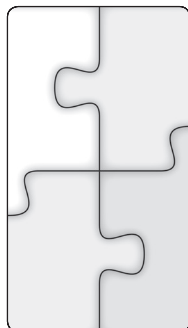

Introduction

Fun with Fluency for the School-Age Child presents a therapy approach that will help clinicians effectively treat stuttering in children 7 to 12 years of age. It is an extension of the therapy approach presented in *Fun with Fluency: Direct Therapy for the Young Child* (Walton & Wallace, 1998), the foundation of which lies in the combination of fluency shaping components (those techniques that help the child become more fluent), such as stretching, and modification components (those techniques that help the child stutter more easily), like easy bouncing. This book will expand on these basic therapy components to provide the clinician with a comprehensive treatment approach that can be tailored to meet the individual needs of a school-age child who stutters.

The combination of “speak more fluently” and “stutter more easily” approaches for this age group has been evident in recent years (Gregory, 1991; Healey & Scott, 1995; Ramig & Bennett, 1995; Ramig & Dodge, 2005). For the clinician not specializing in the treatment of stuttering, the process of combining these two treatment philosophies can be confusing, as they lie on opposite ends of the spectrum—one has the goal of stutter-free speech, and the other, better stuttering.

The process of combining fluency shaping therapy and modification therapy differs from child to child and can result in a myriad of questions and concerns about therapy planning and implementation. For instance, the clinician might ask, Which approach do I begin with? What techniques should I introduce first? Can I do fluency shaping and modification therapy at the same time? or How do I know when to stop or reduce modification therapy?

When I was a graduate student, my language professor talked about “the theory of the world in your head” in an attempt to explain how we problem solve based on our store of knowledge from both experience and learning. *Fun with Fluency for the School-Age Child* represents the theory of the world in my head with respect to treating school-age stuttering. It is based on many years of experience and the learning that takes place every day in my therapy room. I envision school-age stuttering as a jigsaw puzzle with many interlocking and ever-changing pieces that are specific to each child’s individual needs.

In the pages that follow, I will help you develop your own theory of the world in your head for assessing and treating school-age stuttering. This program will provide the clinician with a variety of techniques and activities for therapy, but more important, it will also help the clinician develop a clear understanding of why and when to use them and how to problem solve treatment planning for the school-age child who stutters.

The School-Age Child Who Stutters

The treatment of school-age stuttering is more complex than the treatment of preschool stuttering. The school-age child has a longer history of stuttering, which often results in more complex stuttering

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patterns (especially in the way he reacts to moments of dysfluency), and his behaviors are more reinforced (especially secondary behaviors used to escape or avoid stuttering). He has a greater awareness of his own behavior and is more aware and concerned about how other people judge him, especially his peers. This awareness often results in more intense negative reactions to stuttering. The school-age child who stutters is more likely to avoid talking or saying certain words, to speak with increased tension, and to use escape behaviors (those behaviors that get the child out of a moment of stuttering; i.e., tensing the articulators) and avoidance behaviors (word substitutions or avoiding talking altogether). This child has likely experienced repeated failure in communication and teasing from peers and has developed negative feelings about communication and self.

Attitudes and Beliefs Associated with School-Age Stuttering

Treating school-age stuttering requires sensitivity to many of the following age-specific issues. School-age children have likely had previous experiences with therapy, some of which may not have been positive or particularly successful. As a result, these children may have a developed the beliefs that they cannot get better, that therapy does not work, or that therapy may be too hard for them. Some children may not think working on their speech is as important as their parents or teachers do. Some of these children (usually those with relatively mild stuttering) do not see their stuttering as a problem that warrants their time and effort. Perhaps the tension associated with the stuttering remains low or the child is in a school environment where he is comfortable and all the children are familiar with his stuttering. Some children may not want to admit they stutter or may have covered it up so well that they are afraid to admit it. These children may have developed their own strategies to manage stuttering, such as avoiding words or using filler words, and feel “safe” using them.

Many school-age children do not want to use speech techniques, such as stretched or slower speech, because they sound “different” from their peers. They may even feel that stuttering actually sounds better than speech using these techniques. Some children are sensitive about being pulled out of class to go to speech therapy because they feel it draws too much attention to their stuttering. You may also see some students who are in denial and others who just do not want to deal with it, especially if they do not think therapy will help.

Friends: The National Association of Young People Who Stutter is a support group dedicated to young people who stutter and their families. This organization holds an annual national convention, where children and young adults who stutter and their families can spend the weekend learning and sharing about stuttering. During a workshop at a recent convention for Friends, a group of school-age children were asked the following question: “You are starting therapy at school with a new therapist. What do you want to know from this new therapist?” Several children answered, “I would want to know that she knows more about stuttering than I do.” How can a child believe his clinician can help him if he thinks he knows more about stuttering than the clinician does? In order for therapy to be successful, the child must believe that he can get better and that the clinician knows how to help him. In school-age language, “She needs to get it” (“it” being stuttering).

The greatest challenge clinicians face in treating school-age children who stutter is finding a balance between getting them to speak more easily and letting them stutter sometimes. It is easy to want them to be stutter free; we want them to be fluent. But sometimes we focus too much on the mechanics of fluent speech production and the surface features of stuttering. When too much emphasis is placed on how the child is speaking, he feels as if we are not listening to what he is saying and that we are not thinking about how he is feeling. He inadvertently gets the message we care more about how he is talking than what he is saying or feeling.

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Therefore, our first and most important role as a clinician is to be aware of and sensitive to the child's feelings, and we do this by listening. Talking with the child about his goals for therapy and how comfortable he is using speech techniques and discussing day-to-day issues (such as parental expectations, teasing, and peer concerns) that arise in his life not only help us plan therapy but also let the child know that we care about him and how he feels. By structuring therapy to provide time to validate such feelings, the clinician sends a message to the child that he, not his speech, is the focus of the therapy. This validation will bring trust to the clinical relationship and will plant the seeds for the development of new beliefs and attitudes about stuttering. Also, tailoring therapy to provide the child with immediate success, which could be demonstrated through 100% fluent speech during drills or controlled stuttering on single words, will help the child feel confident and motivated to make changes in his speech.

Planning and implementing treatment for the school-age child who stutters is challenging. Each child comes to therapy with specific needs and oftentimes with his own "road map" for this journey. It is a wise clinician who finds room for each of these road maps at her therapy table!

Organization of the Book

This therapy manual is organized to provide the clinician with a step-by-step process for treating stuttering in the school-age child. Topics include assessing stuttering, treatment planning, teaching the child about his stuttering, using fluency shaping components, using modification components, working with attitudes and emotions, working with parents and teachers, and maximizing the success of therapy. Activities and therapy suggestions are included in each chapter. Specific information found in each chapter follows.

Chapter 1, Assessing Stuttering, presents helpful suggestions and worksheets that will guide clinicians in obtaining information about the physiological nature of the child's stuttering, the child's patterns of response to his stuttering, the child's attitudes and emotions, and parental attitudes and behaviors.

Chapter 2, Working with Parents and Teachers, provides suggestions on how to effectively integrate parents and teachers into the therapeutic process. Counseling suggestions as well as helpful worksheets are included.

In Chapter 3, Therapy Components and Treatment Planning, specific components of the therapy program (education, fluency shaping, modification, affective, and parental counseling) are discussed. This chapter includes information regarding the use of an increased length and complexity of utterance framework for therapy, guidelines for teaching techniques, and answers to some common questions related to planning and implementing therapy. Case studies are provided.

Chapter 4, Exploring and Understanding Stuttering, discusses the educational component of therapy, such as teaching the child to understand fluent and stuttered speech production, to identify and understand what they are doing in their own speech that makes it harder to speak more easily, to effectively self-monitor, and to understand how his attitudes and beliefs about stuttering affect his speech.

Chapters 5 and 6 are devoted to discussing aspects of the fluency shaping component. Chapter 5, Stretching: A Fluency Shaping Framework for Therapy, introduces the technique of stretching (the gentle elongation of the first part of a word or phrase), which forms the bulk of the fluency shaping component of the program. This chapter also includes many therapy activities from the single-word level through conversation to teach this technique.

Chapter 6, Other Fluency Shaping Strategies, provides the clinician with additional techniques to remediate more specific, persistent behaviors, such as hard vocal onset, lack of continuous voicing, hard articulatory contacts, and fast speech rate. Suggestions for introducing and teaching

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each technique and specific therapy activities can be found in this chapter.

In Chapter 7, Modification Components of Therapy, a continuum of increasingly more potent techniques is introduced to help the child be more tolerant of his stuttering, stutter more easily, and change moments of stuttering. These techniques include a variety of desensitization and modification strategies, such as voluntary stuttering (bouncing), negative practice (purposefully practicing what the child is doing wrong when he stutters), and pull-outs (getting out of a moment of stuttering by holding on to and reducing tension).

Chapter 8, Improving Attitudes and Emotions, explores ways to help the child develop more positive attitudes and emotions regarding stuttering and gives suggestions for helping the child understand his negative feelings, develop better coping skills, deal with teasing, and talk more openly about stuttering.

Chapter 9, Maximizing Success and Minimizing Regression, looks at important aspects of successful therapy, including measuring progress, minimizing regression, and desensitizing the child to fluency disruption, and provides suggestions for helping the child transfer technique use outside of the therapy room and strengthen them for long-term maintenance.

The Resources section provides information on support group resources and Web sites devoted to stuttering. In addition, the reproducibles at the back of the book include practice handouts, informational handouts, and therapy handouts.

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