

Short Course: Practical Fluency Therapy Ideas for the School-Aged Child
Saturday 8:3 – 11:30

Kathy Swiney, CCC/SLP, BRS-FD

ASHA Board Recognized Specialist – Fluency Disorders kathyslp@sbcglobal.net

Our purpose today...

THERAPY! - Many of the therapy techniques presented today come from—

The Child & Adolescent Stuttering Treatment and Activity Resource Guide

by Peter Ramig & Darrell Dodge

Many stutters get worse during their school years

-CWS gets no professional help

-Help they get is inadequate; clinician has not been trained to prevent the progression of stuttering Ramig & Dodge (p. 1)

Which young children need therapy?

Children most likely to persist in stuttering:

- Family history of persistent stuttering
- Male
- Age of onset 3.5+ years of age
- More than 12 months without improvement
- Continue to stutter 18 months post onset w/o intervention
- Frequency & intensity stable or increased (Initial severity is not an indicator of persistence.)
- Prolongations & blocks present; increased since onset
- Concomitant phonological disorders
- Child &/or parent has strong emotional response to stuttering
(Yairi et al., 1996; Yairi & Ambrose, 2005)

If some children are likely to persist, does therapy really help?

- Brain-scans and genetics indicate a neurological predisposition to stuttering
(Felsenfeld, 1997, Ingham, 2001)
- Differences in structure & function of brain (Ingham, 2001)
- Most experts recommend early treatment for those less likely to recover otherwise
- Speech-language function in the brain is normalized following stuttering therapy*
(De Nil et al., 2000)

Stuttering Therapy

Since stuttering can be a progressive, variable disorder, treatment follows a continuum. At one time the goal of therapy was “perfect” fluency. This sets clients & clinicians up for feelings of failure when stuttering occurs - and it does.

New view by clinicians and PWS – Goal should be effective communication

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Older students need to be more accepting of disfluencies and learn to speak in easier ways.

Preschool - Kindergarten

- Get parents involved early; critical in preschool: Much of the therapy at this age is indirect with clinician educating the parent to make adjustments in the child's environment

- If You Think Your Child is Stuttering & 7 Ways to Help the Child Who Stutters Stuttering and Your Child: Help for Parents* streaming video

www.stutteringhelp.org

- Lidcombe Program See: Australian Stuttering Research Centre

www3.fhs.usyd.edu.au

Two Major Therapy Categories:

Fluency Shaping & Stuttering Modification

FS: Expanding existing fluency into more contexts and situations.

"I can stutter less frequently"

SM: The process of stuttering in an easier way; reducing the struggle, avoidance and fear of stuttering.

"I can stutter in an easier way"

Combination: Most therapy is a combination of these two techniques

- The more severe the condition, the greater percentage of activities will be related to stuttering modification Excellent resource: Guitar & Peters (2003)

www.stutteringhelp.org

Research Supporting Fluency Shaping

- Fluency greater on short, simple utterances (Perkins,1992)

- Conture (1990) & Peters (1991) advocate linguistic hierarchies in intervention with young children (Many other references with similar findings.)

- Identify and address underlying language weaknesses

FS: Overview

- Speech Helpers

- Normal Airflow

- Tense/Relaxed Speech

- Light Contacts; Easy Onset

- Speaking Rate

- Increased language complexity

- Phrasing

Student learns...

- Speech anatomy

- Respiratory

- Laryngeal

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-Articulatory Peter Ramig demonstrates in SFA Tape #87

FS: Normal Airflow

•Activity 3 -

Speech expert knows...Adequate Airflow

Normal cycle

Tension in larynx –

-Chair Pull-Ups illustration

-Wrestling the stutter

•Speaking on inhalation/residual air not uncommon in PWS

Normal Airflow

•Lie on floor—cardboard on chest, observe cycle

•Trace slide during production

•Use phrasing (chunking) to reinforce breathing regularity, resist time pressure

Breathing exercises should only be used if there is an aberrant pattern. (Wall & Myers, 1995)

Tense vs Relaxed Speech Activity 2 -

•Speech expert knows...

-Muscle tension/relaxation

•Illustration—Hand

-Progressive relaxation

•Finger trap

•The more you try to escape, the harder it is

Light contacts

•Proprioceptive feedback

-How relaxed is your tongue? Jaw? Lips?

-Squeeze/tap hand to indicate tension

-“Mighty Mouth” Demonstrate where tension occurs

Use hand to practice and release tension.

Comparison/Tactile

-Clapping hard/soft

-Floppy/soft object, rigid plastic object

Visualization

-Butterfly landing on flower

-Falling leaves

Auditory Discrimination

-Identify when clinician or puppet is using hard/soft contacts

•Contrast drills (hard, 50%, easy)

(Ramig & Dodge p. 129-131)

Practicing light contacts (Ramig & Dodge p.132, 133)

- Mr. Potato Head - CWS has to ask for part with “easy” speech
- Board games (*CandyLand, Lotto, Trouble, etc.*)
- Use easy speech in predictable phrases

Modify board games with a die

- Even numbers - use “hard” speech
- Odd numbers - “easy” speech or other variations

Manipulating their own speech gives CWS a greater feeling of control

TIPS: Can start with loud/soft; high low--before easy/hard for changes

FS Rate Reduction

Reduced rate

-Preschoolers—Using “turtle speech” may be sufficient (parents & clinician need to model!)

-Use natural rhythm and intonation

-Don’t slow speech so much it is unnatural

•Clinician and Parents MODEL a moderate rate with pauses between phrases

•Label target speech- “Slow, easy speech”

•“Turtle speech”; Turtle Club

•Cowboy/Princess speech –
“Slow talking”

•Child catches you speeding; contrast cars

Tactile cues for rate reduction

•Speech pizza

-Make Play-Doh® pizza

-Add “pepperoni”

•Counters

-Pull down, slide one per word

Caution: Don’t let illustrations become a long-term crutch

Punch holes in coffee can lid; face on side

•Knot ends of 20 pieces of colorful yarn

•Retract “hair” inside the can; small prize

•Child draws a picture card from pile

•Makes sentence slowly & gently pulls yarn until it reaches the knot

•After “hair” grows, open
can & retrieve prize (Ramig & Dodge)

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- Extended Length of Utterance: ELU (Costello, 1983) Detailed Instructions (Ingham,1993)
 - Gradual Increase in Length & Complexity of Utterance: GILCU (Ryan,1984)
 - Longer and more complex sentences Nouns, noun + verb, S + V + O; Adj + S+V+O
 - Choral reading if necessary
- Technique very helpful w/ELL & low SES

What materials should I use?

Toys! Games!

“Games are not therapy; rather therapy lies in the speech and communication that happen while games are being played.” (Ramig & Dodge p. 47)

Ages 2-4 toys - Age 5+ games

Benefits of using toys & games

- Standard form of response; reduced complexity
- Can compare child over time & among children
- Regular part of childhood; socialization
- Excellent transfer activity for use at home
- Child more involved in therapy if fun

GILCU

Single Words

Turn over a picture or game card & name it

Go Fish

Bingo

Outburst

Concentration

- Word retrieval: Antonym/synonym/category, addition facts, beginning letter in word, etc. Incorporate as much of the curriculum as possible
- Animal farm: Name animals, sounds
- Grab bag: Name objects; describe objects one word at a time
- Rhyming games
- Boggle, Scattergories* (Available in several languages)

Object is fluency; not game mastery Choose games within skill level

Single Words

- Classification: Child names 5 items in category
- Sentence completion: “Cows give us ____” “Birds fly in the ____”
(See *HELP* series - *Linguistics*)

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For severe disfluency, speak in unison with CWS until fluency emerges
Increasing word retrieval skills often enhances fluency and confidence.

Gregory & Hill (1993)

Phrases

- Strings: color + noun; number + noun;
noun + verb

Benefits of ↑ socialization and ↓ speaking fears during games are significant!

FS- Phrases

- Preposition cards:

-“The X is *under* the Y.”

Function cards: “Cut with it.” “Wear it.”

Many games and toys can be adapted for this type activity. “Do you have...?”; “I need a ...”, “I rolled ...”, “My turn” Linguistics “Help” series

- Verb cards: Describe action taking place; Combine two pictures for more complex sentences
- Picture books: Model clinician’s sentence; produce own sentence about pictures (Wordless books are helpful)
- Sequence cards (cartoons): Place pictures in proper sequence; give sentence for each picture (Use photos of daily routine/recent event)

Sentences

Sentence expansion:

- Boardmaker; ©Mayer-Johnson
- Wheel of Language ©Speech Bin
- Notebooks Carolyn Turner

Sentences

Guessing Games:

20 Questions;

Brain Quest (Answering ?’s)

Guess Who (Asking ?’s)

Caution: Use level slightly below ability

Description activities

Sentence combining

“Map It” Game - Sentences

- Laminated tourist street map, dry erase marker
 - Clinician gives directions & models slow rate/ phrasing
 - Student follows directions & names destination
 - As skills increase, reverse roles
- (Ramig & Dodge p.127)

Phrasing

Phrasing is rated as “most helpful” tool by adolescents and adults—automatically reduces rate (Northwestern adult group, KS’s teens)

Studies of the brain show difference in speech initiation and timing in PWS.

Phrasing helps “re-synch” the neurological and motor aspects of speech—additional benefits:

- focuses attention on speaking process
- more processing time
- time to feel/change tension
- time for complex motor coordination

Patricia Zebrowski

Phrasing: Benefits

- Phrasing is effective at reducing the rate of communication without necessarily having to reduce speaking rate.

- Very natural effect
- Used across age ranges
- Can be used with pre- & non-readers

Phrasing: Benefits

- Assists listener as well as speaker
- Contributes to communication effectiveness
- For young children--
 - Supports early literacy skills
 - Encourages quiet talking time
- Helps with transfer in classroom & social settings

Phrasing: Non-readers Repetitive phrase books—

Adult: Brown Bear, Brown Bear

Child: **What do you see?**

Adult: I see a redbird

Child: **Looking at me.** by Bill Martin

Can expand use to older children... List available at www.therapyinprint.com

Also: Poem completion: “Old McDonald ...”

Phrasing: Elementary

- Early Elementary
 - Familiar poems – natural intonation, phrasing
 - Patricia Al-Attas <http://www.therapyinprint.com>
 - Bruce Lansky <http://www.gigglepoetry.com>
 - Ken Nesbitt <http://www.poetry4kids.com>
 - Shel Silverstein <http://www.shelsilverstein.com>
 - Dr. Seuss

Phrasing: Elementary

- Alan Katz <http://www.alankatzbooks.com/>
Take Me Out of the Bathtub
I'm Still Here in the Bathtub
Are You Quite Polite?

Lyrics: Allen Sherman
"Hello Muddah, Hello Faddah"

Advantages of Humorous Verse

- Phrases incorporated into the text
- Rhythmic phrasing similar to singing
- Focus changes from fluency to the humor

Phrasing: Secondary

- Start with written passages with visual cues
 - Reduce cues; transition to straight text
 - Teach linguistic phrasing
 - Punctuation
 - Conjunctions – may need to review
 - Prepositions – may need to review
- Phrasing: Adolescents** – Text Advantages of “weird” news

- Interest increases motivation
- Focus on “weirdness”; less on speech
- Socialization - Likely topics of conversation
- Practice – Repeating/rereading

Swiney's Structured Approach to Phrasing

Level 1: Read this article aloud. Take a pause or easy breath between each line or natural break. Start each phrase with an easy onset.

- Bidders were surprised,
by the diamond incrustured gorilla
offered for sale
at a recent auction. (Complete instructions www.therapyinprint.com)

Level 2 - Read this article aloud. Take a pause or easy breath between each line or natural break. Punctuation marks are always phrasing breaks. The “^” is a cue for other breaks. Start each phrase with an easy onset.

- Bidders were surprised, by the diamond incrustured gorilla ^ offered for sale **at** a recent auction.

Level 3 - Visually scan the article before you start to read it aloud. Punctuation marks are always phrasing breaks. Mark conjunctions and prepositions to locate other phrasing points. Use the “^” for additional reminders, if necessary. When you read it aloud, start each phrase with an easy onset. If you start to stutter, relax out of it. Don’t wrestle the stutter.

Level 3: Text as it appears without cues

•Bidders were surprised, by the diamond incrustated gorilla offered for sale at a recent auction.

Level 4: Using your phrasing technique, please summarize the article you just read.

Level 5: Transition phrasing technique into classroom text.

Transition Following the implementation of phrasing and successful experience with easier, more relaxed speech with selected text, begin to transition to classroom based materials and conversation.

Case Study – Drew Started therapy for first time –6th grade
In 7th grade, pre-AP classes

Took Communications Applications for HS credit (Public Speaking class)

Drew’s Comments on Phrasing

I’ve had many experiences using the phrasing technique. Most of them happen whenever I am just talking with friends and I am just talking really fast and I am having a lot a lot of stutters while I am talking but I remember about the technique and start putting it in my conversation; the stutters end up going down and my speech is a lot more fluent.

Well, in Com App our first speech was just a little get-to-know-you speech and most of the kids were very nervous because they’re really not used to talking in front of other people. I was still nervous but since I started using the technique the speech went really easy for me and I ended up getting a 105 on it

Stuttering Modification

The process of stuttering in an easier way; reducing the struggle, avoidance and fear of stuttering. Process involves the CWS learning to desensitize himself to modified speech.

Stuttering Modification

Not recommended for very young stutterers who generally respond well to indirect approaches & fluency shaping (Ramig & Dodge p. 92)

Key concept in therapy

FEAR must be addressed -- The vast majority of authorities on stuttering realize that the child's inability to "say what he wants to say when he wants to say it" causes concern and eventually apprehension and fear of stuttering. If these feelings are ignored by the clinician, the *child's stuttering can worsen* as he attempts to avoid stuttering and the negative feelings associated with it. (Ramig & Dodge p.140)

Overview: Based on Van Riper

Identification
Desensitization
Modification
Stabilization

Identification

Stuttering Awareness Game

<http://www.mnsu.edu/comdis/kuster/kids/awareness.html> Tammy Bryant-McMillin

Identification

Client identifies his/her own disfluencies PWS can feel the tension prior to the stuttering event.

Con -Triggers fear/avoidance

Pro – Alerts PWS fluency tools are needed on the next word

Signal system between PWS and clinician.

ID moment and source of tension

May need fluency impediments to provide stuttering moments in therapy setting

Increased speaking rate*

Interruptions*

Requires high level of trust with therapist

Desensitization – Acceptance “I stutter and it is OK”

CWS learns he is not alone

Visit stuttering websites

- www.westutter.org (NSA)
- www.friendswhostutter.org
- “Just for Kids” & “Just for Teens” www.stutteringhomepage.com
- www.stutteringhelp.org “Teen” section

-Join a support group

-Become a pen-pal (can be done in-district/clinic)

-Contribute to an on-line forum

Desensitization - Acceptance

Journaling

- Increase “ownership” of speech
- Hierarchy of activities
- Record experiences about speech
- When, where, how stuttered

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- Listener's words & reactions
- Feelings about stuttering
- Use of techniques
- Requires maturity

Manual at <http://www.mnsu.edu/comdis/ISAD3/papers/journal/journal.html>

See manual for description of levels & example (Butler & Biagini, 2000)

Desensitization - Acceptance

- Acknowledge the negative and positive aspects of being a PWS
 - Recognizing and dealing with emotions
 - Emotion faces
 - Emotion words—may need to provide
- <http://www.johnsesl.com/printables/emotions/emotions.pdf>

Reveal stuttering

- Immediate family
- Close friends
- Extended family
- Familiar people (team, club, work group, etc.)
- Classmates
- Class presentation on NSA, Stuttering homepage*
Follow the child's lead—Don't rush!

Desensitization – Disclosure “My Story” Template by Diane Games

- Slide 1 Title
- Slide 2 My story begins...*
- Slide 3 After a while...
- Slide 4 Now I am...
- Slide 5 Some things I would like to tell my friends
- Slide 6 Some things I would like to tell my parents...
- Slide 7 Some things I would like my teachers to know...*
- Slide 8 My successes include...
- Slide 9 I still need to work on...
- Slide 10 My final thoughts...

Diane Games has made the template available online at:

<http://www.mnsu.edu/comdis/isad9/papers/therapy9/mystory.ppt>

Desensitization -Disclosure

Many adult PWS report that

Revealing stuttering has been a watershed event in their lives.

Trying to hide stuttering was more stressful than the actual stuttering.

A real freedom (and reduction in tension and avoidance behaviors) occurred!

Desensitization -Interruptions

Time pressure

Rate reduction is FS activity

Dealing with the anxiety of time pressure is SM activity

Waiting for your turn to speak

Being scrutinized

Feeling hurried; being interrupted...

Causes worry which raises muscle tension which increases stuttering

Desensitization -Interruptions

Therapy should include

- Learning about time pressure
- What does it look like, sound like, feel like?
- What are the effects on speech and attitudes?
- What options (strategies) can be used?
- Create educational PP – great for group session
<http://www.mnsu.edu/comdis/isad10/papers/therapy10/games10.html>
- Transfer into “real world” settings
- Monitor progress (journaling)
- Interruptions

•Role play (Develop hierarchy for individual)

•Fast talker -Businessman

•Authority figure - Principal, Parent, Coach

•Interrupter – Movie Star, harried mom

•Questioner - Reporter

- Be sure you prepare student for the real stuttering that *will* occur

Desensitization - Interrupters

•Characters for role play

-Cowboy Sam –

Slow talker

Must wait turn

-Movie Star

Interrupts, talks over

Deal with breaks in flow, speaking frustrations

-Business man

Rushed; gestures

Resist time pressure

- Reporter
 - Questions
 - Pause, format
- Authority figure
 - Coach, principal, teacher
 - Parents (Grades, Homework)

Desensitization

- For younger CWS in therapy setting
 - Make activities less formal, more light-hearted
 - Take turns playing “I can make you stutter”
 - Make funny faces, pound table, use noise makers
- Clinician gets up, walks around therapy room, reads (e)mail, uses calculator, etc. while CWS is talking
 - Use sand egg timer to limit response time
 - Group race to come up with answers
 - Explore feelings about time pressure
 - Gradually approximate real-life situations

Desensitization to Stuttering

- Analogy: If you are afraid of bugs, you are going to have to learn about, talk about, and actually touch a bug.
 - What you don’t know about, is more frightening than what you do know about.
- To not be afraid of stuttering, a person has to...stutter**

Desensitization – Stuttering Modification Voluntary Stuttering

- Practice voluntary stuttering in therapy
- Voluntary repetitions “slow bounces”
- Voluntary prolongations “easy stretches”

Materials -- Toys! Games!

The same activities for FS can be adapted for SM—simply include the target pseudo-stutter into the activity.

Use a linguistic hierarchy, gradually moving to real-life situations.

Modification

Peters & Guitar (1991) recommend the clinician model pseudo-stuttering...

- Only 1 or 2 repetitions of word or syllable
- Airflow and voicing should be easy, light
- Short prolongations
- Relaxed voice, smooth transitions
- Voluntary disfluencies should be slow

- Pseudo-stutter in approximately same frequency as CWS
- Slow speech rate

Modification

- Therapy activities
 - Puppets: CWS identifies “easy” or “hard” speech by “puppet”. Reverse roles.
 - Hard/soft objects: Objects are behind divider; CWS picks object; uses that kind of speech, clinician guesses type used. Reverse roles.
 - Picture cards, die: Player rolls die, if even number he makes target pseudo-stutter on word. If odd number, he produces word with soft start.
 - *Sorry*: Under each word, indicate whether to say it “bumpy” or “smooth”.
 - Similar activity with antonym/synonym pairs; science, geography, history definitions/terms

Modification

Almost any game: 1 regular die + 1 spinner

- Spinner 6 sections marked -- hard bounce, easy bounce; easy stretch, hard stretch, smooth, FREE space *
- Numbered die indicates spaces to move on the board. Write on die

Modification

- Contrast drills: Say each answer in game 1x hard; 1x easy.
- *Mad Libs*: Complete story. Highlight blanks with two colors. Read: 1 color easy onset, 1 color stuttered. Choose R, P, B.
- *Silly Putty*: Initial sound prolongations. Pull between 2 people. Player must stretch initial sound until Silly Putty breaks.
- Bounce ball: make easy bounces (R) to correspond with bouncing
- Roll ball: speaker must do an easy stretch (P) until ball reaches partner
- Animal Talk: Objects or pix, players make animal sounds
- Mmmmmmmmmoo; muh-muh-muh oo

Transitioning outside therapy room

- Scavenger hunt using pseudo-stuttering
- In speech group, ask for items, names, etc.
- Ask librarian for specific book
- Take message to office or another teacher
- get supplies from supply room
- Check for readiness & accompany student
- Goal: Reduction of tension during stuttering

Modification

- Older students
- Use age-level games to encourage speaking in informal settings, open stuttering, and open, relaxed stuttering modification
- Battleship, Yahtzee, UNO, Outburst, Clue, Risk, Game of Life, Twenty Questions, card games, etc.
- Use cards with target pseudo-stutters or marked spinner or die in addition to game
- Add, "I can beat that stutter!" for groups.

Pseudo-stuttering:

- Ordering in school cafeteria, a coffee shop, or FF restaurant
- Requesting help in library, computer lab
- Phone calls
- Therapist
- School personnel
- Stores
- Role-play invitations, dates

Follow the child's lead. Don't rush.

Modifying the stuttering moment

Pull-out: CWS catches a stutter, freezes the stuttered sound, relaxes the muscles, and pulls out of the rest of the word.

Cancellation: Pause following a moment of stuttering; say or stutter the word in easier way

- Helpful in changing stuttering to an easier more acceptable form.
- Transition from fake pullouts to real ones- (p.71)
 - Take turns "catching" the other person just as he starts to stutter,
 - Partner cues "freeze" with closed fist
 - "Cuer" gradually opens his fist as speaker relaxes articulators

Camperdown Study (Hearne, et al)

- Characteristics of Adolescence
- Beginning of abstract, logical thought
- Coherent sense of self
- Increased self-reliance
- Peer pressure to conform
- Decreased motivation

Motivating Teens

Camperdown not effective for adolescents

- 3; only 1 improved (most mature)

- Teens more dependent on peers than parents
- Suggest program with more peer interaction
- Suggest “buddy” with older teen
- Suggest computer- or web-based program

Motivation is critical for this age

- Stuttering: Straight Talk for Teens
Streaming video at www.stutteringhelp.org
- Positive role models but TWS may not achieve the speech fluency of narrator
- Other students point out some positive aspects of stuttering and encourage teens

Note the “experts” are PWS!

Transfer: The generalization of modified communication styles and speech techniques from within the clinic to settings and situations outside therapy setting.

- “Transfer is the essence of effective therapy.” Hugo Gregory
Workshop for Specialists (2000)

Transfer: Why does it fail?

- inadequate attention to identification and desensitization (Ramig & Dodge)
- CWS did not understand or buy into the process
- Failure to establish and address stuttering hierarchy
- Did sufficiently replicate “real world” experiences (Games & Wollman)
- Adequate self-monitoring was not stabilized

Designing a transfer hierarchy

When is CWS’s speech easiest, most fluent?

Who is he talking to?

Where does it take place?

What are they talking about?

What is going on around him?

Ramig & Dodge suggest simply listing easiest to hardest. IME writing on strips of paper then putting strips in order is easiest.

This activity is critical to designing a desensitization and transfer plan.

Example transfer hierarchy

1. Oral report
2. Calling for a date
3. Defending a point of view w/opposition
4. Answering in class

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5. Ordering fast food from car
6. Asking for something in a store
7. Talking with teammates
8. Talking to friends, parents
9. Talking with best friend, younger sibling
10. Reading aloud by myself, Ranger

Teens

- Do what it takes to have periodic, informal group interactions
- If possible, meet away from campus If not, breakfast away from cafeteria
- Meeting other TWS, makes a HUGE difference in feelings of “weirdness” and isolation
- Teens tell teens things they will not tell you
- Don’t just focus on stuttering
- Have some “icebreakers”
- NSA TWST Group

Can a CWS be dismissed before HS graduation?

- Some students reach normal (not perfect) level of fluency, achieve effective communication despite disfluencies, or for other reasons no longer meet eligibility and can be dismissed.
- Set up reasonable expectations.
- Encourage participation in support groups.
- Leave the door open for a “refresher” therapy.
- Structure service delivery in a way that allows flexibility.

Sharing

- www.therapyinprint.com has a “tips” section for clinicians
- Email your great ideas for therapy (of any type) to share with your colleagues at... customerservice@therapyinprint.com

I want more! Where to start...

Basic Clinical Skills – SFA-9600

Working with Preschoolers – SFA-0162

School Aged Children – SFA-1079

Stuttering Intervention for Teens – SFA- 9506

Practical Ideas for School Clinician – SFA-9500

Dealing Effectively w/Attitudes & Emotions SFA-9504

Several DVDs on counseling skills through SFA

SFA Summer Regional Workshops

Linguistics – Free Course On-line

www.stutteringhomepage.com ISAD annual conference October every year, CEU’s available, past conferences archived

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Practical Fluency Therapy Ideas for the School-Aged Child:
Kathy Swiney, CCC/SLP, BRS-FD www.therapyinprint.com

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Additional Resources:

www.asha.org –

- See *LSHSS* (26) 1995 whole issue for articles on therapy for school-aged children
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www.fluencyfriday.org Lots of ideas for older students and groups

www.journalofstuttering.com Free on-line journal

www.stutteringcenter.org – Numerous resources available for download

www.stutteringhelp.org (Stuttering Foundation of America)

- Inexpensive video courses with ASHA CEU's available
- Videos, handouts, all reasonably priced or free (See streaming video section.)

www.stutteringhomepage.com -- Almost *everything* related to stuttering/cluttering

- TONS of Ideas for therapy! <http://www.mnsu.edu/comdis/kuster2/sptherapy.html>
- *School-Based Strategies for Working with Children Who Stutter* by Crystal Cooper
- Retrieved 12/30/07 from <http://www.mnsu.edu/comdis/ISAD3/papers/ccoper.html>
- *Preschool Prevention and Treatment - Stuttering Prevention: A Manual for Parents*
- Retrieved 12/30/07 from <http://www.mnsu.edu/comdis/kuster/Parents/starkweather.html>
- *Time pressure PowerPoint* by Diane Games Retrieved 12/30/07 from <http://www.mnsu.edu/comdis/isad10/papers/therapy10/games10.html>
- *My story: A PowerPoint teaching tool* by Diane Games Retrieved 12/30/07 from <http://www.mnsu.edu/comdis/isad9/papers/therapy9/mystory.ppt>
- GILCU - <http://www.mnsu.edu/comdis/kuster/TherapyWWW/components/1.html>
-

www.therapyinprint.com *Well versed* can be ordered in product section. See "Tips" section for

- List of repetitive phrase books
- Kathy Swiney's phrasing technique
- Self-rating stickers

www.westutter.org/ (National Stuttering Association)

- Outline for classroom presentations on stuttering, pen pals, support groups

On-line lectures, seminars, books, etc.

- Reardon-Reeves, N. & Yaruss, S. (2008) *Stuttering Disorders in School-Aged Children* (on-line course) www.linguisystems.com
- Coleman, C., Roccon, R., & Zerhusen, A. (n.d.) *Treating School-Aged Children Who Stutter: Objectives and Activities* Retrieved 11/27/09 from: <http://www.mnsu.edu/comdis/isad8/papers/ppt/coleman8/coleman.ppt#291,1,Treating School-Age Children who Stutter: Objectives and Activities>
- Treatment Strategies for 5-8 Year Old Children Who Stutter (Yaruss) Retrieved 11/27/09 from: <http://www.pitt.edu/~super7/2011-3001/2461.ppt#256,1,Treatment Strategies for 5-8 Year Old Children Who Stutter>
- Ramig, P., Stewart, P., Ogrodnick-Walton, P., Bennett, E. & Dodge, R. (n.d.) *Treating the School-Aged Child who stutters: Some intervention ideas and resources* Retrieved 11/27/09 from: <http://www.stutteringrecovery.com/childinterv.PDF>