ASSESSING & MODIFYING SPEECH, THOUGHTS, AND EMOTIONS

I. Assessment of Children’s Emotions and Thoughts Toward Their Speech and Stuttering.

A. The triangle of stuttering: motor, thoughts, emotions

0. Motor: physical aspects of stuttering behavior including secondaries and avoidance behavior
0. Thoughts: inner self talk- usually negative
0. Emotions: feelings- usually negative
0. Motor behavior may have genetic/ neurological implications. Feelings and thoughts eventually have neurological implications.

If children continue to stutter for more than one year, or have relatives who stuttered and did not recover, or children continue stuttering past the ages of five to seven, spontaneous recovery is highly unlikely.

B. Assessment Tools

1. Interviews:

Parents:

0. How aware is your child of stuttering?
0. How does your child react to stuttering?
0. Does your child like school?
0. Does your child ever talk about stuttering?
0. How do you react when your child stutters?
0. How do you try to help your child when he stutters?
0. How do you “feel” inside when your child stutters?

Teachers:

0. Does the child talk in class?
0. How much does he stutter?
0. What do you think he feels about his stuttering or communication in general? Why?
0. Do you think stuttering interferes with social development?
0. Academic development?
0. Does the child volunteer to talk?
0. Does the child respond with “I don’t know” even though you think he should know the answer?
0. Is the child teased about stuttering?
0. How do you “feel” when the child stutters?

Child:

0. Do you ever have trouble talking?
0. What happens when you get (use child’s words ex: stuck)?
0. Is it harder to talk in different places?
0. Where? Why?
0. What do you do to help yourself?
0. Have you ever been teased about your stuttering?
0. Who does this? How does this make you feel?
0. What do you do?
0. What do you think your mom/dad/teacher/ classmates think about your speech?

2. Paper & Pencil Tasks:

_A-19 Scale by Andre/Guitar_19 Yes/ no questions

_Examples:

. When the teacher calls on you, do you get more nervous?
0. Do you like talking on the phone?
0. Do you wish you could say things as clearly as other kids do?

Higher the score, the client has more negative attitudes toward communication.

_Children’s Attitude Test by DeNil & Brutten_35 True/false questions__Examples:

0. I don’t talk right
0. People worry about the way I talk
0. It’s hard for me to talk to people
0. I don’t worry about talking on the phone

Again, the higher the score, the more likely it is that the child is experiencing negative attitudes regarding how he/she talks.

_The School-age Child Who Stutters by Chmela & Reardon_

_Examples:

. What’s true for you? Rating continuum
0. Here’s what I think… Sentence completion
0. Hands down Listening task
0. What pops? Sentence completion
0. Worry ladder Listing task
0. How do I see my stuttering? Drawing task

Parent/teacher sentence completion

3. Child Observation

Ultimately the best and most accurate assessment is determined by answering the question, “How does stuttering interfere with the client’s communication?”

II. Therapy for Thoughts and Feelings

Adults who stutter exhibit a variety of characteristics. Some of the most common behaviors include attempts to hide/avoid stuttering, the inability to put themselves or their audience at ease regarding disfluencies, and a variety of negative emotions such as anxiety and shame. Therapy for children should be designed to prevent the development of these behaviors and emotions.

Goal: Our goal is to help the child, through instruction and practice, to better understand stuttering, and reduce or prevent the development of negative emotions and attitudes. In doing so, we pave the way for a better chance to successfully manage stuttering emotionally and motorically.

Stuttering is a complex problem consisting of speech motor behaviors, emotions and attitudes, which for many children become intertwined with issues of self-esteem.

Most children who stutter experience varying degrees of emotional problems with their
stuttering. Children who are “uncomfortable” with stuttering are often “uncomfortable” using speech management tools. Common emotions, which are paired to stuttering, include anxiety, fear, and sometimes anger. Underlying these feelings are the two emotions of shame and guilt.

**Shame and Guilt.**

1. Guilt is the uncomfortable or painful feeling that results from doing something we think is wrong. Guilt concerns behavior. Guilt seems to be correctable or forgivable.

2. Shame is the uncomfortable or painful feeling when we realize that a part of us is defective, bad or a failure. We feel shame for being not doing. There seems to be no way out of shame.

3. Shame and guilt may be the cornerstone for the development of other emotions related to stuttering, e.g., anxiety, etc.

4. Shame and other emotions become demands or pressures on the speech motor system, which exacerbate stuttering behavior and interfere with recovery at all age levels.

Self-management of stuttering is a complex highly cognitive task. CHILDREN FAIL OFTEN.

When stuttering is met only with messages to do better, to work harder, and use speech techniques with no acceptance of failure, then guilt, shame, and other negative emotions and thoughts are increased.

Shame and guilt are reduced or prevented through gentle supportive exposure.

**Goals for Children.**

To Say: **Empower children with appropriate ways to talk about their stuttering.**

To Do: **Empower children with appropriate ways to motorically manage their speech.**

To Think: **Empower children to think appropriate self esteem building messages.**

We need to NORMALIZE stuttering. **We need to NORMALIZE failure.** We need to DE-AWFULIZE stuttering.

Concepts central to progress:

0. It’s not your fault.

. It’s not mom’s fault.
It’s not dad’s fault.

IT’S OK TO STUTTER!!!!

Two Approaches to Healthy Thoughts and Feelings Regarding Stuttering:

0. Experiential: (Gestalt)

  A. Experiential – Gestalt

Experience stuttering without fear or embarrassment: desensitization/de-awfulize. Externalize stuttering using pseudo-stuttering, squashing clay stutters, or popping balloons, or games to make the longest stutter, loudest, etc.

EXTERNALIZING STUTTERING: DESSENSITIZATION

Activities such as smashing clay stutters, popping balloons labeled as big and small stutters, and stomping out wadded newspaper “stutters” require some explanation in order to make sense to parents and practitioners. These procedures fill several functions.

0. they desensitize the child client to mentioning stuttering, which may formerly have been an uncomfortable or taboo topic.

0. the activities serve to separate stuttering from the child’s sense of self.

By externalizing stuttering — placing it momentarily outside of the child’s sense of who he/she is — the client may be free for the first time to attribute feelings and emotions to stuttering which are incongruent with a strong, positive self concept. By temporarily setting stuttering apart, the child client may be able to freely connect emotions which are negative, like embarrassment, anger and frustration, to stuttering. As the child expresses some of the negative feelings he/she has understandably accumulated towards stuttering (and maybe toward him/herself), the child may experience a release of tension. Finally, when the clinician suggests smashing and stomping out stutters, or representing stutters with artwork created by the client, he/she is cueing the child that they are not terrible, fearful or frightening things. The child is invited to engage in an activity, which treats stuttering with a bit of humor and levity, thus minimizing it, for the moment. In standing apart from stuttering, minimizing it and mocking it, the elementary school ages child has an opportunity for mastery — for using his/her skills, intellect and ability to fantasize, to
assume a powerful position relative to stutters, which can be represented, mocked and momentarily destroyed. This then frees the child to more easily attend to stuttering behavior and increases their ability to alter the speech behavior.

**When externalizing stuttering, always be ready to modify task to insure client’s success.**

**TEACH OTHERS HOW TO STUTTER.**

0. You’re the expert.

0. You’re the teacher.

**DEALING WITH TEASING AND RIDICULE:**

**Let’s Make A Movie.**


**Let’s Talk To Your Class**

Self-disclosure is used as a means to reduce/prevent shame and embarrassment, eliminate teasing, develop peer support and aid in the transfer of speech management techniques to the classroom.

**Class Visits For Children Who Stutter**

Having the school aged client and the SLP discuss the disorder of stuttering with the client’s class is a powerful technique that can have many positive consequences. When classmates are informed about the nature of stuttering, teasing in the classroom is almost always reduced or eliminated. Classmates may also become advocates for the child who stutters and will come to his rescue on the playground if other children ridicule him. A class presentation is another way to normalize, “de-awfulize” stuttering. When done correctly, stuttering is a less “loaded” topic, an issue that can, on occasion, be openly discussed. It is possible for an SLP to come directly into the classroom and work openly with the child on transfer and maintenance skills. Teachers can now more easily signal a child to use his management tools (if appropriate and acceptable to the client and SLP)._Most important, the child has a powerful experience during which there is opportunity to self disclose stuttering in a supportive and accepting environment. The child feels more comfortable while attempting to implement therapy strategies in class without the worry about the misunderstanding and ridicule by others. A foundation is laid
to learn pragmatically correct ways to use self-disclosure as a stuttering management tool. The child learns that talking openly about stuttering puts both him and his audience at ease.

Procedures For Making A Class Visit:

A classroom visit to help a child discuss his stuttering with his classmates should be done only if the child is in agreement. For some children this is an easy task. They want their classmates to know about stuttering. For others who have been teased or who already have negative emotions strongly attached to the disorder, desensitization work must come first. Strategies to reduce or eliminate anxiety, shame, and guilt must be implemented both in and outside the therapy room before the child can talk to his/her classmates.

Teachers and parents must understand the rationale for this experience. Even if a child has not been teased about stuttering by classmates, the child in this exercise acquires important skills. During a conference with the teacher the general mood of the classroom is ascertained to determine whether the teacher expects interference from any particular child.

The child should be included in the planning. Does the child want to inform the class regarding specific issues? How much does the child want to actually say versus what the SLP should tell? If the child is still at a point where speech management skills are not consistent, the SLP may want to limit the child’s verbal participation to speaking parts that are short and well rehearsed.

What and how issues are discussed will vary according to each child’s needs and age level. Kindergarten children can understand concepts of bumpy or sticky speech and that it feels bad to be teased. They can learn that the speech teacher will teach how to have smoother speech, but that sometimes bumpy speech will still happen.

Third and fourth graders can understand more complex explanations about stuttering, speech therapy techniques, their inconsistent success, and the ramifications of teasing.

Following is a sample outline of a class visit that would be appropriate for third and fourth graders. This is only a guide and each SLP must adapt it to their own style and the developmental level of the class.

1. Introduction_The SLP can introduce herself as the speech teacher and briefly explain her job.

2. Classroom participation_To normalize the concept of receiving speech therapy in the classroom, ask the children how many of them have been to speech before and what they
worked on. Many times a child will mention that your client is currently in speech. Acknowledge that this is true and that you’ll soon be discussing it.

3. Other speech problems and rationale for coming to the class_Briefly indicate there are many types of speech difficulties, e.g. how to pronounce speech sounds, hoarse voices, etc., but today you and the client are going to focus on a problem called stuttering. Let the class know that you and the client want to teach them some interesting things about stuttering, and to educate them, because we all know how important it is to be educated people. (Sometimes it’s fun for the SLP_and client to develop a quiz regarding “stuttering facts”. The classmates who obtain the most correct answers wins a prize e.g., candy bar, etc.)

4. Define stuttering and its causation._Give a brief definition, age appropriate for the class. When speaking to this age level, I like to ask the kids if they know what stuttering is and summarize the discussion with something like, “stuttering is a speech problem where some people’s speech system doesn’t work very well all the time. It doesn’t seem to be as coordinated as it should. It gets tripped up or stuck on sounds. We’re not sure what causes this but we think maybe some people are just born this way.

5. Famous people who stutter_I like to ask the class if they know that many famous and successful people have stuttered and then briefly tell them about some of these people. As visual aids, one can use some of the posters depicting famous people produced by the Stuttering Foundation of America or the National Stuttering Project.

6. It’s no one’s fault._It’s very important to stress that no one is responsible for stuttering. People don’t stutter because they are dumb or sick. Moms and Dad’s did not cause it and it’s not a disease that you can catch.

7. Different ways to stutter._Most clients, no matter what degree of speech management skill, can be verbally involved with the class in this task. The clinician and the client demonstrate different forms of stuttering behavior (repetitions, blocks). Ask for volunteers to imitate the various patterns. It can be fun, if done in a friendly manner; the client can grade attempts by classmates, e.g. A, A-, etc. The SLP should indicate this type of imitation is for learning purposes only and should not be done at other times. A class discussion should follow in which the children are asked how they would feel and act if they had to talk this way all of the time.

8. Tools that facilitate smoother speech._Using the linguistic level at which the child is most comfortable, the SLP and client together demonstrate the speech management techniques the child is trying to incorporate, e.g. pullouts, stretched speech, etc. It may also be helpful to ask a few of the other children in the class if they can do some of the fluency enhancing techniques, such as prolonged speech. Here the class may also begin
to appreciate the level of difficulty involved in such management techniques.

_9. We can’t have 100% success. Change is hard._It’s important that both the teacher and the class recognize that speech management in conversation is difficult and the client will continue to have some hard stuttering. Change will come, but it takes time and practice. Influences that make changes difficult can be discussed. Items may vary for each child but usually include the following: being tired, competing messages (many people trying to compete at once) and fear of being teased or ridiculed.

_10. Why people make fun of others and how this affects us._Here the SLP asks the class to share what they have been teased about. Most elementary aged children are willing to disclose this information and doing so actually creates a stronger bond among the children. I always emphasize that anyone who is willing to share something they have been teased about is very brave. It is also helpful to ask the children how teasing makes them feel and behave. Parallels can then be drawn to teasing someone about stuttering.

11. How the client wants his classmates to respond to stuttering._The SLP and client can talk to the class about how they can react to stuttering in a helpful manner. I have found that some elementary children actually welcome their classmate filling in words on which they are stuttering. Of course others want the listener to be patient and wait until they are able to say the word.

Appropriate discussions and self-disclosure of stuttering take the disorder out of the closet. It takes the sting out of a secret that everyone knows, but no one talks about, thus reducing shame, fear and mystery. Self-disclosure and other forms of desensitization must be done repetitively but in safe socially appropriate contexts, e.g. group presentations, plays or videos about stuttering.

**Cognitive Restructuring**

DeNil and Bruten noted that children who stutter may have negative perceptions about their ability to communicate. These perceptions can reduce self-esteem and increase children’s negative self-talk or inner talk. Children who stutter and exhibit low self-esteem or critical self-talk may be more vulnerable to bullying behavior and demonstrate less progress in therapy._Although SLPs are not psychologists, most have the basic counseling skills to significantly contribute to helping children modify these issues. The part of the treatment process called Cognitive Restructuring is derived from the Ellis and Beck. For children who stutter, this process is referred to as Using Positive Self-Talk. The child is told that all people have good, helpful voices inside as well as mean, hurtful voices. Hurtful voices are not nice and make us feel bad. If you are upset about stuttering, learn how to fight back or think about other things of which you are proud. Write down your critical thoughts and your positive, good thoughts next to each other._Below is an
example from a fifth grade student:

Hurtful, Mean Thinking_“I stuttered in class today and now everyone thinks I’m stupid.”

Positive, Helpful Thinking_“So I stuttered in class – so what! Everyone knows I stutter and they know I’m not dumb. I get A’s and B’s in some classes. In speech class, we looked up facts about stuttering and it has nothing to do with being dumb!”

The ultimate goal for problem-solving helpful and harmful ways of thinking about stuttering is to help the child see the dysfunctional aspects of negative beliefs and to facilitate positive beliefs which improve self-esteem. Problem-solving conversations between the SLP and the child are more art than science and must be practiced repeatedly.

Increasing Self-Esteem

Kaufman, et al. provide a guide from which SLPs can learn strategies for helping children to increase self-esteem. Procedures include teaching children what self-esteem is and why it is important. Some key issues include:

0. Self-esteem comes from inside myself
0. Self-esteem is learned
0. Self-esteem comes from liking who you are, your strengths and weaknesses, and how you act

Kaufman, et al. further outline the following methods which can be used by SLPs to help children develop self-esteem:

_Keep an I Did it List._ Every day, write a list of five things you did that day that made you feel proud.

0. Spend time with people who love and support you. Sometimes families are a pain in the butt, however they give us the most love and acceptance.
0. Do good for others. Helping others makes us special and gives us joy
0. Do expect to make mistakes. Everybody can make four BIG mistakes a day.
0. You can make as many stuttering mistakes as you want to.
0. Don’t compare yourself to others.
0. Don’t set unreasonable goals. Changing your stuttering (or learning any new thing) takes time.
0. Don’t blame yourself when things go wrong in your life.

0. Do good things for yourself. Do something just for fun; Do at least one thing a day that’s good for your body; Do at least one thing a day that’s good for your brain; Find adults you can trust and with whom you can talk.

**III. Helping the child to modify their speech pattern.**

Fluency Shaping (prolonged speech) vs. Stuttering Modification (easy stuttering)

1. Method to teach fluency shaping as a tool to reduce stuttering

0. Teach monitoring/identification skills.

0. Understanding the speech machine.

0. Teach easy prolonged speech using hierarchy: words, phrases, sentences, short answer.

0. Contrast and elicit: regular speech, stretchy speech, stuttered speech using signaling device.

0. Develop hierarchy of situations, which elicit stuttering. Used guided practice techniques to help child manage stuttering using prolonged speech.

2. Method to Teach Easy Stuttering

0. Understanding your speech machine

0. Identification and self-monitoring

0. Freezing / holding

0. Modification (leakout)

0. Clinician models a stuttering moment using a pseudo-stuttering which takes the form of the child’s stuttering.

0. Child asked to imitate clinician’s model.

0. Clinician models pseudo-stuttering with a slow smooth stretched_release (leaking it out). Some sounds may need additional practice_(p,b, d, t, k, g). Turn on voice box.

0. Child asked to model same response.

0. Clinician enters child’s real stuttering using “signal” to help child focus and begin slow smooth prolongation.

0. Signals are faded.
Clinician and child engage in progressively more difficult speech tasks using easy stuttering.

3. Sheehan’s Voluntary Stuttering

0. Teach to older children.
   0. Slight stretching of the first sound on a non-stuttered word

0. This behavior acts to both desensitize (reduce fear of stuttering) the child and enhance fluency.

**WE WANT TO GIVE CHILDREN A BOX FULL OF TOOLS (MOTOR AND EMOTIONAL) TO HELP THEM MANAGE THEIR STUTTERING.**

**OTHER TASKS:**

Examples of these tasks can all be located in the SFS book by Chmela and Reardon

0. Speech Notebook:
0. Topic Discussion:
0. Motivation
   0. Responsibility
0. Relapse
0. Embarrassed
0. Paying Attention

3. Long Term Problem Solving:

0. Possible Hierarchy for Practicing the Use of Speech Management Tools (Client can help in the development of this list)

0. Single Words Phrase/Sentences Picture Description
0. Read (if age appropriate) Picture Sequence Descriptions Telephone Answering Longer Questions Answering Short Questions

0. Barrier games using varying levels of linguistic complexity
0. Short to long conversations Classroom Work
0. Conversations with familiar people outside the therapy room(school secretary, janitor, principal, other teachers, etc.)
Conversations with new person(s) (classmates, other clients, etc.) in therapy room

0. Conversation with unfamiliar people outside the therapy room

4. Short Term: stair stepping

0. Goal Planning Worksheet

. The Road to Success:

. Where have I been? Where am I going?

My knowledge about stuttering

0. Successes:

. Next steps:

My Feelings about being someone who stutters

0. Successes:

. Next steps:

My fear of talking in front of people

0. Successes:

. Next steps:

Reducing struggle when I talk

0. Successes:

. Next steps:

Reducing my own negative reactions to my disfluency

0. Successes:

. Next steps:

Changing the way I stutter

0. Successes:

. Next steps:

Reducing my word and situation avoidance

0. Successes:
. Next steps:
Improving my participation in conversation

0. Successes:
. Next steps:

Comments to help children respond to bullies Following are some suggestions the authors have collected about ways SLPs can help children respond to bullies. Not all of these suggestions will be effective for all children who stutter; however, they provide some strategies that clinicians can use to help children reduce the negative impact of bullying._One SLP reports success in giving her business card to clients. When they are mocked, “Hey y-y-you t-t-talk funny,” the clients are instructed to give the card to the bully and say, “You need help” or “I’m going to tell Mrs. SLP to bring you to therapy.” Other children have found it helpful by saying “Oh, you better watch out or you will catch it too.” Many children choose the direct approach and respond in_a loud voice “I don’t like that” or “Don’t make fun of me, I stutter, so what.” Further remarks from the bully are responded to by “So what.” _Bill Cosby, in his book The Meanest Thing to Say (1997), encourages children to respond to bullies by saying “So?” over and over.

Although many therapists and clients have reported success in using these “one-lines,” one must be cautious. Coloroso (2003) suggests that care should be taken when creating one-liners so that they do not aggravate the bully or exacerbate bullying behavior. She recommends responses that have the potential to dissipate the bully’s aggression but do not attack his self-worth. For example, “Yikes! I’m not up for this. I’m outta here!” “Wow man, you poured that on thick!” “I don’t need this – I’m gone!” “That was a gross thing to say. It’s beneath both of us.”

On the website What’s Bullying (http://www.nobully.org.nz/advicek.htm), children are reminded they are not the problem, the bully is. Children are told they have a right to feel safe and secure. If they are different, be proud of it because we are all different. Children are also encouraged to spend free time with friends or walk toward a crowded place or a group of friends. Bullies don’t like to be outnumbered and usually don’t pick on people in groups. Another website, Teasing Hints for Children (http://funrsc.fairfield.edu/~jtleitas/teasetips.html), gives lots of information on who bullies are, why they bully, and how to respond. They advise children to wear a special ring, and rub it whenever hurt by bullies. This “power ring” can remind them if all the things they can think or do in response to bullies. There are, however, some situations where assertive responses do not work, such as where the bully may possibly do physical harm to others. Cooper (2000) suggests the use of the Disappearing Act in these situations. Children need to be taught that it is sometimes safer to leave, but when they
“disappear” they need to go to a safe place where there are adults who can protect them if the bully attempts to hurt them. Cooper’s (2000) Sticks and Stones is an excellent reference that describes numerous additional ways to respond to bullies and would be a welcome addition to any SLP’s library.

References


to personal power and positive self-esteem._Minneapolis, MN: Free Spirit Publishing. 23 (3), 205-211.


This information is from:

WORKING WITH THE SCHOOL-AGED CHILD WHO STUTTERS: ASSESSING & MODIFYING SPEECH, THOUGHTS, AND EMOTIONS

Bill Murphy, M.A., CCC-SLP_Speech Language Pathologist_ASHA Recognized Certified Fluency Specialist_Department of Audiology and Speech Sciences_Purdue University_West Lafayette, IN 47907-1353_(765) 494-3810

wpmurphy@purdue.edu

August 2003