

ACHIEVING FLUENCY FREEDOM WITH SCHOOL-AGE CHILDREN WHO STUTTER

**International Stuttering Awareness Day
Obcanske sdruzeni LOGO,
LOGO, Masaryk's University
Brno, Czech Republic
October, 2004**

**David A. Shapiro, Ph.D., CCC-SLP
Professor, Speech-Language Pathologist
Western Carolina University
Communication Sciences and Disorders, McKee G-51
Cullowhee, NC 28723 USA
shapiro@email.wcu.edu**

Assessment and treatment with people who stutter and their families must be responsive to behaviors, thoughts, and feelings. The following clinical procedures facilitate the client's success and positive sense of himself as a person and as a communicator. Clinicians who desire more information or guidance on how to adapt this material for adolescents, adults, and senior adults who stutter should feel welcome to contact the author directly.

Objective 1: Increase and Transfer Fluent Speech

- Construct a safe house in which fluency blossoms, children (and clinicians) grow, and magic happens. When a child feels unconditional positive regard and understanding, he expresses himself freely, fluently or disfluently, and feels no penalty. We express and demonstrate that the child is important to us as a person. We focus on his abilities first, and only within that positive context do we provide him with strategies with which to increase his ability to remain fluent. The child is shown that he is fluent most of the time and that he possesses the ability to be fluent even more often. We create opportunities for the child to succeed; we design treatment so as to prevent failure; and we guide the child to fluency accomplishments that he could not even imagine possible.
- Invite treatment objectives from the child. This enables us to learn the child's level of awareness regarding communication and stuttering and conveys that the child's input is important to the clinical process and will be taken seriously. Develop speaking hierarchies with the child. The hierarchies are flexible and intended to increase the level of challenge in minimal steps, individualize treatment, and ensure success.
- Create opportunities for the child to experience fluency success. An initial fluency shaping experience (e.g., choral speaking or reading) establishes a foundation where the child can get a glimmer of fluency freedom. We begin to amass a foundation of endless successful speaking experiences from which the child starts to anticipate fluency success. Data are collected regularly addressing relative fluency (i.e., according to individualized objectives) and verbal comments reflective of internalized thoughts and feelings.
- Heighten the child's awareness of his speech fluency. Make the child's speech fluency (and only then, disfluency) the object of study. After opportunities for the child to experience fluency success, the clinician and child focus on and analyze the behaviors, feelings, and thoughts that characterize speech fluency. Feedback is critical and the child is increasingly responsible for identifying and describing what he did correctly. Speech assignments are designed together. Such activities convey to the child that he already possesses much of what he needs to do even more often. The child gains a feeling of control and becomes aware of all he is doing right, proprioceptive feedback, and affective reactions. This approach is naturally reinforcing in that children (and adults) want to do more of what they feel they can do well. The clinician describes/discusses (tells), demonstrates (shows), and directs (coaches) the child, enabling the child to achieve what he has heard and seen from the clinician.
- Develop or improve the use of fluency facilitating techniques during instances of stuttering. By heightening the child's awareness of what he does when he speaks (fluently and disfluently), he learns

that he can elect to change what he does. Once stuttering is voluntarily varied (in degree of tension, loudness, frequency, speech rates, and types), then we discuss that there are ingredients that are necessary and sufficient to eliminate stuttering (-rate, - tension, +naturalness). Use concrete illustrations (e.g., pouring slowly/gently vs. fast/hard from a cider jug). Address appropriateness of articulatory targets by golden questions (Am I in the right posture? Are my articulators in the right position? If yes, then make them more gentle. If no, then release the posture, move to the appropriate posture, and gently initiate the first sound). The conversational context is emphasized. Utilize as appropriate airflow, relaxation, cognitive restructuring, and visualization.

- Transfer fluency facilitating techniques to extraclinical settings. The procedures that have built positive feelings about oneself as a person and as a communicator also contribute to transfer (e.g., emphasize the child's active role in treatment, tailor activities to the individual child, focus on the child's success, incorporate activities and experiences that the child can internalize and thereby carry with him wherever he goes, conduct treatment within the conversational context, point out what the child already is doing that facilitates fluency, encourage an increase in the speech fluency already demonstrated, provide strategies for the client to do rather than focusing on what not to do, build social and situational hierarchies, monitor regularly by the clinician and client, engage in regular assignments and have the child monitor himself, design specific objectives and assignments to ensure success, model consistently to encourage self-monitoring). Also, consider bringing friends/family into treatment, discuss speech with others, implement specific assignments in class, self-monitor in class and at home.

Objective 2: Develop Resistance to Potential Fluency Disrupters

- While strengthening fluency facilitating controls, the child also develops resistance (Note procedures listed under section above, Transfer. Note also Objective 3).
- Engage the child in activities with gradually increasing degrees of competition. Within the conversational context, move toward competitive activities in which the successes are highlighted. Shift responsibility for generating positive feedback onto the child.
- Reintroduce direct fluency challenge. Approach the upper levels of the child's communication hierarchies. Reintroduce environmental stimuli that once caused fluency disruption, all the while ensuring fluency success. If the child's fluency begins to fail, back off and discuss the experience with the child and together design smaller steps.
- Address the situations on the top rung of the child's communication hierarchy. Hierarchies were designed with the child to help individualize the treatment process, engage the child actively in that process, and organize the extraclinical speaking activities and assignments.
- Prepare for relapse. While the likelihood of relapse with children who successfully complete treatment is less than that for adults, children need to be prepared nevertheless. Consider role playing, establishing a buddy system, and developing coping devices (see Objective 3).

Objective 3: Establish or Maintain Positive Feelings About Oneself as a Communicator

- Prepare the child for the likelihood of being teased. Empower him with constructive strategies to withstand the potential ill effects of teasing. Empower children to alter their reaction to teasing, brainstorm ways children can react to teasing, talk about possible consequences of each response to teasing, and role play teasing and selected responses. Use humor as a clinical device. Remember that teasing hurts and that unconditional acceptance/support is critical.
- Help the child maintain positive thinking about communication and himself as a communicator. Treatment as described helps the child maintain positive thinking. By focusing on, understanding, and increasing the child's fluent speech; by creating opportunities for the child to succeed; by involving the child in all aspects of treatment; and by attending to and supporting the child's related feelings and attitudes; the child moves from feeling unable to able and from feeling out of control to being in control.
- Talk with children in positive ways. How we talk with children powerfully influences what they think about themselves. The Golden Rule is taught most powerfully during the school-age years. By providing the opportunities described (helping the child understand his own thoughts, feelings, and attitudes; talking and providing feedback in candid, supportive, nurturing ways; and enabling the child to experience fluency success and control over his communication), the child discovers that stuttering

is, in part, the consequence of a decision he is making. There are alternatives. He has choices. This discovery is a remarkably empowering experience for the child (and the clinician).

Objective 4: Maintain the Fluency-Inducing Effects of Treatment

- Help the child become his own clinician. Maintenance of fluency begins at the initiation of formal treatment, not at the end, and continues throughout. Involve the client in all aspects of decision making in treatment and deliberately shift responsibility to the child. Initially, the clinician invites the child's ideas but is relatively assertive for establishing objectives, designing procedures and assignments, providing feedback, and monitoring speech production and progress. It is easy, particularly for the novice clinician, inadvertently to establish dependence of the child on the clinician. All clinical activities from the beginning (making decisions about treatment times, inviting input for treatment objectives, designing hierarchies, and describing and increasing the nature of existing fluency) are intended to heighten the child's ownership of the treatment experience and its outcome.
- Decrease the frequency of scheduled treatment. Once the objectives (affective, behavioral, and cognitive) have been met and the client is using fluency facilitating skills independently and assuming responsibility for his communication, the frequency of scheduled, direct treatment is decreased. This is a weaning process, where the child becomes increasingly responsible for managing his own communication.
- Maintain regular maintenance checks of decreasing frequency for at least 2 years post-treatment. Follow-up visits should not be viewed as an indication of failure; rather, the visits are a part of the long-term process of change.
- Build in child-initiated benchmarking. Benchmarking is reassessing where one is, where one wants to be, and addressing the discrepancy. For example, if the regularity of self-monitoring speech fluency has slipped, the child may commit himself to disciplined, focused self-monitoring during group reading and show-and-tell activities at school. If he comes to experience thoughts of inability or helplessness, he may revisit the strategies used previously in treatment to document and focus on successes and reestablish ways of positive thinking.
- Deliberately revisit the past. This is done via videotape for two reasons: to celebrate the child's accomplishments and to increase the child's motivation to maintain the level of speech fluency achieved. This is a very delicate balance and must be handled with extreme care.
- Reexamine the child's personal construct. Unless the child feels secure with the changes and feels that they "fit" with who he is and is becoming, the changes will not last. How do we do this? We flood the child with successful fluency experiences. We show him that he already possesses much fluency and the skills necessary to be fluent even more often. We involve the child actively in the treatment process and related decisions, as we do the parents, teachers, and others. We create opportunities to provide the child with so much data indicative of his success and inherent potential that he has no choice but to look at those data within the context of how he views himself. We need to help the child feel fluent and internally in control of his communication and then to help him use his speech in pragmatically appropriate ways that are both internally and externally rewarded (ways that facilitate transfer and maintenance).
- Integrate treatment changes within the communication system. We need to help the child who stutters adjust to the behavioral, affective, and cognitive changes that come with increased fluency and help listeners (i.e., family members, teachers, classmates, friends) adjust to the "new" speaker. All people in the child's environment will need to feel needed within the revised "rules" or expectations.

NOTE: Be encouraged to use the ideas presented in this handout; however, please reference the following source: Shapiro, D. A. (1999). *Stuttering Intervention: A Collaborative Journey to Fluency Freedom*. Austin, TX: PRO-ED [1-800-897-3202; www.proedinc.com].