Differential Treatment Of School-Age Children Who Stutter

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DIFFERENTIAL TREATMENT OF SCHOOL-AGE CHILDREN WHO STUTTER

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OUTLINE FOR SESSION

- **Introduction**
  - Describing the school-age child – what the literature tells us
  - Describing the "school-age" clinician – specific qualities important for clinicians working within the school-age population
- **Developing differential treatments to improve communication skills of school-age CWS**
  - Dealing with stuttered speech (overt stuttering behavior)
  - Dealing with attitudes and emotions (covert stuttering behavior)
  - Dealing with contributing factors
- **Conclusion**
- **Evidenced Based Research (Resources)**
- **Questions**

**A SUMMARY OF WHAT THE LITERATURE TELLS
US ABOUT THE SCHOOL-AGE CHILD**

Chmela, 2012; Rycus & Hughes, 1998; Piaget, 1979

- **Cognitive**
  - Communication is a tool
  - Perspective taking
  - Concrete operations

- **Emotional**
  - Self esteem tied to performance
  - Sensitive to/aware of opinions
  - Dealing with emotional expression and frustration

**A SUMMARY OF WHAT THE LITERATURE TELLS
US ABOUT THE SCHOOL-AGE CHILD**

Chmela, 2012; Rycus & Hughes, 1998; Piaget, 1979

- **Social**
  - Friendships are situational
  - Social roles
  - Rules guide behavior and play (structure/security)
  - Play becomes more relational (less fantasy)
  - Morality development

**A SUMMARY OF WHAT THE LITERATURE TELLS US
ABOUT THE SCHOOL-AGE CLINICIAN**

Gregg, 2010; Chmela, 2012

- Become less inhibited
- Open your focus
- Calibrate to the client (both therapeutically and personally)
- Show interest
- Use silence (talk less, listen more)
- Listen and understand
- Take risks (e.g., voluntary stuttering)
- Challenge the client
- Sense of humor
- Trusting relationships*

Differences in procedures due to:

- Changing nature of the disorder of stuttering
- Effect of age itself

**A SUMMARY OF WHAT THE LITERATURE TELLS
US ABOUT THE SCHOOL-AGE CLINICIAN**

Zebrowski, 2002; Wolf, 1991

- Center of the universe
- Be cool
- Friends are everything (you are irrelevant)
- Roles and goals (clearly defined)
- Know your subject
- Use writing

CLINICIAN QUALITIES

**Continuums that Distinguish Clinical Decision Making by a
Technician and by an Experienced Clinician
(from Manning, 1996)**

Technician…..…………......................Clinician

Technique directed	**Client directed**
Pre-planned procedures	**Flexible procedures**
Dogmatic treatment	**Treatment alternatives**
Narrow focus, on problem	**Open focus, on person**
Static	**Dynamic**

FROM ROLES TO GOALS

Goal: Improve Communication
- Help parents and teachers provide a fluency-facilitating environment
- Help child develop more fluent speech by changing some of the child's communicative patterns
- Help child and family maintain healthy, appropriate attitudes toward communication

Consider:
- What etiological factors may contribute to stuttering?
- What are the child's observable stuttering behaviors? (What you see is not always what you get)
- What are the child's reactions (affective, behavioral, cognitive)?
- What are the reactions of those in the child's environment?
- What is the overall impact of stuttering on the child's life?

OVERT STUTTERING BEHAVIOR (STUTTERED SPEECH)

<u>Show don't tell</u>

OVERT STUTTERING BEHAVIOR (STUTTERED SPEECH)

- Keep demands low for the beginning of tx.
- Keep tasks w/in the child's current level of language ability.
- Incorporate fluency tasks centered around common vocabulary.
- Scaffold fluency tasks into gradual increases in linguistic demand.
- Be consistent in the structure of your tx sessions.

OVERT STUTTERING BEHAVIOR (STUTTERED SPEECH)

- Easy and relaxed (easy onset, smooth/connected speech)
- Slowed rate of speech
- Pausing and phrasing
- Thinking time
- Cancellations/Pull-outs
- Overall communication skills

- Stay positive (4:1)
- Keep the pace slow
- Non-confrontational (performance/time pressure, 'wonder' with the child or use the phrase "tell me"…. to align yourself on the same side as the child)
- Be task conscious

OVERT STUTTERING BEHAVIOR (STUTTERED SPEECH)

- Include decision-making/choices
- Problem-solving
- Organizational tasks
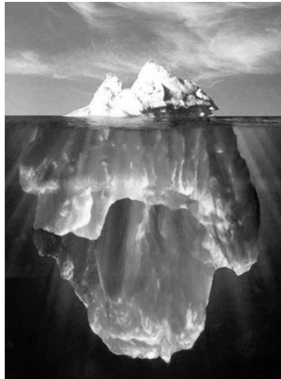- Eliminate filler phrases and empty language

We want to make sure the child is saying what he/she wants to say _100%_ of the time. Give them a _voice_.

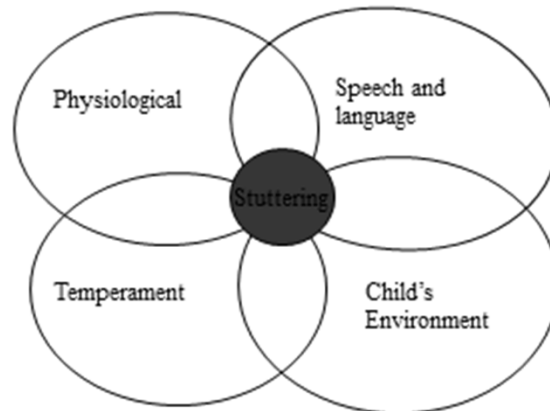## COVERT STUTTERING BEHAVIOR (ATTITUDES AND EMOTIONS)

Camp Shout Out, 2012

COVERT STUTTERING BEHAVIOR (ATTITUDES AND EMOTIONS)

- What is going on below the surface?
- Define the child's fluency problems **further** and **comprehensively**
- *"If I had 60 minutes to save the world, I'd spend the first 50 defining the problem." Albert Einstein*
- Multifactorial Disorder
  - Temperament
  - Environment
  - Physiology
  - Speech and Language

Multi-factorial Model

Physiological

Speech and language

Stuttering

Temperament

Child's Environment

COVERT STUTTERING BEHAVIOR (ATTITUDE AND EMOTIONS)

Fowlie & Cooper, 1978
- CWS as more insecure, sensitive, anxious withdrawn, fearful, introverted

Oyler, 1996
- CWS as more vulnerable. Vulnerability positively correlated with sensitivity.

COVERT STUTTERING BEHAVIOR (ATTITUDES AND EMOTIONS)

Embrechts, Ebben, Franke, & van de Poel, C., 2000
- CWS higher emotional reactivity and lower emotional regulation, lower attentional regulation, higher levels of physical activity and impulsivity

Riley & Riley, 2000
- Higher incidence of attending disorder, self-expectations, overly sensitive, teasing/bullying

Anderson, Pellowski, Conture, & Kelley, 2003
- CWS slower to adapt, less rhythmic, less distractible

COVERT STUTTERING BEHAVIOR (ATTITUDES AND EMOTIONS)

Karass, Walden, Conture, Graham, Arnold, & Hartfield, 2006
- CWS as less adaptable, less distractible, less rhythmic, and less expressive temperament

Eggers, De Nil, & Van den Bergh, 2010
- CWS significantly higher scores of anger/frustration and motor activation
- CWS significantly lower scores of inhibitory control and attentional shifting

SUMMARY

- More insecure, sensitive, anxious, withdrawn, fearful, vulnerable, sensitive, and introverted (less expressive)
- Higher emotional reactivity w/ lower emotional regulation
- Lower attentional regulation (lower distractibility/adaptation)
- Lower rhythmicity and inhibitory control
- Heightened levels of physical activity/impulsivity, self-expectancies, levels of frustration, approach, motor activation, teasing/bullying experiences

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COVERT STUTTERING (ATTITUDES AND EMOTIONS)

- Keep it concrete
- Give them a scale/range
- Demonstrate understanding
- Discuss openly
- Create a safe place to share/stutter
- Talk about stuttering in a positive way

Stuttering is not <u>good</u> or <u>bad</u>.

Stuttering is not "worse" or "better," it is more severe or less severe. A child may stutter more or less; never label speech as 'bad/worse.'

This child is not a 'stutterer.' This is a child who stutters sometimes and is fluent sometimes (and everyone stutters sometimes). Stuttering does not define him/her and it is not an overriding characteristic. Every child has many things they are great at and some things they find more difficult to do.

QUICK THEORY, PLEASE DON'T BE BORED

Dual Diathesis Stress Model (Walden, T., Frankel, C., Buhr, A., Johnson, K., Conture, E. G., Karass, J., 2012)

- Vulnerabilities or diatheses may exist, each with its own domain-specific stressor

- Emotional diathesis is intermittently, but predictably, activated by environmental stimuli/demands.

- Speech-language diathesis is intermittently, but predictably, activated by environmental stimuli/demands for spontaneous, "on-the-fly" generation of speech.

QUICK THEORY- LAST THEORY SLIDE, I PROMISE

DDS Model:

- Combining genetics and environment

- Variations in stuttering relate to variations in stressors that activate underlying diathesis

- Not suggesting the stressors are unusual or pathological

- Multiple possible contributors to this challenging communication disorder

DEALING WITH ATTITUDES, EMOTIONS, AND OTHER FACTORS

POSSIBLE STRESSORS WITHIN THE CHILD

- Is sensitive (reacts strongly to life experiences).
- Tends to be perfectionistic.
- Becomes easily frustrated or upset.
- Has an "intense" personality.
- Is highly competitive with others.
- Demonstrates performance anxiety or fears about speaking.
- Becomes more disfluent when tired or ill.
- Exhibits other speech and language or communication difficulties.
- Has family members or other relatives who have stuttered or who currently stutter.

DEALING WITH ATTITUDES, EMOTIONS, AND OTHER FACTORS

POSSIBLE STRESSORS WITHIN THE ENVIRONMENT

- Experiences hectic daily routines at home or in other settings.
- Faces intense sibling rivalry or competition for talking time.
- Has limited opportunities for free time or quiet time.
- Shares communication environment with others who talk fast or interrupt frequently.
- Has experienced stressful life situations (e.g., divorce, death, etc.).
- Experiences high expectations imposed by others (e.g., family members, teachers, etc.)

DEALING WITH OTHER FACTORS
(ENVIRONMENT)

Purpose: Identifies factors that may be associated with stuttering
- Helps parents understand the multi-factorial nature of stuttering.

Guidelines:
- Note that factors interact
- Begin at bottom and work up
- Identify factors we have more control over and factors we have less control over

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BUCKET ANALOGY

Factors Potentially Associated with Childhood Stuttering

STUTTERING

Communicative Stressors
- Negative response to disfluency
- Fast-Paced, demanding questioning
- Frequent interruptions
- Competition for talking time
- Rapid rate of conversation

Interpersonal Stressors
- Major life changes & traumatic events
- Marital & sibling conflicts
- Unrealistic demands
- Fast-paced / unpredictable lifestyle

Child Factors
- Perfectionistic tendencies
- High degree of sensitivity
- Intense / driven personality
- Other speech/language disorders
- Predisposition to stutter

Stuttering Center of Western Pennsylvania
A joint venture of Children's Hospital of Pittsburgh and the Department of Communication Science and Disorders at the University of Pittsburgh

DEALING WITH SPEECH, EMOTIONAL, AND OTHER FACTORS

Concern:
- Child may be attempting to use faster speaking rate, express more advanced concepts, or produce more complex utterances than he is able while still maintaining fluent speech.

Solution:
- Identify specific factors (demands) that stress child's fluency, then work with parents to provide a model that minimizes those stressors.

Guidelines:
- Reduced-demand model can be implemented in tx and at home

DEALING WITH SPEECH, EMOTIONAL, AND OTHER FACTORS

Concern:
- Children who stutter are at risk for developing negative communication attitudes

Solution: Help parents learn to…
- Model appropriate attitudes and reactions
- Listen to children's concerns about speaking
- Talk to children about stuttering

Goal:
- Child to accept disfluencies as a normal part of learning to speak.

DEALING WITH SPEECH, EMOTIONAL, AND OTHER FACTORS

Concern:
- Child and parents do not have a way to discuss stuttering

Solution:
- Introduce a vocabulary accessible to child and adult for discussing stuttering

Use analogies:
- Repetitions = going over railroad
- Prolongations = going over a bridge
- Block = hitting a brick wall

Goal:
- Child and parents will be able to discuss stuttering in a matter-of-fact, accepting way. Stuttering is not the defining characteristic.

FYI

- YES…it is o.k. to talk about stuttering and to use the "S" word.

- Talking about stuttering (in a supportive way) will not make stuttering worse.

- Talking about stuttering may help address factors contributing to stuttered speech.

CONCLUSION

- I hope I have given you some practical guidelines for understanding and working with school-age children in general, as well as school-age children who stutter

Stuttering is multifactorial:

- I hope I have given you a better understanding of each factor involved in this disorder, as well as how they may interact within the child and within the environment

- I hope I have given you some tools for addressing each factor (obviously the physiological aspect is completely outside of our control) and some practical ideas/guidelines for differential treatment

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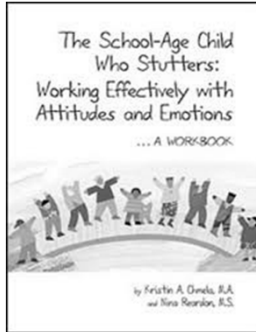
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QUESTIONS/COMMENTS

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Recommendations:

The School-Age Child
Who Stutters:
Working Effectively with
Attitudes and Emotions
...A WORKBOOK

by Kristin A. Chmela, M.A.
and Nina Reardon, M.S.

THANK YOU FOR LISTENING