


Stuttering as Verbal Diversity™

- Making shifts that matter

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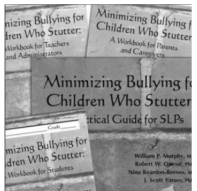

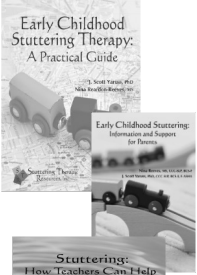
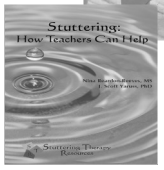
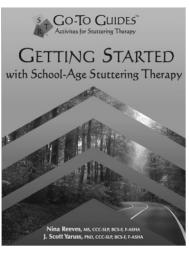
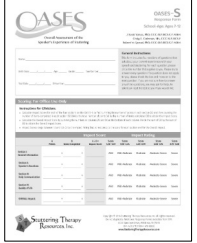
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A Note about School- Age vs. Early Childhood Therapy

And some general housekeeping



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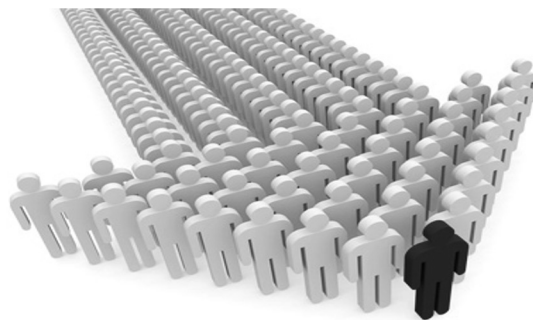
Inquiry #1:



What are your expectations for today?

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Aligning Expectations



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Today

What we can do

- *Create a safe space to explore this topic differently
- **Self-Reflect
- *Tolerate uncomfortable
- *Shift perspectives (swivel our chairs)
- *Step forward with resources that are available

What we cannot do...

- *Learn everything we need to know about stuttering therapy in 2 hours
- *Shame ourselves for past therapy
- *Let overwhelm freeze us from movement
- *“Throw out the baby with the bathwater”

*You can’t have a better past.”
 -Wayne Dyer

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And here’s the news!


Bad
News
First...

There are o hacks, no quick fixes, no programs or scripting

Good News to Get
us Started...

Full on inside-out shifts make therapy outcomes more efficient and effective

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**IT's ALL
about
INTENT**
-Lee Reeves

- It is NOT about changing everything you are doing in therapy...
- NOR is it about changing eligibility or dismissal criteria...

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Inquiry #2:

**What are you
most afraid of
when working
with students
who stutter and
their families?**



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DEFINING AND DECIDING

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Some
Definitions to
light our way

Microaggressions

- “Brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership.”
- Dr. Derald Wing Sue in Paludi, M.A., Managing Diversity in Today’s Workplace. Praeger Publishing, 2012

Stigma

- “A mark of shame or discredit” (Merriam Webster)
- --Externalized/Internalized--

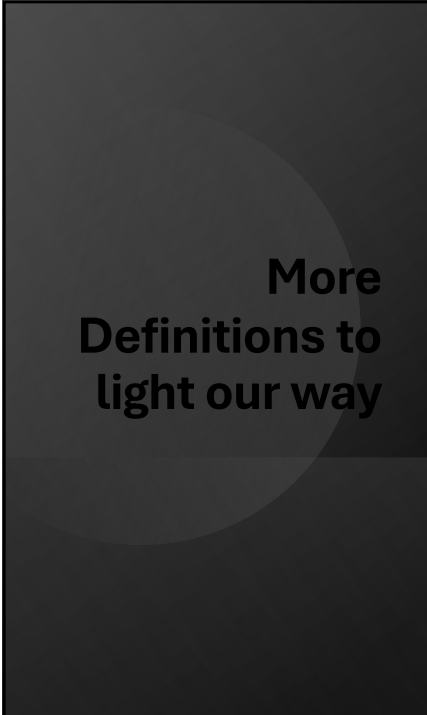
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Taking this a bit further...

- “Microaggressions are insidious, and their effects are toxic. ...The person, group, organization or the entire culture sending these messages does so unconsciously and is [can be] unaware of their effect.”
- -Dr. Valerie Rein, (2019). Patriarchy Stress Disorder, Lioncrest Publishing, Austin, TX.

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More Definitions to light our way

Ableism


- “Valuing certain types of abilities and bodies over others. It often includes discrimination and stereotyping.” (Kattari, 2020)


Neurodiversity

- Differences are not deficits (*coined by Singer, 1999*).

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An entire LSHSS
Forum on
Ableism/Public
Schools...
Stuttering and Autism
LSHSS Jan 2023





Clinical Focus

Ableism to Empowerment: Navigating School Structures When Working With Students Who Stutter

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ABSTRACT

Purpose: School-based speech-language pathologists (SLPs) face uniquely complex sets of guidelines and criteria that can undermine their ability to move toward disability-affirming practices. The purpose of this clinical focus article is to present a contrast between ableist and disability-affirming practices in school-based stuttering therapy while highlighting the critical perspectives of students who stutter. Practical examples of disability-affirming stuttering therapy in public school settings are provided.

Conclusions: This clinical focus article outlines practical guidelines and specific examples of affirming collaboration, eligibility decisions, goal choice, and accommodations for students who stutter. These discussions demonstrate how SLPs can adopt updated assessment therapy planning and institutional practices to affirm students who stutter while informing school cultures and society about the dignity and value of stuttered voices.


Supplemental Material: <https://doi.org/10.23641/asha.21818028>

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Finding the "Middle Road"



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Let's talk about:

REPAIR

Grace

Patience

Persistence

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SHIFTS THAT MATTER

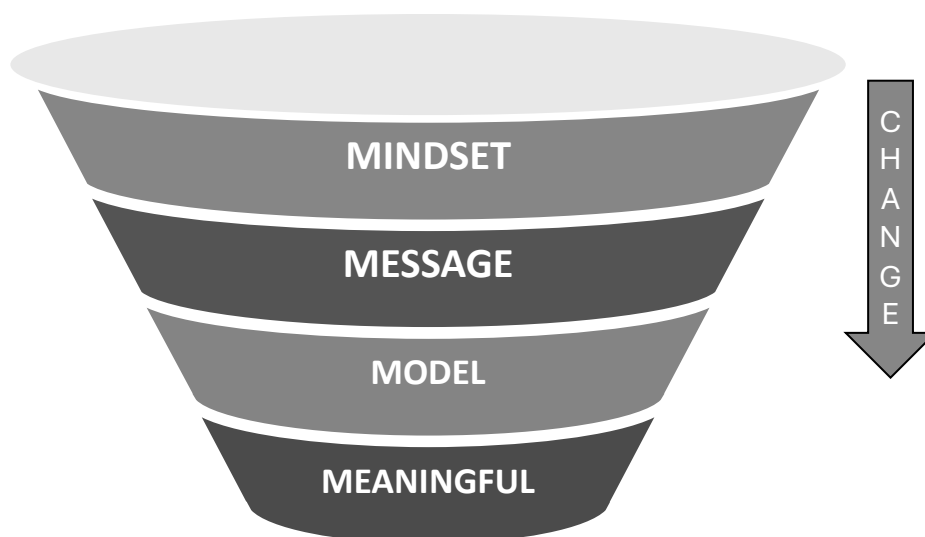
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It's about changing...

Mindset	Model	Messages	Meaningfulness
When we know WHY we are taking steps away from <i>fixing</i> toward <i>aligning</i> , the WHATS , WHENS and HOWS of therapy are much easier	Our model, by what we say and what we do in therapy is that stuttering is Okay... ALL of it. Not just 10% or “little ones” but all the stutters.	No matter what we say or do, we must consistently check-in with our students regarding their external and internal dialogues surrounding stuttering.	THEN we can align our therapy with enhancing the student's ease of communication and decrease the stigma (internal and external) impact on their quality of life.

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One Change Impacts Another = Synergy!



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Changing Mindsets

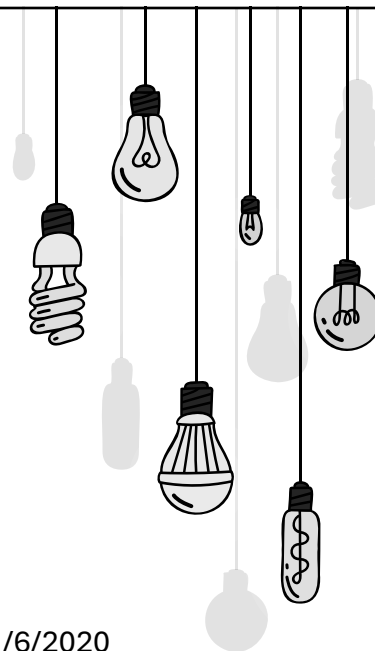
- 1 What do you think (believe)...
 - about stuttering?
 - about children who stutter?
 - about your roles in assessment and therapy?

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What would it be like if everyone's mindset
could include the concept that

“
Stuttering is
Verbal
Diversity™”

-Nina Reeves, 11/6/2020



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Changing Models

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How do you
TALK about -
and interact
with -
stuttering?

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What can we do/How can we shift?

***No more Fluency Focus!**

***Enhance our own knowledge (updated)**

***Help everyone understand the "big picture"**

***Be Aware of Messages**

- Ours
- Children's
- Our registers
- Educators

-Others
(we just did a whole section on this!)

***Meet students where they are**

***Be an ally and create allies - - not FIXERS**

***Discuss societal stigmas-as applicable-and work to handle them**

Just a FEW ideas...

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No More Fluency Focus


- Do you write “% of fluency” in your goals?
 - WHY?
 - Is this promoting masking?
- What is the % chosen?
 - WHY?
 - Who says?
- How is the child “achieving” that %tage?
 - Manage? Spontaneous? Avoidance?

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Demystifying Stuttering
(Scott Yaruss) through
SCIENCE and FACT

Enhancing &
Updating Our
Own Knowledge

To that end...



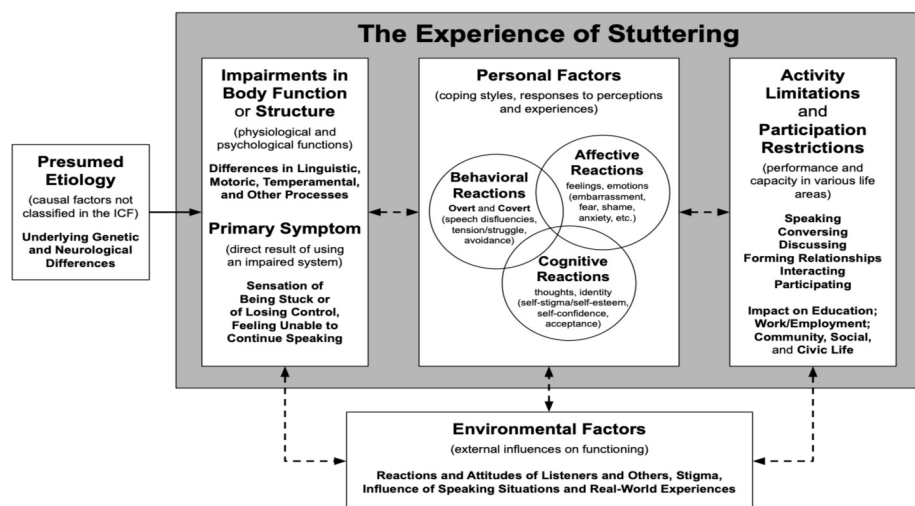
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A FRAMEWORK THAT WORKS

(MORE ON THIS TOMORROW -AND IN OUR BLOGS
-AND YOU TUBE CHANNEL
- AND IN THE LSHSS ARTICLE)

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Helping Ourselves and Everyone Understand the Big Picture



Update of Yaruss and Quesal's (2004) representation of how the World Health Organization's International Classification of Functioning, Disability and Health (ICF) can be applied to stuttering. Copyright 2019 Seth E. Tichenor and J. Scott Yaruss.

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-CONTINUING TO ENHANCE OUR KNOWLEDGE-

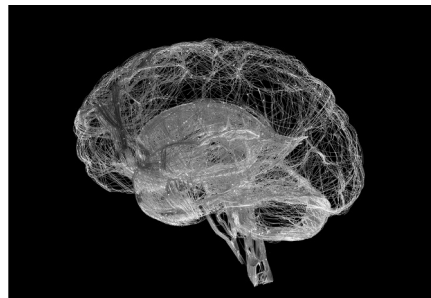
4 FACTS THAT NEVER FAIL



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1. Neurology

- * Complex interaction of a variety of factors related to child's development
- * **The origin of stuttering is genetic for some, and NEUROLOGICAL for ALL**



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2. Variability

- **Finish this sentence -**
- **“The only consistent thing about stuttering is that it is...”**



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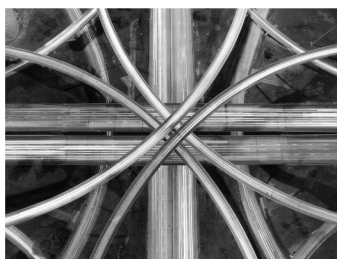
3. System

- ✱ **Every part of our system impacts every other part...**



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4. Complexity



As you can imagine given the understanding of neurology, variability, and system factors

—

Stuttering is Complex
so therapy is complex!

It CAN be successful, but
there are no quick-fixes

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Changing Messages

3

What do your students see
and hear about stuttering
during therapy (and
beyond)?

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Stigma-inducing messages masking as “help”



- ☐ You did so well! You didn't stutter once!
- ☐ Try again and use your “tools”
- ☐ I hardly notice you stutter; it's no big deal.
- ☐ No need to be nervous, just relax
- ☐ If you *just*...
- ☐ *It's OK*...take your time and try again
- ☐ Don't worry, everybody stutters
- ☐ You can be great in the chorus instead of taking that speaking part
- ☐ You just need a little confidence
- ☐ Don't be scared, we worked on this in therapy
- ☐ Not calling on student in class
- ☐ Not having students involved in their own IEPs
- ☐ Leaving “doesn't present in class” on IEP for WAY too long
- ☐ OTHERS YOU CAN THINK OF?

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Top 8 things NOT to say to a person who stutters... That everyone says to people who stutter



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Checking in with students

We can THINK we are sending neurodiversity-affirming messages,

and doing stutter-affirming therapy...

BUT, we must consistently check-in with our students to discover what they are hearing from us and others, AND what they are telling themselves.

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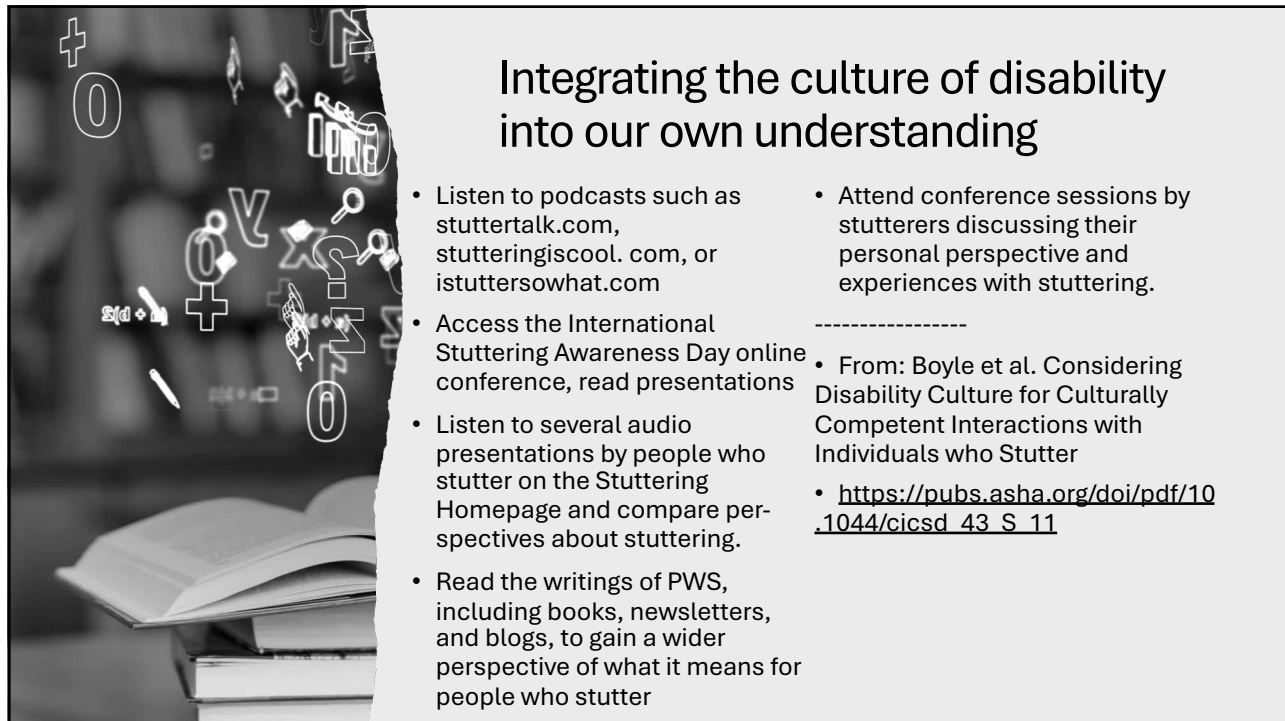
+ Experiential Understanding

- ✓ What #stuttervoices are you following on SM?
- ✓ What podcasts of those who stutter are you listening to?
- ✓ When have you been to an NSA, SAY, FRIENDS, (or other) support organization event? [in person or virtual]
- ✓ What YouTubes (vetted) Ted Talks, or documentaries about the lived experiences of those who stutter have you watched?

"If you have met ONE person who stutters, then you have met ONE person who stutters!"

-NSA Zeitgeist

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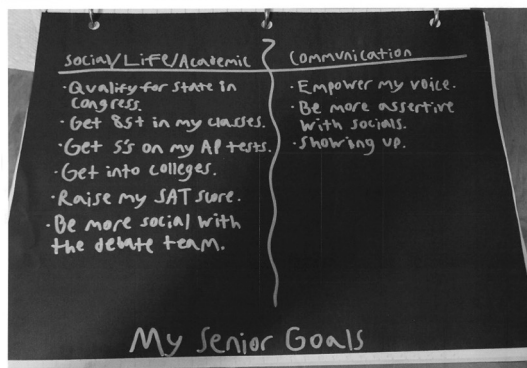
Changing Meaningfulness

4 What do we DO in therapy?

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Ask Your Students What their "best hopes" are!

*[Ali Berquez, Palin Center for Stammering]

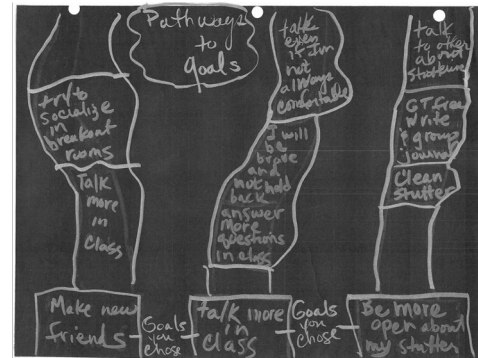


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Therapeutic Alliance:

Therapy not AT
the child, but
WITH the child

Meet your students where THEY ARE!



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HELPING CAREGIVERS & STUDENTS DEAL WITH STIGMA

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How to involve stakeholders

Explore Stuttering

Build knowledge

Watch videos

Discuss Iceberg

Discuss child's iceberg

Discuss: thoughts and
feelings drive behavior

No right or wrong, just
"tune-in"

Explore interaction of parent
and child

Stutter as the Child Does

(Explore)

Stutter to a Stranger

(Explore)

Desensitize ourselves

Desensitize stakeholders

Encourage openness

Negotiate Responses

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Giving time for...

Information to be
absorbed

Acknowledging painful
feelings

Wondering about future
implications

Denial as a crisis of
confidence

- Our support is crucial here

Caregivers as the ROUTE
of successful outcomes

- No matter how they "seem" right now
- SLP trust in the process

"Time, compassion,
encouragement"

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SLPs and Others

Be	Take	Respond
As professionals, we operate on the fringe of our incompetency ; be sufficient/not perfect	Take care of the parents and you take care of the child.	Respond to the FEELING of a statement rather than the content

Making small changes can make the biggest change

Keep things positive/Let them be smart

People stay in denial when they don't feel they can handle the reality

Our basic goal is to EMPOWER

“My sense is...” (Or, “I am sensing...”)

- “What does practice look like at home?”
- Show me in a session (or by other means)

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The Stutter Notebook

- A wonderful example of portfolio documentation!
- The good news is that this can be anything you and your student want it to be! NO RULES apply!
- FREE handout on our website:
www.StutteringTherapyResources.com



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Counseling in Stuttering Therapy

Coming to Terms with Stuttering

- When in doubt, *refer out!*
 - SOME things are beyond our scope of practice
 - But feelings and experience related to communication differences are NOT beyond...they are OUR responsibility!
- Beware of “projection” by self or others
- What does “acceptance” mean?
- How can SLP help?
 - Desensitization
 - Cognitive restructuring (CBT)
 - Acceptance & Commitment Therapy (ACT)
 - Openness
 - Disclosure
 - Self-regulation/emotions

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Help everyone gain perspective....

Society doesn't understand stuttering
That doesn't give people a “pass”

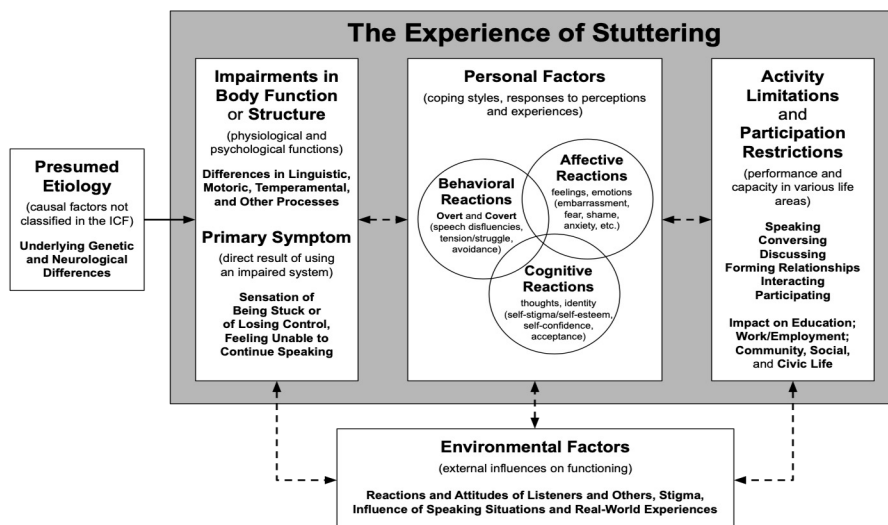
Society's stigma does not need to become internalized for those who stutter

Reactions can be:

Curious –
Trying to “help” –
Ignorance –
Bullying

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YES! Discuss THIS with everyone!



Update of Yaruss and Quesal's (2004) representation of how the World Health Organization's International Classification of Functioning, Disability and Health (ICF) can be applied to stuttering. Copyright 2019 Seth E. Tichenor and J. Scott Yaruss.

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"If you have met ONE caregiver of a child who stutters, then you have met ONE caregiver of child who stutters!"


Help Caregivers Identify their...

- Perceptions
- Knowledge levels
- Belief systems
- Expectations
- Messages



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How to involve caregivers and others



Explore Stuttering

- Build knowledge
- Watch videos
- Discuss Iceberg
- Have them create an iceberg of their own
- Discuss child's iceberg

Discuss: thoughts and feelings drive behavior

- No right or wrong, just “tune-in”

Explore interaction of caregivers and child

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For Caregivers AND Students

“How are you feeling about that?”

“How is that for you?”

“How did that impact you?”

Let’s get curious about...”

“That must have been rough...”

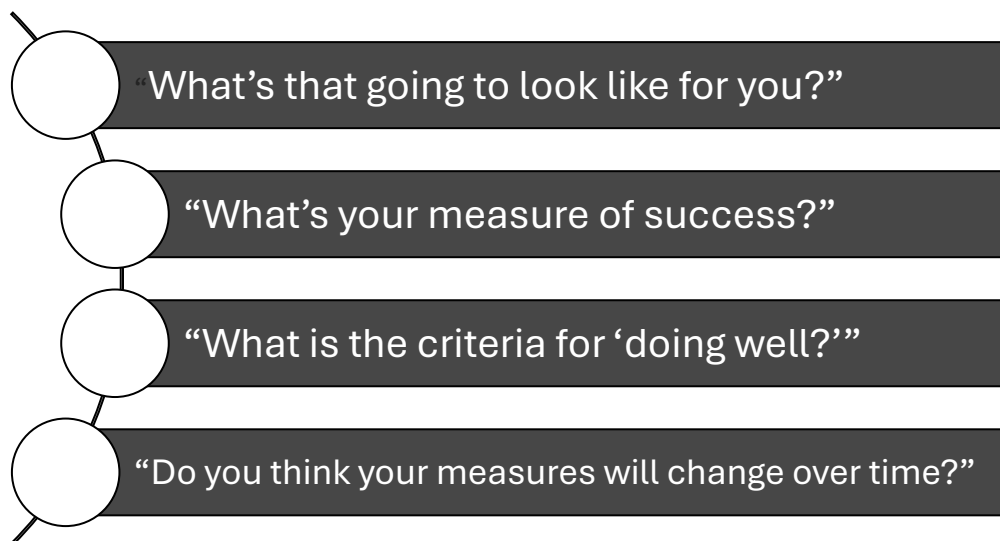
“Do you have some notions about that for yourself?”

“It seems as though you have been thinking about it...”

“I’ve been hearing...”

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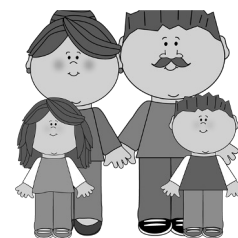
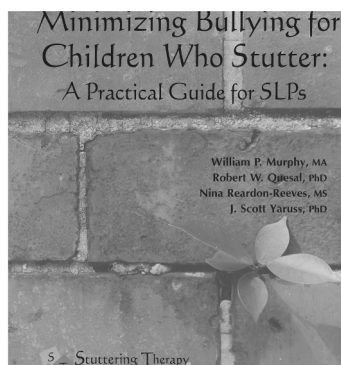
For Caregivers AND Students



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Peers and Siblings

- Increase knowledge & understanding
- 1-1 Child as own advocate
- Include in therapy
- Classroom presentations
- Resources: Stuttering support organizations
- Bullying & Teasing
 - It IS our role!
 - How to help



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Specific to Teachers

- They oversee MUCH of the child's day-to-day communication environment
- Find out what they know - Don't assume they know more about stuttering than the average person on the street
- Find out what they are doing Have child be the "expert"
- Small communication environment changes make a big difference
- Check in about:
 - Timed tests and presentations
- Making plans for classroom participation that don't diminish the child's abilities

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WHAT DOES IT MEAN TO BE AN ALLY TO PEOPLE WHO STUTTER?

A stuttering ally is a fluent person who is in solidarity with their friends and family who stutter. Being in solidarity with people who stutter means not only valuing and respecting them as individuals, but also being willing to experience both joy and hurt with them. An ally is someone who goes above and beyond kindness, they are willing to stand with people who stutter even when it may be difficult.

THE GOLDEN RULE OF BEING AN ALLY

Let the people who stutter in your life know that you support them on their stuttering journey. Create an open and safe space for them to stutter and talk about stuttering. Remember, if you're unsure about something or how to help - the best thing to do is ask the person who stutters.

ALLIES:

- 1 DEMONSTRATE INTEREST & ASK OPEN-ENDED QUESTIONS ABOUT STUTTERING, LIKE:**
 - a) What can I do?
 - b) How can I be helpful?
 - c) How can I support you?
 - d) If that happens again, is there anything I can do?
- 2 RESPECT THAT EACH PERSON WHO STUTTERS HAS UNIQUE PREFERENCES & PERSPECTIVES REGARDING THEIR STUTTERING.**
 - a) Allies don't assume that people who stutter want to speak fluently
 - b) Allies recognize that people who stutter are the experts on their own stuttering experiences
 - c) Allies understand that it is the individual's choice to seek, accept, or decline speech therapy
- 3 TAKE RESPONSIBILITY FOR PARTICIPATING IN THEIR OWN EDUCATION ABOUT STUTTERING.**
 - a) The best way to learn about stuttering is to talk with people who stutter
 - b) It can be exhausting for people who stutter if the responsibility to educate others is always on them
 - c) Allies are not expected to be stuttering experts, but they do take some initiative for learning more about stuttering
- 4 MODEL HOW PEOPLE UNFAMILIAR WITH STUTTERING SHOULD RESPOND TO STUTTERING.**

Example: If a person stutters while ordering food at a restaurant with a group of friends, an ally would maintain eye contact until she has finished ordering to demonstrate to the server to do the same
- 5 ARE WILLING TO STEP INTO DISCOMFORT TO SUPPORT PEOPLE WHO STUTTER.**
 - a) Allies stand up to people who do not understand stuttering
 - b) Allies reduce negative stereotypes by educating others
 - c) Solidarity means allies do these things *with* not *for* people who stutter

Ideas generated by the Stuttering Community at the 2017 NSA Annual Conference, and compiled by Hope Gerlach, Chris Constantino, and Casey Kennedy.

[HTTPS://WESTUTTER.ORG/WP-CONTENT/UPLOADS/ALLY-2019.PDF](https://westutter.org/wp-content/uploads/ally-2019.pdf)

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Dear _____

My name is _____ and I am in your 5th grade _____ class.

I am writing to let you know a few things about me.

ABOUT ME

- I go to speech class to work on my stuttering.
- I like dogs.
- My favorite subject is Science.

ABOUT STUTTERING

- There is no one cause of stuttering.
- Over 3 million Americans stutter (or about 1% of the population).
- There is no cure for stuttering (at this time).
- Stuttering affects 4 times as many males as females.
- Stuttering is nobody's fault!

ABOUT

What helps my stuttering

1. Just listen
2. Treat me like all the other students
3. Patient listeners
4. Using speech tools

ABOUT

What doesn't help my stuttering

1. People finishing my sentences
2. Telling me to "slow down"

What I want my teachers to know....

About me: I love chips.
I have a lazy cat
my favorite color is purple.

About Stuttering!

Facts about stuttering...	What helps me...	What does not help me...
65 million people in the world stutter Moses stuttered	use good eye contact be a patient listener	don't give advice. don't rush me!

For more information on stuttering/visit [for teachers]... www.stutter.org/teachers.html

Self-Advocating

For further information, See Chmela & Reardon: The School Age Child who Stutters: Working Effectively with Attitudes and Emotions, Stuttering Foundation, 2001

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Helping Students Prepare for Listener Reactions

Possible Curious Words

- Why do you repeat words?
- Why do you go "I-I-I" like that?
- Why do you go to speech class?
- What are you doing?
- Why do you talk that way?
- Why does she talk "weird"?

Possible "Bully" Words

- "Ha-Ha-Ha You Stutter"
- "She stutter was she weird?"
- "You + real"
- "You + fri"
- "V"

Listener Reactions

My experience of others' reactions to my Stutters

- Confusion "look"
- Breaking eye contact
- Fidgeting
- Head tilt
- No change in affect
- Nodding
- Walking
- Interruptions
- Finish sentences

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They can't take away MY OKAY

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WHERE DO THE SKILLS (STRATEGIES) FIT IN?

**Use the ICF to
remind us:**
Strategies are only **ONE**
aspect of stuttering therapy

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As we “get started” sometimes we can jump too quickly into speech handling techniques



✱ Before we ever touch a “speech strategy,” we must help our students to build foundational knowledge and skills related to speaking AND stuttering!

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BEFORE we move into handling speech and stuttering with skills...let's review

✳️ Foundational knowledge and skills at the appropriate level for the child's:

✳️ Age

✳️ Awareness

✳️ Cognitive ability

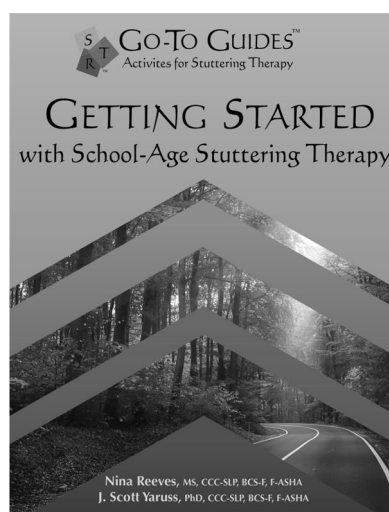
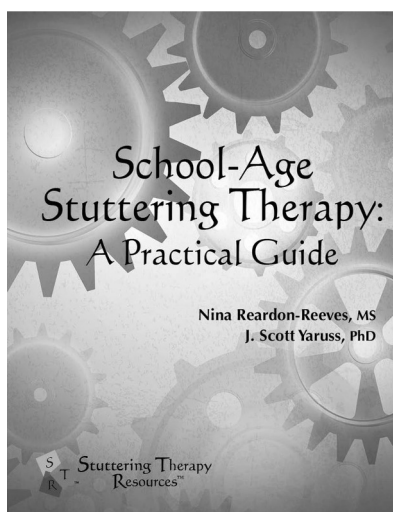
✳️ Readiness

✳️ Level of Impact

- Learning about speech
- Learning about stuttering
- Teaching others about stuttering
- Remember: we are not here to MAKE children aware of their stuttering so we can FIX them!
- Skills: MAP IT OUT!
 - Seeing the “bigger picture”
- Understand: There CAN, should, and WILL be homework! 😊

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+ We wrote it all down...



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Focus on Communication- Not Fluency



*Skills are to help people who
stutter communicate in easier
ways with less tension,
avoidance, and struggle*

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Skills - - Stutter-Affirming changes in therapy practices



1. Intent
2. Focus (time spent in therapy)
3. Expectation

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“

“Any skill introduced with the intent to help children “not stutter” will likely become an avoidance, and contribute to concealment and masking...leading to increased negative impact on communication and quality of life.”

Nina Reeves

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Communication Skills for School-Age Stuttering Therapy

Communication Skills	Stuttering More Easily:	Stuttering More Easily: Stuttering Modification	Handling Speech
<p>-----</p> <p>Including...</p> <ul style="list-style-type: none"> • Handling Time Pressure • Turn-Taking • [Pausing/Phrasing] 	<p>-----</p> <p>Honest/Clean Stuttering Voluntary Stuttering</p>	<p>-----</p> <p>Pullout Cancellation Preparatory Set</p>	<p>-----</p> <p>Light Contact Easy Onset Pausing/Phrasing</p>

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Let's Take a Moment


How do you feel about NOT focusing on skills so much in therapy?



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PRO TIP: YOU WILL NEED TO Explore Some Stuttering!

- *Repetitions
 - *Word
 - *Syllable
 - *Sound
- *Prolongations
- *Blocks
- *Play with stuttering:
 - *Clusters (of stuttering beh)
 - *Secondary behaviors



Without a doubt, the MOST important thing you can do to improve your therapeutic alliance with a person who stutters, is to **GET INTO STUTTERING!**

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Let's do a brief overview of skills

- ◆ It sometimes helps to categorize them into 3 areas that ALL overlap with each other in a synergistic way
 - ◆ General communication skills
 - ◆ Handling stuttering
 - ◆ Handling speech

Check out our Video Series for SLPs on YouTube by visiting www.StutteringTherapyResources.com and clicking on the FREE Resources tab

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Handling Stuttering



For children who “stutter enough” that they could (eventually) identify a moment of stuttering as [or after] it is occurring.



For children who are sensitive to and/or avoid stuttering

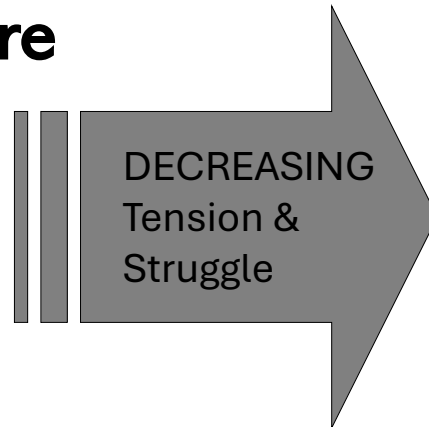


These techniques are practiced with “fake stuttering” at first, and then practiced in real instances of stuttering, as the child increases his ability to identify his own stuttering moments.

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Stuttering Modification: **Skills to stutter more easily**

- ✱Cancellation
- ✱Pull-Out
- ✱Preparatory Set



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Communication Skills

- Not every child will need help in this area. However, it is important to understand that enhancing communication skills such as turn taking, initiating conversations, and handling time pressure can be helpful to children who stutter



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A note about Communication Skills


*Communication skills are an integral part of the therapy process for many children who stutter. Though we do not have time to go over this in an exhaustive manner, I would like to highlight the following concepts here:

*Turn Taking


*Handling Time Pressure

*For more information, these concepts are presented multiple times in the literature, including Chapter 9 of our book. (Reardon-Reeves & Yaruss, 2013).

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Handling
Speech

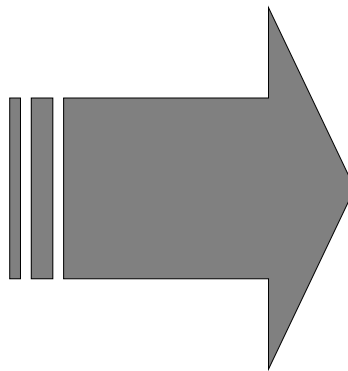


• Just FYI...I have considerably dropped the time spent on these skills over the years, as they can quickly send the message of ableism and "fluency focus" if not introduced and used properly

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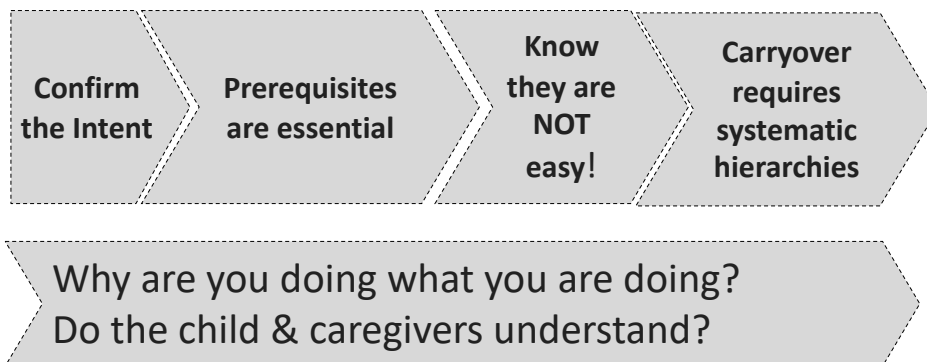
Handling Speech: Skills to speak more easily

- *Easy Onsets
- *Pausing/Phrasing



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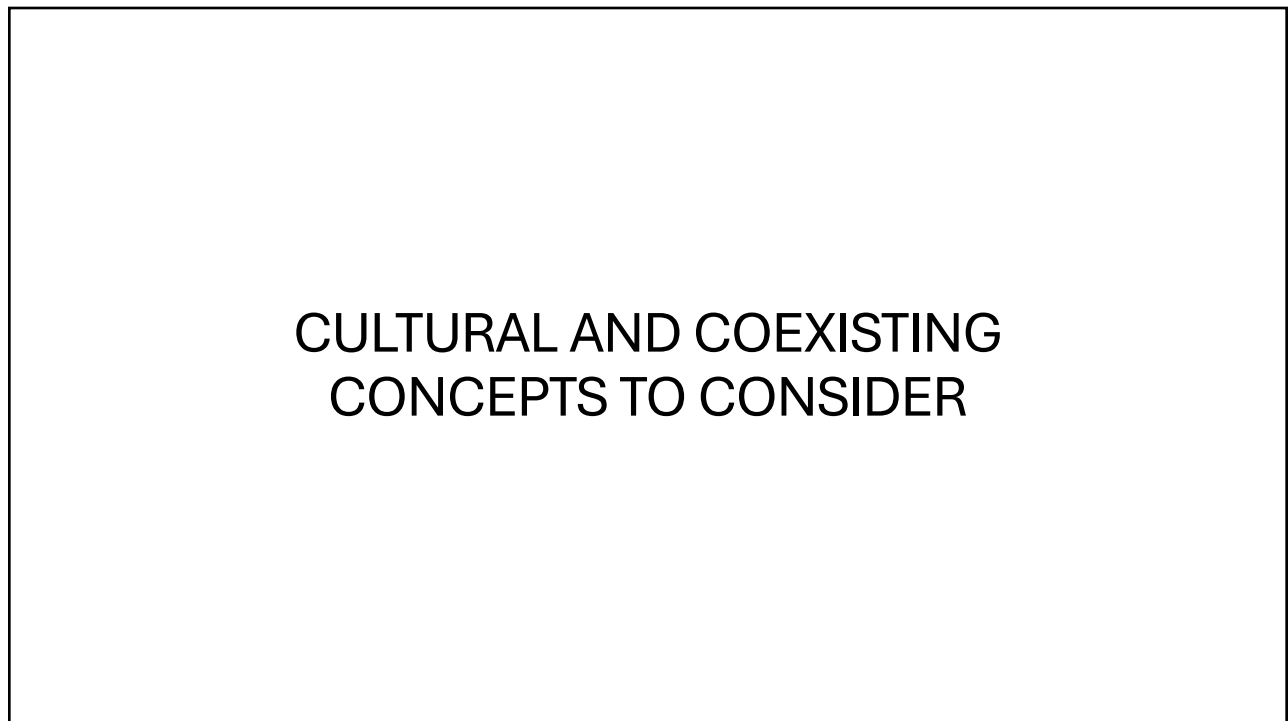
Path to Success with Skills



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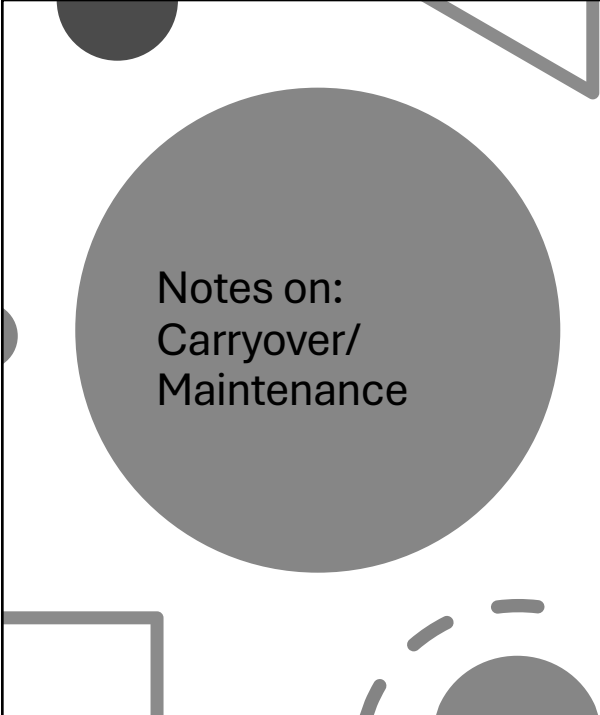


80

Documenting Progress

- ✳️ If we are not judging progress by counting stutters...then WHAT?
- ✳️ We need to be creative!
- ✳️ Portfolio documentation combined with data collection and some standardized measures is best practice
 - ✳️ Discussion point: What types of portfolio documentation are you already using for your workload?
- ✳️ Use your excellent goals and objectives as guides.
- ✳️ Be prepared to explain your process to others


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Notes on: Carryover/ Maintenance

- Begin with the end in mind!
- Everything we do is a carryover activity
- Work along a hierarchy of difficulty
- Help children and others know WHY they are doing WHAT they are doing!
- Provide resources for further learning AND for looking back
- Connect those who stutter and their families to others in a variety of ways
- BTW: Motivation comes from many factors; some of which we can help with/others which we cannot

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ASHA
American Speech-Language-Hearing Association

LSHSS ■

Clinical Focus

Ableism to Empowerment: Navigating School Structures When Working With Students Who Stutter

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ABSTRACT

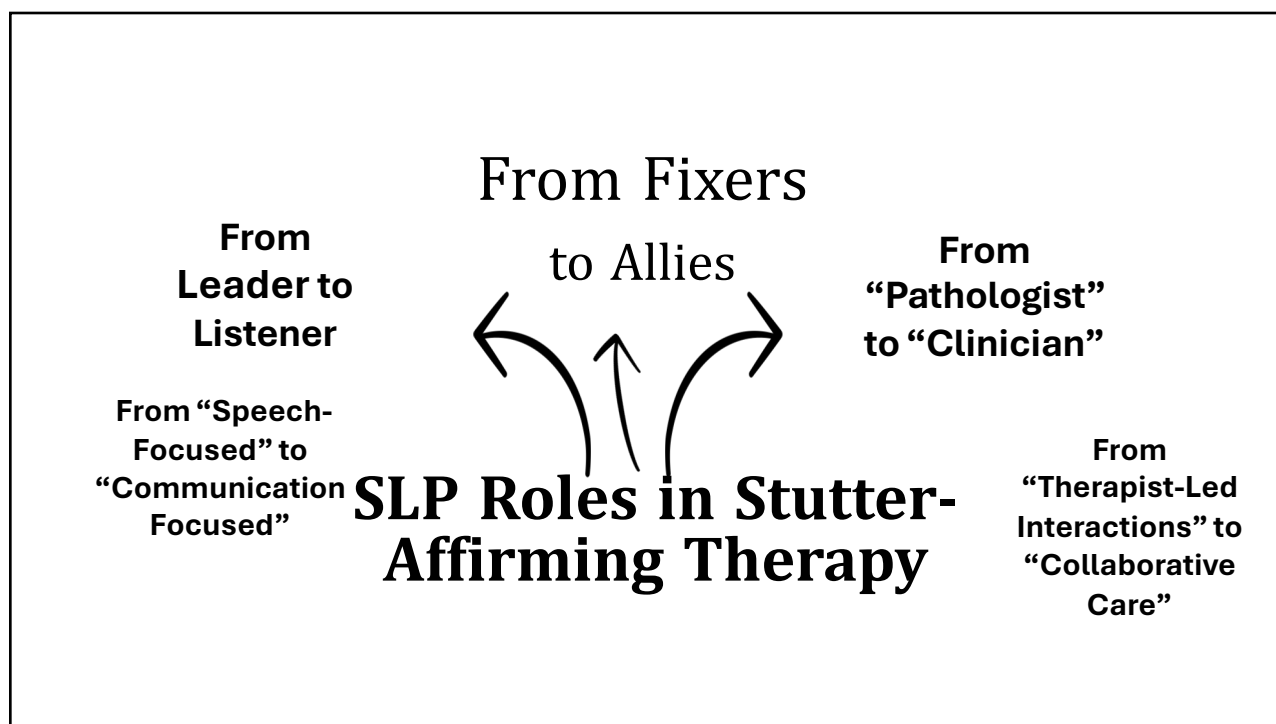
Purpose: School-based speech-language pathologists (SLPs) face uniquely complex sets of guidelines and criteria that can undermine their ability to move toward disability-affirming practices. The purpose of this clinical focus article is to present a contrast between ableist and disability-affirming practices in school-based stuttering therapy while highlighting the critical perspectives of students who stutter. Practical examples of disability-affirming stuttering therapy in public school settings are provided.

Conclusions: This clinical focus article outlines practical guidelines and specific examples of affirming collaboration, eligibility decisions, goal choice, and accommodations for students who stutter. These discussions demonstrate how SLPs can adopt updated assessment therapy planning and institutional practices to affirm students who stutter while informing school cultures and society about the dignity and value of stuttered voices.

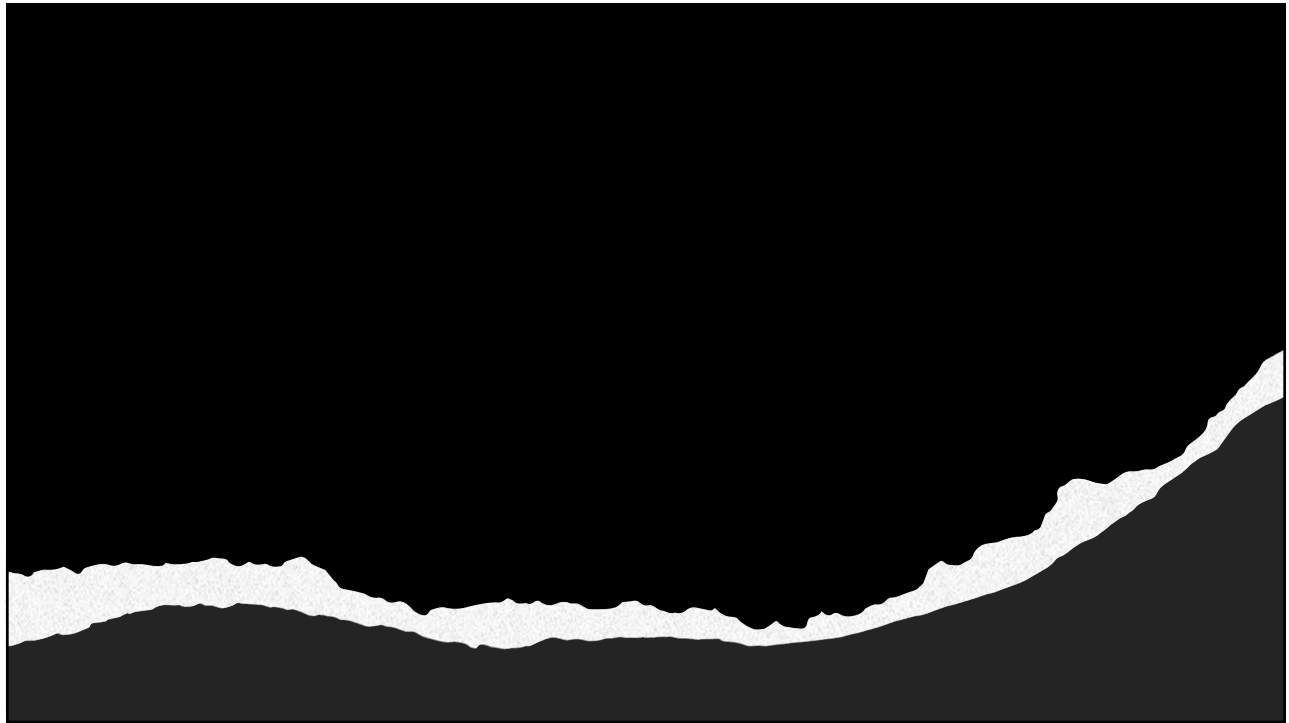
Supplemental Material: <https://doi.org/10.23641/asha.21818028>

An entire LSHSS Forum on Ableism/Public Schools...
Stuttering and Autism
LSHSS Jan 2023

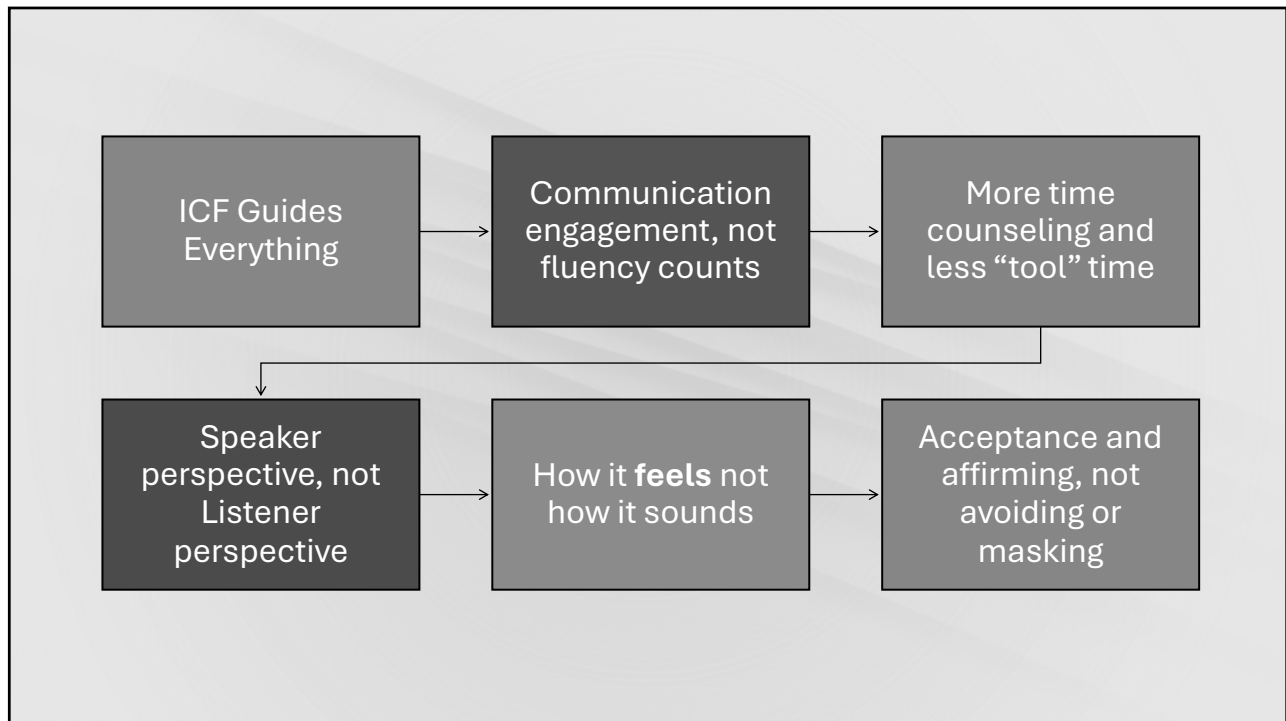
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Wrapping it up



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Organizations/Resources

**American Speech-Language-
Hearing Association Specialty
Board**
www.stutteringspecialists.org

**National Stuttering
Association (NSA)**
www.westutter.org

SAY

www.SAY.org

**Stuttering Foundation
(SFA)**

www.stutteringhelp.org

FRIENDS

www.friendswhostutter.org

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**For a link to the references
from this talk (plus many,
many more)...**

- Please email me directly and reference THIS presentation:
- North Coastal Consortium
San Diego County
- nina@ninareeves.com



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Tanti Grazie!

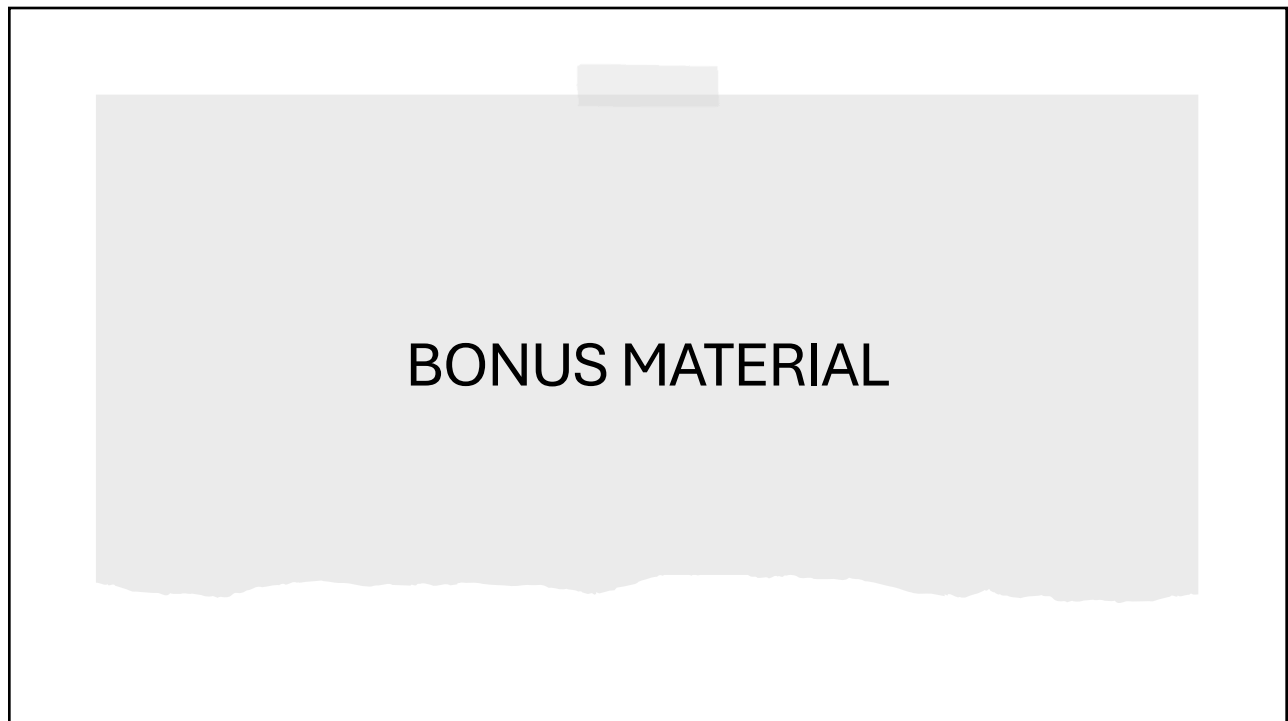
- Any questions?
You can find me at:
- nina@ninareeves.com
- [@StutteringTherapyResources](#)

÷ [Hendrickson
Listenometer](#) ÷ [On Hiding](#)

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WHAT ABOUT GOAL CHOICE? AKA: GIVE US A GOAL BANK!

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Thoughts on Goals

Not every child needs every goal!

Not all goals presented at the same time

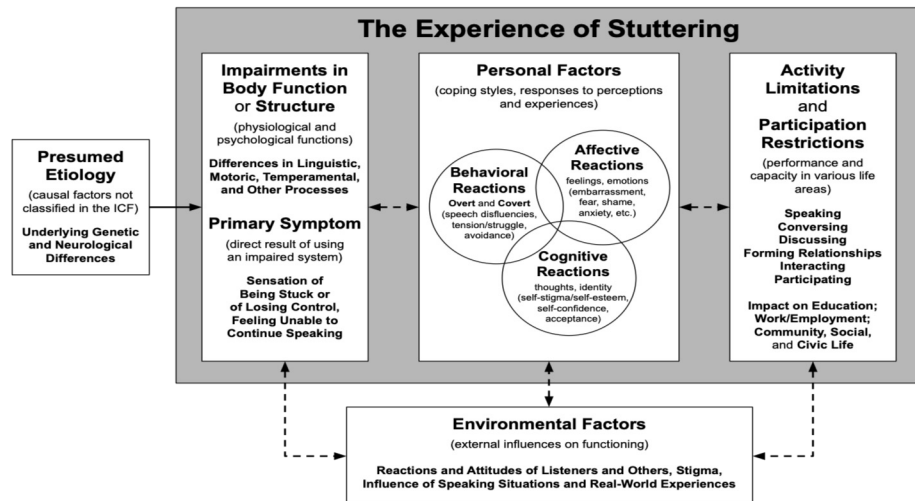
No “SET” order to goals

Each “subset” of goals works together

NO “levels of fluency” are to be included...
(pop quiz: “why?”)

99

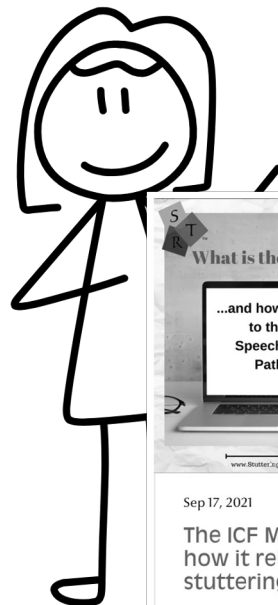
Helping Ourselves and Everyone Understand the Big Picture



Update of Yaruss and Quesal's (2004) representation of how the World Health Organization's International Classification of Functioning, Disability and Health (ICF) can be applied to stuttering. Copyright 2019 Seth E. Tichenor and J. Scott Yaruss.

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Goals based on the ICF model



What is the "ICF Model?"

...and how does it relate to the field of Speech-Language Pathology?

Sep 17, 2021

The ICF Model and how it relates to stuttering

Here is another blog you have been

Stuttering Therapy Resources

Practical Tip:

How do we write measurable treatment goals for school-age children who stutter?

Writing treatment goals is a fundamental aspect of clinical practice, especially for speech-language pathologists who work in the schools. Unfortunately, many clinicians have expressed uncertainty about how to write appropriate, measurable, and objective goals for their students who stutter.

Treatment goals should reflect what we actually do in treatment. For school-age children who stutter, treatment typically involves far more than just working on speech fluency. Therefore, treatment goals should also address more than just changes in observable speech behavior. This is where the challenge typically arises: while clinicians may be relatively comfortable writing goals about the more observable aspects of therapy (e.g., using speaking strategies to enhance fluency), they may be less clear about how to write goals for addressing children's negative reactions to stuttering or other less tangible aspects of treatment. (We can't write a goal that says, "Child will feel better about himself 80% of the time!")

Still, it is very important to write treatment goals for *all* aspects of therapy:

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No More Fluency Focus

Do you write “% of fluency” in your goals?

- WHY?
- Is this promoting masking?

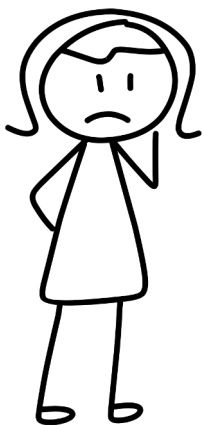
What is the % chosen?

- WHY?
- Who says?

How is the child “achieving” that %age?

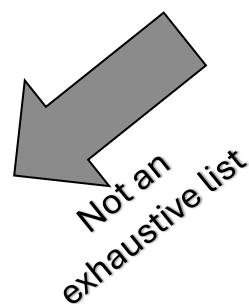
- Manage?
- Spontaneous?
- Avoidance?

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Goals for percentage of fluent speech are worthless because:

- Observable stuttering is not indicative of the person’s “feelings of stuckness”
- Stuttering is – at its core- ALWAYS VARIABLE
- How did the person obtain apparent fluency?



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Why don't we write goals about fluency?
DEC 01, 2018



Why don't we write goals about fluency? (Round 2)
APR 01, 2019





Nov 19, 2024
Caregivers want me to work on fluency. What do I say?
-By STR's Dr. J. Scott Yaruss. Many parents and caregivers contact speech therapists

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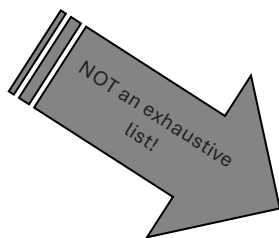
Personal Factors/Reactions

Is there a presence of beliefs and/or of coping reactions (thoughts, feelings, behaviors) that are less helpful in the long term?



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Example concepts: Personal Factors/Reaction



Reducing anxiety, shame, avoidance and/or struggle via age appropriate:

- Knowledge of speech anatomy/physiology
- Knowledge of speech and stuttering
- Identification of and exploring stuttering
- Desensitization activities (to decrease fear of stuttering and listener reactions as well as to increase communicative confidence)
- Cognitive/Affective exploration, and management through self-disclosure, openness, and increased acceptance
- Self-awareness of avoidance and avoidance reduction over time

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SAMPLE Goal: Personal Factors/Reactions

Within __ instructional weeks, the student will demonstrate age-appropriate knowledge of the speaking process and stuttering by using his speech journal to document at least _____ key facts about each of these areas: speech anatomy/physiology, disorder of stuttering, and successful people who stutter.

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Sample Goals: Personal Factors/Reactions

Timeframe: Over a period of 36 instructional weeks,

Condition: when provided sentence production activities in the speech therapy setting **Behavior:** the student will navigate reactions to stuttering by allowing moments of stuttering to occur naturally (without avoidances or strategies)

Criteria: in 3 out of 5 activities as measured across 3 consecutive therapy sessions.

Timeframe: Within 36 instructional weeks

Condition: when provided prompts for reflective discussions of social-emotional aspects of stuttering in the speech therapy setting

Behavior: the student will identify and express at least 2 feelings related to their current experience of stuttering (e.g., frustration, confidence)

Criteria: in 4 out of 5 consecutive speech therapy sessions.

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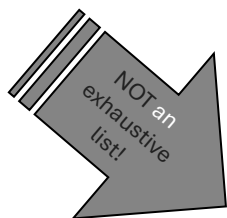
Environment

Student's ability to navigate stuttering in various settings...

...and within the context of the *knowledge level*, *perceptions*, and *reactions* of others



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Example concepts: Environment

Reducing anxiety, shame, avoidance and/or struggle via age appropriate:

- Educating others about speech and stuttering, and communication
- Increasing self-advocacy
- Developing and maintaining appropriate support systems
- Handling listener reactions
- Handling bullying and inquiries
- Reducing negative response potential through education, awareness and acceptance

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SAMPLE Goals: Environment

Within 36 instructional weeks, the student will demonstrate age-appropriate knowledge of the speaking process and stuttering by teaching clinician- and self-selected key facts to at least ___ significant others in his environment as documented in journal entries, clinician data, and parent/teacher reports.

Within 36 instructional weeks, the student will demonstrate ability to respond appropriately to inquiries about speech/stuttering as well as to bullying behaviors and negative listener reactions by creating at least ___ problem solving scenarios as documented by journal entries, self-reports and observations/reports of significant others.

Within 36 instructional weeks, the student will inform his caregivers about the process of stuttering therapy by reviewing at least ___% of speech therapy sessions, using journal entries as a guide. Documentation will include signed journal entries, clinician data, and/or caregiver reports.

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Sample Goals: Environment

Timeframe: Over a period of 36 instructional weeks,

Condition: when provided with a list of ways to educate others about stuttering (e.g. information chart, letter or email, PowerPoint slides, recounting therapy sessions using stutter notebook, Q&A surveys, direct discussions)

Behavior: the student will educate two different adults and/or peers of their choosing about stuttering

Criteria: at least two times.

Timeframe: By the end of the semester,

Condition: when provided the opportunity to respond during classroom discussions or small group classroom activities,

Behavior: the student will actively participate by initiating or responding to peers' comments

Criteria: at least twice per week across three consecutive weeks.

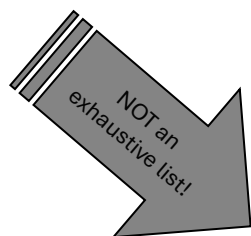
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Function

- ✱ Forward flow of speech
- ✱ Feeling of “stuckness”



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Example concepts: Function

- Addressing student's perceived significance of stuttering
- Navigating physical tension/struggle during communication
- Enhancing ease of communication, as appropriate
- Decreasing avoidance/escape behaviors

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SAMPLE Goals: Function

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

Within ____ instructional weeks, and within ____ clinician data probes, the student will demonstrate the ability to modify physical tension during a moment of stuttering by exhibiting independent use of self-chosen skills in ____ of ____ attempts along a hierarchy of linguistic complexity during structured therapy activities. Documentation shall include clinician data and/or self reports.

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Sample Goals: Function

Timeframe: Over a period of 36 instructional weeks,

Condition: when provided with a list of previously taught easing-out skills (e.g. pullout, preparatory set, cancellation, voluntary stuttering)

Behavior: the student will navigate moments of stuttering by using these skills to reduce physical tension

Criterion: in 2 self-chosen classroom opportunities per week across 4 consecutive weeks.

Timeframe: Over a period of 36 instructional weeks,

Condition: when provided with a list of previously taught easing-out skills (e.g. pullout, preparatory set, cancellation, voluntary stuttering)

Behavior: the student will navigate moments of stuttering by using these skills to reduce physical tension

Criterion: in 2 self-chosen classroom opportunities per week across 4 consecutive weeks.

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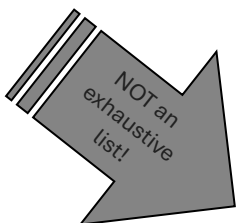
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Impact

Activity
Limitation/
Participation
Restriction



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Example concepts: Impact

- Increase student's ability to communicate effectively *in a variety of settings*
- Increase participation in activities that involve verbal interactions across settings
- Decrease overall impact of stuttering on student's perceived quality of life
- Increase student's functional communication skills
- Increase student's comfort, spontaneity, naturalness, and satisfaction in real-life (functional) communication

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SAMPLE Goals: Impact

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

Over ___ consecutive days in a classroom setting and over ___ clinician data probes, the student will independently handle self-identified verbal time pressure situations by effectively communicating his message in ___ of ___ speaking opportunities. This will be documented by student self-reports and teacher reports.

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MORE Sample Goals: Impact

Timeframe: Over a period of 36 instructional weeks,

Condition: when provided the opportunity to verbally participate in classroom activities

Behavior: the student will volunteer to verbally answer questions in a self-chosen class

Criterion: at least one time per day, for three out of five days per week.

Timeframe: Within 36 instructional weeks,

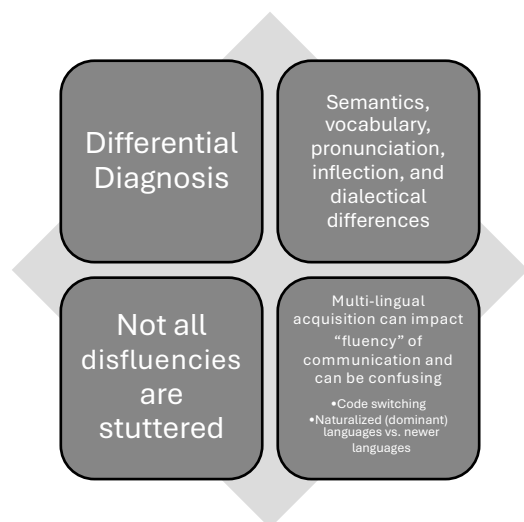
Condition: when interacting with supportive communication partners (e.g., peers, teachers, or family members),

Behavior: the student will self-advocate (e.g., requesting more time to respond or ask not to be interrupted)

Criteria: at least three times per grading period.

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Cultural Responsiveness



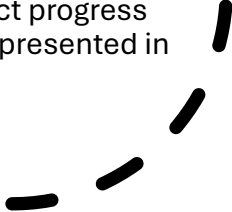
Considerations

- Check our own cultural views and mores and how they may impact our assessment and treatment
- Ask caregivers about cultural influences as they relate to perceptions of stuttering
- Steer away from stereotypes and/or biases and move toward family beliefs and values
- Carefully consider communication norms (such as eye contact, child turn-taking, etc.)

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Coexisting Differences

- Students who are experiencing more than one experiential or neurodiverse challenge need our ability to:
 - Differentially diagnose
 - Understand each difference and how it may impact our assessment and treatment of stuttering
 - Utilize our knowledge to educate teachers, caregivers, and others on the potential for strength and challenges to impact progress and need for review of concepts presented in therapy
- 

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