

# Comprehensive and Inclusive View of Stuttering Management and Therapy

Jackie Ryer, M.S. CCC-SLP/L

# Presentation Goals/Outline



Rationale for adopting a comprehensive approach to stuttering management in which sole focus is not on fluency



Brief overview of assessment materials



Offer topics of discussion and activities for sessions



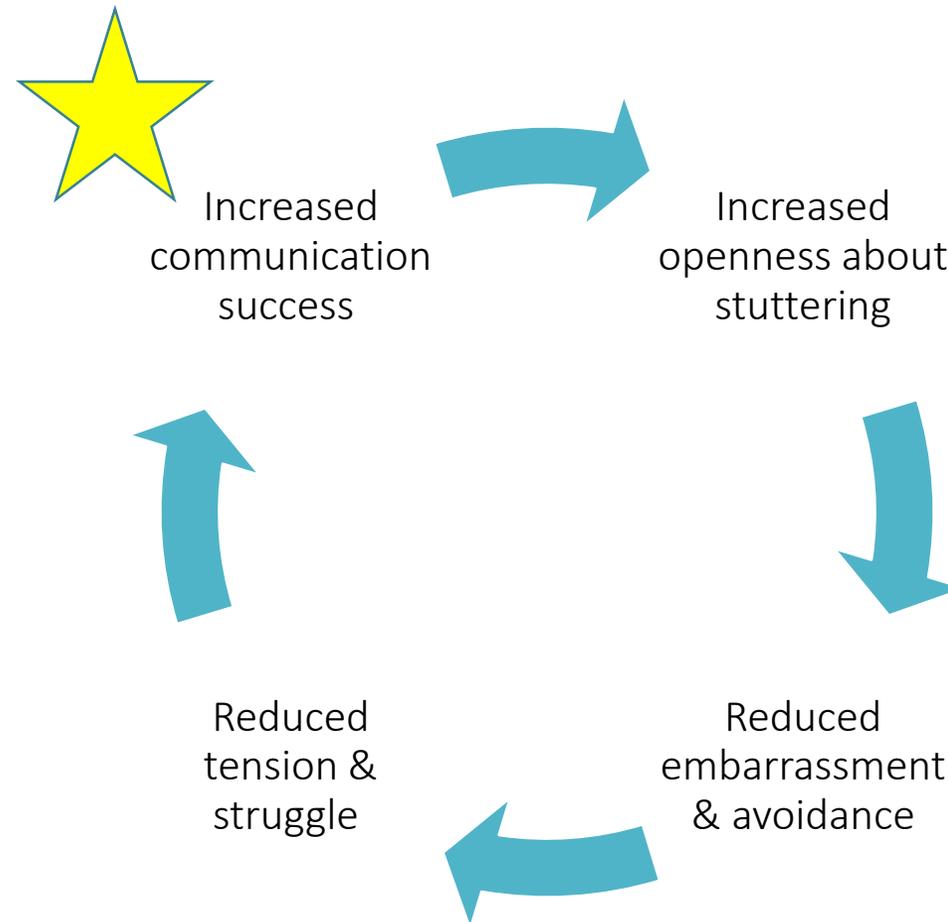
Goal writing

# \*brief\* summary of stuttering research focusing more than fluency

New emerging trends in recent stuttering research:

1. Redefining the stuttering experience: stuttering is a multidimensional experience that is more than observable disfluencies
2. Successful stuttering therapy involves more than just changes in observable fluency (involves reducing the impact of stuttering by improving communication attitudes, reducing fear/avoidance/tension/struggle, and improving communication abilities).
3. Anticipation/fear of the stuttering moment: Stuttering is often associated with anticipation → therefore treat the whole disorder, not just the speech
4. Self-help and support: Attending self-help groups and self-disclosing stuttering are ways that PWS can reduce stigma and improve quality of life
5. Therapy focusing solely on fluency can have adverse effects on individual and can increase tension, struggle, and fear of stuttering
6. No cure for persistent stuttering... however, reframing acceptance as a "cure"
7. Stuttering is variable

# Reardon-Reeves & Yaruss, 2013



Acceptance of stuttering reduces the chance client will develop negative reactions that make stuttering.

# Stuttering & Disability Rights

---

Stuttering community states that the expectation of fluency is forced upon people who stutter, which causes stuttering to be seen as a moral failure.

---

Therapy should focus on the well-being of the person who stutters, not normalization of superficial behaviors.

---

Stuttering can be considered verbal diversity

---

Listening to PWS and their previous experiences with speech therapy

# ASHA Scope of Practice

"Speech-language pathologists work to improve quality of life by reducing impairment in body functions and structures, activity limitations, participation restrictions, and barriers created by contextual factors"

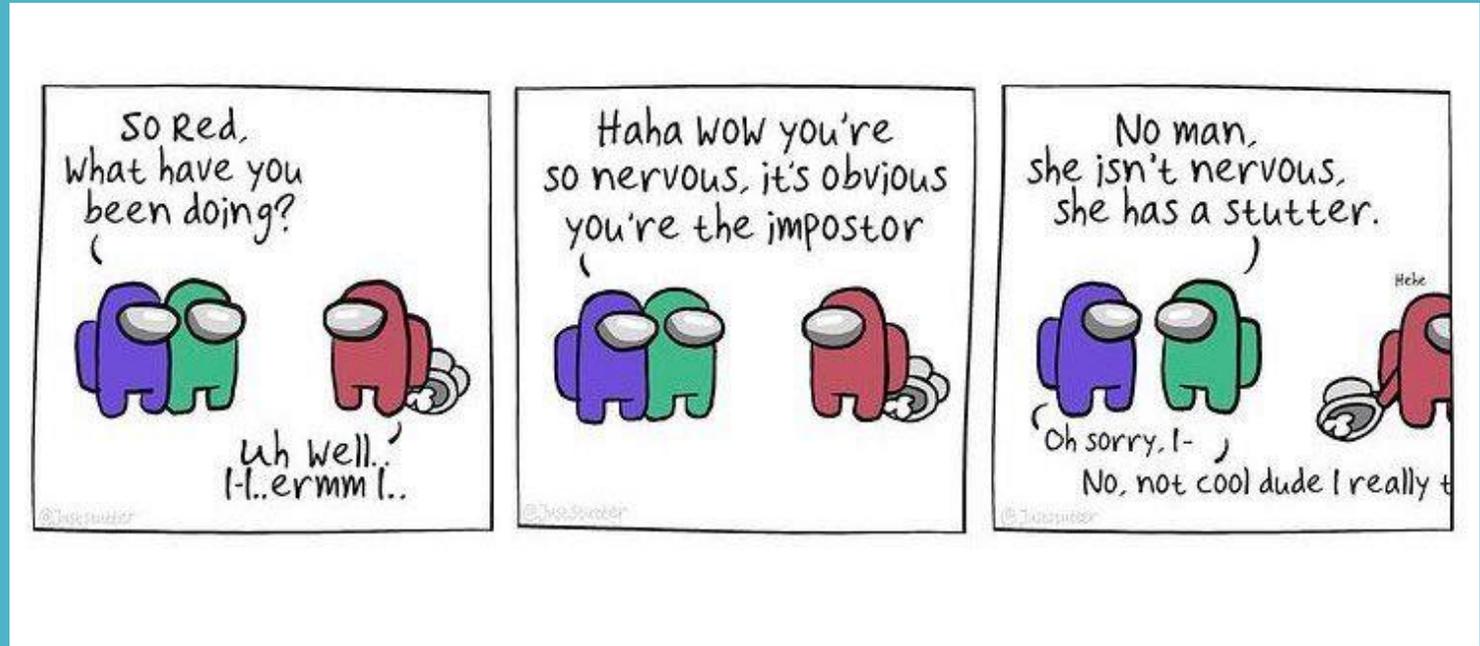
Social Model of Disability vs Medical Model

Idea (Reauth) in 2004 states that impact in any of the areas of academic, functional, and/or social communication denote eligibility



Spontaneous  
speech does  
not mean  
fluent  
speech!!!

- Spontaneous speech is "easy" as in effortless and requires little to none premeditation. This is different than fluency!
- Disfluent speech can be spontaneous. Fluent speech can be effortful. Spontaneity decreases the adverse impact of stuttering on people's lives. Fluency does not necessary decrease it...
- Working on fluency could lead to more stuttering.
- BUT working on stuttering openly often results in increased fluency and decreased tension/struggle.
- Should our therapy focus on increasing spontaneous speech or fluent speech?
- If a client stutters, does this mean we need to work on fluency?



# ASSESSMENT

# Assessment Goal

A COMPREHENSIVE,  
MULTIDIEMNSIONAL school-age, adolescent,  
and adult stuttering assessment includes:

- Consideration of the client's views of themselves as a person and communicator
- What is client's understanding of their stuttering
- Ways stuttering may "hold them back"
- What are their communication goals

This means...

- Our assessment of stuttering should include more than a disfluency count!

# Assessment materials beyond stuttering count

OASES

Scale of Communication Attitudes

A-19 Scale

KiddyCat Communication Attitude Test for Preschoolers

Interview

Example questions:

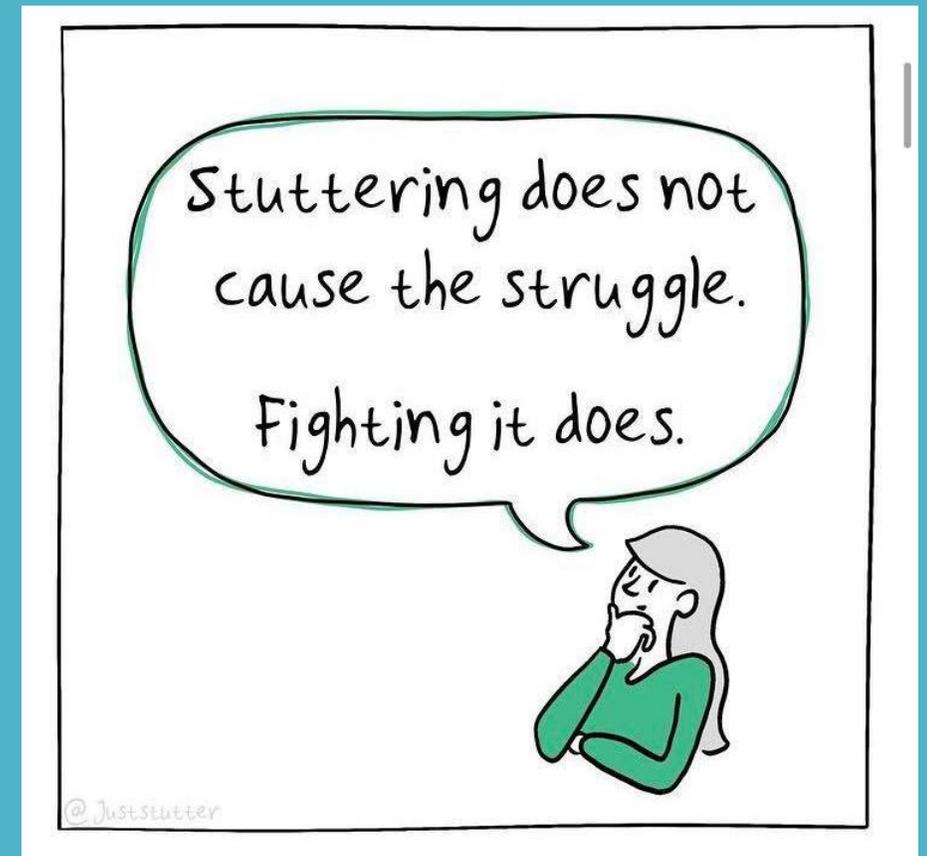
If you woke up fluent tomorrow, what would you do?

Does stuttering hold you back from doing what you want to do in life?

What's the hardest part about stuttering?



# THERAPY



# Check in with yourself before stuttering therapy sessions

Enter therapy with the message that it is ok to stutter!

Am I showing acceptance of stuttering by what I say and what I do in therapy?

What therapy activities do I use that may not send the message of acceptance?

What words do I use (and allow others to use) about stuttering? --> Are they judgement words instead of descriptive words. (e.g. labeling stuttering as "bad")

How do I connect students who stutter and their families?

# Example migroagressions (from Stuttering Therapy Resources)

"You sounded so good you didn't stutter at all!"

"Just take a deep breath and slow down."

"Try again and use your tools"

"Don't be nervous-just relax."

"I hardly notice that you stutter- it's no big deal."

"Think about what you are going to say"

"Everybody stutters"

What do these statements have in common? Why are they problematic? What can we say instead?

"Therapy protocols that focus to achieve fluent speech can actually be very detrimental in the long run, eventually leading to excessive struggle to speak fluently and an ever-increasing set of avoidance behaviors to supresss stuttering"

"If the message is 'it's okay to stutter' than why do therapy goals include fluency aka trying not to stutter?" -Vivian Sisskin (@Oxford Dysfluency Conference 2021)

# Shortfalls of fluency enhancing, fluency shaping, and stuttering modification techniques

-They require A LOT of effort. Consciously using a fluency technique can decrease spontaneity. It's hard to think about what and how we are saying things at the same time. Does not always feel natural.

-They don't always work.

-Working on fluency techniques do not necessarily increase participation or help client reach their ultimate communication goals.

# However,

If a student needs or is ready for or wants strategies to help them communicate in easier ways, then THAT is the goal! Strategies can be helpful if the goal is easier communication.

Techniques can be a great PART of the overall process of enhancing communication in stuttering therapy

Not "anti-fluency", but "anti-expectation" of fluency. Again, effective communication from PWS comes from feeling that what they have to say is more important than how they are saying it.

Accepting stuttering does not mean you are giving up on improving fluency or spontaneity.

# Overall Therapy Goals!

## Helping clients become confident and successful communicators!

Help client reduce the impact of stuttering on their life.

Teaching the message that it is okay to stutter.

Reduce sensation of being stuck.

Reducing negative behavioral reactions

Reducing negative emotional or cognitive reactions

Reducing negative environmental reactions

# A first step in therapy should include education!

Help client understand stuttering and their own stuttering (including ABCs of stuttering)

*Affective (emotions), behavior (physical), cognitive (thoughts)*

*"Nobody is fluent. Everybody is disfluent. Some people stutter." -Stuttering Therapy Resources*

*Education is important because "you can't build a building on a weak foundation" -Gordan B Hinckley*

*Before we ever teach a technique, we must help our students build foundational knowledge and skills related to speaking and stuttering!*

# Education topics for therapy

Speech mechanism (often referred to as the "speech machine")

Types of stuttering

Science of stuttering (physiology, genetics, brain differences)

Myths and facts about stuttering

Experiences of PWS (celebrities and non-celebrities)

Communication skills (posture, eye contact, confidence etc.)

Different ways of talking (quiet, loud, fast, slow, etc.)

Social model of disability and how it relates to stuttering

Different speech therapy philosophies (fluency shaping, stuttering modification, avoidance reduction)

What people have believed about stuttering throughout history

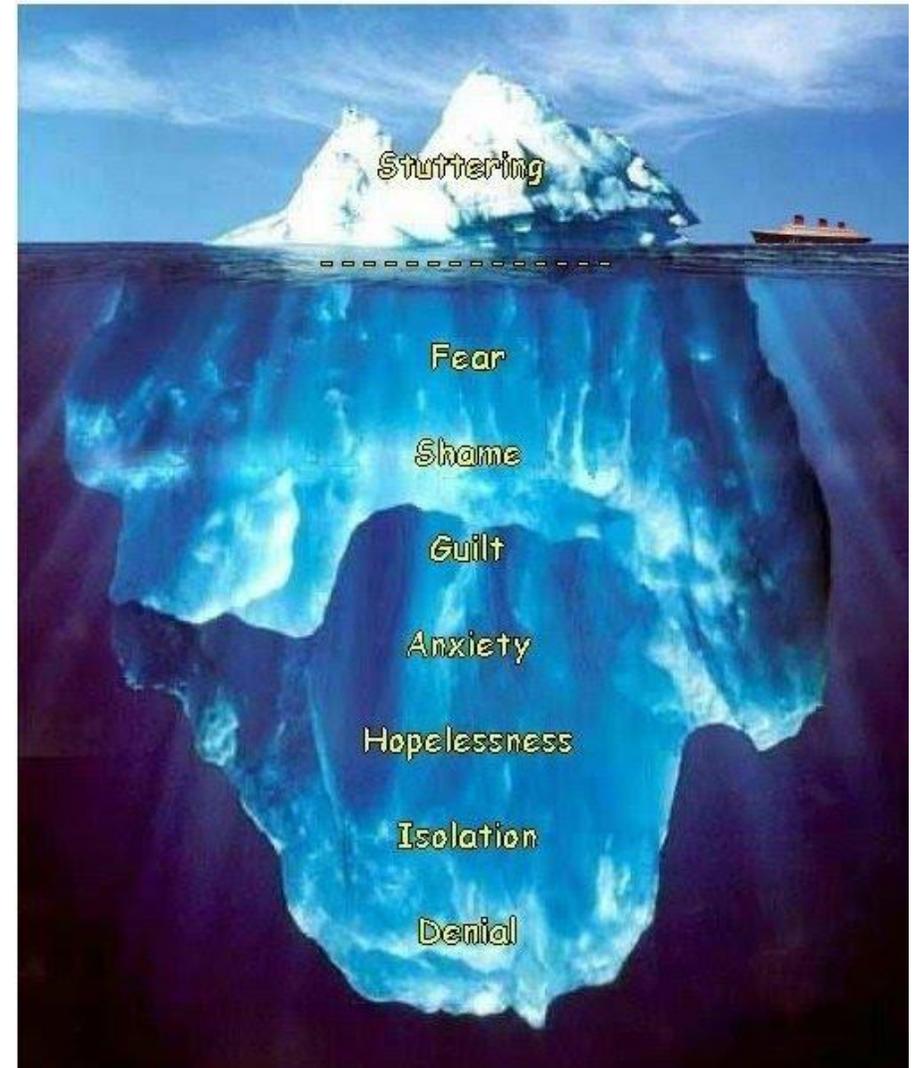
# Education topics for therapy

- ❖ Stuttering/Speech Notebook
- ❖ Draft a “**listener letter**” by listing the following: Three key facts about stuttering. Two things that listeners need to know in order to be good listening partners for people who stutter
- ❖ Draw what stuttering looks like
- ❖ Stuttering analogy (iceberg or other visual)
- ❖ Make a "all about stuttering" presentation or brochure with student for family, teachers, friends, etc.
- ❖ Make a list! Favorite people to talk to... favorite things to talk about
- ❖ Find 3 motivation quotes by people who stutter. Why did you choose those quotes?
- ❖ Listen to stuttering podcasts
- ❖ Jeopardy or Kahoot to talk about stuttering myths vs facts
- ❖ Make a chart comparing learned fluency or stuttering modification strategies- which strategies do you

# Analogies of stuttering

- ❖ Iceberg [Hicks \(mnsu.edu\)](http://mnsu.edu)
- ❖ [Fortnite Battle Royale](#)
- ❖ [Grapefruit](#)
- ❖ [Video game lag](#)
- ❖ Castle
- ❖ And more! --> be creative based on client's interests

The Iceberg Analogy of Stuttering



# Step 2) Focus on desensitization of stuttering and client empowerment

- Voluntary Stuttering
- Advertising/self-disclosure
- Educating others about stuttering
- Meeting others who stutter (support groups, social media, conferences, meet ups)

All of these are done along a hierarchy!

# Voluntary stuttering- "Why would I want to stutter on purpose?"

Positive outcomes associated When PWS put themselves in control of when the stuttering is happening and how severe it is

- Decrease anxiety about when disfluencies will occur
- Desensitization to disfluencies
- Stuttering comfortably with more forward-moving speech
- Reducing tension and struggle
- Leads to self-disclosure of stuttering
  
- Take turns putting moments of easy stuttering into speech during structured activities and then in more "real life" speaking situations along a hierarchy of difficulty.
  
- Maintain eye contact during moments of stutter.
  
- Learning to "play" with stuttering

# Bullying, self- disclosure

Help client come up with "go to" statements that they can say when confronting an environmental barrier, such as bullying.

Practice them in therapy sessions during conversation, structured speaking tasks, and hypothetical situations.

# Desensitization

- Can be helpful to create a hierarchy of speaking situations along a scale from least challenging to most challenging.
- Helping client to easily and confidently communicate during difficult speaking situations.
- Roleplay situations in therapy room.
- Make sure client is ready

Example:

Friends --> family --> acquaintances --> strangers --> ordering food --> phone calls

# Support Groups

[National Stuttering Association](#)

[FRIENDS](#)

[Shared Voices](#)

[SAY](#)

# TED TALKS

[How to Fit a Square Peg Through a Round Hole](#)

[The Thing Is, I Stutter](#)

[The Power of a Stutter](#)

[Stuttering and the Art of Mountain Biking](#)

[Turning fear inside out](#)

[Please let me finish my sentence](#)

# Movies

[WHEN I STUTTER](#)

[The Way We Talk](#)

[My Beautiful Stutter](#)

# Psychotherapy approaches

Cognitive-behavioral therapy ([CBT](#)) can help clients who stutter:

- Decrease anxiety

- Decrease social avoidance

- Increase engagement in speaking situations

Acceptance and Commitment Therapy ([ACT](#)) can help clients who stutter:

- Observe themselves in the present moment

- Accept their thoughts

- Become more psychologically flexible

- Make values-based choices for future behaviors

# Example Goals

## \*obtained from STR

By \_\_\_\_\_, student will demonstrate age appropriate knowledge of the speaking process and stuttering by using their speech journal to document at least \_\_\_\_ key facts about each of these areas: speech anatomy/physiology, disorder of stuttering, and successful people who stutter.

By X, student will demonstrate age appropriate awareness of stuttering by accurately identifying in the clinician's speech and the speech of another person who stutters (via video playback) with \_\_\_\_% accuracy across 3 clinician data probes.

# Example Goals cont.

By \_\_\_\_\_, student will demonstrate age appropriate knowledge of the speaking process and stuttering by teaching clinician- and self-selected key facts to at least \_\_\_\_\_ significant others in their environment as documented in journal entries, clinician data, and parent/teacher reports.

By \_\_\_\_\_, student will demonstrate ability to respond appropriately to inquiries about speech/stuttering as well as bullying behaviors about negative listener reactions by creating at least \_\_\_\_\_ problem solving scenarios as documented by journal entries, self-reports, and observation/reports of significant others.

# Example goals cont.

By \_\_\_\_, student will inform their caregiver(s) about the process of stuttering therapy by reviewing at least \_\_\_\_ speech therapy sessions, using journal entries as a guide. Documentation will include signed journal entries, clinician data, and/or caregiver reports .

Within \_\_\_\_ instructional weeks, and within \_\_\_\_ clinician date probes, student will demonstrate the ability to modify physical tension during a moment of stuttering by exhibiting independent use of self-chosen stuttering management techniques in X/X attempts along a hierarchy of linguistic complexity during structured therapy activities.

# Example goals cont.

Over a period of X consecutive instructional days, student will demonstrate the ability to use a fluency enhancing technique of their choosing in X classroom situations as reported by the student and/or teacher and documented by checklists and targeted observations.

Over \_\_\_ consecutive days in a classroom setting and over \_\_\_ clinician data probes, student will independently handle self-identified verbal time pressure situations by effectively communicating his message in x/x speaking opportunities.

# Example Goals cont.

Over X consecutive days in a classroom setting and over X clinician data probes, the student will demonstrate the ability to participate in classroom discussions by volunteering to answer questions in class at least X times per day as measured by teacher observations/charting and student journal entries.

The student will demonstrate their knowledge of about stuttering by independently teaching 5 key facts of their choosing to their family, as confirmed by parental reports.

To empower Client with the ability to take on feared speaking situations, Client will openly stutter to listeners in a controlled 10-step hierarchy of feared situations (as developed with SLP). Progress will be measured by lowered fear rankings by the end of treatment. //  
To....Client will openly stutter in X self-identified [lo/mid/hi]-feared situation in 2 out of 3 opportunities

# Example Goals cont.

The student will demonstrate their ability to stutter with less physical tension by using 10 easy pseudostutters with other students in the therapy room as documented by clinician observation for 3 consecutive sessions.

The student will demonstrate increased acceptance of stuttering by talking openly about stuttering, with the clinician's support, with 1 new friend, as measured by student report.

To educate others about stuttering and reduce anxiety about listener reactions, Client will disclose stuttering to 1 new listener per week over a series of 8 weeks

# Example goals cont.

The student will demonstrate increased acceptance of stuttering by pseudostuttering 2 times while reading aloud in class, as measured by the student's report.

The student will demonstrate reduced avoidance of speaking by independently volunteering to answer questions in class 5 times each week as verified by the teacher's report.

To ease the communication experience by increasing conversation skills, Client will maintain a structured conversation with a single partner, carrying at least 50% of the verbal participation in 4 out of 5 trials

# References

Boyle, M. P., Milewski, K. M., & Beita-Ell, C. (2018). Disclosure of stuttering and quality of life in people who stutter. *Journal of Fluency Disorders*, 58, 1-10.

Coleman, C., & Yaruss, J. S. (2014). A comprehensive view of stuttering: Implications for assessment and treatment. *SIG 16 Perspectives on School-Based Issues*, 15(2), 75-80.

Constantino, C. D., Eichorn, N., Buder, E. H., Beck, J. G., Manning, W. H. (2020). The Speaker's Experience of Stuttering: Measuring Spontaneity, *Journal of Speech, Language, and Hearing Research*, 63, 983-1001.

Douglass, J. E., Schwab, M., & Alvarado, J. (2018). Covert stuttering: Investigation of the paradigm shift from covertly stuttering to overtly stuttering. *American Journal of Speech Language Pathology*, 27(35), 1235-1243

Gerlach, H., Hollister, J., Caggiano, L., & Zebrowski, P.M. (2019). The utility of stuttering support organization conventions for young people who stutter. *Journal of Fluency Disorders*, 62, 1-12.

Jackson, E. S., Yaruss, J. S., Quesal, R. W., Terranova, V., & Whalen, D. H. (2015). Responses of adults who stutter to the anticipation of stuttering. *Journal of Fluency Disorders*, 45, 38-51.

Reardon-Reeves & Yaruss, (2013) *School-Age Stuttering Therapy: A Practical Guide*, Stuttering Therapy Resources, Inc: McKinney, TX

Tichenor, S. E. & Yaruss, J. S. (2019). Stuttering as defined by adults who stutter. *Journal of Speech, Language, and Hearing Research*, 62, 4336-4369

[Stuttering Therapy Resources - Helping SLPs Help People Who Stutter](#)