspect of changing and varying stuttering
  • Assists in building awareness of stuttering moments
  • Decreases fear and avoidance of stuttering
  • Desensitizes to listener reactions
  • Creates a feeling of confidence in the ability to say feared words
  • Confront what might otherwise be avoided

RECENT RESEARCH SUGGESTS STUTTERING AS CLOSE TO OWN STUTTERING AS POSSIBLE... (Byrd, Gkalitsiou, Stergiou, & Donaher, 2015)

Sharing specific events
Desensitization: Self Disclosure

• What is it?
  • Child chooses to openly acknowledges own stuttering to listeners

• Why use it?
  • Allows the child to take control of the situation
  • It promotes openness about using techniques
  • Helps listeners know what to expect
  • Informs listeners what the client wants them to do

• When to use it?
  • Like other tools, it should occur in a hierarchy (e.g., family, friends, group therapy, teachers/co-workers, strangers)

Solicit feedback from the child

• Motivation

• Understanding

• Enjoyment

• Feedback regarding all factors needs to be solicited with regard to each activity and overall session

Help client to become their own clinician

• Monitoring
• Video blogging
• Assignment development
• Reporting of on-line problem solving
• Role model opportunities

• ESTABLISH RELAPSE PLAN
Stuttering Treatment

*Adolescents who stutter*

The Challenge

- Faced with changing **long-standing** speech behaviors and attitudes about talking and communication
  - As a result, length and type of therapy can vary greatly depending on client.

Focus of Therapy

- A major part of stuttering therapy with adolescents, along with working on behavioral change, is PROVIDING the appropriate environment in which to discuss and experiment with different coping strategies, different attitudes and different feelings about stuttering.
  - Therapy should encourage the development of problem-solving skills, creative solutions and new ideas about stuttering, and correct misperceptions about the cause and facts of stuttering.
  - *(Dr. Gordon Blood)*

Motivation

- Many are **doubtful** that stuttering therapy can help them
  - They had limited success or a bad experience or several bad experiences in therapy
  - Their stuttering is worse than it’s ever been in their life

- Provide **encouragement (E)** and **evidence (E)**
  - Do not underestimate the power of reinforcement (*R*)
**Theory of Change**

- Ask the client what he/she thinks will "work" in therapy.
  - Do you have a theory about how change can happen here?
  - In what ways do you think I can be helpful?
  - What have you tried to help with stuttering so far? Did it help? Why didn’t it help?
  - What kinds of changes do you think you could make to change the way you talk?
  - What makes you most want to change the way you talk, if you do?

**Identification**

- Need to be able to quickly, correctly and objectively identify when and what they do when they stutter
- **Physically feeling the behavior is crucial** because once they see/hear it, it has already happened.
- You may decide to begin off-line and then progress to on-line

**Education**

- Learn about **speech production**
- Learn more about stuttering in general
  - Journal articles, book chapters, personal accounts
- Learn more about stuttering in specific
  - What’s true for you?
  - What would you like to know?
  - What clinician determines over time would benefit them...
- Learn about **relapse**
  - How can you become your own clinician

**Modification**

- For some simply identifying the moment during production allows them to modify.
- Prior to be able to modify some need to engage in relaxation exercises
- Also consider voluntary stuttering to facilitate practice
- Practice in hierarchical fashion
  - Provide visual/auditory cues
Fluency Shaping

- Easy Onset/Any other FS technique
  - REDUCE RATE OF SPEECH
  - Can begin practicing FS prior to increasing ability to identify
  - For some clients use of the yawn sigh facilitates mastering easy onset
  - Practice use through standard linguistic hierarchy
  - Practice use through standard hierarchy
  - Provide visual cues
  - Have client create on scale and self-rate use
  - DEVELOP OWN WEEKLY ASSIGNMENTS ASAP

Decrease avoidance

- Discuss power of avoidance

- Increase client’s awareness through identification
  - Across all settings, persons, words, sounds

- Have client purposefully stutter in those circumstances

- Have client identify when they would have typically avoided but are no longer choosing to do so

Addressing covert stuttering

- Use of multiple word, sound, situation avoidances

- Key technique for highly covert clients
  - Increasing awareness of avoidance
  - Producing voluntary stuttering
  - Self disclosure

Additional Suggestions for Self Disclosure

- Encourage client to consider ways to reveal stuttering that would be more likely to lead to relevant discussion
  - Leave out books
  - Wear pens
  - Bumper sticker
  - Join Facebook group
Desensitization

- Each step that you take with your client (identification and modification) will serve to desensitize them to their speech.
  - Use Voluntary Stuttering
  - Encourage self disclosure

  * Talk to them about their stuttering

Cognitive restructuring

- Explore mindfulness as a tool in therapy
- Facilitate adolescent’s ability to identify negative thoughts regarding his/her speech
- Help him brainstorm alternative positive thoughts
- Have adolescent actively practice replace negative thoughts with positive thoughts

Facilitating Communication Excellence

- Develop use of effective communication skills such as eye contact, etc.
  - Work through hierarchy
  - Toastmaster’s
  - Group Presentations
  - Debates
  - Video tutorials
    * Encourage, empower, and reinforce client for communication effectiveness

Help client to become their own clinician

- Monitoring
- Video blogging
- Assignment development
- Reporting of on-line problem solving
- Role model opportunities

*ESTABLISH RELAPSE PLAN*
Preparing for relapse

- Read about it
- Talk about it
- Meet other persons who stutter
- Develop long term rating scales
- Build plan for maintaining gains
- Facilitate mentoring opportunities

- Including client in assignment process from beginning is key!

Prepared by: Byrd, C.

Websites for adolescents

  - A website designed ... “to appeal directly to teenagers 12-18 who stutter, encouraging them to consider recommended treatment options, providing support and information about stuttering, dealing with teasing and bullying and more…”
- Just for teens link on stuttering home page
  - http://www.stutteringhomepage.org/
- All other sites listed on the school age slide packet also apply...

Prepared by: Byrd, C.

Preferred Client Outcomes

ASHA - SID - 4: Draft

1. I am satisfied with my therapy and its outcome.
2. I have increased my ability to communicate effectively.
3. I feel comfortable as a speaker.
4. I like the way I sound.
5. I feel I have an increased sense of control over my speech, including stuttering.
6. My speaking skills have become more automatic.
7. I have an increased ability to cope with variability of stuttering, including relapse.
8. I am better able to reach social/education/vocational potential and goals.
9. My knowledge of self-help/support groups has increased.

Prepared by: Byrd, C.

Last Word – Ray of Hope

- “Stuttering is frustrating and can feel demeaning, but if understood, and confronted, it need not change the quality of one’s life. I would even say, that it can enhance one’s life experience.”

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Recommended Resources

• The Stuttering Foundation of America provides free online resources, services and support to those who stutter and their families, as well as support the research into the causes of stuttering. It is the largest and the first nonprofit charitable organization in the world working towards the prevention and improved treatment of stuttering, reaching over a million people annually. It also offers extensive educational programs on stuttering for professionals.

• The National Stuttering Association (NSA) is the largest self-help/support organization in the United States for people who stutter. NSA’s mission is to bring “hope, dignity, support, education, and empowerment to children and adults who stutter, and their families.”

• The Stuttering Home Page created and maintained at Minnesota State University, Mankato, is dedicated to providing information about stuttering for both consumers and professionals who work with people who stutter. It includes information about research, therapy, support organizations, and conferences and other events.

• The International Stuttering Association (ISA) is a worldwide network of people who stutter, a non-profit umbrella organisation dedicated to close cooperation among independent national and international self-help organisations of people who stutter. ISA was founded in 1995.

• FRIENDS is a national organization created to provide a network of care and support for children and young people who stutter, their families, and the professionals who work with them.

http://www.mnsu.edu/comdis/kuster/kids/kids.html