Working With Children Who Stutter
Accounting For Comorbid Disorders

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CENTER FOR CHILDHOOD COMMUNICATION

ecsf
EUROPEAN CLINICAL SPECIALIZATION FLUENCY DISORDERS

What I hear

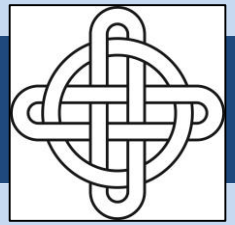
My son has Autism and stutters on the last word in the sentence. His therapists has never seen that before. Have you?

I'd love to try but I'm not sure if intervention would do any good. The stuttering is the least of her problems.

I am at a loss with a kid I just evaluated. He is 10 with diagnoses of anxiety, TS, and epilepsy in addition to severe stuttering. What should I do?

My 15 year old boy stutters with ADHD. He never remembers to use his speech techniques and he refuses to practice at home.

Linked with Disfluencies



- Prader-Willi Syndrome
- Down's Syndrome
- Expressive/receptive Language Disorder
- Phonological Disorder
- Asperger's Syndrome
- Intellectual Disability
- Turner Syndrome
- Auditory Processing

- Attention Deficit - Hyperactivity Disorder
- Fragile X
- Neurofibromatosis
- Autism Spectrum Disorder
- Acquired Neurological Disorders
- Prader-Willi Syndrome
- Tourette Syndrome

But our lady said it was stuttering…not fluency or disfluency!

Differential Diagnosis

	Typical Disfluencies	Stuttering	Atypical Disfluencies
Type of Behavior	• Whole-word & phrase reps • Sentence Revs. • Interjections/Fillers	• Whole & part word reps • Prolongations • Blocks	• Whole or part word reps • Sound prolongations • Sound insertions
Location of Behavior	• Primarily between words	• Within words • Typically initial position • Tendency to cluster	• Medial or final position
Frequency	• < 10% of Syllables	• > 4% of syll. • 2x as disfluent • Noticed >10%	?
Duration	• 1-2 Repetitions	• 3 < Reps • Truncated pauses between reps	?
Reactions	• Typically no reactions & min. awareness	• Secondary behs • Avoidances • Fears/Anxiety	• Typically no reactions & min. awareness

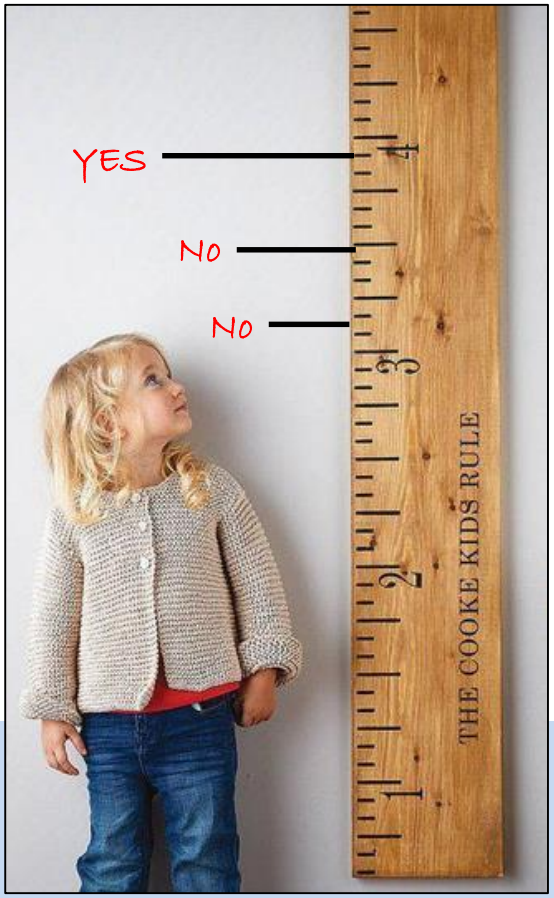
Clinical Questions

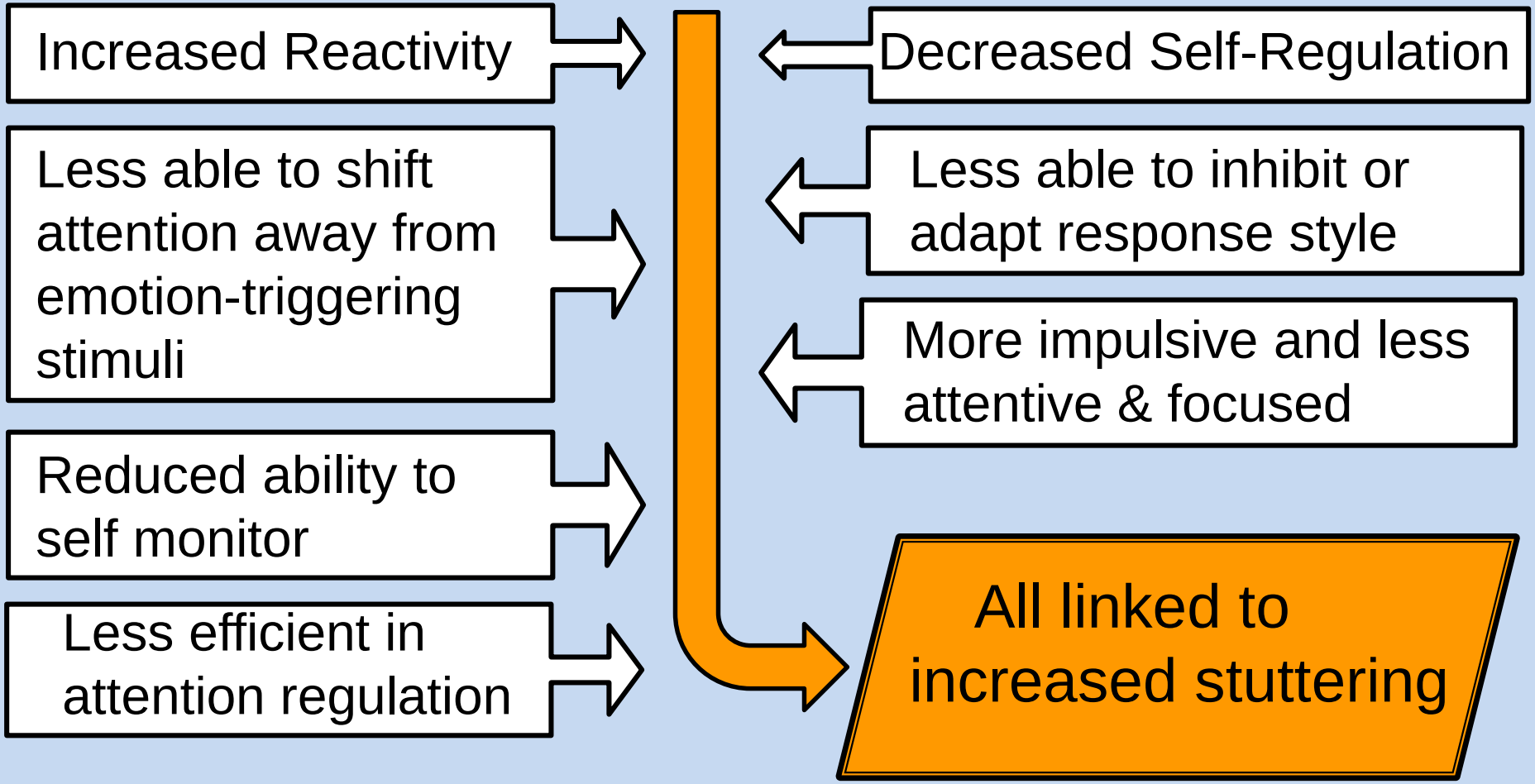
- What characteristics does the child present with that appear to be negatively impacting his *ability* or *desire* to communicate?
- How do these characteristics impact the therapy process?
- What can be done to minimize the impact?

Clinical Versus Subclinical

Subclinical behaviors are detectable but not at the clinical level to warrant a diagnosis

- Not high enough to meet diagnostic criterion
- May still impact functioning
- May still need to be addressed



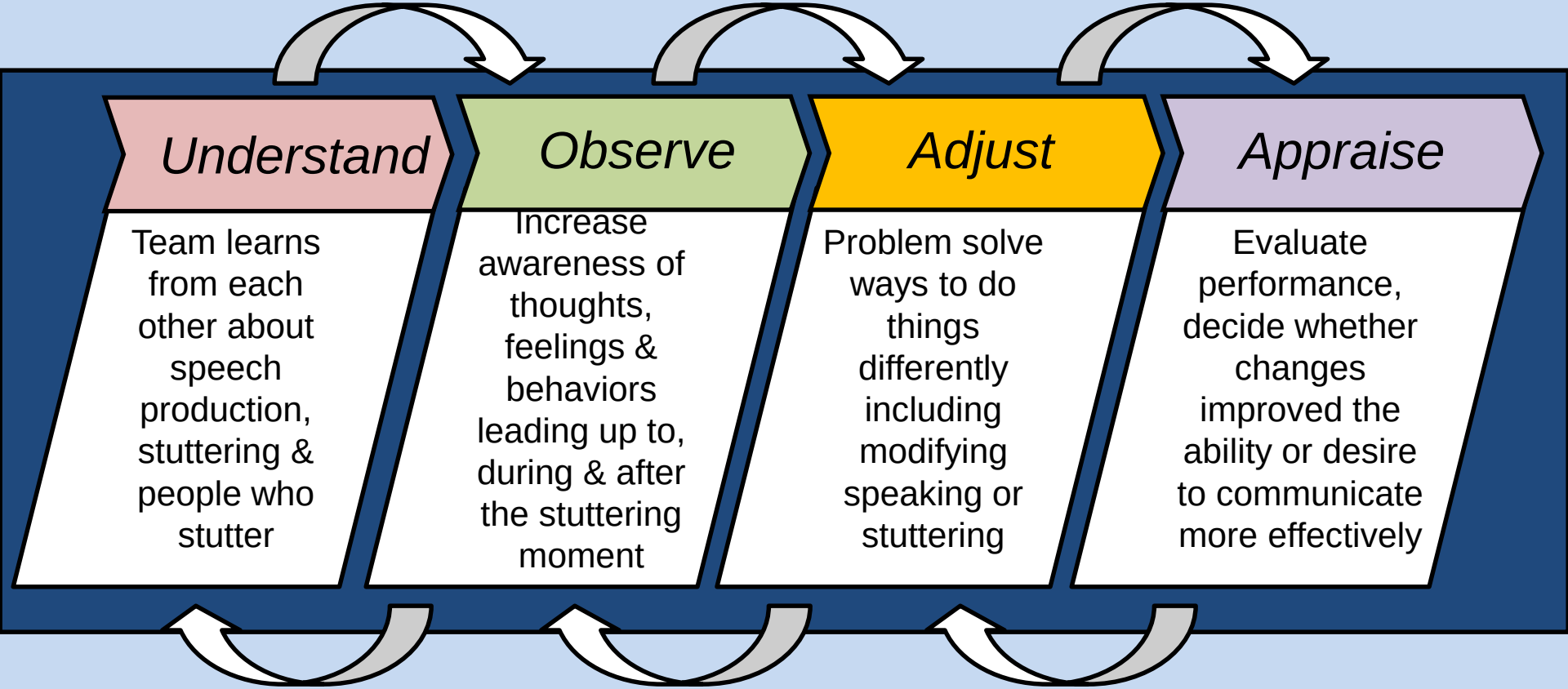


Donaher, & Richels, 2012;. Eggers et al., 2010; Eggers, DeNil, & Van den Bergh, 2010; Karrass et al. 2006; Alm, 2014; Conture et al., 2013

Specific Characteristics

Result in Disfluencies	Exacerbate Stuttering	Impact Fluency Management
• Whole-word reps • Phrase-reps • Revisions • Fillers • Part word reps • Prolongations • Blocks	• Increased rate • Longer utterances • Impulsivity • Inflexible thoughts • Social concerns • High reactivity	• Struggles to retain information • Reduced ability to monitor & appraise performance • All/nothing thinking • Not following through • Forgetful

Intervention



Common Roadblocks - Attention

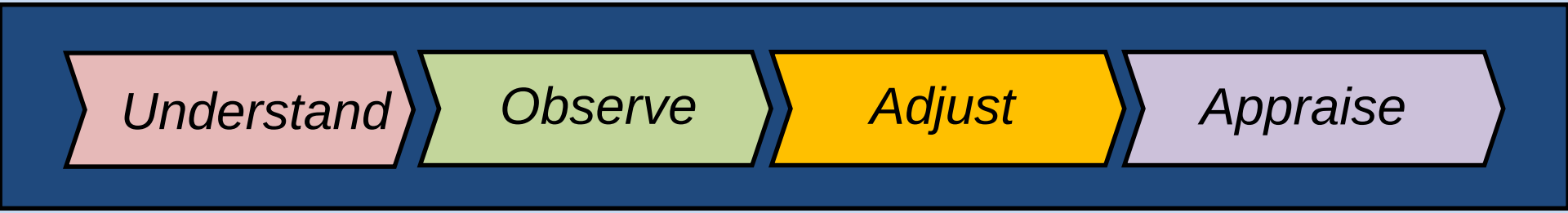
- ✓ Focus
- ✓ Attending
- ✓ Distractibility
- ✓ Memory
- ✓ Organization
- ✓ Listening

- Child does not appear to be listening or comprehending what is being said
- Child gets distracted from monitoring spontaneous performance
- Child appears disengaged
- Child forgets to do home assignments

Understand → *Observe* → *Adjust* → *Appraise*

Accommodations - Attention

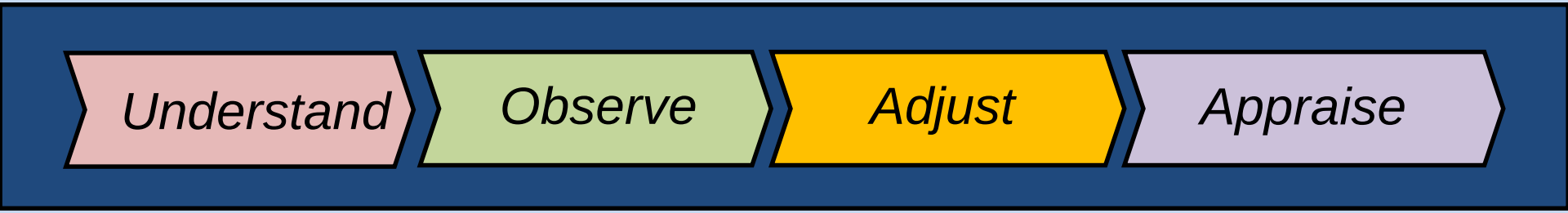
- Repeat directions/information and ask the child to repeat them back
- Start monitoring “externally to internally” and along a hierarchy
- Incorporate topics that are interesting & motivating to the client
- Require daily charting as part of the assignment
- Establish rules for parental reminders



Common Roadblocks - Behavioral

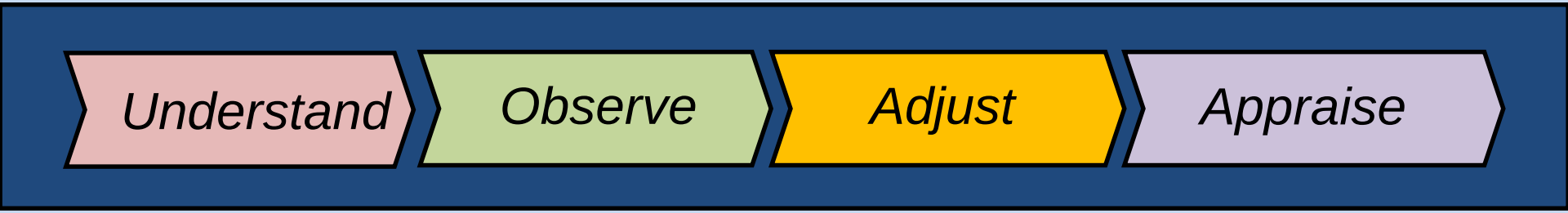
- ✓ Self - Regulation
- ✓ Energy
- ✓ Emotionality
- ✓ Excessive talking
- ✓ Impulsivity
- ✓ Anxiety
- ✓ Impulse control

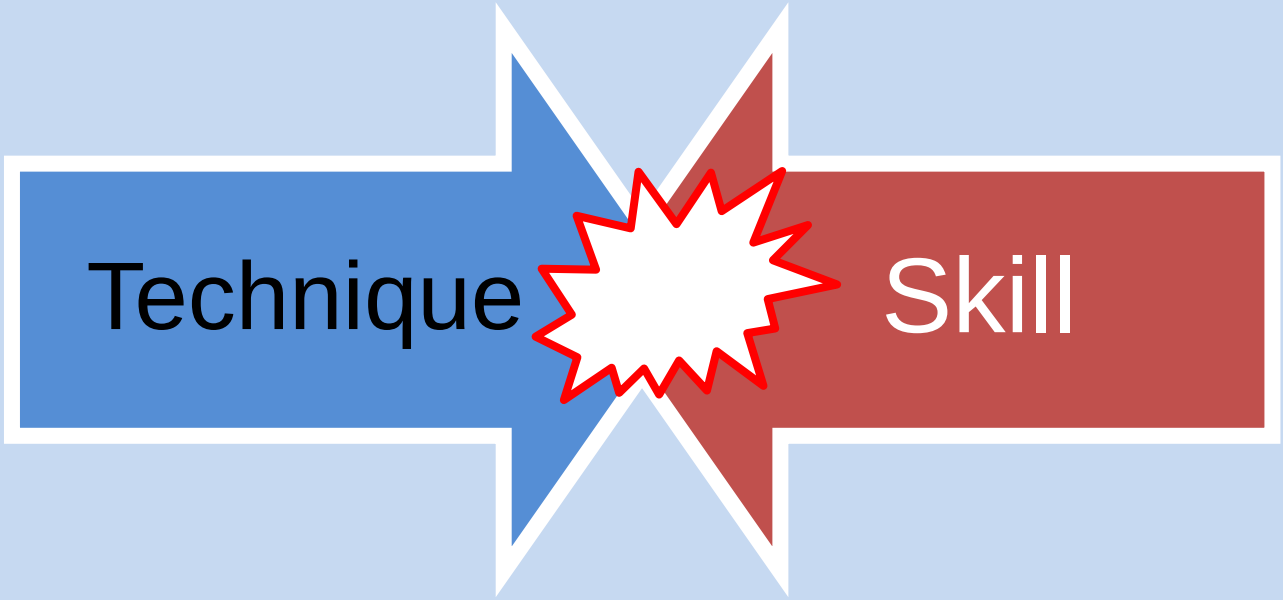
- Child struggles to sit still or remain in chair
- Child frequently interrupts others
- Child “won’t” use techniques
- Child is anxious about interacting with anyone



Accommodations - Behavioral

- Shorter work periods with breaks between
- Built in rewards to motivate
- Behavior contracts
- Focus on increasing communicative effectiveness with functional outcomes
- Discuss the difference between technique and skill





Technique

The way to perform a task

Skill

Proficiency of performing with minimum effort and maximum certainty that is developed through training or experience

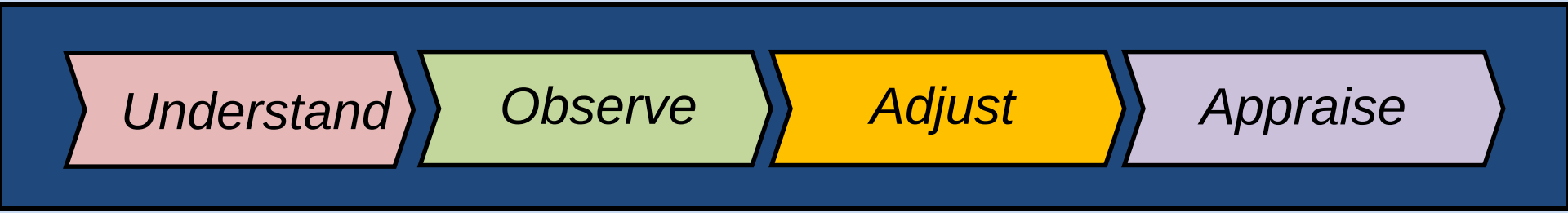
Ability

An individual's potential or capacity for acquiring a skill based on inherited, individual traits that underlie learning

Common Roadblocks - Cognitive

- ✓ Following directions
- ✓ Retention
- ✓ Planning
- ✓ Concentration
- ✓ Problem solving
- ✓ Inflexible thinking

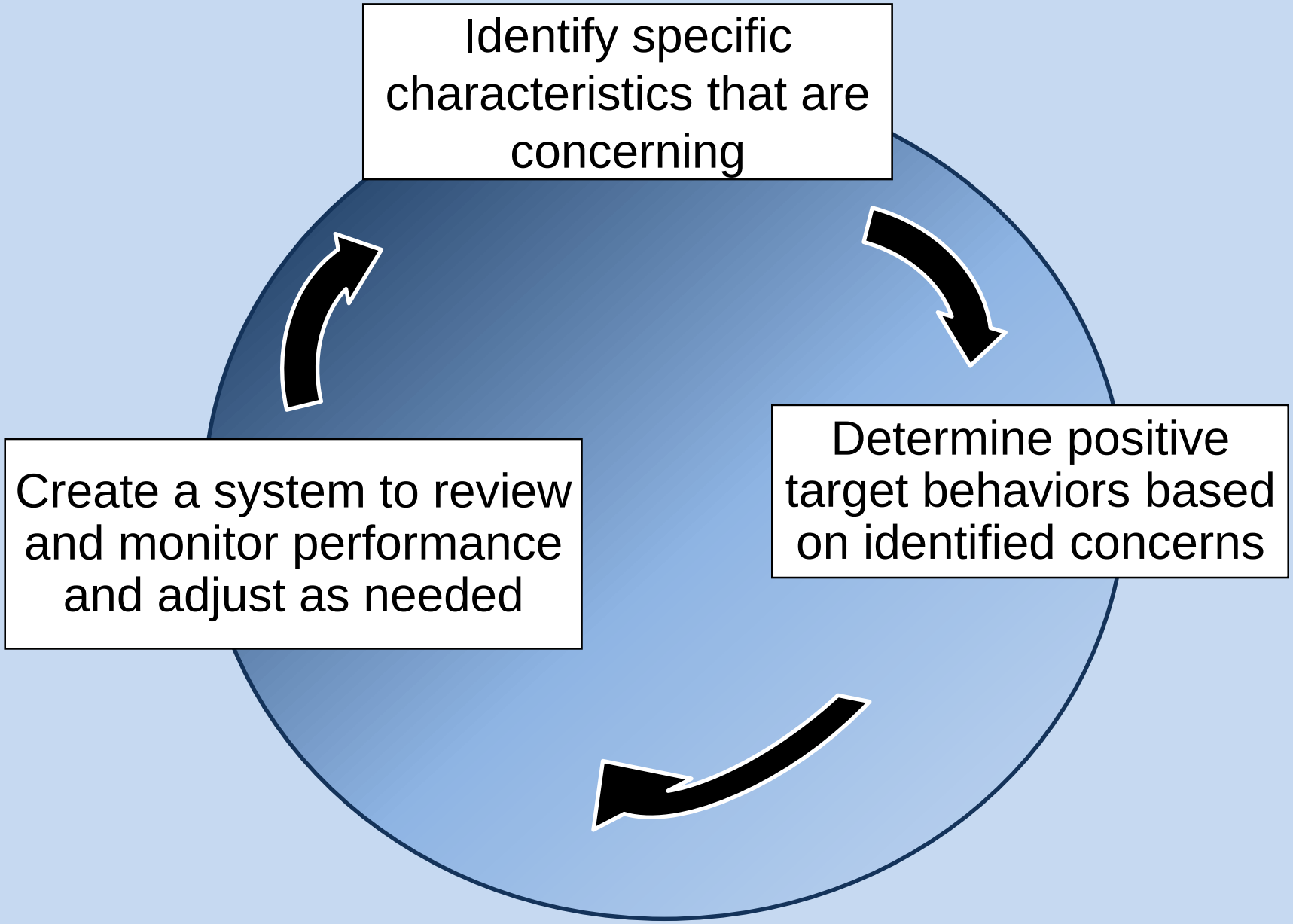
- Child is not following the activity or appears unaware of what to do
- Inconsistent performance or quickly forgets things
- Child struggles with analyzing situations



Accommodations - Cognitive

- Clear & concise directions
- Use visual reminders
- Model, model, model
- Role play with analysis
- Clear and concrete goals

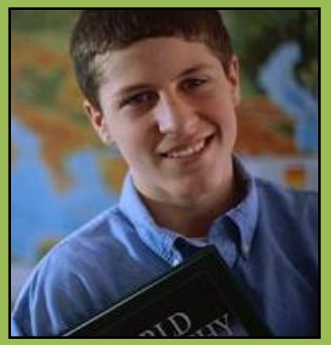
Understand → *Observe* → *Adjust* → *Appraise*


Identify specific characteristics that are concerning
Determine positive target behaviors based on identified concerns
Create a system to review and monitor performance and adjust as needed

Conclusions

- Concomitant issues can negatively impact one's ability and/or desire to communicate effectively
- Disfluency patterns are common with various concomitant issues but that does not mean that stuttering is
  - Therapists must consider the nature of the disfluency to individualize intervention
- Subsets of CWS demonstrate elevated characteristics of inattention, impulse control and/or hyperactivity-impulsivity
  - Individual characteristics must be taken into account for treatment purposes

Thank You!



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