Meeting The Challenges of Stuttering Treatment in the Schools

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November 17, 2006
IDEA 2004 and Speech-Language Services:
Highlights and Key Issues for Children Who Stutter
Kathleen Whitmire, PhD, CCC-SLP
Director of School Services
ASHA
What Are We Talking About?

• Dec. 3, 2004
  – The Individuals with Disabilities Education Improvement Act of 2004 (commonly known as IDEA 2004) was signed into law

• Aug. 14, 2006
  – U.S. Department of Education released the official copy of the IDEA 2004 Part B final regulations (for ages 3-21)
Why Do We Need to Know This??

- We can use the federal statute and regulations to argue for needed services and programs and/or against inappropriate requests or expectations
Important to remember …

• These are the federal mandates
• States must meet the federal mandates, but may exceed those mandates
• In other words, know your state policies!
IDEA’s Definition of a Speech-Language Impairment

• 300.8 (c)(11) Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance. [emphasis added]
What’s Included?

- 300.34 (c)(15) Speech-language pathology services includes identification …, diagnosis …, referral …, provision of speech and language services for … habilitation or prevention …, and counseling.
Are Services Based Only on Academic Achievement?

• 300.101(c)(1) Each State must ensure that FAPE is available to any individual child with a disability who needs special education and related services, even though the child has not failed or been retained in a course or grade, and is advancing from grade to grade. [emphasis added]
Are Services Only to Support Classroom Performance?

- 300.42 Supplementary aids and services means aids, services, and other supports that are provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate. [emphasis added]
What’s Included in “Extracurricular and Nonacademic”?  

• 300.107 (b) Nonacademic and extracurricular services and activities may include counseling services, athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the public agency, referrals to agencies that provide assistance to individuals with disabilities, and employment of students.
What Must the School Do?

• 300.117 In providing or arranging for the provision of nonacademic and extracurricular services and activities, including meals, recess periods, and the services and activities set forth in Sec. 300.107, each public agency must ensure that each child with a disability participates with nondisabled children in the extracurricular services and activities to the maximum extent appropriate to the needs of that child.
How Do We Evaluate Fluency for the Purpose of Determining Eligibility?

• 300.304 (b) In conducting the evaluation, the public agency must (1) **use a variety of assessment tools and strategies** to gather relevant **functional, developmental, and academic** information about the child, including information provided by the parent,...
How Do We Evaluate Fluency for the Purpose of Determining Eligibility? (cont’d)

- 300.304 (b) In conducting the evaluation, the public agency must (2) not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability.
How Do We Evaluate Fluency for the Purpose of Determining Eligibility? (cont’d)

- 300.304 (c) Each public agency must ensure that (4) the child is assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities [emphasis added]
• 300.304 (c) Each public agency must ensure that (6) … the evaluation is sufficiently comprehensive to identify all of the child’s special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified. [emphasis added]
What Gets Included in the IEP?

• 300.324(a)(1) In developing each child’s IEP, the IEP Team must consider the academic, developmental, and functional needs of the child. [emphasis added]
What Gets Included in the IEP? (cont’d)

• 300.320(a)(1) The IEP … must include a statement of the child’s present levels of academic achievement and functional performance [emphasis added]
• 300.320(a)(1) The IEP … must include (a)(2)(i)(A) a statement of **measurable annual goals**, including
  – *academic and functional goals* designed
  – *to meet the child’s needs* that result from the child’s disability
  – to enable the child to *be involved in and make progress in the general education curriculum* [emphasis added]
What Gets Included in the IEP? (cont’d)

- 300.320(a)(1) The IEP … must include (a)(4) a statement of the special education and related services and supplementary aids and services, based on *peer-reviewed research to the extent practicable*, to be provided to the child, or on behalf of the child [emphasis added]
What Gets Included in the IEP? (cont’d)

- 300.320(a)(1) The IEP … must include (a)(4) a statement of the program modifications or supports for school personnel that will be provided [emphasis added]
What’s the Bottom Line??

• 300.320(a)(4) … to enable the child
  – to *advance appropriately* toward attaining the annual goals [i.e., academic and functional goals designed to meet the child’s needs that result from the child’s disability]
  – to be *involved in and make progress in the general education curriculum* … and
  – to participate in *extracurricular and other nonacademic activities*
Web Resources

• ASHA’s IDEA Action Center
  – www.asha.org/about/legislation-advocacy/federal/idea/

• OSEP-funded IDEA Partnership
  – www.ideapartnership.org/whatsnew.cfm

• US Dept. of Ed. IDEA Web site
  – http://idea.ed.gov/

• ASHA Info on “adversely affects”
Meeting the Challenges of Stuttering Assessment in the Schools

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Ft. Lauderdale, Florida
ASHA, Nov. 17, 2006
What are the Challenges?

• Time Constraints
  – Paperwork, meetings, scheduling, caseloads

• Variability in SLP Training and Experience
  – Tower of Babel in terminology, procedures

• Stuttering Not Identified or Misdiagnosed
  – Articulation, vocabulary
  – Reading difficulty
  – Behavioral
    • Student ‘too excitable’, gets nervous, quiet, shy
What’s an Effective School Based Assessment Protocol?

• Multi-dimensional

• School Friendly

• SLP Training Component
Why Multi-dimensional?

• Dynamic disorder

• Children who stutter are more than youngsters who are disfluent.
  » (Vanryckegehem, M. & Brutten, G., 2006)

• IDEA, (2005)
More on… Multi-dimensional (IDEA, 2005)

- 300.304 (b) In conducting the evaluation, the public agency must (1) use a **variety of assessment tools** and strategies to gather relevant functional, developmental, and academic information about the child, **including information provided by the parent**, … and (2) **not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability**. (c) Each public agency must ensure that (4) the child is **assessed in all areas** related to the suspected disability, including, if appropriate, health, vision, hearing, **social and emotional status**, general intelligence, **academic performance**, **communicative status**, and **motor abilities** … and (6) … the evaluation is sufficiently **comprehensive** to identify all of the child’s special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.
  - (IDEA, 2005)
What’s “SCHOOL FRIENDLY?”

- Acronym
- Evidence Based
- Guidelines with choices
- Parent and Teacher input
- Sensitive to time constraints
So What’s the Acronym?

- Social
- Attitude
- Motor
- Impact

» Developed by N. Ribbler, Broward County School District, 9/02
Research Framework

- Healey, Scott, Panico (2001)-CALMS
- Chmela, Reardon & Stuttering Foundation (2002)
- BAB-Behavioral Assessment Battery for School Age Children Who Stutter (Brutten, Vanryckeghem, 2006)
- KiddyCat (Vanryckeghem, Brutten, 2006)
- SSI-3 - Stuttering Severity Instrument-3 (Riley, 1994)
- Stocker Probe for Fluency- (Stocker & Goldfarb, 1995)
Guidelines with Choices

Social-- Parent & Teacher Fluency Checklists (Broward County School District, 2000)

Attitudes--
- BAB (Brutten, G., Vanryckeghem, M., 2006)
- KiddyCat (Vanryckeghem, M. and Brutten, G., 2006)
- What’s True for You (Chmela, K., Reardon, N. & Stuttering Foundation, 2002)

Motor-- 300 word fluency sample
- SSI-3 (Riley, 1994); Stocker Probe (Stocker & Goldfarb, 1995); Broward County Stuttering Evaluation (Broward Country School District, 2001).

Impact-- Key Behaviors Rating Scale
- (N. Ribbler, 2002, Adapted from Scott Trautman & Chmela, 2002; Broward County Fluency Effectiveness Project, 2001).
The “S” in SAMI

• **Parent Checklist**
  – Parent friendly

• **Teacher Checklist**
  – Sensitive to time constraints
The “A” in SAMI

- **BAB** (Brutten, G., and Vanryckegehem, M., 2006)
  - CAT (Communication Attitude Test)
  - SSC (Speech Situation Checklists)
  - BCL (Behavioral Checklist)

- **KiddyCat**
  (Vanryckegehem, M. and Brutten, G., 2006)

- **What’s True for You**

- **Count Me Out**
  (Chmela, K., Reardon, N. and Stuttering Foundation, 2002)
  *The school-age child who stutters: Working effectively with emotions and attitudes.*
The “M” in SAMI

- **Motor Component**
  - Counting Disfluencies
  - Reliability & Consistency Issues
  - Stuttering Like Disfluencies (SLDs)
  - 300 Word Sample
GOAL: Getting on the Same Page

• Consistency with terminology and procedures.
• Speaking the ‘same language’.
• Broward County Fluency Codes:
  - Uniform coding system to categorize disfluencies.
  - Adapted from Scott, L., 2002; Ambrose & Yairi, 1999.
  - Increasing reliability and consistency when evaluating, interpreting and discussing stuttering behaviors.
# Broward Fluency Codes

Broward County School District 2006  
*Adapted from Scott, L., 2002; Ambrose & Yairi, 1999).

**STUTTERING LIKE DISFLUENCIES (SLDS)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWR</td>
<td>Part word repetitions (li-li-li-like)</td>
</tr>
<tr>
<td>SSWR</td>
<td>Single syllable whole word repetitions (my-my-my)</td>
</tr>
<tr>
<td>BLO</td>
<td>Blocks-no sound then a sudden burst ( ^^^^^ball)</td>
</tr>
<tr>
<td>PRO</td>
<td>Audible prolongations/holding onto the sound out loud (s--------ome candy).</td>
</tr>
<tr>
<td>BRO</td>
<td>Broken words-breaks in phonation at nonsyllable boundaries (e—at).</td>
</tr>
<tr>
<td>TP</td>
<td>Tense Pause-silence when you would not expect a pause; pause of unusually long duration. (My…name is Angela).</td>
</tr>
<tr>
<td>AW</td>
<td>Abandoned Words—speaker begins to say something, then switches words without finishing. (I st^^^finished).</td>
</tr>
</tbody>
</table>
Broward Fluency Codes
Broward County School District (2006)
*Adapted from Scott, L., 2002; Ambrose & Yairi, 1999).

NORMAL NONFLUENCY

• NORMAL NONFLUENCY*
  
  • MSWR       Multisyllable whole word repetitions (mommy mommy)
  
  • PHR        Phrase Repetitions (I want I want to go)
  
  • INTR       Interjections –filler words (um, uh, er, like, you know)

• *Note: 3 or more Repetitive Units (RUs) of a normal nonfluency is considered abnormal and “Stuttering Like” (SLD)—Scott, L., & Chmela, K., 2002.
Transcription Tips

- 300 word sample--Can use three-100-word samples from different speaking situations.
  - Use *Fluency Disrupters* (interruptions, other people in room, rapid presentation, timed task).
- Write words verbatim, number each utterance, underline disfluent words.
- Write fluency code above underlined utterance.
- Color code disfluency types on sample and cover sheet.
Calculating the Disfluency %

- Use words or syllables
  - Your preference, just be consistent each time and indicate what you used.

- Disfluency % =
  - \(# \text{ SLDs divided by Total # Words/Syllables}\)
  - e.g., 25 SLDs in 300 word sample
  - 25 divided by 300 = .08 \times 100 = 8\% \text{ Disfluency}
The “I” in SAMI
Putting It All Together

• Key Behaviors Rating Scale

• Adverse Educational Impact of Stuttering (AEI)
Key Behaviors Rating Scale
Broward County School District (2002)
Ribbler, N., (2002), Adapted from Scott & Chmela,(2002);

- **S** = SOCIAL
- **A** = ATTITUDES
- **M** = MOTOR
- **I** = IMPACT

0 WITHIN NORMAL LIMITS
- ____S Speech does not call attention to itself and is not distracting.
- ____A No concern about negative attitudes toward his/her speech.
- ____M Fluency is smooth and forward flowing with no evidence of Stuttering Like Disfluencies (SLD).
- ____I Speech does not have an adverse impact on student’s participation in educational, speech-related activities.
Key Behaviors Rating Scale
Broward County School District (2002)
Ribbler, N., (2002), Adapted from Scott, L., & Chmela, K., (2002);

• 1  BORDERLINE STUTTERING
  • ___S Parents, teachers may indicate occasional disfluencies in speech, but not considered distracting.
  • ___A Student does not appear to be aware of disfluencies; Attitude assessments do not reveal negative attitudes about speech.
  • ___M May demonstrate normal nonfluencies including multi-syllable whole word reps (MSWR), phrase reps (PHR), interjections (INTJ), occasionally evidencing repetition units (RU) over 3.
  • ___I Speech does not appear to affect participation in educational/speech-related activities.
2  BEGINNING STUTTERING

- **S** May observe poor turn-taking, interaction skills, especially in young children. Not likely to be socially affected per parent/teacher input.

- **A** May not evidence negative attitudes about speech on attitude assessments; if so, likely to report frustration with talking.

- **M** Mixture of word repetitions (multisyllable and/or single syllable-MSWR, SSWR) and phrase repetitions (PHR) with part-word reps (PWR) and sound prolongations (PRO). Frequency and severity vary, but is often greater than 8-10% on a 300-word sample.

- **I** Participation in speech-related educational activities is rarely reduced but occasionally limited in situations s/he perceives as “high-stress”.

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**Key Behaviors Rating Scale**

Broward County School District, (2002)
Ribbler, N., (2002), Adapted from Scott, L., & Chmela, K., (2002);
Broward County Fluency Effectiveness Project, (2001.)
Key Behaviors Rating Scale
Broward County School District (2002)

3 INTERMEDIATE STUTTERING
• ___S Will begin to make social/participation choices on the basis of his/her stuttering. May experience teasing.
• ___A Awareness and negative attitudes about stuttering gradually develop and become rooted. Avoidance behaviors are beginning to develop.
• ___M Primarily part-word repetitions (PWR) and sound prolongations (PRO). Frequency and severity will vary. Often accompanied by secondary characteristics. Disruptions in forward flow of speech may interfere with intelligibility, especially in situations s/he perceives as “high stress”.
• ___I May experience difficulties in educational/speech-related tasks such as, giving oral presentations, reading aloud, and participating in classroom discussions and cooperative learning projects due to stuttering.
4 ADVANCED STUTTERING

• ___S Frequently makes social choices on the basis of his/her stuttering and will avoid certain situations. Listeners are consistently aware of stuttering; sensitive to teasing.

• ___A Likely to report high anxiety about communication, extreme negative reactions to stuttering; significant frustration and avoidance behaviors.

• ___M Similar characteristics as intermediate stuttering (primarily PWR & PRO accompanied by secondary behaviors). Communicative attempts can be labored with extended disruptions of forward speech flow.

• ___I Student shows significantly limited participation in classroom discussions, refrains from asking or answering questions in class due to stuttering; absenteeism from class may occur during oral activities due to his/her perceived anxiety about speaking in front of classmates and teacher.
Adverse Educational Impact (AEI)

- Showing impact of stuttering on educational domains:
  - Academics
  - Social Emotional
  - Independent Functioning
  - Communication

- Tips for documenting AEI when grades, and standardized test scores are not affected.
It’s not easy…

• Juggling the caseload
• Buried in paperwork
• Dealing with scheduling glitches
• Providing consistent, assessible SLP training in fluency assessment
Breaking Through the Barriers

✓ Use a multi-dimensional assessment approach. (e.g., SAMI).

✓ Provide convenient, ‘easy to access’ SLP training. (e.g., Broward Virtual University (Broward School District On-Line courses).

  Fluency Effectiveness Training: Assessment
  www.sbhc-vu.com

✓ Educate IEP team on “AEI” of stuttering.
Meeting the Challenges of Stuttering

Writing Goals for School Age Stuttering Therapy

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Board Recognized Fluency Specialist/Mentor
Points to Consider

• From Federal IDEA
  – Academic
  – Non-academic
  – Extra-curricular

• And…the states get involved too…
  – Goals align to state standards
The Goal Writing Process

- Assessment
  - Required
- PLAA+FP (Formerly, PLOP)
  - Required
- LTG
  - Required
- Progress Updates
  - Required
- Benchmarks
  - STRONGLY Suggested
PLoAA + FP

- A good plan of therapy starts with an accurate Present Level of Academic Achievement and Functional Performance
- Take what you understand from the assessment (or update info) prior to the IEP (annual review) meeting
- Be certain to look at all areas of the child’s possible impact of stuttering (social, attitude, motor, impact 😊)....
Assessment, PLoAAFP, and Goals that...

• Address the needs of the WHOLE CHILD!
  – Beliefs and feelings regarding communication
  – Knowledge of speech and stuttering
  – Speech-motor behaviors
  – Knowledge, understanding and use of speech handling techniques
Measurable Annual Goals

• Take what you know about the child PLoAA+FP and use it to write APPROPRIATE annual goals

• Make certain we are addressing all pertinent areas

• Goals must enable the child to make progress in the general ed curriculum
Measurable Annual Goals

• This can be a shift in thinking for us, as it may challenge how we have written goals for years…

• The MOST important things we must continue to remember are that:
  – We address all of the child’s areas of need, and
  – We have many ways to measure goal progress
Annual Goals

• Measurable and Appropriate
  – (i.e. Achievable)

• ONE YEAR expected progress
  – Not what we would like, but what is feasible and reasonable

• Getting others involved
  – Parent, teacher, CHILD (Yep, even the young ones 😊)
Some Sample Annual Goals

• Child will increase knowledge regarding stuttering and the normal speaking process as assessed by informal assessment checklists and portfolios.
• Child will develop/improve/ maintain (choose appropriate phrase) positive attitudes about communication and self as measured by formal and informal rating scales.
• Child will increase verbal participation in classroom and with peers as measured by teacher checklists, self-reports and structural observations.
Some Sample Annual Goals (con’t)

• Child will demonstrate knowledge and use of ___#___ (or name) **speech management techniques** (at the ____ level) (in ____ speaking situations) as measured by self-reports and clinical data records (journal, rubrics, etc).

• Child will demonstrate knowledge and use of ___#___ (or name) **stuttering management techniques** (at the ____ level) (in ____ speaking situations) as measured by self-reports and clinical data records (journal, rubrics, etc).
But... Wait a minute!

Where are the benchmarks???
A note about “Benchmarks”

• IEPs must now include benchmarks or short-term objectives ONLY for children with disabilities who take ALTERNATE assessments aligned to ALTERNATE achievement standards.

• However, benchmarks are still strongly recommended, even if they are not written on the IEP itself.

• These will be helpful for plan development as well as for mandatory reports of progress.
Progress Updates

• How do we measure it?
  – In how much (or whether) the child’s stuttering impacts his/her communication
  – In how comfortable and confident the child is in communicating
  – In how much the child is learning
    • About speech
    • About stuttering
    • About handling stuttering

• How do we document it?
  – Through parents, teachers, yourself and others…
    ➢ By journaling
    ➢ By observations
    ➢ By checklists
    ➢ By informal assessments
    ➢ By portfolios
    ➢ By formal assessments
Resources


• [www.IDEA.gov](http://www.IDEA.gov)

• [www.asha.org](http://www.asha.org)
Meeting The Challenges of Stuttering Treatment in the Schools:
Measuring Communication Change in Response to Treatment

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What Represents “Communication Change”? 

• For the purpose of this presentation, “communication change” is defined as a change in the child’s communication behavior that demonstrates the child’s response to treatment.

• We want to make measurable observations that help us document the effects of our treatment and that account for:
  – The social validity of our interventions
  – The multidimensional and chronic nature of the disorder
  – The extent to which the child experiences functional limitations as a result of stuttering
  – Whether an adverse educational impact (AEI) continues to be experienced and in what manner, and
  – The child’s continued eligibility for OR readiness for dismissal from services
Measurements Should Reflect Social Validity

- Assessing social validity establishes the social importance of an intervention
  - i.e., Get subjective evaluations of the intervention from important stakeholders (e.g., the child, teachers, parents, peers)

- Evaluate social validity (Wolf, 1978)
  - Assess social significance of intervention goals
  - Determine the social appropriateness of intervention procedures
  - Examine the social importance of intervention outcomes
Social Validity *continued*…

• A component of social validity is treatment acceptability
  – Aspects of treatment acceptability
    • The rationale in support of the intervention
    • The language used to describe the intervention
    • Collaborative development of the intervention
    • Participants’ understanding of the intervention
    • Perceptions of the demands of the intervention
  – Other aspects
    • Severity of the problem
    • Stakeholder demographics

• The interaction between understanding, acceptability, and willingness influences the perceived effectiveness of the intervention
Assessing Social Validity

• Obtain regular input from the child, parents, teachers and others
  – Distribute questionnaires
  – Ask for rankings of importance of various treatment goals
  – Keep evidence of self-charting or completion of homework contracts
  – Document input of these individuals when developing the IEP/treatment plan
Measurements Should Account For The Multidimensional Nature of the Disorder

• Important change may occur in areas other than motor behaviors

• These changes can significantly impact the child’s functional limitations and corresponding adverse educational impact

• Make sure your change measures reflect multidimensional observations
  – The CALMS Rating Scale (Healey, 2006) (http://www.unl.edu/fluency/pdfs/calmsrate.pdf)
  – These measures can be repeated; use the scores to demonstrate change across time
Measurements Should Account For The Chronic Nature of the Disorder

- For many school-age children, stuttering behaviors may be a part of the child’s lifelong communication pattern
  - If a child has been stuttering longer than 3 years, there is a diminished probability of unassisted recovery (Yairi & Ambrose, 1999)
  - Few, if any, treatment programs effectively and permanently eliminate stuttering behaviors in the school-age population
Chronicity continued...

• Stuttering may continue to be observed, but the child may not be experiencing functional limitations
  – If not, treatment may not be warranted at that particular point in time
    • ASHA Code of Ethics (2003) -- Principle I.G: Individuals shall evaluate the effectiveness of services rendered and of products dispensed and shall provide services or dispense products only when benefit can reasonably be expected.
  – Continuing treatment when benefit is not reasonably expected may reinforce a message that
    • The person is somehow defective in management of the problem OR
    • The disorder is untreatable/unresponsive
Considerations for Measuring Change in Functional Limitations

• Functional limitations ≈ day-to-day manifestation of the handicap

• Possible variables of functional limitation
  – Efficiency
    • How easily is the child able to maintain smooth, effortless forward flow of speech?
      – Smoothness, effort, rate, rhythmicity, lack of circumlocutions/other distractions to the message
    • Some possible measurement strategies
      – Frequency of stuttering, duration of stuttered moments, number of iterations, forms of disfluency, use of modifications, speech rate, contrasting intended message with communicated message via speech sampling, inventory of secondary behaviors, speech naturalness ratings
Functional Limitations continued…

– Confidence
  • Is the child able to communicate when, where, how, and with whom he/she wants?
  • Some possible measurement strategies
    – Child report/ratings, parent/teacher observations, problem-solving plans, reference-based measures (e.g., the CAT-R, KiddyCat, A-19, SEA Scale)

– Assertiveness
  • Is the child able to participate equally when initiating or responding in interactions?
  • Is the child able to respond appropriately to fluency disruptors such as interruptions or competition for talking?
  • Some possible measurement strategies
    – Child/parent/teacher reports/ratings, completion of contract cards, problem-solving plans, sampling and graphing conversational assertiveness/responsiveness
Functional Limitations *continued*…

– **Effectiveness**
  - Is the child able to balance efficiency, confidence, and assertiveness in a manner which facilitates communication of his/her message?
  - Do others respond appropriately to the child’s communication?
  - Some possible measurement strategies
    - Problem-solving plans, ratings by child/others of effectiveness following identification of specific conversational goals, child/parent/teacher report
Adverse Educational Impact

- Children with communication impairments do not have to demonstrate corresponding problems in academic achievement to be considered eligible for services
  - “Educational performance” is not specified in regulations
    - “Cannot be limited to showing of discrepancies in age/grade performance in subject matter areas”

- Effective oral communication benchmarks are included within state curriculum guidelines across most curricular areas
  - Remember that for young children, evidence of mastery most often is demonstrated through oral performance
  - Evidence of functional limitations in efficiency and confidence can be used to demonstrate the educational relevance of the child’s disorder
    - E.g. Diminished speech rate, not raising his/her hand would interfere with the child’s educational progress by interfering with the ability to participate on an equal basis with peers

Dismissal Criteria

• Dismissal Criteria Guidelines (based on a report from the Task Force on Services in the Schools, Division 4, Fluency & Fluency Disorders)
  – Dismissal criteria should consistently mirror eligibility criteria.
  – All aspects of stuttering should be considered before dismissal from services, rather than merely reduction of motor behaviors.
  – Dismissal criteria should include information about chronicity and state the provisions for relapse.
  – A continuum of support services should be considered before final dismissal from services is made.

(Scott Trautman & Chmela, 2001)
Tools for Illustrating Change

- Using Microsoft Excel to create graphs
  - Enter your treatment objectives, rating parameters, etc. in the 1st column (down the left side of the spreadsheet)
  - Enter dates in the 1st row (column b, c, d, etc)
  - Click on the icon at the top of the screen for the Chart Wizard OR use the chart menu
This is the icon for the Chart Wizard.
<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
<th>L</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knew the answer</td>
<td>9</td>
<td>8</td>
<td>10</td>
<td>7</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Practiced saying it in my head</td>
<td>9</td>
<td>8</td>
<td>10</td>
<td>7</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raised my hand</td>
<td>5</td>
<td>8</td>
<td>10</td>
<td>5</td>
<td>0</td>
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<tr>
<td>Gave the answer out loud</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>1</td>
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<tr>
<td>My communication</td>
<td>6</td>
<td>9</td>
<td>9</td>
<td>2</td>
<td>0</td>
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**Class Participation - Travis**

- **Knew the answer**
- **Practiced saying it in my head**
- **Raised my hand**
- **Gave the answer out loud**
- **My communication**
• Use of a speech notebook
  – Periodically asking the child to journal
    • In response to a question about attitudes/feelings
    • To document outcome of an experience
  – To get child’s self-ratings on a variety of situations, thoughts, feelings, behaviors
  – To document creation and results of problem-solving plans
  – To document execution of self-charting or homework contracts


Counseling Involves More Than Just the Child:

Suggestions for the Treatment of Children in the Schools Who Stutter

Erin Dyer
11/17/2006

• The Child/Teen
• The Family
• The Teacher & Administration
• Other Children
• Other School Staff
Preschool Child

– Consider the age – Play & Art Therapy

– Observations

– Interactions with Peers
Preschool Child’s Family

• Educate

• Eliminate Fear That Parents Caused the Stuttering

• Environment
Preschool Child & Teacher

• Educate

• Model

• Environment
Preschool Child & School Staff

- Other Teachers, Assistants, Custodians, Cooks, Bus Drivers

- Educate

- Touch Base

- Setting Up a Template
Kindergarten – 2\textsuperscript{nd} Grade

- Awareness
- Teasing/Bullying
- Shame
- Activities/Mat’ls
3rd – 6th Grade

• Assessment of Communication Attitudes
• Self Concept & Feelings of Guilt & Shame
• Emotional Responses
• Behavior Changes
• Activities/Mat’ls
Pre-Teens & Teenagers

- Assessment of Communication Attitude
- Self Concept
- Shame & Guilt
- Role of Friends, Family & Teachers
Counseling

• Identify Problems, Attitudes
• Identify Possible Solutions
• Empower
• Dealing with Inner Pain
• Change Negative to Positive Self Talk
• Desensitization
• Concrete Signs of + Change
Post-Traumatic Stress Disorder?

- Older children or teens
- Repeated occurrences
- Avoidance
- Fear
- EMDR – Eye Movement Desensitization Reprocessing
Parents

• “It’s Not Your Fault”
• Their Perceptions
• Educate
• Role of the Environment
• Changes to Make in the Environment
• Reinforcement
Teachers & Administration

- Assessment of Their Knowledge Regarding Stuttering
- Educate
- Environment
- Changes in the Environment
- Changes in the Child
Staff

- Educate

- Be On the Lookout for Teasing & Bullying

- How to Interact

- Make School a Safe Place to Be
School is a Safe & Healthy Place to Learn, Grow and Communicate
• References

Bohlman, Patricia. Presentation to Speech/ Language Pathologists at Milwaukee School District
  Short Course #21, Section 2. 1995
Halvorson, J. Abandoned: Now Stutter My Orphan. Halvorson Farms. Hagar City, WI. 1999
  jhalvor@redwing.net
Halvorson, J. End of Innocence: Does Johnny Stutter? Halvorson Farms. Hagar City, WI
  jhalvor@redwing.net
Kaston, N. 100% Speaking & Listening: A Complete Oral Communication Program. LinguiSystems.
Manning, W. “Counseling for Fluency Disorders: Rationale, Strategies & Techniques”. ASHA
  Convention. Short Course #21, Section 3. 1995.
Pritschard-Dodge. Communication Lab.
  Publishers
Tanner, D.C., Pragmatic Stuttering Intervention for Children. Academic Communication
  Associates.1994
Meeting the Challenges of Stuttering Therapy in the Schools: Utilizing Differential Problem Solving

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November 17, 2006      ASHA Convention Panel
Differential Problem Solving

• An important part of stuttering therapy (Rustin, Cook, & Spence 1995)

• A method to understand problems and generate solutions

• Acknowledges unique intersection between temperament and experiences related to stuttering
Cont.

• Utilized when it is needed

• Can be learned as young as three or four (Shure, 1992)

• Part of an individual connection
Some common problems:

• Negative or curious peer response to stuttering
• Speaking in foreign language class
• Child not participating in class
• Child not able to communicate with authority figures
Cont.

• Child has difficulty communicating in high pressure/emotional situations
• Child is concerned about telling cafeteria person what he wants in the lunch line
• Doing oral presentations
• Talking in Daily Oral Language
Cont.

• Doing math problems in front of the class
• Working in cooperative groups
• Talking in class when there is a substitute
• “Getting in” to conversations with peers
Cont.

• Speech not understood by peers/teachers
• Child says “Oh forget it.” and walks away when stuttering significantly
• Child won’t stop talking or interrupts frequently
• Child doesn’t want to read aloud; difficulty understanding oral reading
Cont.

- Child does not want to complete contract card practice assignments
- Child is talking in class and gets so stuck he can’t move on with his speech
- Peers interrupt the child when talking and stuttering
- Fast-paced teacher; negative teacher reaction to stuttering
Cont.

- Sharing an idea about the game on the playground
- Talking with the school counselor
- Not wanting to go to speech therapy
- Not wanting to use speech tools
Differential Problem Solving Diagram

1. Funnel to the core problem(s)

2. State feelings & wants

3. Generate positive list

4. Brainstorm & implement solutions
Billy, a third grader, tells his mother that he is worried about getting a bad grade because he can’t say the answer like other kids. His mother calls you to let you know about her conversation with him. She tells Billy that you will be talking with him about it. You create an opportunity to talk with Billy individually to help him solve his problem.
1. Funnel to the core problem (s)

- Reflect & Probe
- Funnel the initial concern ("a big problem") into smaller, more manageable problems (Ivey, 1998)
- Funneling helps the clinician get to the specific needs of the client, provide therapy, and measure progress using functional goals (Flasher & Fogle, 2004).
Cont.

- Probe off of *exactly what the child said* rather than your interpretation.

- When you say “Ah ha..” inside, move on.

- Use your natural communicative style.
Example:

Billy: “I think I might get a bad grade because I can’t say it.”

Clinician: “Oh, so you can’t say it? I wonder what you mean by can’t say it?”

Billy: “Yeah I can’t say the answer as good as the other kids do, especially during Daily Oral Language.”
Clinician: “Oh. And Daily Oral Language is hard because....”

Billy: “It is right away in the morning and I just got to school and I am not ready for talking.”

Clinician: “Oh. I wonder what not ready for talking means?”
Billy: “I don’t know maybe just I’m not feeling ready or comfortable to talk.”

Clinician: “Are there other times when you do feel ready or comfortable to talk?”

Billy: “Not right now because my chair is in the back and when I talk kids turn around and look at me in a funny way if I am stuck.”
Clinician: “Oh O.K. So you’re **not always ready to talk** and it is hard because your **chair is so far back** and kids turn and look at you. Those are good problems to solve.”
2. State Feelings and Wants

- Do it on paper (Faber & Mazlish, 1999)

- The child completes the phrase:
  
  *I feel____________ because_____________

  *and I want______________________________.*

  (Chmela & Reardon, 2001)
Example:

I feel *worried* because *I can’t always talk like other kids* and I want to get my good grades.

I feel *weird* because *kids look at me when I am stuck* and I want *them to not do it*.
3. Generate Positive List

- Brainstorm list of situations and circumstances where it has gone well

- Based on **Appreciative Inquiry** (Whitney & Trosten-Bloom, 2003):
  
  A. approach to help individuals identify and create desired changes
  
  B. may have implications for helping others manage stuttering (Wade)
C. Borrowed from foundation of Positive Psychology

D. Positive change occurs when we highlight what we want more of

E. Questions and discussions about our strengths and successes are themselves transformational (Wade)
Also relates to **Narrative Therapy** (Payne, 2000; White & Epston, 1990)

A. Working with Adolescents and Adults with language literacy deficits (Wolter, Dilollo, & Apel 2006)

B. Outcome questions: experiences you begin to discuss that contradict the problem currently being described (“Sparkling moments” Monk, 1997)
C. Brainstorming times when the problem wasn’t as bad, when the person was successful at handling it

D. Not a “new” way of thinking; reflective of traits the child already possessed

E. Helps a child realize he holds solutions to his problems
Billy’s situations & circumstances when he felt ready to talk and felt that kids were not looking at him in a funny way:

1. When we start reading after DOL in the morning
2. When I am in music and I sit in the front of the room
Cont.

2. When I talk to my teacher at his desk
3. When I am talking with my friends and they are talking too
4. When I talk in small groups
4. Brainstorm and Implement Solutions

- Solutions become an offspring of positive experiences
- Clinician helps child identify solutions
- Possible consequences of solutions are discussed
- Problems are revisited after solutions were implemented
Example:

1. Create contract card so Billy can do DOL with his teacher at his desk daily. Billy will bring the contract card back in one week and get a new one.

Example: Contract Card (Chmela, 2006)

Goal: Billy will answer a short DOL question with Mr. Spencer using good eye contact and easy forward moving speech.

How did it go?
2. Billy will talk with Mr. Spencer about putting his seat in the front of the class.

3. Billy will do a contract card every morning at home with his Mom while he eats breakfast to help him “warm up” his speech machine. An example might be to think of 10 words about science using a specific speech target.
4. Billy might teach his class about stuttering and the best ways to react when someone stutters when he feels ready.
Selected Reference List


- Stutteringhomepage.com
- Stuttering Foundation of America stutteringhelp.org
- National Stuttering Association westutter.org
- Friends Association www.friendswhostutter.org