

School-Age Stuttering Therapy: A Practical Approach

(2-hour version)

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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. 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

II. Successful stuttering therapy involves more than just changes in observable fluency

A. Reduced **Impairment**

1. Improved fluency
2. Improved management of stuttering behaviors

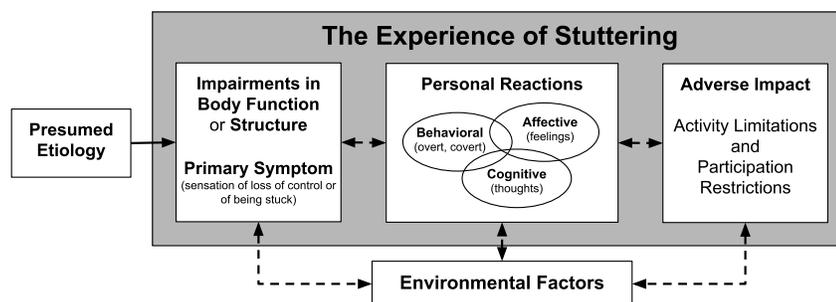
B. Reduced **Negative Reactions**

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**



III. By treating the entire disorder, we help students overcome the adverse impact of stuttering

Part II: Let's get started!

I. Treatment will be most successful when we lay a strong foundation for success

A. Some foundations for *our students*...

1. Learn about **speaking**
2. Learn about **stuttering**
3. Learn about the **goals** of therapy and the **rationale** for techniques
4. Learn about the **limitations** of techniques

II. Foundations for our students...

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 difference 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 about **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?
 - b) When can I use it?
 - c) How do I use it?
 - d) There are no secrets in therapy
 - e) What else do I need to know?

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, the procedures, and the outcomes, ***they will be much more successful***



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 to use strategies 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)

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 *www-wwant* – *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 *wwwwaant* 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 (Light bounces “li-li-like this;” Easy prolongations “lllllike this”)
3. Easy stuttering / voluntary stuttering also help to:
 - a) Reduce the desire to hide stuttering / Reduce fear about the moment of stuttering

Speakers can change how they react to the loss of control to reduce the severity of stuttering

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. Modifications make speech sound less natural

1. Less Natural

- Choppy Speech
- Robot Speech
- Monotone Speech
- Stretchy Speech
- Linked speech
- Chained Speech
- Continuous Phonation
- Turtle Speech

2. More Natural

- slowed speech
- *Slightly* smooth speech
- Speech with slight pauses *between* phrases
- Speech with slight pauses at *turn-taking* boundaries
- In other words... Speech that is only ***slightly*** modified

D. **Pausing between words and phrases maintains naturalness and gives more time for planning.**

Pauses should occur at appropriate locations, e.g., between sentences and phrases

1. Pauses should not be so long that the child feels uncomfortable with the silence (~1 sec)
2. It will take practice for the child (and you) to develop comfort with silence
3. 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 (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)

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

1. Successful therapy must also address the child's affective and cognitive reactions
2. This helps children reduce their anxiety and improve their confidence as speakers
3. Reducing negative reactions helps children speak more easily and communicate more effectively



B. When people are scared, they cannot perform to their best ability

1. 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



2. The more students fear stuttering, the greater the impact of stuttering on their lives

C. SLPs can help children overcome negative reactions to stuttering

1. Before you can help children overcome *their* discomfort with stuttering, you first have to overcome your own discomfort
 - a) (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

II. 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 to build up a resistance to fear
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 they learn that **THEY** are okay
 - b) The more they 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

III. Self-help reduces negative reactions by showing students that they're not alone



- A. 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
 - 3. Meeting people who have “been there” and made it through offers hope

The more children reduce negative reactions, the more they reduce 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. 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
- B. 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 for therapy; 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

- C. 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!
- D. A therapy activity: The child is the therapist: After each therapy session, the child re-enacts the entire therapy session with the parents
1. Reinforces what the child has learned in therapy
 2. Gives parents the chance to “live” therapy, so they can make changes in their own lives
 3. Supports the development of self-confidence and self-esteem as the expert about speech
 4. Ensures that the child is practicing
 5. Helps the parents understand what is actually being done in therapy
 6. Puts the parent in the ‘proper’ position as supporters rather than directors
- E. **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. Peers can provide tremendous support for children who stutter, but often they do not because they don’t understand the disorder

A 6-step intervention program to help children minimize bullying (Murphy et al., 2013)

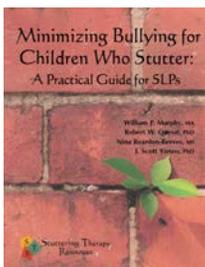
- Step 1: Teach children about stuttering
- Step 2: Teach children about bullying
- Step 3: Help children think differently about stuttering
- Step 4: Help children respond appropriately to bullying
- Step 5: Help children educate peers about stuttering & bullying
- Step 6: Teach parents and others about 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

IV. Selected Author References



Murphy, W.P., Quesal, R.W., Reardon-Reeves, N., & Yaruss, J.S. (2013). *Minimizing bullying for children who stutter*. McKinney, TX: Stuttering Therapy Resources, Inc.

Reardon-Reeves, N., & Yaruss, J.S. (2013). *School-age stuttering therapy: A practical guide*. McKinney, TX: Stuttering Therapy Resources, Inc.

Yaruss, J. S., & Quesal, R. W. (2016). *Overall Assessment of the Speaker's Experience of Stuttering (OASES)*. McKinney, TX: Stuttering Therapy Resources, Inc.

Yaruss, J.S., & Reardon-Reeves, N.A. (2017). *Early childhood stuttering therapy: A practical guide*. McKinney, TX: Stuttering Therapy Resources, Inc.

