SPEECH CHARACTERISTICS

The chart below describes some characteristics of normal disfluency & stuttering for young children (ages 3-6):

NORMAL DISFLUENCY (LESS RISK)*

- Phrase Repetitions Sound
- Interjections
- Revisions
- Multi-syllabic Whole Word Repetitions
- No tension or struggle
- No secondary behaviors
- No negative reaction or frustration
- No family history of stuttering
- Less than 6 months since onset
- No other speech and language concerns

STUTTERING (HIGHER RISK)

- Sound/Syllable Repetitions
- Prolongations
- Blocks
- Tension/Struggle
- Changes in pitch/loudness
- Secondary behaviors
- Negative reaction/frustration
- Family History of stuttering
- Greater than 6 months since onset
- Concerns in other areas of speech and language

*SLPs should be aware that “typical” disfluencies, particularly revisions and interjections, may be used by children who stutter to avoid overt stuttering. It is important to be cognizant of this while evaluating children’s fluency.

RESOURCES

National Stuttering Association: www.westutter.org
Stuttering Foundation: www.stutteringhelp.org
American Speech-Language-Hearing Association: http://www.asha.org/Practice-Portal/Clinical-Topics/Childhood-Fluency-Disorders/

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OVERVIEW OF THE IEP PROCESS

Children between the ages of 3 and 21 are eligible (if they meet eligibility requirements) for services through their local public school system. For these children, an Individualized Education Plan (IEP) can be created and customized, based on their assessment results. For more information on IEP details, visit the U.S. Department of Education at: http://idea.ed.gov/

THE EARLY CHILDHOOD PROCESS

Preschool teachers typically refer the child to Child Find (sometimes called Child Search or Special Services) for assessment due to concerns about the child stuttering. In general, parents will contact the coordinator at the district office to schedule a pre-assessment intake. The evaluation process may begin with an intake appointment to determine if a full assessment is needed. Based on the child’s performance and/or the parents’ concerns, the child may be referred for further evaluation. Parents are advised of their rights to due process, including the fact that they must give signed consent for the evaluation.

In many districts, individual evaluations for preschool children are scheduled with the parents present. The evaluation team collects a detailed case history and conducts a developmental assessment. If the child’s speech is the only concern, the speech-language pathologist (SLP) conducts a speech and language evaluation that includes an oral mechanism examination, and assessments of voice quality, receptive and expressive language development, social-pragmatics, speech sound production, and fluency. Depending on the needs of the child, standardized tests may or may not be administered.

The SLP analyzes a speech sample obtained during the evaluation for disfluencies. Ideally, speech is sampled under several contexts, such as conversation, storytelling, picture description, interaction with peers or siblings if possible, and reading (when appropriate for the child’s age). Sometimes, the parents are asked to submit a recorded sample if the child’s speech is fluent during the evaluation or if the child will not talk to examiners, or if the parents believe that the speech sample is not representative of the child’s day-to-day speech. The SLP assesses the child’s current level of stuttering and any risk factors for continued stuttering.

Based on the results of the assessment, the evaluation team determines whether the child meets the eligibility criteria. They may also determine eligibility for services at that time. In some situations, the SLP may believe that it is better to consult with the parents and allow the child more time before determining the need for services. If intervention is recommended, an SLP and the parents develop an IEP that describes the child’s needs and how those needs will be met. This may be done several weeks after the actual evaluation. If the child has been found eligible for services, the district has 60 calendar days from the time parents gave signed consent for the evaluation to conduct the IEP meeting and place the child.

IEPS FOR THE OLDER STUDENT

For older children and young adults (ages 7-21), assessment will focus less on risk factors for continued stuttering, and more on impact of stuttering on the individual’s academic and social performance, overall communication skills, and quality of life. Parents, teachers, or the student him or herself may refer the student. The student must be evaluated in every area of concern, and the speech concerns must be assessed in relation to educational and/or social performance. Again, parents are advised of their rights to due process, including the fact that they must give signed consent for the evaluation.

Teachers and other educational personnel may assess the student’s performance and achievement. The SLP may assess communication in other areas as well, including the oral mechanism, voice quality, receptive and expressive language, social-pragmatics, and speech sound production.

WHAT TREATMENT LOOKS LIKE

Treatment may occur in an individual or group setting. Children may be seen for treatment on a consistent basis (typically 1-2 times per week) or may be monitored weekly or monthly, if formal treatment is not recommended. Speech treatment should be provided by a speech-language pathologist. Many school-based speech-language pathologists will hold certification from their state’s Department of Education, a state license in speech-language pathology, and the Certificate of Clinical Competence from the American Speech-Language-Hearing Association. SLPs specializing in stuttering may also hold the Board-Certified Specialist in Fluency Disorders (BCS-F) distinction.

For older children, it is important to recognize the importance of being “ready” for intervention. There is likely to be a time when each child wants to attend therapy, and it is critical to enroll the child in intervention during those times, if appropriate.

SAMPLE GOALS

Treatment goals should target all aspects of stuttering, not only the number of disfluencies. For example, goals should target five general areas of stuttering:


Education:
Goals that target education will help the child, family, and peers become more educated about stuttering e.g., Johnny will increase his knowledge about stuttering by passing three quizzes on basic stuttering facts; Johnny will educate two friends about famous people who stutter.

Reactions:
Goals that target reactions should focus on helping the child develop healthy attitudes toward stuttering e.g., Johnny will increase participation in educational and social situations, as noted on a weekly basis by his parents and teachers; Johnny will use correct posture and eye contact 85% of the time in conversational speech with the clinician.

Communication:
These goals should focus on helping the child improve overall communication skills in the context of being a person who stutters. e.g., Johnny will increase participation in educational and social situations, as noted on a weekly basis by his parents and teachers; Johnny will use correct posture and eye contact 85% of the time in conversational speech with the clinician.

Stuttering Modification:
These goals focus on helping the child stutter with less tension and secondary behaviors, and modifying the child’s stutter to reduce the amount of work and effort required to speak. e.g., Johnny will demonstrate the ability to reduce physical tension during stuttering using the “easing out” technique, for 50% of disfluencies during various tasks; Johnny will be able to correctly identify location of physical tension during 80% of stuttering episodes in a structured task.

Speech Modification:
These goals focus on teaching the child strategies to improve speech fluency. e.g., Johnny will demonstrate the ability to reduce the number of disfluencies in his speech by using “easy starts” 85% of the time in a structured conversation; When utilizing self chosen fluency enhancing techniques, Johnny will decrease the number of disfluencies in a structured conversational task by 15%.