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
   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 disfluencies
      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
   “The ICF framework is useful in describing the breadth of the role of the SLP in the prevention, assessment, and habilitation/rehabilitation of communication and swallowing disorders and the enhancement and scientific investigation of those functions.”
   -- ASHA (2016) 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 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) 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 different 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 the 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?      d) There are no secrets in therapy
      b) When can I use it?  e) What else do I need to know?
      c) How do I use it?

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-wwwant – wwant 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 wwwwwwaant 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

**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 between phrases
   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
   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 then 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
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...
   “Nobody likes me because I stutter” I can stutter and still have lots of friends
   “I stutter because I did something bad” Stuttering is not my fault
   “There is something wrong with me” 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)  
      b) Newsletters
      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) 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. 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

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

A 6-step intervention program to help children minimize bullying (Murphy et al., 2013)
Step 1: Teach children about stuttering
Step 2: Teach children about bullying
Step 3: Help children think differently about stuttering
Step 4: Help children respond appropriately to bullying
Step 5: Help children educate peers about stuttering & bullying
Step 6: Teach parents and others about stuttering

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

V. Selected Author References