

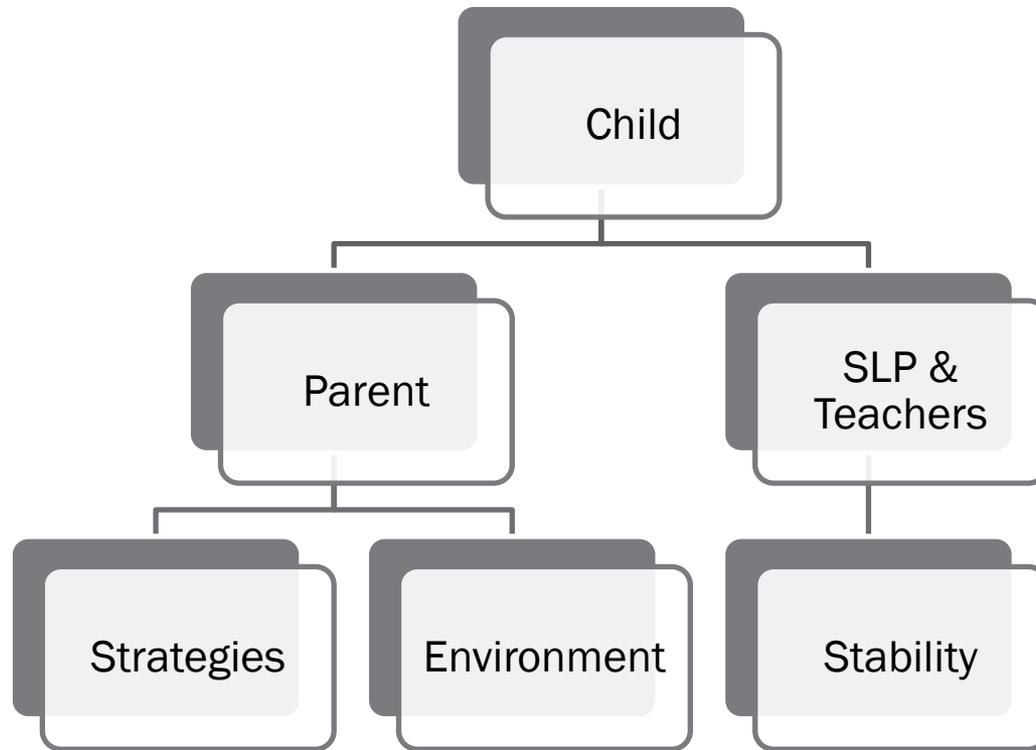
STUTTERING THERAPY: 10 KEY STRATEGIES FOR SUCCESS

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GEORGIA



THE BIG PICTURE



#1 PARENTS

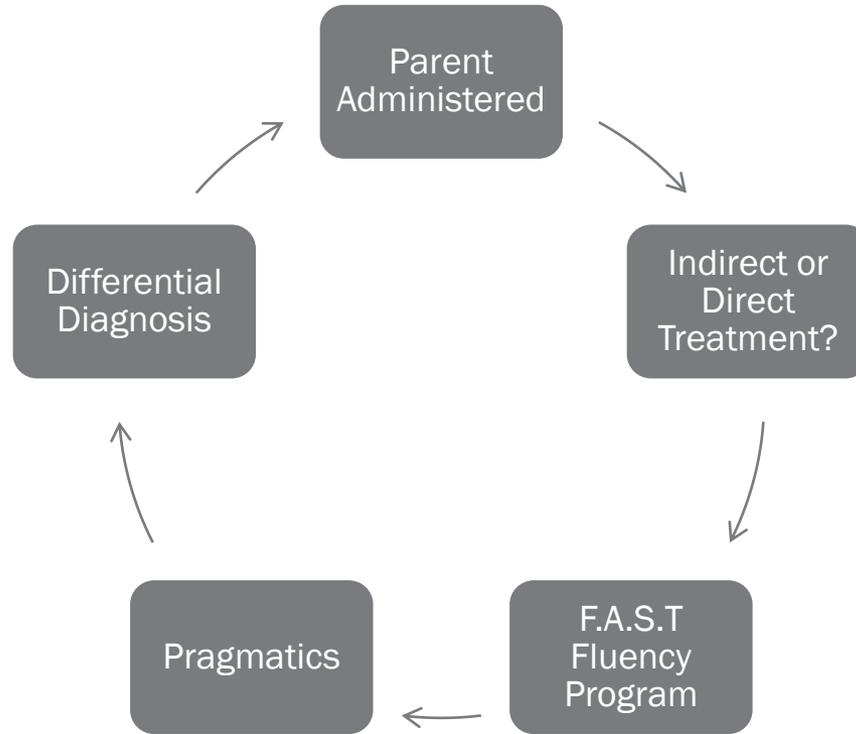
Common Goals & Mutual Trust

Appropriate Involvement

Ultimate Long Term Advocate



#2 EARLY INTERVENTION



THE PERFECT STORM

- 1) Period of Resonance- rapid acquisition of speech and language
- 2) Piaget's Preoperational Stage- cognitive development
- 3) Sensory motor/inverse internal model

PATIENCE ACHIEVES
MORE THAN FORCE



WHEN ATTEMPTED SOLUTIONS BECOME THE PROBLEM: PRE-K

- *Word change (i.e, me/I)
- *Whispering
- *Fillers (but, uh, um, etc)
- *Motor movements
- *Change schwa vowel
- *eye aversion
- *Shorten MLU
- *Ask parent to talk
- *Avoidance in public
- *Facial grimaces
- *Character voices

See: <http://stuttering-specialist.com/pdf/Solution.pdf>

WAC-A-MOLE SYMPTOM CYCLE



DIFFERENTIAL DIAGNOSIS

More Typical

H - Hesitation

I - Interjection

Rv - Revision

Rp - Phrase Rep

Uw - Unfinished Word

Rw - Word Rep

Less Typical

Rs - Sound Rep

Rsy - Syllable Rep

P - Prolongation

B - Block

Rw - Word Rep

Other - _____

*adapted from Campbell and Hill's *Systematic Disfluency Analysis (SDA)*

See Stuttering Foundation of America video samples at: <http://www.stutteringhelp.org/default.aspx?TabId=492>

GENERALIZATIONS & MYTH BUSTING

Don't worry he'll outgrow it

All kids do that at his age

We don't prescribe therapy until age 6

If it doesn't bother him, ignore it

If you "bring attention to it," you'll make it worse

I have a co-worker who stutters real bad but it doesn't seem to affect him.....

2013 Australian Study: *Preschoolers Who Stutter Do Just Fine Socially, New Study Shows*. Study claims a child under age four is not affected by stuttering!*

: <http://www.stutteringhelp.org/content/our-thoughts-australian-study-preschool-stuttering>

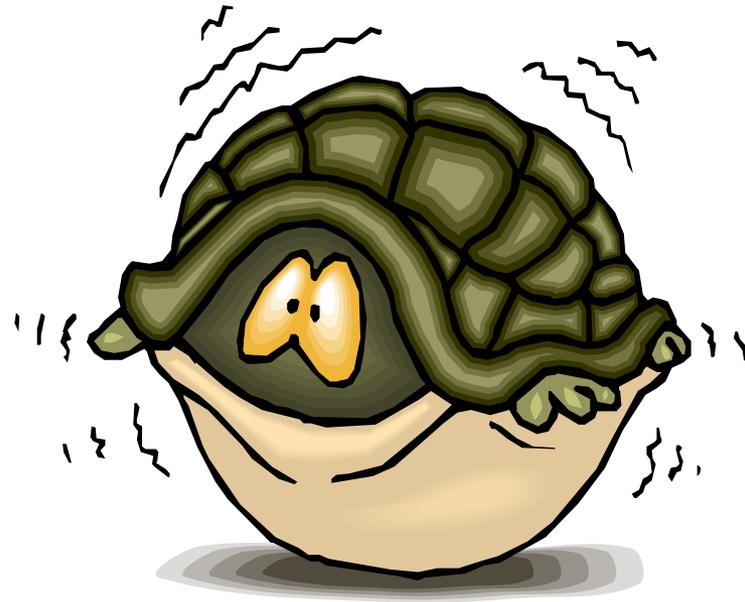
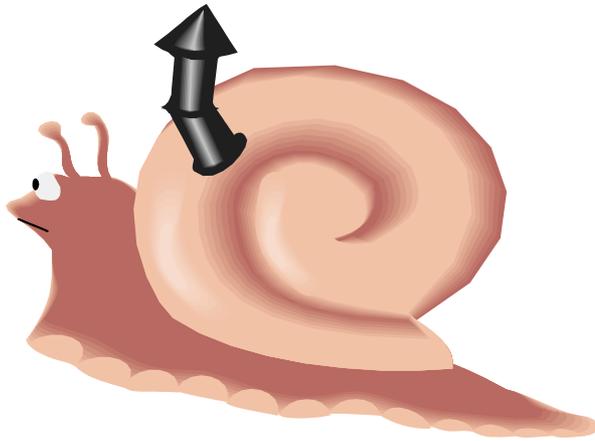
DIRECT VS. INDIRECT TREATMENT

- 1) Indirect without child enrolled in treatment. Parent education and modeling.
- 2) Indirect with child in therapy. Moments of disfluency ignored.
- 3) Direct treatment. Child asked to correct stuttering after the utterance is complete (i.e., Lidcombe model)
- 4) F.A.S.T. Fluency. Moments of stuttering addressed with positive reinforcement and cueing. Children learn to independently self-correct. This counter-conditioning of the stuttering is *the difference that makes the difference*.

+ ASHA handouts 2006-2011 see:

<http://www.mnsu.edu/comdis/kuster/teaching/convention/conventionhandouts.html>

WHEN TURTLES AND SNAILS MEET BIG, BAD SPEECH BLOCKS



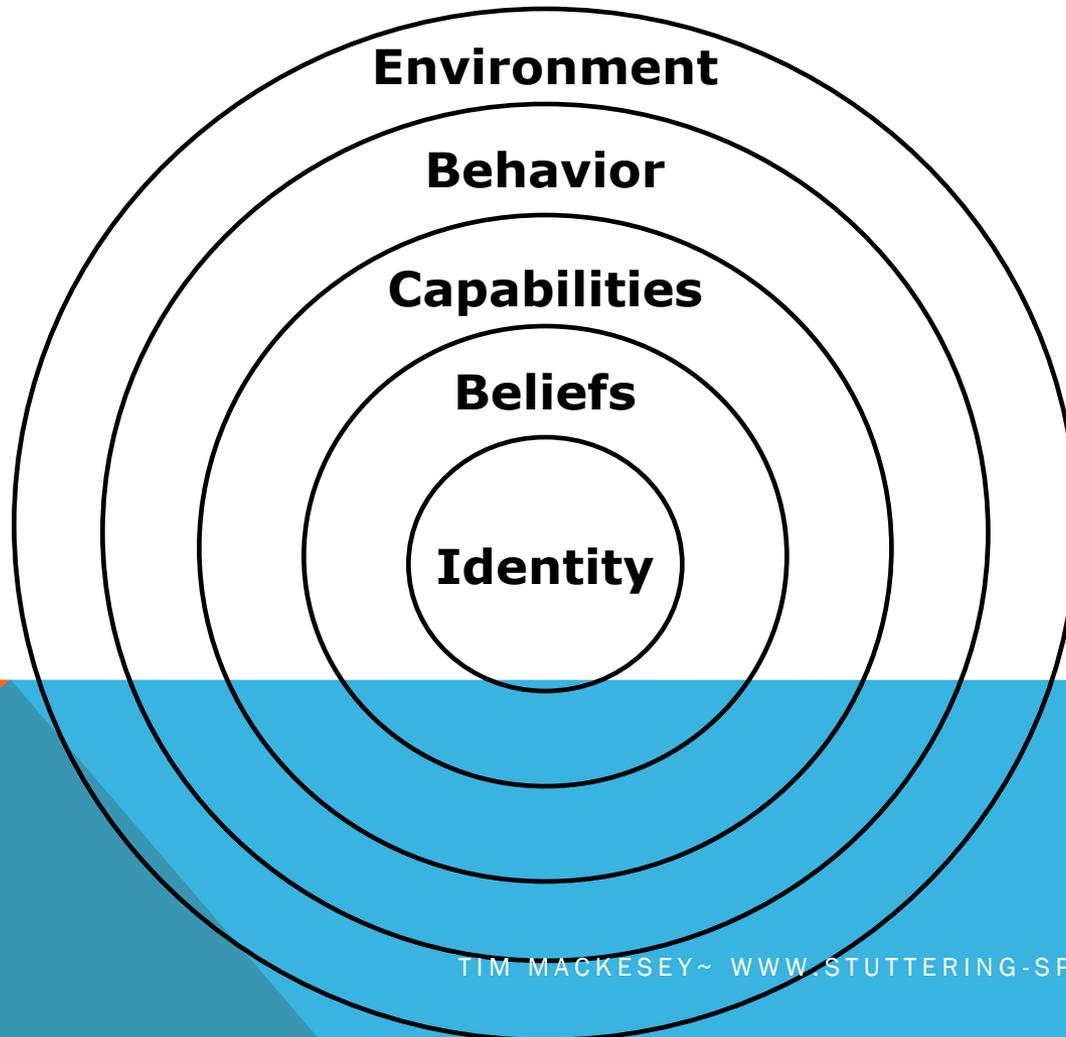
THE GOAL



#3 TEASING AND BULLYING



LOGICAL LEVELS



#4 DIFFERENTIAL DIAGNOSIS

1. Percentage of Stuttered Syllables
2. Reading Versus Dialogue and Narrative
3. Request Home Video From Family
4. Secondary Symptoms
5. Avoidance Habits
6. Anticipation of Stuttering
7. False Positives
8. Pragmatics
9. Temperament

#5 TEACHERS



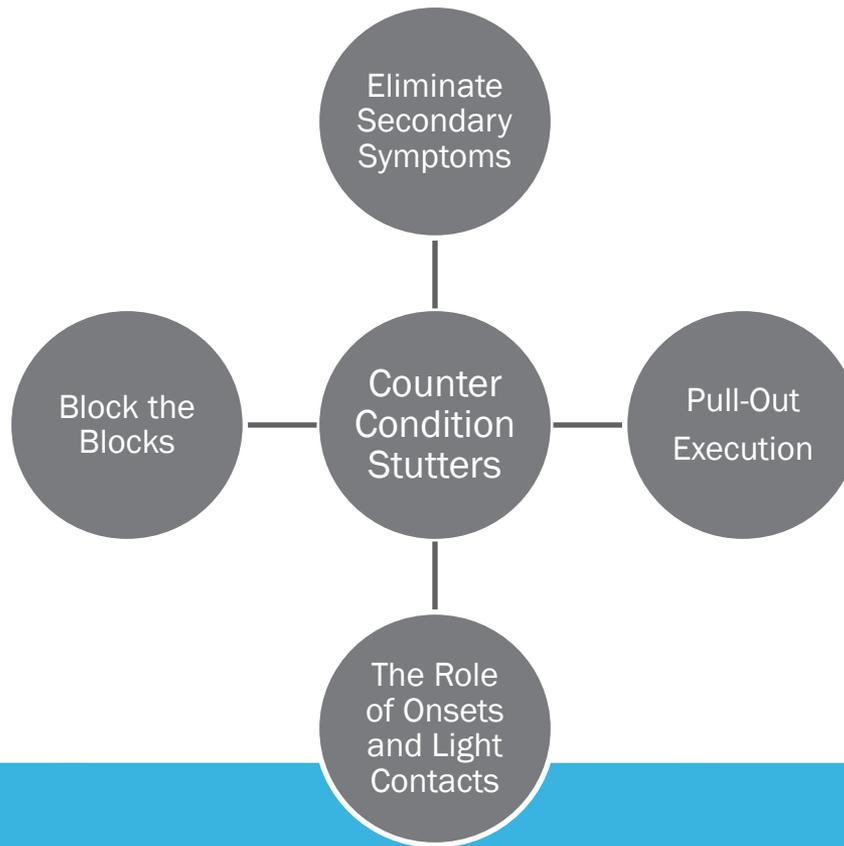
ENABLING STUTTERING

1. Excusal from presentations
2. Ordering food for children
3. Changing lines/words in plays
4. Making phone calls for kids
5. Siblings speaking for cws
6. Excusal from oral reading
7. Excusal from other participation

#6 MOTIVATION

- Realize that the incentive for resolving stuttering is unknown to young children
- Token reinforcement for younger children
- Early intervention decision making
- *Pain versus Pleasure* motivation
- A well-formed outcome
- The proverbial mule between two haystacks
- *The Seasons of Stuttering*
- If not motivated, preserve rapport so that pws seeks help later

#7 IN-BLOCK CORRECTION IS SINE QUA NON



THE ART OF RECOVERY



THE 3 LINES OF DEFENSE

1. Easy Onset: pause > loosen articulator > start word in unison with exhalation
2. Pull-out: as soon as stutter begins STOP > loosen articulator > start word in unison with exhalation
3. Cancel: immediately after stuttered word STOP > repeat word using easy onset (#1)

*Eye contact critical during in-block corrections

*Teach humor and “ownership”

*Teach value of corrections to cws

*Target feared words and sounds

*Consider mirror work and pseudo stuttering

*Use caution with motor movements linked to techniques

REVOLVING DOOR METAPHOR

RUSHED TO ENTER TALK



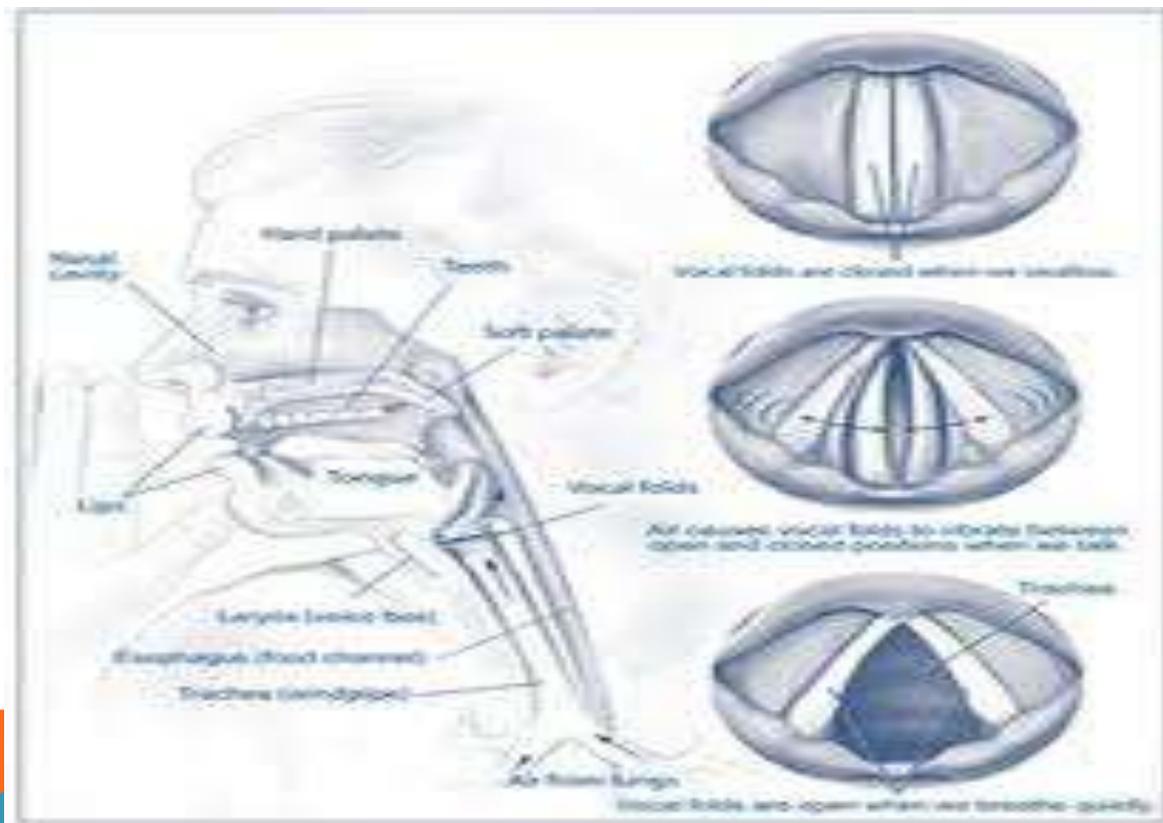
ENTER AT MY PACE



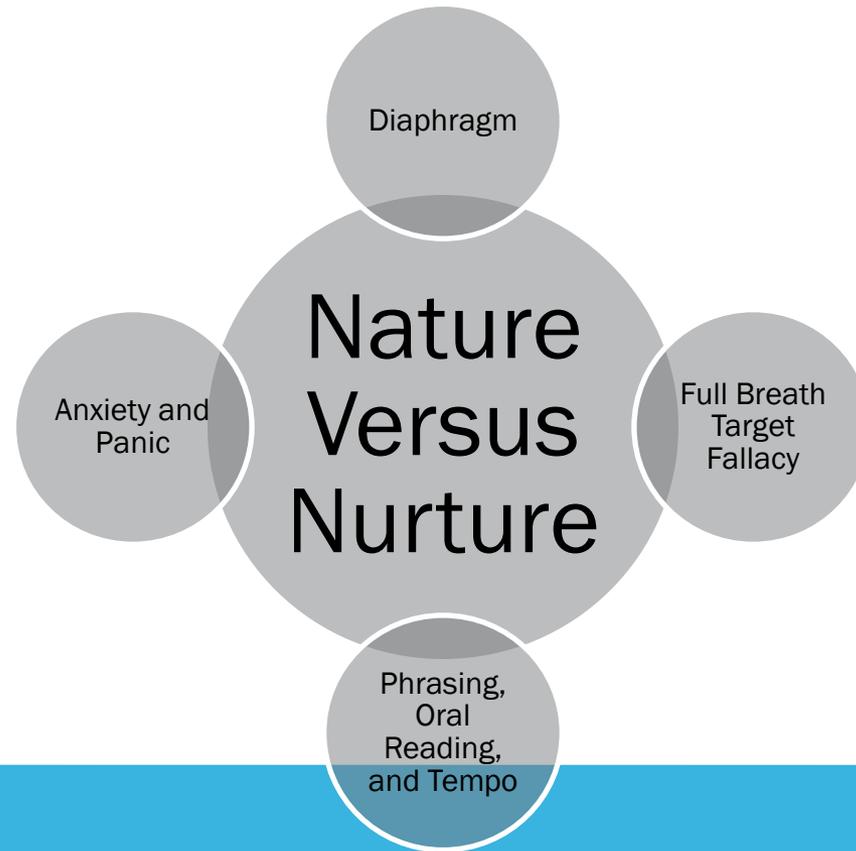
PSEUDO STUTTERING AS AN ANTIBIOTIC

1. Changes motor pathways and habitual patterns of stuttering
2. Removes meaning and stigma from stuttering
3. Eye contact mandatory
4. Using a mirror is the best when in clinic or home
5. Start with unfeared situations/words/sounds and integrate more stress. Move cautiously as you are the coach and professional with credibility to maintain.
6. Phone calls, field trips, and generalization

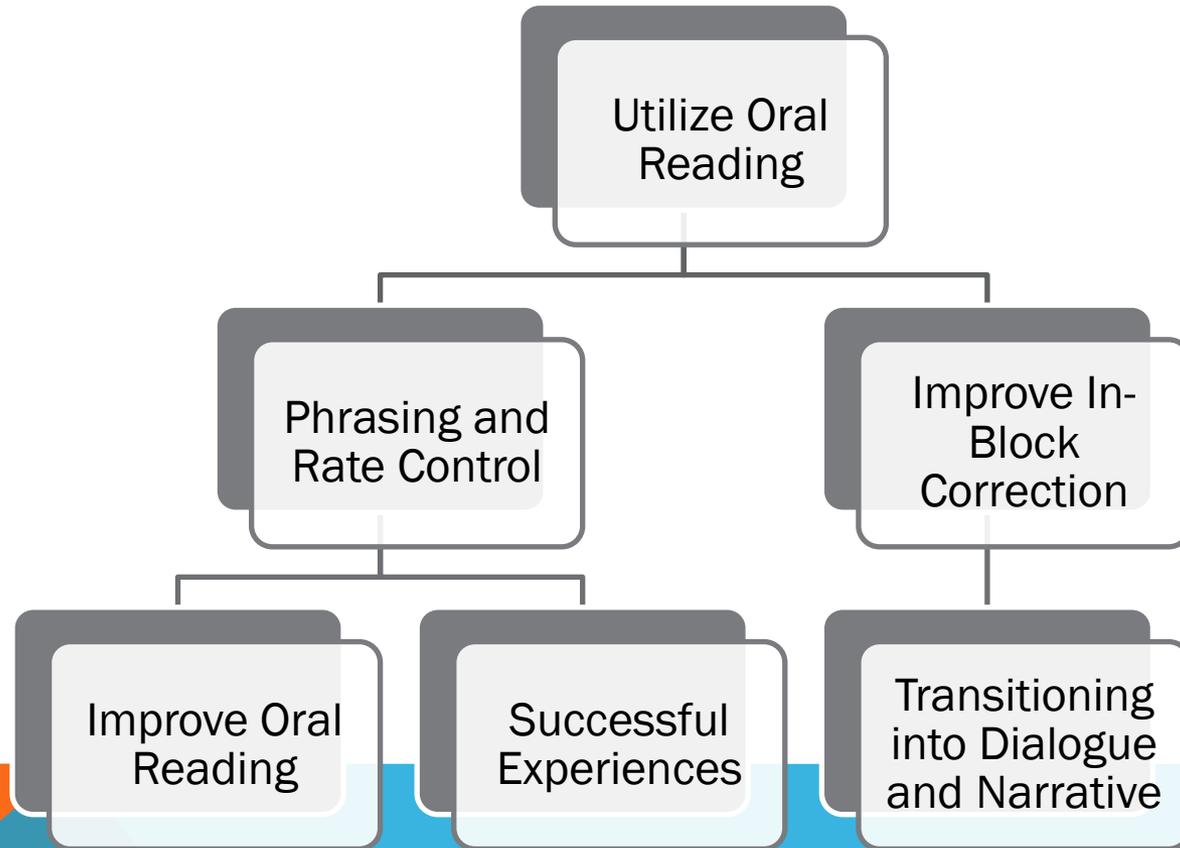
LARYNX AND ARTICULATORS



#8 BREATHING



#9 ORAL READING



ORAL READING TESTS FOR LITERACY

1. The “Nascar speed reading tests” (i.e., DIBEL test)
2. Contraindicated to IEP
3. Discriminates against cws via false negative results
4. Results have held children back as illiterate
5. Traumatic and humiliating to cws
6. ASHA and SID4 planning to intervene

PHRASING IN ORAL READING

The turtle/ slid off the log/ into the lake

My name is Jake/ and I like/ to swim/ at the pool

Advance to a paragraph when ready.

I like to go/ to Disney World./ My favorite ride/ is Splash Mountain./ I got really wet/ when I went down/the cliff/ at the end/ of the ride.

1. Use highlighter as needed under text (i.e., feared sound)
2. Early readers often more fluent in reading than in dialogue
3. Teach continuous voicing within each phrase
4. Avoid deep breath target
5. May need to use choral reading in cases of severe blocking
6. Expensive DAF/FAF, versus a \$5 Toobaloo
7. Phrasing appeared in *King's Speech* and Joe Biden/People Magazine
8. CBT often needed to reduce anticipatory anxiety

Future

Present

Past



Stuttering events imprinted with emotion can be stored in *somatic memory*. These past experiences are the very references for anticipatory anxiety. This anxiety is consistent with Social Anxiety and the Fight or Flight Response. When you think about it, avoidance, word substitution, situational phobias, and the like come from a time-line reference. This gets "mind-to-muscle" and becomes an unconscious habit.

FEAR OF SPEAKING: CHRONIC ANXIETY AND STUTTERING

Feeling anxious about one's stammer might be considered a reasonable reaction because of its potential to elicit in listeners mockery, embarrassment, frustration or pity (Bloodstein, 1995; Menzies *et al*, 1999). Consequently, as children who stammer grow into adolescence and adulthood, the risk increases that chronic negative experiences associated with the disorder will precipitate the development of shyness and social avoidance behaviour, limiting opportunities for psychological and educational development (Andrews & Craig, 1988; Bloodstein, 1995; Craig *et al*, 2003a)

*Craig, A & Tran, Y. *Advances in Psychiatric Treatment* (2006)
12:63-68

ANXIETY AFFECTING PROSTHETIC FLUENCY DEVICES

Ambient noise has been a frequent complaint for pws trying a prosthesis. Will reducing the size of the device to reduce ambient noise solve the problems?

PWS often report that when feeling anticipatory anxiety their prosthesis (DAF, FAF, etc) fails them. During panic they cannot attend to the auditory signal.

State anxiety is arguably more powerful than ambient noise in making the device impotent. This warrants in-depth investigation.

Link: <http://stuttering-specialist.com/wp-content/uploads/2013/05/pdf/straight-talk-on-electrical-devices.pdf>

ANXIETY AND STUTTERING

...trait anxiety is higher among people who stutter compared to fluent speakers, thus indicating that anxiety is a personality trait of people who stutter. State anxiety in social communication is higher among severe stutterers as compared to mild stutterers and fluent speakers. Thus, state anxiety is related to stuttering severity. The results are discussed in the frame of the multidimensional model of anxiety.

Ezrati-Vinacour, R., Levin, I. J. of Fluency Disord. 2004; 29(2) 135-48

MEDICATION MERRY-GO-ROUND

Many pws present with State Anxiety not Generalized Anxiety Syndrome (GAS). CBT can eliminate perceived need for meds.

Risperidon- schizophrenia

Pagaclone- anxiety

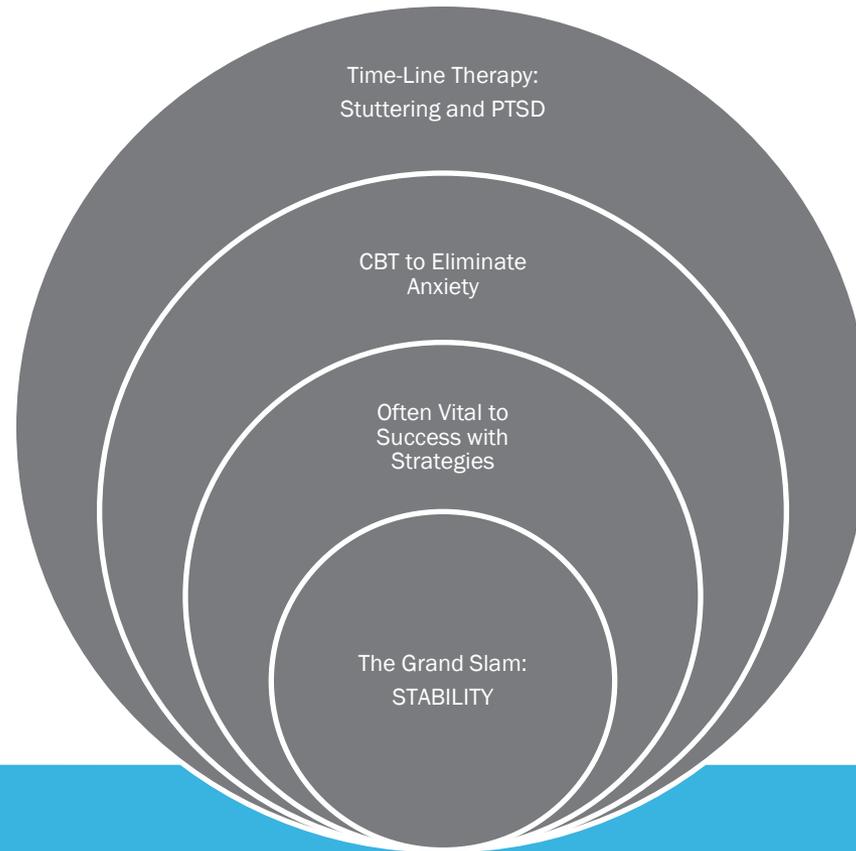
Zoloft- depression, OCD, PTSD

Wellbutrin- depression

Beta Blockers- block receptors

Paxil- depression, panic, anxiety

#10 COGNITIVE BEHAVIORAL THERAPY



**“THE EFFECTIVENESS OF YOUR LIFE IS
DETERMINED BY THE EFFECTIVENESS OF
YOUR COMMUNICATION.”**

-EARL NIGHTINGALE