Diagnosing and Treating Fluency Disorders in the Schools

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Disclosure

Dr. Harris receives no financial or non-financial benefit by discussing any products or programs during this workshop.

Handouts

See HANDOUTS:
1. Title of Handout in Your Packet.

1. Preschool Screener for Differentiating Developmental Disfluencies from Incipient Stuttering
2. Fluency Matrix (Rating Scale)
3. Test of Childhood Stuttering (TOCS)
4. Teacher Interview: Fluency
5. Fluency Assessment Summary
6. GILCU Sequence
Handouts

1. Tips for Teachers
2. Fluency FAQs
3. Clinical Competencies for Fluency Assessment and Treatment
4. Fluency Assessments
5. A-19 Scale
6. Cluttering Quick Screen
7. Hierarchy Number Line
8. Similarities & Differences of Fluency Shaping & Stuttering Modification
9. Fluency Shaping Strategies
10. The Beach cloze activity
11. Christmas cloze activity
12. Order of Sounds for Easy Starts
13. Stuttering Modification Strategies
14. Writing Fluency Goals
15. Five Myths about Bullies

Topics Covered

What causes stuttering?
Basic Assessment Guideline
Standardized Tests
The Preschool Screener
The Fluency Matrix (rate-scan scale)
The Teacher Interview
The Fluency Assessment Summary
Educational Relevance

Topics Covered

Contextual vs. noncontextual speech
Treatment strategies
Fluency Shaping
Stuttering Modification
Determining if Progress is Being Made
Topics Covered

- Key Reminder
- Fluency Shaping
- Stuttering Modification
- Addressing Attitudes

Learner Outcomes

1. Explain the causes of stuttering to a parent or teacher.
2. Differentiate developmental disfluencies from incipient stuttering.
3. Demonstrate use of a variety of FS and SM therapy techniques.
4. Write measurable fluency goals and objectives.

Interactive Workshop

- Research* shows that participants in an interactive workshop remain more engaged in the topic and retain more information compared to traditional lecture-type workshops.
- Your PowerPoint handout will have words or phrases missing from the slides. A blank will appear in the place of words. The missing words will appear on the slides highlighted in bold color so you can easily complete your handout.
- If there isn’t enough room to write the words in the blanks, just use the lined sections on the handout.

*Skrabut, Stan (May 5, 2012). Engaging participants through interactive activities, Tubular Weekly.
What causes stuttering?

Genetic Etiology

Environmental Etiology

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1. Evidence that stuttering is inherited and is more likely to occur in ___.

2. Identical twins have ______ rate of __%, meaning that if one twin stutters, his/her identical twin has a 60% chance of stuttering at some point. [Concordance discussed on next slide].

3. Fraternal twins have concordance rate of ____ %, meaning that if one twin stutters, his/her fraternal twin has a 20-26% chance of stuttering at some point.
Concordance studies are often conducted to examine traits in twins. It refers to the probability that the pair will have a certain characteristic if one of the pair has the characteristic. So, twins are concordant when they both have (or both lack) a given trait.

What causes stuttering?

Genetic Etiology

Environmental Etiology

What causes stuttering?

Environmental Etiology

1. Consider case of adopted child.
2. Others’ ________ (particularly family members).
3. Stressful speaking situations.
4. Life events that are ________.

See ELECTRONIC HANDOUTS:
* Tips for Teachers
* Fluency FAQs
What causes stuttering?

Genetic Etiology

Environmental Etiology

Learner Outcomes

1. Explain the causes of stuttering to a parent or teacher.
2. Distinguish developmental disfluencies from incipient stuttering.
3. Demonstrate use of a variety of FS and SM therapy techniques.
4. Write measurable fluency goals and objectives.

Can Stuttering Be Cured?
Can Stuttering Be Cured?

**Having a Cure**
- Refers to an approach or application.
  - There is currently no cure for cancer.
  - There is no cure for stuttering.

**Being Cured**
- Refers to an overall outcome.
  - Many have been cured for cancer.
  - Stuttering can be cured with therapy.

---

Can Stuttering Be Cured?

**Explaining the Concept of Cures to Parents**
- Stuttering CAN be cured, both with and without therapy.
- Fluency “cures” refer to no more stuttering and no memory of stuttering.
- Cures are common in young children who stutter, even those who have been in therapy for a year or so.
- I have even seen a few complete “cures” in adults who have stuttered for many years.

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Can Stuttering Be Cured?

**Suggestions to SLPs**
- Never tell clients that stuttering categorically cannot be cured because who are we to know the future for every single client?
- It is appropriate to tell the that complete “cures” are rare in children and even rarer in adults.
- Let clients know that it is possible to still stutter once in awhile and basically be stutter-free or to stutter less frequently with good management strategies (including acceptance of stuttering) wherein stuttering fades to the background of one’s life.
Assessment: Basic Guideline

There should be absolutely **NO modeling** of any technique during assessment.

Assessment: The Preschool Screener

for differentiating developmental disfluencies from incipient stuttering

See HANDOUT:
- Preschool Screener Differeniating Developmental Disfluencies from Incipient Stuttering
**Preschool Screener**

**Type of disfluency**

<table>
<thead>
<tr>
<th>Type of Repetition</th>
<th>1 - Probably Normal</th>
<th>2 - Questionable</th>
<th>3 - Probably Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interjections</td>
<td>I – uh – want to go</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole-word reps</td>
<td>I want want want to go.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-word reps</td>
<td>I want to g g g g go</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prolongations</td>
<td>I want to ggggggg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Size of Speech Unit Affected**

<table>
<thead>
<tr>
<th>Size of Speech Unit</th>
<th>1 - Probably Normal</th>
<th>2 - Questionable</th>
<th>3 - Probably Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sentence</td>
<td>I – want to go – I want to go</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phrase</td>
<td>I – want – I want – I want to go</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Word</td>
<td>I want-want-want to go.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syllable</td>
<td>I wa-wa-want to go.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sound</td>
<td>I want to g g g g g go</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Frequency of Repetitions**

<table>
<thead>
<tr>
<th>Frequency of Repetitions</th>
<th>1 - Probably Normal</th>
<th>2 - Questionable</th>
<th>3 - Probably Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2% - 5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;5%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- The Repetition count includes all types, from sentence reps to sound repetitions.
- We are calculating the percentage of repetitions in overall speech.
### Preschool Screener
#### Frequency of Prolongations

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Score 1</th>
<th>Score 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1%</td>
<td>1 – Probably Normal</td>
<td>3 – Probably Abnormal</td>
</tr>
<tr>
<td>≥ 1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

• The disfluency count includes all types of disfluencies, including interjections.
• We are calculating the percentage of disfluencies in overall speech.

### Preschool Screener
#### Frequency of Overall Disfluencies

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Score 1</th>
<th>Score 2</th>
<th>Score 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 5%</td>
<td>1 – Probably Normal</td>
<td>3 – Questionable</td>
<td>3 – Probably Abnormal</td>
</tr>
<tr>
<td>≥ 5% - 10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 10%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Preschool Screener
#### Typical Number of Reiterations per Repetition

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Score 1</th>
<th>Score 2</th>
<th>Score 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Preschool Screener**

**Average Duration of Prolongations**

<table>
<thead>
<tr>
<th>1 - Probably Normal</th>
<th>3 - Probably Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 second</td>
<td>1 second or more</td>
</tr>
</tbody>
</table>

**Preschool Screener**

**Audible Effort**

<table>
<thead>
<tr>
<th>1 - Probably Normal</th>
<th>3 - Probably Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>None observed</td>
<td>Observed</td>
</tr>
<tr>
<td>Hard glottal attacks</td>
<td>Vocal tension</td>
</tr>
<tr>
<td>Disrupted airflow</td>
<td>Pitch rise</td>
</tr>
</tbody>
</table>

**Preschool Screener**

**Rhythm/Tempo/Speed**

<table>
<thead>
<tr>
<th>1 - Probably Normal</th>
<th>3 - Probably Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slow / normal</td>
<td>Fast</td>
</tr>
<tr>
<td>Evenly paced</td>
<td>Irregular</td>
</tr>
</tbody>
</table>

- Don't confuse a rapid rate with cluttering, which has a completely different diagnostic protocol.

See ELECTRONIC HANDOUT:
- *Cluttering Quick Screen*
### Preschool Screener
#### Schwa Replacement

<table>
<thead>
<tr>
<th>1 – Probably Normal</th>
<th>3 – Probably Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not observed</td>
<td>Observed</td>
</tr>
<tr>
<td>ta-ta-table</td>
<td>tuh-tuh-table</td>
</tr>
<tr>
<td>do-do-de-daddy</td>
<td>dish-duh-duh-daddy</td>
</tr>
</tbody>
</table>

### Preschool Screener
#### Audible Learned Behaviors

<table>
<thead>
<tr>
<th>1 – Probably Normal</th>
<th>3 – Probably Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not observed</td>
<td>Observed</td>
</tr>
<tr>
<td>Circumlocutions</td>
<td>Avoidance tactics</td>
</tr>
<tr>
<td>Starters</td>
<td></td>
</tr>
</tbody>
</table>

### Preschool Screener
#### Visual Evidence

<table>
<thead>
<tr>
<th>1 – Probably Normal</th>
<th>3 – Probably Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not observed</td>
<td>Observed</td>
</tr>
<tr>
<td>Facial Grimacing</td>
<td>Articulation posturing</td>
</tr>
<tr>
<td>Head movements</td>
<td>Body movements</td>
</tr>
</tbody>
</table>
Preschool Screener
Score Interpretation

<table>
<thead>
<tr>
<th>Score</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 16</td>
<td>Probably Normal</td>
</tr>
<tr>
<td>17 - 21</td>
<td>Questionable</td>
</tr>
<tr>
<td>22 - 39</td>
<td>Probably Abnormal</td>
</tr>
</tbody>
</table>

- You **MAY** refer for testing in the 17 - 21 range.
- You **MUST** refer for testing in the 22 - 39 range.

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Learner Outcomes

1. Explain the causes of stuttering to a parent or teacher.
2. Differentiate developmental disfluencies from incipient stuttering.
3. Demonstrate use of fluency therapy techniques.
4. Write measurable fluency goals and objectives.
Assessment:  
The Fluency Matrix  
(Rating Scale)

See HANDOUT  
† Fluency Matrix (Rating Scale)

Assessment
Fluency Matrix

• Frequency of dysfluencies
• Type(s) of dysfluencies
• Phonatory arrests & sustained articulatory postures
• Speech sound prolongations
• Schwa replacement
• Physical concomitants
• Awareness and emotional reactions
• Avoidance behaviors and peer reactions
• Adverse effect on educational performance
• Fluency rating

Assessment
Making Sense of the Numbers

1. Preschool Screener – Use only for very young children
   a. If Frequency of Overall Disfluencies: ___ %
   b. “Probably Abnormal” (may not spontaneously abate)

2. Fluency Matrix/Rating Scale
   a. Overall SS/M: ___ % - moderate
   b. Greater than ___ % - severe

3. Research
   a. Overall SS/M: ___ ★ ★ ★ ★
   b. Yairi & Ambrose, 1999 | Pellowski & Conture, 2002
Assessment

Test of Childhood Stuttering

1. Test is normed from 4-12, but can be administered to children in the 2-6 age range and results can be compared to the Preschool Screener.
2. Only the _________of an utterance are scored.
3. _______picture naming tests a child under pressure.
4. Modeled speech, structured conversation, and narration are examined.
5. The normative data (stats) are correct (not backwards as the SSI-4).
Assessment: The Teacher Interview

See HANDOUT:
• Teacher Interview: Fluency

Assessment
Teacher Interview

• Interpret results from each interview. If child has more than one teacher, use ______ ______ ratings.
• Score Teacher Interview on the Fluency Matrix under “______ _____.”

Assessment: The Fluency Assessment Summary

See HANDOUT
• Fluency Assessment Summary
Assessment
Fluency Assessment Summary

• Behavioral components
  • These components comprise stuttered behaviors
  • Physical concomitants are included in this section.

• Affective components
  • Student’s awareness to his/her stuttering
  • Student’s _____ to his/her stuttering

• Cognitive components
  • _______ behaviors
  • Peer reactions to student’s stuttering

Assessment:
Educational Relevance
(Adverse Effect)

• Educationally Relevant is a phrase that comes from _______ and has been interpreted in many different ways, most of which do not accurately reflect the intent of the law.

• The term means that goals must address areas of importance in the _______ _______. This does not mean, however, that goals must focus solely on academic issues.
Assessment
Educational Relevance

- Child #1 stutters infrequently, but refuses to read aloud in class or respond when called on in class.
- Low level of observable behaviors
- Very high educational impact

- Child #2 stutters frequently, but reads aloud in class and is willing to be called on by the teacher.
- High level of observable behaviors
- Less educational impact

Assessment
Educational Relevance

To provide a better definition of educationally relevant, we must remember that our overall objective in therapy is to support the child’s communication successes in the academic setting.

Using Hierarchies
Hierarchies
Creating Hierarchies

Represent the hierarchy visually in some way.

---

Treatment:
Contextual vs. Noncontextual Speech
Treatment
Contextual vs. Noncontextual Speech

- Contextual speech provides the child with _______ that can be used to limit speaking demands.
- For this reason, asking the child to describe speech stimulus pictures may not result in satisfactory speech samples because there may be _______ or use of empty descriptive words, such as this or that.

- Badgering or short question-answer exchanges (e.g., “What’s this?”) should typically be avoided because they often cause the child to _______.
- Try telling the child what to do instead of asking him to questions.
# Treatment: Fluency Shaping vs. Stuttering Modification

## Treatment
Comparing the Two Approaches

<table>
<thead>
<tr>
<th>Fluency Shaping</th>
<th>Stuttering Modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Less attention to reduction of fear and avoidance.</td>
<td>• Considerable attention to reduction of fear &amp; avoidance.</td>
</tr>
<tr>
<td>• Therapy focuses on conditioning and programming principles</td>
<td>• Therapy focuses on teaching/counseling interaction.</td>
</tr>
<tr>
<td>• More structured programs available, so less planning needed.</td>
<td>• Therapy is unstructured and less data collected for measuring progress.</td>
</tr>
</tbody>
</table>

5-page handout covering overview of Fluency Shaping and Stuttering Modification, as well as combining approaches and when to change approaches.

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**Similarities and Differences of Stuttering Modification & Fluency Shaping Therapies**

<table>
<thead>
<tr>
<th>Stuttering Modification</th>
<th>Fluency Shaping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy goals</td>
<td>Therapy goals</td>
</tr>
<tr>
<td>• Considerable attention to reduction of fear &amp; avoidance.</td>
<td>• Less attention to reduction of fear and avoidance.</td>
</tr>
<tr>
<td>• Therapy focuses on teaching/counseling interaction.</td>
<td>• Therapy focuses on conditioning and programming principles.</td>
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<tr>
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</tr>
</tbody>
</table>

---

**Pros and Cons**

<table>
<thead>
<tr>
<th>Client – PRO</th>
<th>Client – CON</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does not require confrontation speaking in abnormal pattern.</td>
<td>• Needs to confront speaking in abnormal pattern.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinician – PRO</th>
<th>Clinician – CON</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Therapeutic gains made are meaningful to the client.</td>
<td>• Therapy tends to be more spontaneous and less enjoyable.</td>
</tr>
<tr>
<td>• Therapy is more structured, and decisions need to be made.</td>
<td>• Less structured, and more data kept for measuring progress.</td>
</tr>
</tbody>
</table>

---

**Pros and Cons**

<table>
<thead>
<tr>
<th>Client – PRO</th>
<th>Client – CON</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Less need to perform fear-abnormal pattern for a period of time.</td>
<td>• May require speaking in abnormal pattern for a period of time.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinician – PRO</th>
<th>Clinician – CON</th>
</tr>
</thead>
<tbody>
<tr>
<td>• More structured programs available, thus less planning needed.</td>
<td>• More data kept for measuring progress.</td>
</tr>
</tbody>
</table>
CHANGING APPROACHES

CHANGING FROM A STUTTERING MODIFICATION APPROACH

The most common problem with clients in the stuttering modification therapy program is their resistance in confronting their speech fears. This is usually manifested by the PWS either quitting therapy or by only token involvement in the therapy process.

It’s important to explain to the PWS that this new approach will whittle away at his speech fears in little steps. In the long run, he will get to the same place, but will take a different route.

At this point, therapy will change the focus to a slow prolonged speech program and work up through a hierarchy.

CHANGING FROM A FLUENCY SHAPING APPROACH

The most frequent problems with fluency shaping programs are that they fail in the later stages of generalization or in the maintenance of fluency. The problems seem to be of two types.

The first is that the PWS still has considerable fear of certain speaking situations, despite the fact that they have already been approached through a graded hierarchy of successively more threatening situations. When he approaches these situations, his fear becomes too great and he is unable to maintain fluency.

The second problem is that the PWS does not have any coping techniques to deal with anticipated or actual stuttering in everyday speaking situations. He can be either fluent or he will stutter. He has no way to deal with his incidents of stuttering.

Treatment:

Fluency Shaping Strategies

See ELECTRONIC HANDOUT: Fluency Shaping Strategies

Fluency Shaping

Reduce the frequency of stuttered behaviors without increasing the use of other behaviors that are not part of normal speech production.

- Reduced speech rate (if rate is an issue)
- Easy onset of voicing (“easy speech”)
- Light Articulatory Contact
- Continuous phonation
- Confidential voice
- Pausing/Phrasing/Chunking
- GILCU/ELU
- Eye contact
Going to the Beach

One of the best ways to _____________ the heat of the ___________ months is to head down to the ____________. You can lie down in a soft __________ spot and feel the cool _____________ off of the ocean.

Sun Tanning

A lot of people try to get a _____________ at the beach. To do this, they lie down on a _____________ and expose their _______________ to the sun's _______________. After a while their skin turns brown. However, if they stay in the sun too long their skin turns red and they get a  _____________. To prevent this, sunbathers should always put ________________ on their skin. To stay out of the sun many beachgoers use a ______________, which is a giant beach umbrella.

Beachcombing

At the beach, it's fun to search for things that wash up on the ______________. There are often brightly colored _______________ and crabs among the seaweed and _______________. There are also many curly _______________, which children like to collect.

Beach Activities

To cool off, many people go _______________. And if the _____________ are high, some people even try _______________. Or, if there is a lot of ________________ sea life, people can put on a mask and go _________________. When they are done in the _____________ water, they can use a _______________ to dry off and then build a ________________ in the sand or play _________________.
Easy Onset of Voicing

Which speech sounds should be taught first when introducing *Easy Starts*?

1. Nasals
2. Glides
3. Liquids
4. Fricatives
5. Plosives
6. Vowels

See ELECTRONIC HANDOUT:
• Order of Sounds for Easy Starts

- First introduce *Easy Onset* with sounds that are easy to use with continuous airflow or movement.
- Move to sounds that have some obstruction or stoppage of airflow.
  - ______ aren’t targeted, but they can be used as a bridge.
- Introduce **LAST** because they are often initiated with a glottal stop.

Light Articulatory Contact

1. Used to treat ____________________________.
2. **Purpose:** To touch parts of the “speech machine” together softly with less physical tension so the student can keep his speech moving. This helps child produce _______.
3. **Method:**
   a. Light contact involves using softer or lighter touches of the articulators.
   b. As the student is producing a sound, he needs to be reminded to simply touch the articulators with less _______ by lightly tapping the articulators together.
   c. Try starting with placement only and then add voicing. Good to use with /m/, /n/, /l/ and other visible phonemes.
Continuous Phonation

1. **Purpose**: To reduce the likelihood that there will be a “block” because the continuous airflow enhances smoother speech.

2. **Method**:
   a. Speech should have continuous voicing except when a pause is necessary to take a ______ or for ______.
   b. Maintain normal ______ and ______ while using continuous phonation.
   c. Slightly ______ the first sound in the sentence.
   d. When recording data in a therapy session, fluent speech that is not produced with continuous phonation is considered incorrect.

Confidential Voice

1. **Purpose**: To reduce the likelihood that there will be a “block” because the continuous airflow enhances smoother speech. [Same as Continuous Phonation]

2. **Method**:
   a. Repeat the confidential voice ______ to be sure the student understands how to produce it (as if not wanting to wake a sleeping person nearby).
   b. The ______ use of the confidential voice is explained. This is usually a few weeks, but should be used until the effortful voice is no longer used.
   c. Establish times when the confidential voice can be practiced while ______.

3. **Additional Information**:
   a. This technique can be used anytime to help the student regain ______ of his speech.
   b. A whisper should ______ be used.
   c. Research has found that ______% of individuals who whisper demonstrate increased hyperfunction with whispered voice.

Phrasing/Pausing

1. **Phrasing** simply means saying words that group together ______.
2. **Pausing** means leaving a little bit of _____ between those phrases (as with continuous phonation). This also helps with rate.
3. **Purpose**: Allows short pauses in the speech at natural points within the conversation (e.g., between phrases or breaths). This should be used whenever student wants to reduce how **fast** the conversation is going so he has more time to think about what he wants to say or to prepare to use other techniques.

---

Phrasing/Pausing

3. **Method**:
   a. Student should speak as he would normally.
   b. When he comes to the end of a phrase, he should use a short _____ — as long as he needs, but not too long — and then continue to the next phrase.
   c. During the pause, he can prepare to use an easy start or light contact to help reduce ______ in the speech muscles before continuing to speak.

---

GILCU/ELU

1. **GILCU** = ______ Increase in Length and Complexity of Utterance. **ELU** = Extended Length of Utterance.
2. **Purpose**: To enhance fluency in a highly ______ way from single words to conversation.
3. **Method**:
   a. Student ______ single words after you. Then move to 2 words, 3 words, 4 words, (5 words), (6 words).
   b. Student repeats single sentences. Then 2 sentences, 3 sentences, (4 sentences).

---

See HANDOUT:
• GILCU Sequence in Fluency Therapy
GILCU/ELU

3. Method (cont.):
   a. Student reads single sentence. Then 2 sentences, 3 sentences, (4 sentences).
   b. Student speaks with SLP in therapy room in short phrases and then progresses to longer utterance and conversation.

4. Additional Information:
   a. This approach allows the student to become very aware of his speech early on.
   b. This technique MUST be used with ________ ________.

Eye Contact

1. Purpose: To look at the listener during conversation, as part of normal interpersonal skills.

2. Method:
   a. Using good eye contact simply means that the student looks at the listener when he is speaking, or that he looks at speakers when they are talking to him.
   b. The student cannot look at people all the time, but he may want to make sure that he doesn't let ___ about stuttering cause him to look away when speaking.
   c. He should start out by using eye contact during times when he is speaking easily and then ______ move toward maintaining eye contact during moments of stuttering.

Treatment: Stuttering Modification Strategies

See ELECTRONIC HANDOUT:
- Stuttering Modification Strategies
Stuttering Modification

Reduce the severity, duration, and abnormality of stuttering behaviors until they are (or resemble) normal speech discontinuities.

- Cancellation (post-event modification)
- Pull-out (within-event modification)
- Preparatory set (pre-event modification)

When Should Stuttering Modification be Implemented?

1. _____ and/or _____
2. _____ of stuttering events.
3. _____, such as circumlocutions, situation avoidances, or simply not talking
4. _____ of talking
5. _____ are observed, such as fillers (um), starters (Well, you know), postponements (delay in saying a word to delay stuttering)

Cancellation

1. **Purpose**: Take control of tension _____ a moment of stuttering.

2. **Method**: After the stuttered word:
   a. _____ long enough to figure out where the tension is.
   b. _____ the tension in the speech muscles.
   c. Start the word again with an easy start or an easy stutter. Do NOT go back to the _____ of the utterance.
   d. Student can start practicing this in short conversations, then gradually move toward using cancellations in more challenging situations.
**Pull-Out**

1. **Also called slide-out or easing out.**

2. **Purpose:** To release tension ______ a moment of stuttering, then easing into the rest of the word or phrase.

3. **Method:**
   a. ______ where the tension is in the speech muscles.
   b. ______ the physical tension a little bit at a time.
   c. ______ speaking to say the word and move on to the rest of the phrase.

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**Preparatory Set**

1. **Purpose:** Used at the beginning of a word where the student __________ ______.

2. **Method:**
   a. Speak normally (without modification) until he feels that he is coming to a word where he will experience tension...and most probably disfluent speech.
   b. Begin the word with an ______ (to reduce physical tension) instead of tensing muscles. Any combination of techniques used for ______ _____ can be used here.

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**Benefits:**

a. Helps reduce the tension and increase fluency ______ the moment of stuttering.

b. Most appropriate for individuals who demonstrate _______ of stuttered moments.

5. **Additional Information:**
   a. Easing in works together with other stuttering modification techniques (cancellations and pull-outs) to provide the student with three opportunities to change the tension in his speech muscles when he experiences a moment of stuttering. Use in ______ _____
   b. Use ANY strategy to maintain control of the speech as he ______ a disfluency.
Determining if Progress is Being Made

Progress is determined when...

- Duration of stuttering moments are ______.
- Articulatory or laryngeal ______ is reduced.
- Secondary behaviors are reduced/eliminated.
- Changes in ______ stuttering (e.g., blocks are replaced by easier prolongations or repetitions).
  - ______ of primary/secondary stuttering is reduced.
- Increased talking and ______ taking.
- Increased feelings of ______.
- May show an ______ in stuttering frequency, but it will ultimately ______.

Learner Outcomes
Provide Support for the PWS and Family

Provide information and guidance to clients, families, and other significant persons about the _____ of stuttering, _____ fluency, and the _____ of treatment and _____ for recovery.

Provide Support

www.stutteringhelp.org
Writing Goals for Fluency Therapy

Key Reminders

- Goals contain several components:
  - What you want the child to be able to do
  - How often you want the child to do it
  - What task and setting the child will do it in
  - How much support the child will have

- Goals must be focused on the state's objectives to facilitate the student's educational, social, & vocational endeavors.
Writing Goals
Key Reminders

• Method of measurement is SLP observation, _____ observation, & _____ report.

• “What the child will be able to do” is not the same as “what the child will _____ do.”

• We should measure what we have actually taught the child to do (______), not the _____ that we hope will result (______).

Writing Goals
Key Reminders

• “Measureable” does not always mean “_____ .” It is not appropriate to expect a child to achieve an ______ fluency criterion.

• You will notice in the upcoming examples that they are not framed in terms of percentages, such as “80% of the time.” Percentages are actually not required by _____ legislation. [Olson, E. & Bohman, P. (2002). IDEA ’97 and children who stutter: Evaluation and intervention that lead to successful, productive lives. Seminars in Speech and Language, 23, 159-164].

Writing Goals
Key Reminders

When we are writing goals, remember that the ultimate goal is to help persons who stutter say

______ they want
______ they want
______ they want
______ they want
• Remember that the child does not actually have control over when he/she stutters and when he/she is fluent.

• Sometimes, children stutter even if they use a technique appropriately (they are doing what we taught them to do in therapy).

• At other times, they will not stutter even when they forgot to use techniques (being fluent).

Writing Goals
Fluency Shaping

In reality, the only thing the child really has control over is whether he attempts to use the techniques taught in therapy.

For a child with articulation concerns, achieving 80% success is often viewed as a sign of success.

A child who is 80% fluent is still exhibiting stuttering on 20% of his words, which is considered severe.
Writing Goals
Fluency Shaping

Sample Annual Goal
In 36 instructional weeks, José will demonstrate the ability to use learned fluency shaping strategies (e.g., continuous phonation, light articulatory contacts, confidential voice) in various classroom situations, as reported by the child and teacher and documented by checklists and targeted observations.

Sample Behavioral Objective
José will demonstrate ability to use a variety of fluency shaping techniques (continuous phonation, light articulatory contacts, and confidential voice) during a variety of tasks of increasing complexity 20 consecutive times in three successive sessions in the therapy room with 1-2 verbal or nonverbal prompts.

If your district requires at least two behavioral objectives under each annual goal, you can specify one desired behavior for each objective:
- Reduced speech rate (if rate is an issue)
- Easy onset of voicing ("easy speech")
- Reduced articulatory pressure (light contacts)
- Continuous phonation
- Slightly stretching first sound
- Confidential voice
- GILCU/ELLU
In 36 instructional weeks, José will demonstrate the ability to use learned stuttering modification strategies (e.g., cancellations, pull-outs, reduced physical tension) in various classroom situations, as reported by the child and teacher and documented by checklists and targeted observations.
Writing Goals
Stuttering Modification

Sample Behavioral Objective
José will demonstrate ability to use a variety of stuttering modification techniques (cancellations, pull-outs) [WHAT] during a variety of tasks of increasing complexity 20 consecutive times in three successive sessions [HOW OFTEN] in the therapy room [SETTING] with 1-2 verbal and nonverbal prompts [SUPPORT].

Writing Goals
Addressing Attitudes

Sample Annual Goal
Sample Behavioral Objective
Sample annual goals and objectives for fluency shaping, stuttering modification, and addressing attitudes are on an electronic handout.

Writing Goals
Addressing Attitudes

Bullies are a Pain in the Brain
By Trevor Romain
Free Spirit Publishing
www.freespirit.com

Intended audience: Ages 8-13

Book - $8.95
DVD - $45.00
(80 min., color, animated, live action)
Five Myths About Bullies
By Trevor Romain
Free Spirit Publishing
www.freespirit.com

Intended audience: Ages 8-13

This is a two-page free download at the web site.

1. Bullies have low self esteem.
2. Only boys are bullies.
3. Getting bullied is a normal part of growing up.
4. The best way to handle a bully is by getting even or fighting back.
5. If you ignore them, bullies will go away.

After years of being teased for his stuttering, former Chicago Bears running back, Adrian Peterson, decided on a great one liner as a retort: “I stutter. So what?”

He said it simply and it ended the instigators’ path to bullying.

The attainment of these objectives may be verified by both _________ and by the _______

- Self-report contributes valuable information to our data collection that we may not be able to gain in other ways.
- Still, self-report can only be a valid means of assessing the outcomes of therapy if he is aware of the goals of treatment and if he/she fully understands the basis for these goals.
- The child must be an active participant in therapy and self-reported progress is just another example of why it is important to ensure that the child understands the rationale for therapy.
1. Explain the causes of stuttering to a student or teacher.
2. Differentiate developmental disfluencies from incipient stuttering.
3. Demonstrate use of a variety of FS and SM therapy techniques.
4. Write measurable fluency goals and objectives.

Learner Outcomes

The End