1. Learner Outcomes
   • Will learn a variety of stuttering management strategies in three different age groups.
     - Preschool (2 years-5 years of age)
     - School age (5 years-12 years of age)
     - Adolescent/adult (12+ years of age)
   • Will learn strategies to address emotional/psychological aspects of stuttering.
   • The Iceberg

2. Facts and Figures
   • Incidence of stuttering- 4% to 5% of population will experience stuttering temporarily (Andrews, et.al, 1983)
   • Prevalence of stuttering- 1% of population with a stuttering disorder, 2 ½ to 3 million people in the USA and 60 million world-wide (Bloodstein, 1995)
   • 50%-85% of all children that stutter will reconcile with or without therapy (Guitar, 1998)
   • 75% of all stutterers are males (Bloodstein, 1995, Guitar, 1998)
   • Majority of stutterers exhibit onset between the age of 2 and 5 (Guitar, 1998)
   • Traumatic or idiopathic stuttering in 1% of cases (Guitar, 1998)
   • Child who stutter have 2 ½ to 3 times the incidence of other speech and language problems (Guitar, 1998)

3. Assessment
   • Stuttering Severity Instrument (SSI) ages children to adults by Glyndon D. Riley
   • Overall Assessment of the Speaker’s Experience of Stuttering (OASES) ages 7 to 17, by Scott Yaruss, Robert Quesal
   • Informal measures; fluency counts of syllables, words, sentences and time durations and specific situations. Syllable count considered most accurate of measures
   • Anecdotal descriptions of stuttering core behaviors, secondaries and concomitant speech behaviors
   • Other standardized speech and language assessments

4. Normal Dysfluency
   • Core Behaviors
     • Part-word repetition: “mi-milk”
     • Single-syllable repetition: “I…I want that”
     • Multisyllabic word repetition: “Lassie…Lassie s a good dog,”
5. Secondary Behaviors
- A normal dysfluent child generally has no secondary behaviors. He has not
developed any reactions, such as escape or avoidance behaviors, to his dysfluencies.
Although research suggests that some normal children occasionally display “tense
pauses”, this tension does not appear to be a reaction to the experience of dysfluency.
If a child shows what appears to be normal dysfluencies, such as single-word
repetitions, yet consistently displays such reactions as pauses or interjections of “uh”
immediately before or during dysfluencies, he should be carefully evaluated as a
possible stutterer.
- No more than 10 dysfluencies per 100 words
- Typically one-unit repetitions, occasionally two
- Most common dysfluency types are interjections, revisions, and word repetitions. As
children mature past age 3, they will show a decline in part-word repetitions

6. Feelings and Attitudes
- The normally dysfluent child rarely notices his dysfluencies, even though they may
be apparent to others
- A normal child who repeats or interjects or revises usually continues talking after a
dysfluency without evidence of frustration or embarrassment

7. Preschool (ages 2 to 5 years)
- What to look for and what to do; questions and answers, monitoring, when to
intervene
- Normal dysfluency versus stuttering
- Armchair quarterbacks (the “don’t worry about it, he’ll grow out of it” cliché)
- To the Pediatrician
- Parent training and intervention vs. direct therapy or both
- Basic fluency enhancing principles, do’s and don’ts
- The Lidcombe Program

8. The Lidcombe Program
- Overview, background, and certification
- Studies
- Description
- Additions

9. Overview of the Lidcombe
- The program is conducted in two stages. During Stage 1, the parent and child attend
the speech clinic once a week and the parent does the treatment each day in the
child’s everyday environment. When the child’s stuttering reaches a very low level,
the second stage commences. During Stage 2, the parent does the treatment less frequently and the child and parent attend the clinic less frequently, over a period of months or years, providing that the low level of stuttering attained at the end of Stage 1 is maintained.

10. Parental Verbal Contingencies
   • In delivering treatment, the parent comments after periods of stutter-free speech and after instances of unambiguous stuttering.
   • After stutter-free speech, the parent may (1) acknowledge this response (e.g. “That was smooth”), and/or (2) praise the response (e.g. “That was good talking”), or (3) request the child to evaluate the response (e.g. “Were there any bumpy words then?”). After stuttering, the parent may (1) acknowledge the response (e.g. “That was a bit bumpy”) and/or (2) request the child to correct the response (e.g. “Can you try that again?”).

11. School Aged (ages 5 to 12 years)
   • Basic stuttering management strategies for speech production
     • Prolongation
     • Easy stuttering
     • Pullouts
     • Combine with Lidcombe contingencies
     • Monitoring
     • Practice
     • Transfer & Generalization
     • Coordination of treatment
     • Prosthetic devices
     • Individual therapy
     • Group therapy
     • Intensive programs

12. Strategies for Desensitization and Emotional/Psychological Aspects
   • Direct approach is the opposite of avoidance
   • Talking about stuttering: The Elephant in the Living Room
   • Acknowledgement/Advertisement, very different with a child vs. adolescent
   • Voluntary stuttering/negative practice
   • Hierarchy of tasks, activities, settings
   • Individual therapy vs. group therapy
   • Coordination of treatment with related people; they inform/educate others about their treatment
   • A school stuttering presentation
   • Stuttering camp, intensive programs
   • Other referrals
   • National Stuttering Association (NSA) http://www.nsastutter.org/, 800-WeStutter (800-937-8888)
   • Stutter Buddies (through NSA)
   • Friends http://www.friendswhostutter.org/, 1-866-866-8335
   • Stuttering Foundation of America (SFA) http://www.stutteringhelp.org/, (800) 992-9392
13. Adolescents and Adults
• Speech production fluency strategies/tools
  • Prolongation
  • Easy stuttering/negative practice
  • Pullouts
  • Cancellation
• Desensitization
• The combination of desensitization and speech production techniques is the key
• Emotional/psychological aspects, an issue from early on, but now with years of
development and classical conditioning (the iceberg)
• Individual therapy, group therapy, intensive programs
• The SpeechEasy and other prosthetic devices
• Resources, support groups; National Stuttering Association (NSA), Stuttering
  Foundation of America
• Other referrals

14. The SpeechEasy Fluency Device
• SpeechEasy is similar in appearance to a hearing aid. However, rather than
  amplifying sound, SpeechEasy alters sounds that go through the device so that you
  hear your voice at a slight time delay and at a different pitch. The purpose of the
delay and pitch change is to recreate a natural phenomenon known as the “choral
effect.” The choral effect occurs when your stutter is dramatically reduced or even
eliminated when you speak or sing in unison with others. This choral effect has been
well documented for decades and SpeechEasy utilizes it in a small, wearable device
that can be used in everyday life. –www.speecheasy.com
• Results of numerous studies indicate the SpeechEasy Device is helpful in reducing
  stuttering in approximately 75% of adults who try it. It is recommended by the
  SpeechEasy company that it be used in conjunction with traditional speech therapy.
• Try it yourself
Bibliography


