

From Referral to Dismissal: Supporting Students who Stutter in the Schools Through an ICF-Informed and Stuttering-Affirming Framework

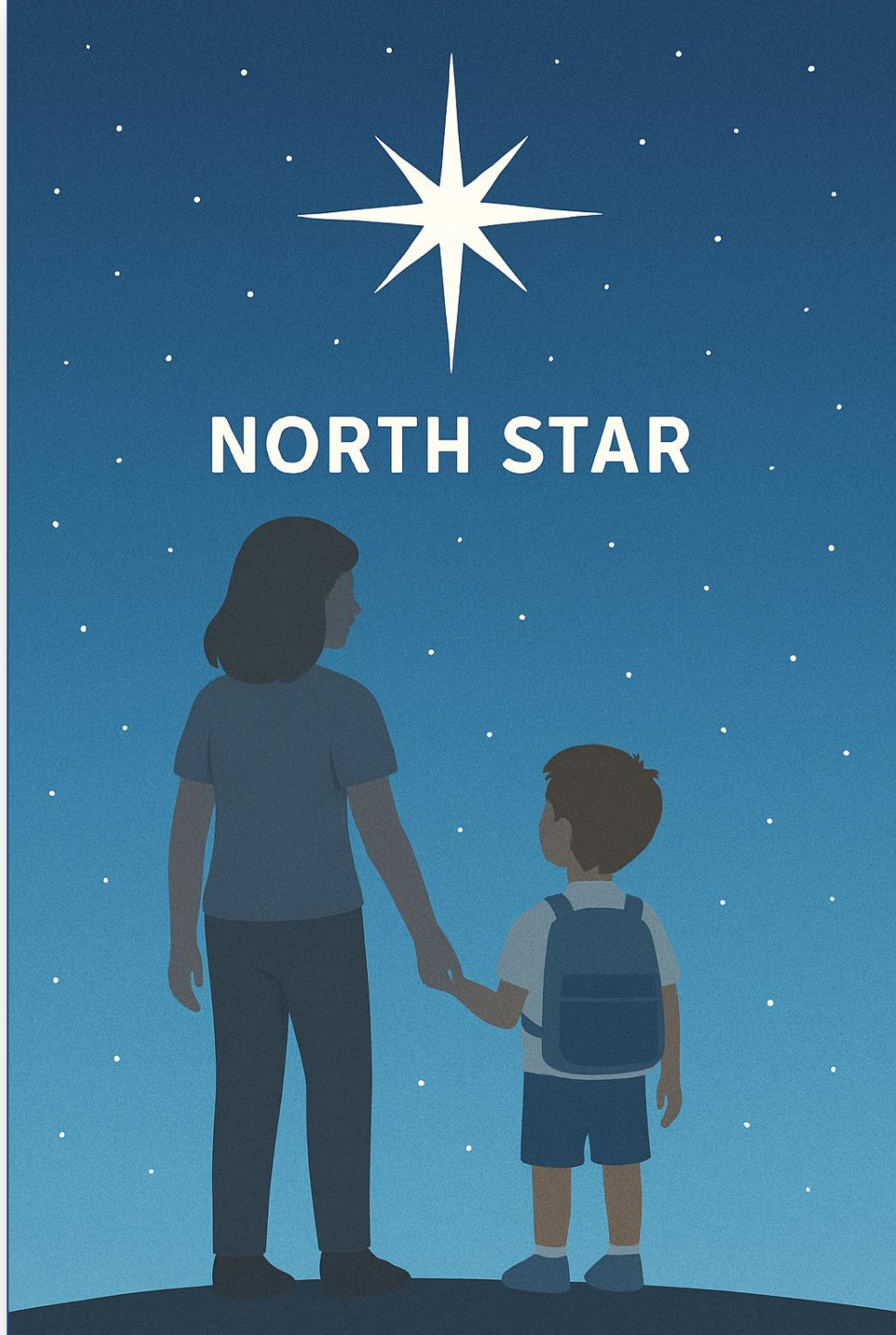
Katerina Ntourou, PhD, CCC-SLP
Assistant Professor
Case Western Reserve University
OSSPEAC Conference
October 12, 2026



Learner Outcomes

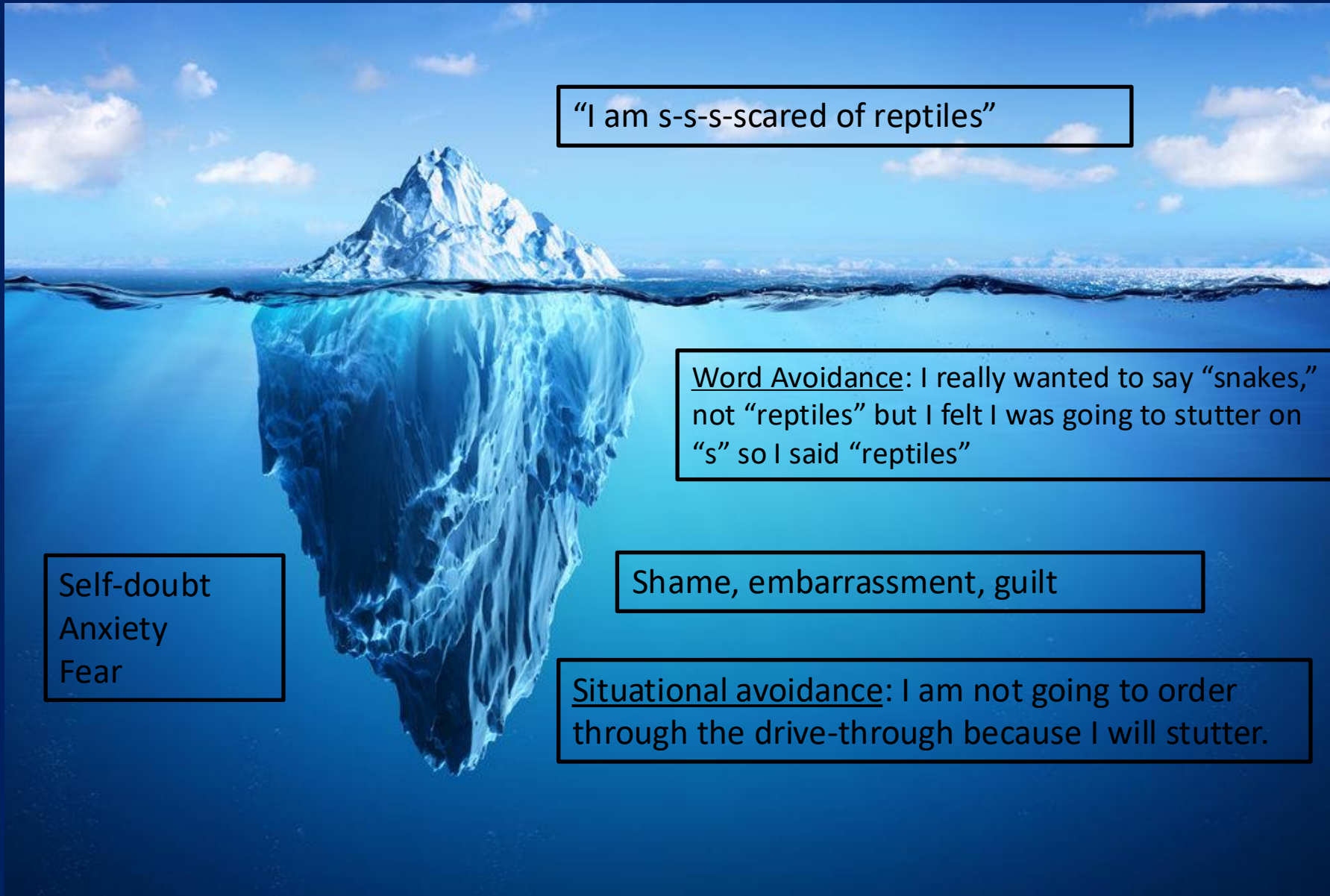
1. Describe how the International Classification of Functioning, Disability, and Health (ICF) model can be applied to school-based assessment and intervention for students who stutter.
2. List key assessment domains for students who stutter in educational settings, including stuttering overt behaviors, communication activity, participation, environmental facilitators and barriers, and personal factors.
3. Write IEP goals that reflect the educational impact of stuttering and support participants, communication confidence, and self-advocacy





Therapy should increase...

“Stuttering is a neurobiological lack of integration of the underlying processes of planning and producing language and speech that, upon verbal execution, can lead to interruptions in the acoustic speech signal (e.g., blocks, part-word repetitions, disfluencies) and physical struggle (e.g., tension). These surface behaviors may not be present, however, when the speaker exhibits communicative avoidance (e.g., circumlocutions, fillers). The underlying features may lead to surface behaviors, ***as well as*** emotional and cognitive reactions. Depending on the individual, these may result in significant difficulties in communication and an adverse impact on the speaker's quality of life. The physical symptoms, emotional and cognitive reactions, and impact on the speaker's life all comprise the disorder of stuttering.”



"I am s-s-s-scared of reptiles"

Word Avoidance: I really wanted to say "snakes," not "reptiles" but I felt I was going to stutter on "s" so I said "reptiles"

Self-doubt
Anxiety
Fear

Shame, embarrassment, guilt

Situational avoidance: I am not going to order through the drive-through because I will stutter.

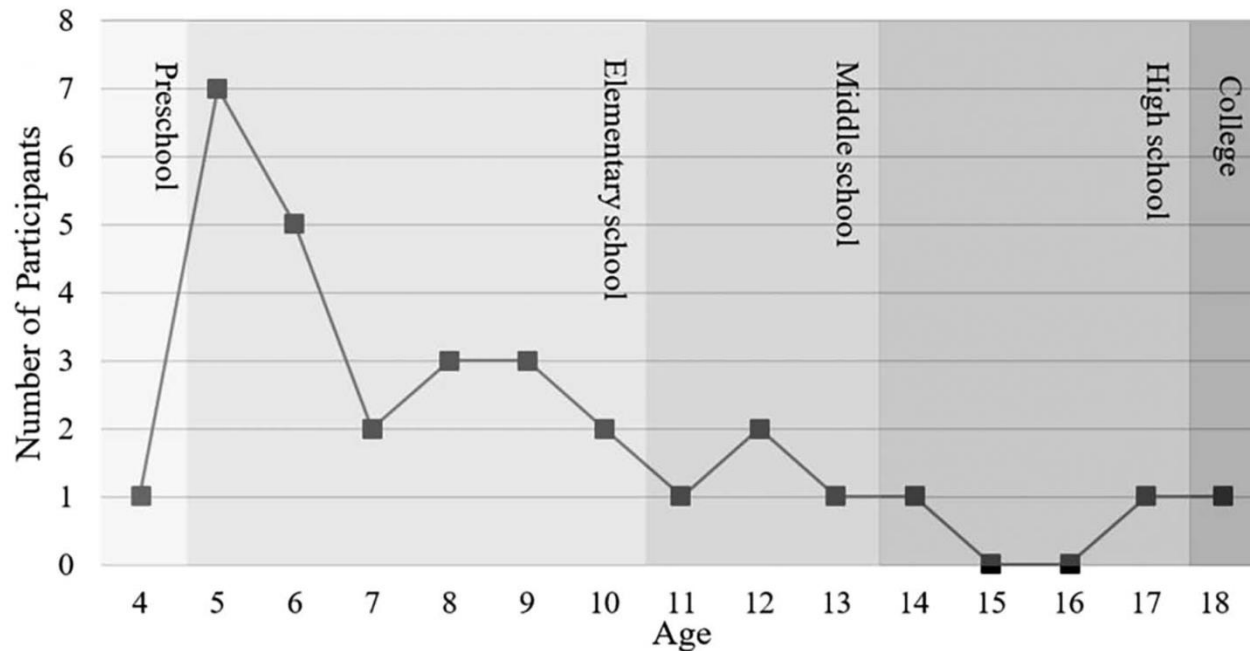


Children's attitudes towards their own speech become more negative with age and do not depend on stuttering frequency and severity

According to Gerlach-Houck and Cage (2025) **Concealment** involves...

1. Minimizing overt characteristics of stuttering
2. Shaping whether others perceive them as people who stutter

Figure 2. Age concealment started according to participant self-report ($N = 30$).



Gerlach-Houck et al. (2022)



Fixing

Affirming

Overt features of
stuttering

Quality of life

Overcoming

Acceptance

Listener
perspective

Speaker
perspective

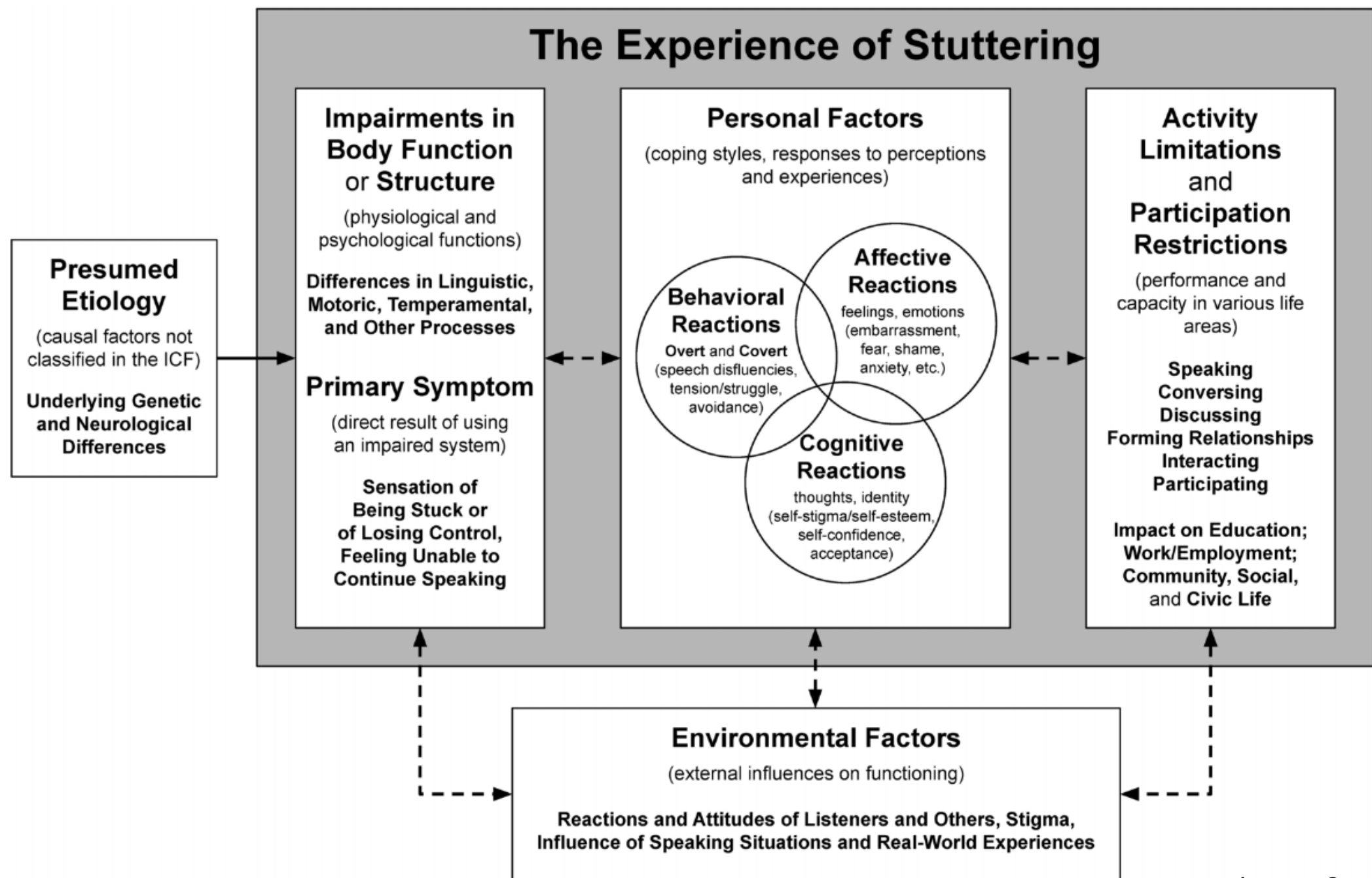
NEW WAY

OLD WAY



ICF model

<https://www.asha.org/slp/icf/>



ASSESSMENT

"Not everything that can be counted counts. And not everything that counts can be counted." - William Bruce Cameron

Stuttering Frequency  Impact of Stuttering

Consensus Guidelines for the Assessments of Individuals Who Stutter Across the Lifespan

Shelley B. Brundage,^a  Nan Bernstein Ratner,^b  Michael P. Boyle,^c  Kurt Eggers,^{d,e} 
Rachel Everard,^f  Marie-Christine Franken,^g  Elaina Kefalianos,^{h,i}  Anne K. Marcotte,^j 
Sharon Millard,^k  Ann Packman,^l  Martine Vanryckeghem,^m  and J. Scott Yarussⁿ 

Six areas to collect data for a comprehensive assessment:

1. Stuttering-related background information
2. Speech, language, temperament, and related background information
3. Speech fluency and stuttering behavior
4. Child's reaction to stuttering
5. Reactions to stuttering within the environment
6. Adverse impact associated with stuttering

Evaluation Components

1. Parent Interview
2. Child Interview
3. Interview with teachers and other school personnel who interact with the student
4. Description of frequency/duration/types of/quality of dysfluencies and avoidance behaviors
5. Standardized stuttering assessment tools
6. Observation of student across settings

Sample data for Area 1: Stuttering-related background information

- Caregivers' view of the problem in general and main concerns
- Caregivers' report of concomitant concerns and other diagnoses
- Caregivers' report about the development of stuttering, including family history of persistence and recovery, time since onset and developmental course, and other speech or language issues
- Caregivers' perceptions of prior therapy for stuttering or other concerns
- Caregivers' knowledge and experiences related to stuttering, including beliefs about causal, eliciting, and reinforcing factors for stuttering (e.g., Palin Parent Rating Scales [Palin PRS]; Millard & Davis, 2016)
- Caregivers' goals for stuttering treatment (e.g., Solution-Focused Brief Therapy [SBFT] scaling; Nicholas, 2015)
- Child's perceptions and current knowledge about stuttering
- Child's perceptions of prior therapy for stuttering or other concerns
- Child's level of concern, readiness for change, and goals for treatment (e.g., SBFT scaling)
- Assessment and progress reports from prior treatment, if applicable

Sample data for Area 2: Speech, language, temperament, and related background information

- Caregiver's views about the child's development, including cognitive and social-emotional development, behavior, self-regulation abilities, perfectionistic tendencies, and coping skills
- Clinician's observations of the child's communication and related skills
- Scores on screenings and tests, as needed, of child's language development, speech motor skills, speech sound production skills, and temperament (e.g., Child Behavior Checklist [CBCL]; Achenbach & Rescorla, 2000)
- Scores on screenings and tests of related factors, including anxiety (e.g., Spence Children's Anxiety Scale; Spence, 1998), as appropriate

Sample data for Area 3: Speech fluency and stuttering behavior

- Caregivers' observations and perceptions of fluency and stuttering, including types of disfluencies, physical tension, secondary characteristics, and severity (e.g., Palin PRS; Millard & Davis, 2016)
- Caregivers' observations and perceptions of and factors that affect fluency and stuttering in various speaking situations
- Child's perceptions and self-ratings of speech, fluency, and stuttering, including types of disfluencies, physical tension, secondary characteristics, and severity, in various speaking situations
- Clinician's data on speech, fluency, and stuttering (e.g., frequency/percent of syllables stuttered [%SS], type, duration, and severity [e.g., SEV; O'Brian et al., 2004] of disfluencies; physical tension; speaking rate; naturalness [Martin & Haroldson, 1992]; other speech characteristics) in different situations
- Scores on tests and measures of speech fluency and stuttering (e.g., Speech Situation Checklist–Speech Disruption [SSC-SD; Brutten & Vanryckeghem, 2007], Stuttering Severity Instrument [SSI; Riley, 2009], Test of Childhood Stuttering [TOCS; Gillam et al., 2009])

Sample data for Area 4: Child's reactions to stuttering

- Caregivers' observations of child's affective, behavioral, and cognitive reactions to stuttering (e.g., embarrassment, anxiety, shame, fear, avoidance, word substitution)
- Child's report of reactions to stuttering and coping responses
- Child's use of speech and stuttering management strategies
- Scores on tests of child's reactions to stuttering and attitudes about communication (e.g., Behavior Checklist [BCL; Brutten & Vanryckeghem, 2007], Communication Attitudes Test [CAT; Brutten & Vanryckeghem, 2007], Speech Situation Checklist–Emotional Response [SSC-ER; Brutten & Vanryckeghem, 2007], Overall Assessment of the Speaker's Experience of Stuttering–School-Age [OASES-S; Yaruss & Quesal, 2016])

Sample data for Area 5: Reactions to stuttering within the environment

- Caregivers' reactions to stuttering, degree of concern about stuttering, satisfaction with the child's communication, perceptions of how stuttering impacts the caregivers and family (e.g., Palin PRS)
- Caregivers' observations of the reactions of others, including peers and family members
- Child's perception of the reactions of others (e.g., experience of bullying)

Sample data for Area 6: Adverse impact associated with stuttering

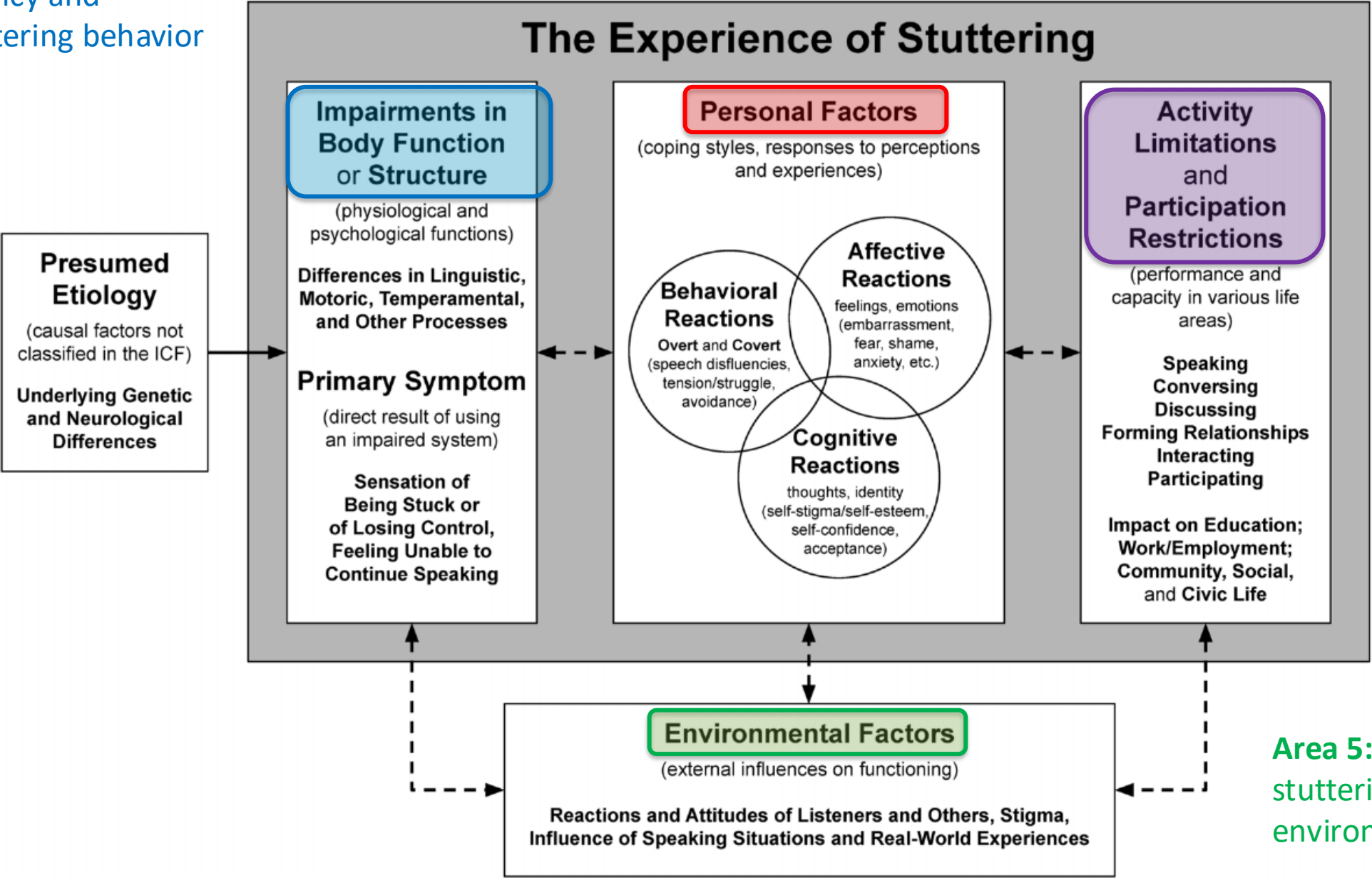
- Caregivers' perceptions of whether and how much stuttering affects the child's willingness or ability to speak, participation in social and educational activities, and child's quality of life (e.g., Palin PRS)
- Child's perceptions of whether and how much stuttering affects willingness or ability to speak, participation in social and educational activities, quality of life
- Scores on tests of adverse impact and quality of life (e.g., BCL, OASES-S)

Area 2: Speech, language, temperament, and related background information

Area 4: Child's reactions to stuttering

Area 3: Speech fluency and stuttering behavior

Area 6: Adverse impact associated with stuttering



Area 5: Reactions to stuttering within the environment

Parent (in)formal measures

Community-Centered Stuttering Assessment — Parent

General Information	
Child's name	
Today's date	
Your name / Relationship to Child	

Information about the child's stuttering					
	Never	Rarely	Sometimes	Frequently	Always
Overall, how often does your child stutter?	☐	☐	☐	☐	☐
Describe the severity:					
How often does your child exhibit physical tension (e.g., tense muscles) when s/he stutters?	☐	☐	☐	☐	☐
Describe:					
How often does your child exhibit secondary behaviors (e.g., hand tapping, head nodding, eye blinking, etc.) when s/he stutters?	☐	☐	☐	☐	☐
Describe:					
	Never	Rarely	Sometimes	Frequently	Always
How often does stuttering interfere with your child's ability to communicate at home?	☐	☐	☐	☐	☐
Describe:					
How often does stuttering interfere with your child's ability to communicate with peers?	☐	☐	☐	☐	☐
Describe:					
How often does stuttering interfere with your child's academic performance or class participation?	☐	☐	☐	☐	☐
Describe:					

	Never	Rarely	Sometimes	Frequently	Always
How often does the child experience teasing or bullying?	☐	☐	☐	☐	☐
Describe (i.e., is it related to stuttering?):					
How often can your child speak freely (stuttering does not stop him/her from communicating) at home?	☐	☐	☐	☐	☐
Describe:					
Rate your child's overall confidence level related to speaking?	None ☐	Low ☐	Average ☐	High ☐	Very High ☐
Describe:					
To what extent do you think stuttering will interfere with your child's future goals/life overall?	A great deal ☐	A lot ☐	Some ☐	Little ☐	Not at all ☐
Describe:					
Is there anything else that would be helpful for use to know about your child's stuttering?					

Thank you for completing this survey!

<https://www.colemanstutteringcenter.com/therapy-tools>

Palin Parent Rating Scales (Palin PRS; Millard & Davis, 2016)

Section 2: The severity of stammering and parent concern

Action for
Stammering
Children



Palin Parent Rating Scales

Are you the child's...

☐ mother?

Date: 23 Sep 2016

☐ father?

☐ guardian?

Please rate each of the following on a scale of 0 to 10 by clicking the appropriate point. Do not spend much time on each, go on your gut reaction! If something varies then rate the level according to the last 2 weeks.

1) How much is your child struggling when speaking?

0 10
(as much as he/she possibly could be) (not at all)

2) Does your child have fluent times?

0 10
(never) (always)

Section 1: The impact of stammering on the child

1) Does your child speak less because of the stammering?

0 10
(always) (never)

2) How frustrated is your child with his/her speech?

0 10
(as much as he/she possibly could be) (not at all)

Section 3: Parents' knowledge and confidence managing stammering

1) Do you understand what influences your child's stammering?

0 10
(not at all) (completely)

2) How confident are you in your knowledge of how to:

a) Respond when your child is stammering
0 10
(not at all) (completely)

Test of Childhood Stuttering
TOCS
Observational Rating Scales

Ronald B. Gillam Kenneth J. Logan Nils A. Pearson

Child's Name _____ Date _____ Rater's Name _____

Please read the following statements and rate the child's speech. We would like to know how often the child has speech disfluencies or stutters. Stuttering is a speech problem that affects the smoothness or "fluency" of speech. It is characterized by frequent or unusually long breaks in the flow of speech. These breaks in the flow of speech include repetitions of sounds, syllables, or words; prolongations of sounds; and blocks in which speech sounds stop unexpectedly. Please read the statements below and think about the child's speech over the past 2 months. How often did the child exhibit the behaviors described in the statements below? Circle the appropriate number.

Never	Rarely	Sometimes	Often	
				1. Speech Fluency Rating Scale In the past 2 months, how often did the child:
0	1	2	3	Repeat a word before completing a sentence. For example, "Where-where is it?"
0	1	2	3	Repeat part of the word before completing a sentence. For example, "Wuh-Wuh-Where is it?"
0	1	2	3	Prolong or stretch out sounds within words. For example, "Wwwwwhere is it?"
0	1	2	3	Get stuck or "blocked" when trying to say a sound. That is, the child attempts to say the sound, but nothing comes out. Finally, after some effort, he or she says the sound and completes the sentence. For example, the child positions the lips to say /b/, attempts to say /b/ but produces little or no sound, and then finally says, "ball."

9 questions

Never	Rarely	Sometimes	Often	
				2. Disfluency-Related Consequences Rating Scale In the past 2 months, how often did the child:
0	1	2	3	Seem to become tense when called on to speak.
0	1	2	3	Seem to run out of breath while completing a sentence.
0	1	2	3	Move his or her body inappropriately when speaking. For example, the child taps a finger, foot, or leg in rhythm when starting a word; hits a fist on the table when starting a word; jerks his or her head or body when saying a word; or blinks and looks away when saying a word.
0	1	2	3	Seem to avoid saying words that he or she might not say smoothly or fluently.
0	1	2	3	Seem to say as little as possible when it is his or her turn to talk.
0	1	2	3	Become concerned about his or her ability to speak fluently.
0	1	2	3	Become embarrassed about his or her ability to speak fluently.

9 questions

Test of Childhood Stuttering

TOCS

Examiner Record Booklet

Ronald B. Gillam Kenneth J. Logan Nils A. Pearson

Section 1. Identifying Information

Name _____ Female ☐ Male ☐ Grade _____
Parent/Guardian _____ School _____
Date Tested _____ Year _____ Month _____ Day _____
Date of Birth _____ Teacher's Name _____
Age _____ Examiner's Name _____
Position _____

Section 2. Record of Speech Fluency Measure

Speech Fluency Tasks	Raw Score	Descriptive Terms for Sums of Raw Scores			
		Typical Fluency	Mild Disfluency	Moderate Disfluency	Severe Disfluency
1. Rapid Picture Naming	_____	Raw Scores 0-8	Raw Scores 9-18	Raw Scores 19-46	Raw Scores >46
2. Modeled Sentences	_____				
3. Structured Conversation	_____				
4. Narration	_____				
Sum of Raw Scores	_____				
Index	_____				
Percentile Rank	_____				

Section 3. Record of Observational Rating Scales

1. Speech Fluency Rating Scale				Descriptive Terms for Sums of Raw Scores			
Observer	Raw Score	Index	Percentile Rank	Typical Fluency	Mild Disfluency	Moderate Disfluency	Severe Disfluency
mother	_____	_____	_____	Raw Scores 0-7	Raw Scores 8-16	Raw Scores 17-23	Raw Scores >23
teacher	_____	_____	_____				
	_____	_____	_____				
2. Disfluency-Related Consequences Rating Scale				Descriptive Terms for Sums of Raw Scores			
Observer	Raw Score	Index	Percentile Rank	Typical Consequences	Greater Than Typical Consequences		
mother	_____	_____	_____	Raw Scores 0-6	Raw Scores >6		
teacher	_____	_____	_____				
	_____	_____	_____				

Child (in)formal measures

Child Interview

Get-to-know the child general questions

- What is your favorite thing to do during the weekend?
- If you had a magic wand and could change something in your life, what would it be?
- Who is your favorite person to talk to at school and at home, and what makes them good listeners?

Sample questions about stuttering

- Tell me about your talking at home and at school.
- Tell me about talking in class or with your friends.
- How much do your parents understand about your stuttering/talking?
- Who are the people who support you, who “get” it?
- What is it like when you have to answer a question in class?
- What is it like to give a presentation or participate in a group discussion?
- What kinds of things are helpful to you?
- Are there times when you want to say something but decide not to?
- Are there school activities where you wish you could participate more?
- Are there situations at school where talking feels especially comfortable and others especially hard?
- Do you feel that your teachers understand your stuttering?
- Is there anything you wish others (kids, parents, teachers) would do differently when you stutter?
- What do you wish people knew about stuttering?
- If therapy was helpful, then_____



Stuttering Severity Instrument-4

SSI-4

Examiner Record Form

Glyndon D. Riley

Identifying Information

Name

Grade

Date of testing

School

Preschool

School Age

Adult

Female

Male

Date of Birth

Age

Examiner

Reader

Nonreader

Frequency (Use Readers Table or Nonreaders Table, not both)

Readers Table

1. Reading Task		2. Speaking Task	
%SS	Task Score	%SS	Task Score
1	2	1	2
2	4	2	3
3-4	5	3	4
5-7	6	4-5	5
8-12	7	6-7	6
13-20	8	8-11	7
21 & up	9	12-21	8
		22 & up	9

Nonreaders Table

3. Speaking Task	
%SS	Task Score
1	4
2	6
3	8
4-5	10
6-7	12
8-11	14
12-21	16
22 & up	18

Frequency Score (use 1 + 2 or 3)

Duration

Average length of three longest stuttering events timed to the nearest 1/10th second

Fleeting	(.5 sec or less)
Half-second	(.5-.9 sec)
1 full second	(1.0-1.9 sec)
2 seconds	(2.0-2.9 sec)
3 seconds	(3.0-4.9 sec)
5 seconds	(5.0-9.9 sec)
10 seconds	(10.0-29.9 sec)
30 seconds	(30.0-59.9 sec)
1 minute	(60 sec or more)

Scale Score

2
4
6
8
10
12
14
16
18

Duration Score

Physical Concomitants

Evaluating Scale

0 = none

1 = not noticeable unless looking for it

2 = barely noticeable to casual observer

3 = distracting

4 = very distracting

5 = severe and painful looking

Distracting Sounds:

Noisy breathing, whistling, sniffing, blowing, clicking sounds

0 1 2 3 4 5

Facial Grimaces:

Jaw jerking, tongue protruding, lip pressing, jaw muscles tense

0 1 2 3 4 5

Head Movements:

Back, forward, turning away, poor eye contact, constant looking around

0 1 2 3 4 5

Movements of the Extremities:

Arm and hand movement, hands about face, torso movement, leg movements, foot-tapping, or swinging

0 1 2 3 4 5

Physical Concomitants Score

Total Score

Frequency

Duration

Physical Concomitants

=

Percentile

Severity

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4 5 6 7 8 9 10 17 16 15 14 13 12 11 10

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Section 1. Identifying Information

Name _____ Female ☐ Male ☐ Grade _____

Parent/Guardian _____ School _____

Year _____ Month _____ Day _____

Date Tested _____ Teacher's Name _____

Date of Birth _____ Examiner's Name _____

Age _____ Position _____

Section 2. Record of Speech Fluency Measure

Speech Fluency Tasks	Raw Score	Descriptive Terms for Sums of Raw Scores			
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2. Modeled Sentences	_____	Raw Scores 0-8	Raw Scores 9-18	Raw Scores 19-46	Raw Scores >46
3. Structured Conversation	_____				
4. Narration	_____				
Sum of Raw Scores					

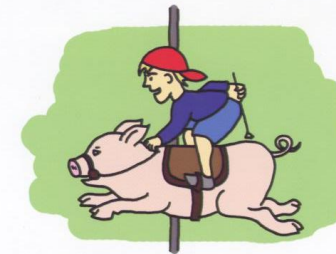
Index Percentile Rank

Rapid picture naming



Modeled Sentences

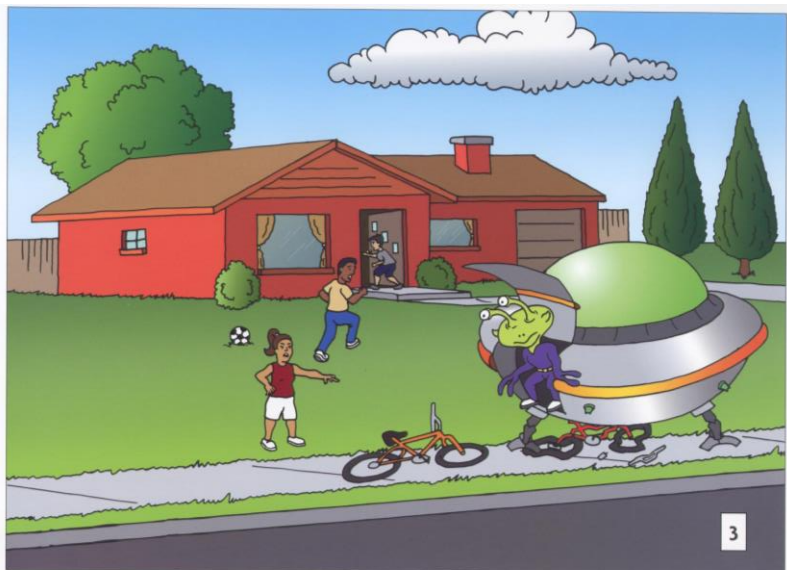
Practice Item A



Practice Item B



Structured conversation



Narration



Speech Fluency Task 1: Rapid **Picture Naming**

Instructions: Open Picture Book to page 1, display the Practice Items to the child, and say, **What do you see on this page? Can you name the objects?** (Point to the illustrations.) If the child makes an error when naming an illustration, correct the child, and have him or her name all of the pictures again. Then say, **Let's practice saying these fast. I'll go first.** Name the four pictures quickly. Then say, **When I say "go," I want you to say these words as fast as you can. Ready? Go.** If the child names the pictures slowly, say, **Let's do it again. Try to name the pictures even faster.** Do not record any disfluencies that the child produces when attempting the practice items.

After the child has named the practice items rapidly, turn to pages 2–3 in the Picture Book and say, **I want you to say the names of these pictures as fast as you can. I'm going to time you to see how fast you can name them. When I tell you to start, you will begin here** (point to the upper left corner of page 2), **and name everything on this row** (point to top row) **before you go to the next row. Just name the pictures in each row as fast as you can until you come to the end of the page. Then, go right to the picture at the top of the next page** (point to the first picture on page 3) **and do the same thing. Name all the pictures on both pages. Do not skip any pictures. Do you understand? Ready? Go.** Start timing. Stop timing after the child names the last picture. If the child pauses for 5 seconds without naming a picture, tell him or her to go to the next picture and write "NR" (for "no response") next to the word. If the child produces a disfluency while attempting to name a picture, mark the appropriate disfluency box next to the word. When the child is finished, record the elapsed time in seconds. Later, review your tape to make sure that all errors were marked.

Scoring: Record two types of disfluencies and the amount of time required to complete the task. Enter 1 in the Repetitions column if the child's response contains one or more repetitions of sounds or syllables when saying a word. Enter 1 in the Prolongations/Blocks column if the child's response contains one or more sound prolongations/blocks when saying a word. If the child's response contains both types of disfluency, enter a 1 in each column. When the child's response contains no disfluencies (i.e., spoken fluently), do not write anything in the columns. Some children may not name the picture using the expected response shown on this form. When that happens, score whatever the child names the picture for disfluencies. If the child does not know a word, write DK next to the word. After the last picture has been named, record the amount of time that the child required to complete this task. Please refer to the Administration and Scoring chapter in the Examiner's Manual for complete instructions for scoring this subtest.



Disfluency Categories

Picture	Repetitions	Prolongations/ Blocks
1. Cat		
2. Saw		
3. Refrigerator ...		
4. Hammer		

Speech Fluency Task 2: Modeled Sentences

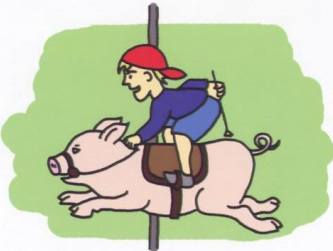
Instructions: Start the tape recorder, turn to Picture Book page 5, and say, *I'm going to show you two pictures that are a little different from each other. I'll say a sentence about the first picture. Then you say a sentence about the other one. Your sentence should be almost like mine. Here's an example. (Point to Practice Item A.) For my picture, I would say, "The girl is riding the horse." For your picture, you could say, "The boy is riding the pig."* Those sentences are almost alike. That's because the kids in both pictures are riding something. It's just that the animals are different. Now you try it. (Point to your picture.) *The boy is riding the horse.* (Point to the child's picture.) *Tell me your sentence.* Correct any errors and repeat the trial item until the child says, "The boy is riding the pig." Do not record any disfluencies that the child produces when attempting the practice items.

Show Practice Item B. Point to the first picture and say, *Sometimes I'll ask a question about my picture. "Is the girl holding the baby?" Now, you ask me a question about your picture.* The correct child response is "Is the boy holding the baby?" If the child says something else, prompt by saying, *Let's try to make your sentence more like mine. I said, "Is the girl holding the baby?" You could say, "Is the boy holding the baby?" You say that. Now, let's try again. Here's mine, "Is the girl holding the baby?" Now tell me about yours.* Repeat this until the child says the sentence, "Is the boy holding the baby?" after your model. After the practice items have been completed, administer the items.

Scoring: Consider only the first three words the child says in each response. If the first three words of a child's sentence contain one or more sound, syllable, or word repetitions, enter a 1 in the Repetitions column. If the first three words of a child's response contain one or more prolongations/blocks, enter a 1 in the Prolongations/Blocks column. Enter a 1 in each column when the first three words of a child's response contain both types of disfluency. Some children may not say expected responses shown on this form. When that happens, score the first three words of whatever the child says for disfluencies. Please refer to Chapter 2 in the Examiner's Manual for complete instructions for scoring this subtest.

Examiner Model and Prompts	Disfluency Categories	
Expected Child Response (first three words)	Repetitions	Prolongations/ Blocks
A. The girl is riding the horse. <i>The boy is riding the pig.</i>		
B. Is the girl holding the baby? Now, ask me a question about this picture. <i>Is the boy holding the baby?</i>		
1. Two kids are making a snowman. <i>Three kids are making a snowman.</i>		

Practice Item A



Practice Item B

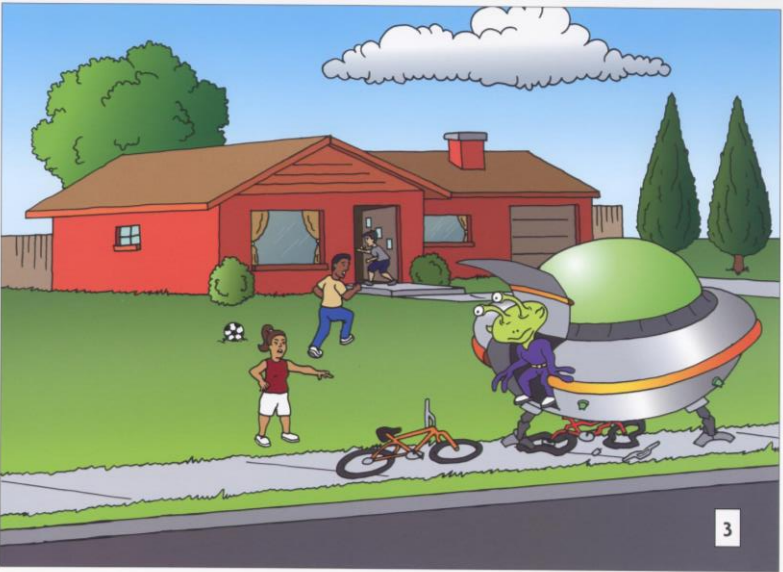


Speech Fluency Task 3: Structured Conversation

Instructions: Open the Picture Book to page 19. Point to the picture and say, *I'm going to show you some pictures that go together to tell a story. Let's just look at all the pictures and think about the story. Then we'll talk about them.* Show the child each picture for 5 seconds without saying anything. Then turn back to the first picture and start the tape recorder. Ask the first question. Work your way through the eight illustrations, asking the questions provided below.

Scoring: Consider only the first three words the child says in each response. Record repetitions and/or prolongations/blocks that the child produces in the first three words of his or her response. Enter 1 in the Repetitions column if any of the first three words in the child's response contain one or more word/sound/syllable repetitions. Enter 1 in the Prolongations/Blocks column if any of the first three words in the child's response contain one or more prolongations/blocks. If the child's response contains both types of disfluency, enter a 1 in each column. Please refer to Chapter 2 in the Examiner's Manual for complete instructions for scoring this subtest.

Examiner Questions	Disfluency Categories	
	Repetitions	Prolongations/ Blocks
Picture 1		
1. There are three children in this picture. We should name them. What do you want their names to be?		
2. Are there any clues in the picture about what the children might do after they play soccer?		
3. What do you think might happen with the spaceship?		
4. Now, tell me all about what's happening in this picture in your own words.		
Picture 2		
5. What is the spaceship doing?		
6. What's going to happen to the bikes?		



Speech Fluency Task 4: Narration

Instructions: Display Picture Book pages 36–37 in front of the child. Point to the first picture and say, *Now, I'd like you to tell me the whole story all by yourself. We'll start with the first picture. Tell me the best story you can. You can use the questions I asked you before as guides.* When the child appears to have no more to say about the picture, point to the next picture, say, *Okay*, and listen attentively as the child continues his or her story. If the child is very hesitant to speak, attempt to elicit speech by saying, *Can you tell me more?* Continue moving through the story pictures, allowing the child ample time to narrate each illustration.

Scoring: Consider only the first three words the child says in each response. Record repetitions and/or prolongations/blocks that the child produces in the first three words of his or her response. Enter 1 in the Repetitions column if any of the first three words in the child's response contain one or more word/syllable/sound repetitions. Enter 1 in the Prolongations/Blocks column if any of the first three words in the child's response contain one or more prolongations/blocks. If the child's response contains both types of disfluency, enter a 1 in each column. Please refer to Chapter 2 in the Examiner's Manual for complete instructions for scoring this subtest.

Picture Description	Disfluency Categories	
	Repetitions	Prolongations/ Blocks
1. Three children are out in the yard. A flying saucer is coming out of a cloud.		
2. The spaceship is landing.		
3. The spaceship lands on the bike as the boys run away.		
4. The girl is talking to the alien.		



Overall Assessment of the Speaker's Experience of Stuttering (OASES)

Assesses the entirety of the stuttering disorder *from the perspective of the person who stutters*. Contains four sections:

- (a) general information about the speaker's perception of stuttering
- (b) the speaker's affective, behavioral, and cognitive reactions to stuttering
- (c) the impact of stuttering on the speaker's functional communication abilities in key situations
- (d) the impact of stuttering on the speaker's overall quality of life



J. Scott Yaruss, PhD, CCC-SLP, BCS-F, F-ASHA
Craig E. Coleman, MA, CCC-SLP, BCS-F
Robert W. Quessal, PhD, CCC-SLP, BCS-F, F-ASHA

Name: _____

Birth Date: ____/____/____ Age: ____ Grade: ____ Sex/Gender: ____

Test Date: ____/____/____ ID Number: _____

General Instructions:
This form includes four sections of questions that ask about your *current* experiences with speech and stuttering. For each question, please circle the number that applies to you. Please try to answer every question. If a question does not apply to you, please check the box and move on to the next question. If you are not sure how to answer any of the questions, you may ask for help. An adult can read the test to you if you would like.

Scoring: For Office Use Only

Instructions for Clinicians:

- Calculate Impact Scores for each of the four sections on the OASES-S by first summing the number of points in each section (A) and then counting the number of items completed in each section (B). Divide the total number of points (A) by the number of items completed (B) to obtain the Impact Score.
- Calculate the Overall Impact Score by summing the numbers in columns (A) and (B) at the bottom of each column. Divide the sum of (A) by the sum of (B) to obtain the Overall Impact Score.
- Impact Scores range between 1.0 and 5.0. Circle the Impact Rating that corresponds to the score for each section and for the Overall Impact.

	Impact Score		Impact Rating					
	A Points	B Items Completed	A ÷ B = Impact Score	Score 1.00-1.49	Score 1.50-2.24	Score 2.25-2.99	Score 3.00-3.74	Score 3.75-5.00
Section I: General Information	_____	_____	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe
Section II: Speaker's Reactions	_____	_____	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe
Section III: Daily Communication	_____	_____	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe
Section IV: Quality of Life	_____	_____	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe
OVERALL Impact:	_____	_____	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe



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J. Scott Yaruss, PhD, CCC-SLP, BCS-F, F-ASHA
Robert W. Quessal, PhD, CCC-SLP, BCS-F, F-ASHA
Craig E. Coleman, MA, CCC-SLP, BCS-F

Name: _____

Birth Date: ____/____/____ Age: ____ Grade: ____ Sex/Gender: ____

Test Date: ____/____/____ ID Number: _____

General Instructions:
This form includes four sections of questions that examine different aspects of your experiences with stuttering. Please complete each question in each section by circling the appropriate number. Please think about how you are currently feeling or speaking when answering each question. Please try to answer every question. Some of the questions do not apply to everyone. If one of the questions does not apply to you, please check the "Not Applicable" box and go on to the next question.

Scoring: For Office Use Only

Instructions for Clinicians:

- Calculate Impact Scores for each of the four sections on the OASES-T by first summing the number of points in each section (A) and then counting the number of items completed in each section (B). Divide the total number of points (A) by the number of items completed (B) to obtain the Impact Score.
- Calculate the Overall Impact Score by summing the numbers in columns (A) and (B) at the bottom of each column. Divide the sum of (A) by the sum of (B) to obtain the Overall Impact Score.
- Impact Scores range between 1.0 and 5.0. Circle the Impact Rating that corresponds to the score for each section and for the Overall Impact.

	Impact Score		Impact Rating					
	A Points	B Items Completed	A ÷ B = Impact Score	Score 1.00-1.49	Score 1.50-2.24	Score 2.25-2.99	Score 3.00-3.74	Score 3.75-5.00
Section I: General Information	_____	_____	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe
Section II: Speaker's Reactions	_____	_____	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe
Section III: Daily Communication	_____	_____	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe
Section IV: Quality of Life	_____	_____	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe
OVERALL Impact:	_____	_____	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe



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J. Scott Yaruss, PhD, CCC-SLP, BCS-F, F-ASHA
Robert W. Quessal, PhD, CCC-SLP, BCS-F, F-ASHA

Name: _____

Birth Date: ____/____/____ Age: ____ Sex/Gender: ____

Test Date: ____/____/____ ID Number: _____

General Instructions:
This form includes four sections of questions that examine different aspects of your experiences with stuttering. Please complete each question in each section by circling the appropriate number. Please think about how you are currently feeling or speaking when answering each question. Please try to answer every question. Some of the questions do not apply to everyone. If one of the questions does not apply to you, please check "N/A" for "Not Applicable" and go on to the next question.

Scoring: For Office Use Only

Instructions for Clinicians:

- Calculate Impact Scores for each of the four sections on the OASES-A by first summing the number of points in each section (A) and then counting the number of items completed in each section (B). Divide the total number of points (A) by the number of items completed (B) to obtain the Impact Score.
- Calculate the Overall Impact Score by summing the numbers in columns (A) and (B) at the bottom of each column. Divide the sum of (A) by the sum of (B) to obtain the Overall Impact Score.
- Impact Scores range between 1.0 and 5.0. Circle the Impact Rating that corresponds to the score for each section and for the Overall Impact.

	Impact Score		Impact Rating					
	A Points	B Items Completed	A ÷ B = Impact Score	Score 1.00-1.49	Score 1.50-2.24	Score 2.25-2.99	Score 3.00-3.74	Score 3.75-5.00
Section I: General Information	_____	_____	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe
Section II: Speaker's Reactions	_____	_____	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe
Section III: Daily Communication	_____	_____	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe
Section IV: Quality of Life	_____	_____	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe
OVERALL Impact:	_____	_____	_____	Mild	Mild-Moderate	Moderate	Moderate-Severe	Severe



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Speech Participation and Activity Assessment of Children (SPAA-C)

(McLeod, 2004)

Child's name: _____

Child's date of birth: _____ Male/Female: _____

Language(s) spoken: _____

Current date: _____ Child's age: _____

	Happy	In the middle	Sad	Another feeling	Don't know
1. How do you feel about the way you talk?					?
2. How do you feel when you talk to your best friend?					?
3. How do you feel when you talk to your [brothers and sisters]?					?
4. How do you feel when you talk to your [mother and father]?					?
5. How do you feel when you talk to your [pre]school teachers?					?
6. How do you feel when your teachers ask you a question?					?
7. How do you feel when you talk to the whole class?					?
8. How do you feel when you play with the children at [pre]school?					?
TOTAL 😊 SCORE = _____ /8					
9. How do you feel when you play on your own?					?
10. How do you feel when people don't understand what you say?					?

This version of the *Speech Participation and Activity Assessment of Children* can be copied.
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McLeod, S. (2004). *Speech pathologists' application of the ICF to children with speech impairment*. *International Journal of Speech-Language Pathology*, 6(1), 75-81.
Retrieved from <http://www.csu.edu.au/research/multilingual-speech/spaa-c>. Published online 2017.

https://cdn.csu.edu.au/__data/assets/pdf_file/0011/2761571/SPAA-C-Questions-English.pdf

Community-Centered Stuttering Assessment — Child

General Information	
Your name	
Today's date	

Information about stuttering					
	Never	Rarely	Sometimes	Frequently	Always
Overall, how much do you stutter?	☐	☐	☐	☐	☐
How often does your stuttering include physical tension (e.g., tense muscles) when you stutter?	☐	☐	☐	☐	☐
Describe:					
How often do you exhibit secondary behaviors (e.g., hand tapping, head nodding, eye blinking, etc.) when you stutter?	☐	☐	☐	☐	☐
Describe:					
	Never	Rarely	Sometimes	Frequently	Always
How often does stuttering interfere with your ability to communicate with you parents?	☐	☐	☐	☐	☐
Describe:					
How often does stuttering interfere with the your ability to communicate with other kids your age?	☐	☐	☐	☐	☐
Describe:					
How often does stuttering interfere with the your ability to communicate with your teachers?	☐	☐	☐	☐	☐
Describe:					
How often does stuttering interfere with your class participation?	☐	☐	☐	☐	☐

Describe:					
How often do you experience teasing or bullying because of stuttering?	☐	☐	☐	☐	☐
Describe:					
How often can you speak freely (stuttering does not stop you from communicating)?	☐	☐	☐	☐	☐
Describe:					
What is your overall confidence level related to speaking?	None ☐	Low ☐	Average ☐	High ☐	Very High ☐
Describe:					
To what extent do you think stuttering will interfere with your future goals/life overall?	A great deal ☐	A lot ☐	Some ☐	Little ☐	Not at all ☐
Describe:					
	Not at all comfortable	Somewhat uncomfortable	Neutral	Somewhat comfortable	Very comfortable
How comfortable are you responding to teasing and bullying related to stuttering?	☐	☐	☐	☐	☐
How comfortable are you educating other people about stuttering?	☐	☐	☐	☐	☐

	Never	Rarely	Sometimes	Frequently	Always
How often do other kids imitate your stutter?	☐	☐	☐	☐	☐
How often do other kids make fun of you because you stutter?	☐	☐	☐	☐	☐

Thank you for completing this survey!

<https://www.colemanstutteringcenter.com/therapy-tools>

The School-Age Child Who Stutters: Working Effectively with Attitudes and Emotions ... A WORKBOOK



by Kristin A.
and Nina R.
Lisa A. Scott

THE
STUTTERING
FOUNDATION®
PUBLICATION NO. 0005

Name: _____
Date: _____
Age: _____

Worry Ladder

Write the things you worry about from the least to the most

most

least

WHAT'S TRUE FOR YOU? Name: _____
Date: _____
Age: _____

Read each statement. Circle the number that best describes what's true for you.

1. I wish I could talk like other kids.
1 No Way 4 Sometimes 7 I totally agree

2. Some people are hard to talk to.
1 No Way 4 Sometimes 7 I totally agree

3. I talk really slow or speak with my parents.
1 No Way 4 Sometimes 7 I totally agree

4. I am a good talker.
1 No Way 4 Sometimes 7 I totally agree

5. I like to talk.
1 No Way 4 Sometimes 7 I totally agree

6. Sometimes I do things so I won't have trouble talking (like not talking or changing words or thoughts).
1 No Way 4 Sometimes 7 I totally agree

Name: Angela
Date: _____

IMPORTANT STUFF... ...ABOUT ME!!

List things about yourself that are positive, negative, and interesting.

Positive Stuff 	Negative Stuff 	Interesting Stuff
I get good grades I love to swim I have lots of friends I am athletic	I get headaches often I stutter	I collect all different kinds of music My favorite food is deep fried oreos

Appropriate for ages 10 years and older

CLINICIAN'S COMMENTS

Angela has more positive and interesting points than negatives. She does view stuttering as a negative aspect of herself.

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www.stutteringhelp.org



WHAT'S TRUE FOR YOU?

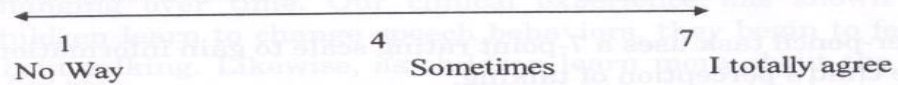
Name: _____

Date: _____

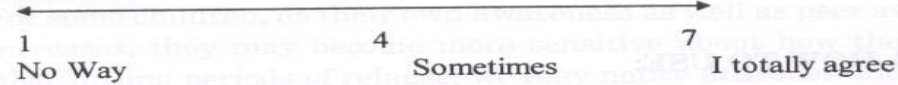
Age: _____

Read each statement. Circle the number that best describes what's true for you.

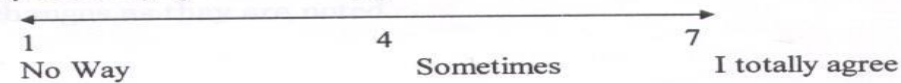
1. I wish I could talk like other kids.



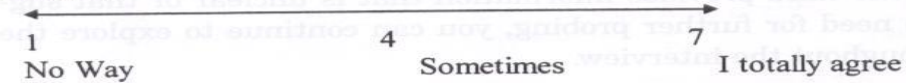
2. Some people are hard to talk to.



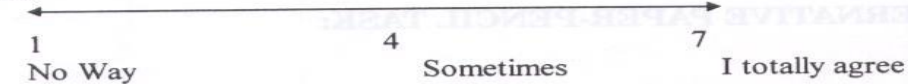
3. I talk openly about my speech with my parents.



4. I am a good talker.



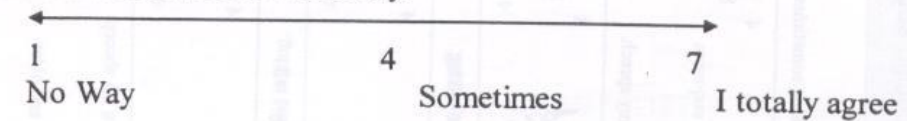
5. I like to talk.



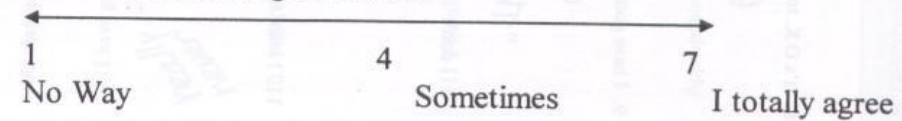
6. Sometimes I do things so I won't have trouble talking (like not talking or changing words or thoughts)



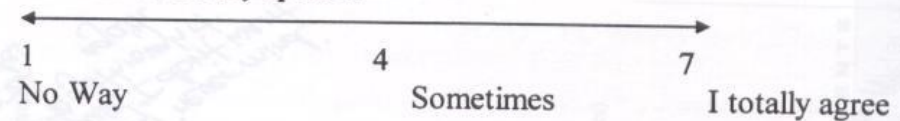
7. I have sounds that are hard for me to say.



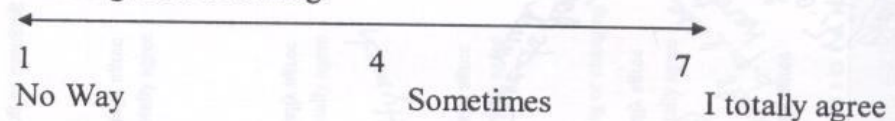
8. It's O.K. to have trouble talking sometimes.



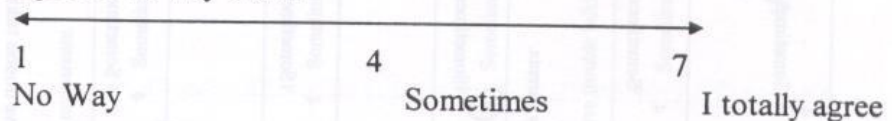
9. I have gotten teased about my speech.



10. I don't like having trouble talking.



11. I want to improve the way I talk.





Date: _____

Age: _____

Here's What I Think

1. I am here because _____
2. In previous therapy I learned _____
3. Some things I liked about my previous speech therapy were _____

4. Some things I did not like about my previous speech therapy were _____

5. My parents were involved in my previous therapy. (circle one)
Yes No If yes, How? _____

6. I want to come to speech now (circle one) yes no
Why? _____



My Views on School...

Name: _____

Date: _____

Age: _____

Fill in each blank with whatever comes to your mind.

1. Something I like about school is...
2. Something I don't like about school is...
3. My favorite subject in school is...
4. Places that are easy to talk in school include...
5. Places that are hard to talk in school include...
6. When I have to talk in front of the class, I feel...
7. When I'm called on to read, I feel...
8. When my teacher asks a question in class, I usually...
9. When I have trouble talking, the other kids usually...
10. My talking in the lunchroom is...
11. My talking on the playground is...
12. When I talk to adults at school, I feel...

Appropriate for ages eight and older

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www.stutteringhelp.org

Name: _____
Date: _____
Age: _____

"COUNT ME OUT"

Many people may avoid speaking in situations because they think they may stutter.

Read each statement below.

Check whether you would *Always*, *Sometimes* or *Never* avoid the situation.

	<i>Always</i>	<i>Sometimes</i>	<i>Never</i>
☐ Ordering for myself in a restaurant	_____	_____	_____
☐ Talking with friends	_____	_____	_____
☐ Asking for a date	_____	_____	_____
☐ Calling a store for information	_____	_____	_____
☐ Talking to an authority figure	_____	_____	_____
☐ Giving directions	_____	_____	_____
☐ Talking to my parents	_____	_____	_____
☐ Talking to a store clerk	_____	_____	_____
☐ Answering/talking on the phone	_____	_____	_____
☐ Giving a speech in class	_____	_____	_____
☐ Reading aloud	_____	_____	_____

Appropriate for ages 12 years and older

Name: Pat
Date: 7/16
Age: 12

Worry Ladder

Write the things
you worry about
from the least to
the most

	most
Shots at the doctor	(nobody likes shots)
Speaking in front of the school	
Getting good grades	
Going to the dentist	
Having to make a long speech	
Performing well in sports	
Getting in trouble	least

Appropriate for ages 9 years and older

CLINICIAN'S COMMENTS

Pat's ladder indicates specific concerns about communication in front of others. This ladder was completed during the assessment process.

Teacher (in)formal measures

Test of Childhood Stuttering
TOCS
Observational Rating Scales

Ronald B. Gillam Kenneth J. Logan Nils A. Pearson

Child's Name _____ Date _____ Rater's Name _____

Please read the following statements and rate the child's speech. We would like to know how often the child has speech disfluencies or stutters. Stuttering is a speech problem that affects the smoothness or "fluency" of speech. It is characterized by frequent or unusually long breaks in the flow of speech. These breaks in the flow of speech include repetitions of sounds, syllables, or words; prolongations of sounds; and blocks in which speech sounds stop unexpectedly. Please read the statements below and think about the child's speech over the past 2 months. How often did the child exhibit the behaviors described in the statements below? Circle the appropriate number.

Never	Rarely	Sometimes	Often	
				1. Speech Fluency Rating Scale In the past 2 months, how often did the child:
0	1	2	3	Repeat a word before completing a sentence. For example, "Where-where is it?"
0	1	2	3	Repeat part of the word before completing a sentence. For example, "Wuh-Wuh-Where is it?"
0	1	2	3	Prolong or stretch out sounds within words. For example, "Wwwwwhere is it?"
0	1	2	3	Get stuck or "blocked" when trying to say a sound. That is, the child attempts to say the sound, but nothing comes out. Finally, after some effort, he or she says the sound and completes the sentence. For example, the child positions the lips to say /b/, attempts to say /b/ but produces little or no sound, and then finally says, "ball."

9 questions

Never	Rarely	Sometimes	Often	
				2. Disfluency-Related Consequences Rating Scale In the past 2 months, how often did the child:
0	1	2	3	Seem to become tense when called on to speak.
0	1	2	3	Seem to run out of breath while completing a sentence.
0	1	2	3	Move his or her body inappropriately when speaking. For example, the child taps a finger, foot, or leg in rhythm when starting a word; hits a fist on the table when starting a word; jerks his or her head or body when saying a word; or blinks and looks away when saying a word.
0	1	2	3	Seem to avoid saying words that he or she might not say smoothly or fluently.
0	1	2	3	Seem to say as little as possible when it is his or her turn to talk.
0	1	2	3	Become concerned about his or her ability to speak fluently.
0	1	2	3	Become embarrassed about his or her ability to speak fluently.

9 questions

Test of Childhood Stuttering

TOCS

Examiner Record Booklet

Ronald B. Gillam Kenneth J. Logan Nils A. Pearson

Section 1. Identifying Information

Name _____ Female ☐ Male ☐ Grade _____
Parent/Guardian _____ School _____
Date Tested _____ Year _____ Month _____ Day _____
Date of Birth _____ Teacher's Name _____
Age _____ Examiner's Name _____
Position _____

Section 2. Record of Speech Fluency Measure

Speech Fluency Tasks	Raw Score	Descriptive Terms for Sums of Raw Scores			
		Typical Fluency	Mild Disfluency	Moderate Disfluency	Severe Disfluency
1. Rapid Picture Naming	_____	Raw Scores 0-8	Raw Scores 9-18	Raw Scores 19-46	Raw Scores >46
2. Modeled Sentences	_____				
3. Structured Conversation	_____				
4. Narration	_____				
Sum of Raw Scores	_____				
Index	_____				
Percentile Rank	_____				

Section 3. Record of Observational Rating Scales

1. Speech Fluency Rating Scale				Descriptive Terms for Sums of Raw Scores			
Observer	Raw Score	Index	Percentile Rank	Typical Fluency	Mild Disfluency	Moderate Disfluency	Severe Disfluency
mother	_____	_____	_____	Raw Scores 0-7	Raw Scores 8-16	Raw Scores 17-23	Raw Scores >23
teacher	_____	_____	_____				
	_____	_____	_____				
2. Disfluency-Related Consequences Rating Scale				Descriptive Terms for Sums of Raw Scores			
Observer	Raw Score	Index	Percentile Rank	Typical Consequences	Greater Than Typical Consequences		
mother	_____	_____	_____	Raw Scores 0-6	Raw Scores >6		
teacher	_____	_____	_____				
	_____	_____	_____				

Provo City School District

Stuttering and Fluency

Stuttering and Fluency
Teacher Input Form

Student's Name:

Date:

Teacher's Name:

Birthdate/Age:

Language spoken at home/school:

This student has been referred for or is receiving stuttering/fluency services. Please answer the following questions to help me gain a better overall view of this student's skills.

Please answer by selecting N (Never), S (Sometimes), F (Frequently), AA (Almost Always)

1. This student:

Volunteers to participate in class.

Is difficult to understand in class.

Avoids speaking in class.

Demonstrates frustration when speaking.

Teacher Input—Fluency

Student: Birthdate Age:

Teacher: School: Grade

Your observations of the above student's speech fluency will help determine if the problem adversely affects educational performance. Check all items that have been observed. Please return the completed form to the Speech-Language Therapist.

	Yes	No
1. Does the student have characteristics associated with stuttering (e.g., part or whole word repetitions, silent blocks, sound or word prolongations)?		
2. Are the stuttering characteristics accompanied by other behaviors (e.g., tension in the upper trunk, head and neck, facial tics, body movements)?		
3. Does stuttering make it difficult to understand the content of his/her speech?		
4. Does the student appear to talk less in the classroom because of stuttering?		
5. Does the student avoid verbal participation during classroom activities?		
6. Does the student avoid verbal participation in social situations?		
7. Do you think the student is aware of his/her communication problems?		
8. Have the student's parents talked to you about his/her fluency disorder?		

☐ In my opinion these behaviors do not adversely affect educational performance.

☐ In my opinion these behaviors do adversely affect educational performance.

Do you have other observations relating to this student's communication skills?

☐ YES ☐ NO It is my opinion that these behaviors adversely affect the student's educational performance.

If yes, provide explanation:

Teacher's Signature: Date:

Adapted from Standards for the delivery of speech-language services in Michigan public schools, Michigan Speech-Language Hearing Association (1985)

Eligibility - IDEA

"Adversely affects educational performance" is not limited to academic performance! We need to assess adverse educational impact in terms of the *functional, developmental, social-emotional, and nonacademic* needs of the child.

Stuttering may draw unwanted attention and expose children to negative social experiences (, including:

- **Misconceptions and stigma:** Others may incorrectly perceive the child as nervous, anxious, or less intelligent.
- **Reduced classroom participation:** Fear of stuttering or embarrassment may discourage children from contributing to discussions, giving presentations, sharing stories, or asking and answering questions.
- **Challenges with oral reading:** Children may feel less confident reading aloud in front of classmates or in small groups.
- **Negative peer interactions:** Children may experience teasing, bullying, exclusion, or ridicule related to their stuttering.

Sample Adverse Educational Impact Statement

by Mary Tesh, CCC-SLP

Student's stuttering negatively impacts his involvement and progress in the general curriculum by impeding his ability to communicate effectively by talking openly and easily (whether it's a moment his talking includes stuttering or not), impeding his ability to devote his mental resources to academic and social activities rather than planning how to avoid stuttering when he speaks, and impeding his ability to brainstorm and problem-solve quality of life challenges he faces to take action to connect him to educational success and improved quality of life.

Sample Adverse Educational Impact Statement

by Mary Tesh, CCC-SLP

Student's stuttering challenges impact his involvement and progress in general curriculum by impeding his ability to speak in a variety of situations without avoidance behaviors regardless of whether he stutters or not. Student's avoidance behaviors can be an enormous mental burden that impacts his ability to focus and engage in academic and social activities.

Sample Adverse Educational Impact Statement

by Mary Tesh, CCC-SLP

Student's stuttering negatively impacts her involvement and progress in the general curriculum, because she is holding back from talking in a variety of academic and social activities in her educational environment due to her lack of comfort (physically and emotionally) with her stuttering. She needs to explore her stuttering pattern and emotions about stuttering to find comfortable way to stutter in her educational environment.



Considerations for Fluency Disorder with Elementary through High School Students

This worksheet can be used by IEP teams in considering a fluency disorder as part of a speech or language impairment. For each item, circle the item that best represents the student's performance. Students must demonstrate the presence of a delay in communication skills that also has an educational impact in order to meet criteria for a speech or language impairment in Wisconsin. When a valid comparison to a normative sample cannot be made or a student has significant impairments, consider completion of the [Functional Communication Summary](#) worksheet.

Academic Activities, Tests, and Measures

Speech-Language Pathology Probes, Tests, and Measures

	Data sources weighted towards the student's oral participation in academic and extracurricular settings	Description of Disfluency ¹²	Associated Non-vocal Behaviors	Feelings/ Attitudes
No Apparent Impact/Normal Disfluencies	Participates similarly to peers in most settings.	-Primarily whole word repetitions at a slower pace -Phrase repetitions -Interjections (um, like) -Phrase or sentence revisions -More normal than stuttering-like disfluencies. -Less than 1 second pauses OR fewer than 2 reiterations, -Fewer than 2% stutter-like disfluencies.	-No associated behaviors, -no visible tension when talking.	-No apparent concern on the part of the student or their family. -Student views self as able to communicate easily in almost all situations. -Does not avoid talking situations.
Minimal Impact	Evidence of some reduced verbal participation in one or a few school settings. Overall, however, the student appears confident and persists when talking in familiar settings.	-Transitory stuttering-like disfluencies** in some speaking situations typically between 2-3% of total syllables*. -Efficiency of communication is commensurate with peers.	-One associated behavior that may not be readily noticeable and is not distracting. - Minimal visible tension	-Some beginning concerns on the part of the student and/or family. -Student views self as able to communicate easily in most situations but may consider stuttering as an impediment in some specific situations.

*Please consider an array of factors other than % syllables with stuttering-like disfluency in determining impact

**Stuttering-like disfluencies include repetitions, prolongations, blocks, hesitations, and vocal tension.

Moderate Impact	Lower verbal participation in most settings compared to peers. The student may appear less assertive and confident in oral participation tasks compared to peers (body posture/eye contact as determined by cultural norms).	-Frequent stuttering-like disfluencies** in many speaking situations typically around 3-5% of total syllables.* -Efficiency of communication is noticeably slower than peers.	-One associated behavior that is noticeable and distracting - Moderate visible tension when stuttering.	-Student expresses some negative thinking about stuttering -Concerns are increasing about others' reactions to stuttering. -Student experiences some limitations in communicating in important situations. -Student takes stuttering into account when deciding to contribute to oral exchanges. -Avoidance of some words, sounds, environments and conversational partners.
Substantial Impact	Evidence of very limited participation in most school settings. The student is avoiding talking or minimizing talking turns. The student does not look confident when talking (body posture/eye contact as determined by cultural norms).	-Habitual stuttering-like disfluencies** in a majority of speaking situations which typically exceeds 5% of total syllables.* -Efficiency of communication is severely impacted as the student needs considerable time to communicate basic information.	-Two or more associated behaviors that are noticeable and distracting -severe to very severe visible tension when talking	-Student views or reports self as unable to participate orally in most or nearly all situations. -Student is very concerned about the reactions of others to stuttering. -Poor perception of self as communicator. -Frequently avoids words, sounds, environments, and/or conversation partners.

*Please consider an array of factors other than % syllables with stuttering-like disfluency in determining impact

**Stuttering-like disfluencies include repetitions, prolongations, blocks, hesitations, and vocal tension.

INTERVENTION

Our role is to support students to achieve their *communication goals in their relationships...*

- Home – parents; siblings; extended family
 - School – peers; teachers; coaches
 - Social/Community – clubs; church; service
- ...whether they stutter or not.*

Does the student SAY what he wishes to say, DO what he wishes to do, and BECOME what he wishes to become?



“How will you know that speech and language therapy has been helpful?”

If therapy is helpful, what will be ...

...different at home?

...different at school?

...different with your friends?

... easier?

Cognitive and Affective Changes

- Life will feel easier.
- Joining in conversations will feel easier.
- I will feel more confident at school.
- I will feel comfortable.
- I will feel that therapy has been helpful.
- I will enjoy the therapy.
- I will feel more independent.
- I will feel confident that I can get a good job in the future.

Behavior Changes

- I will talk more fluently at school.
- I will talk more fluently with my friends.
- I will talk more fluently (in general).
- I will talk more in front of my class at school.
- I will put my hand up more in class.
- I will talk more to teachers.
- I will communicate more easily with teachers.
- I will make more friends.
- At school I will remember to practice what I do in speech therapy.
- I will give my ideas better.

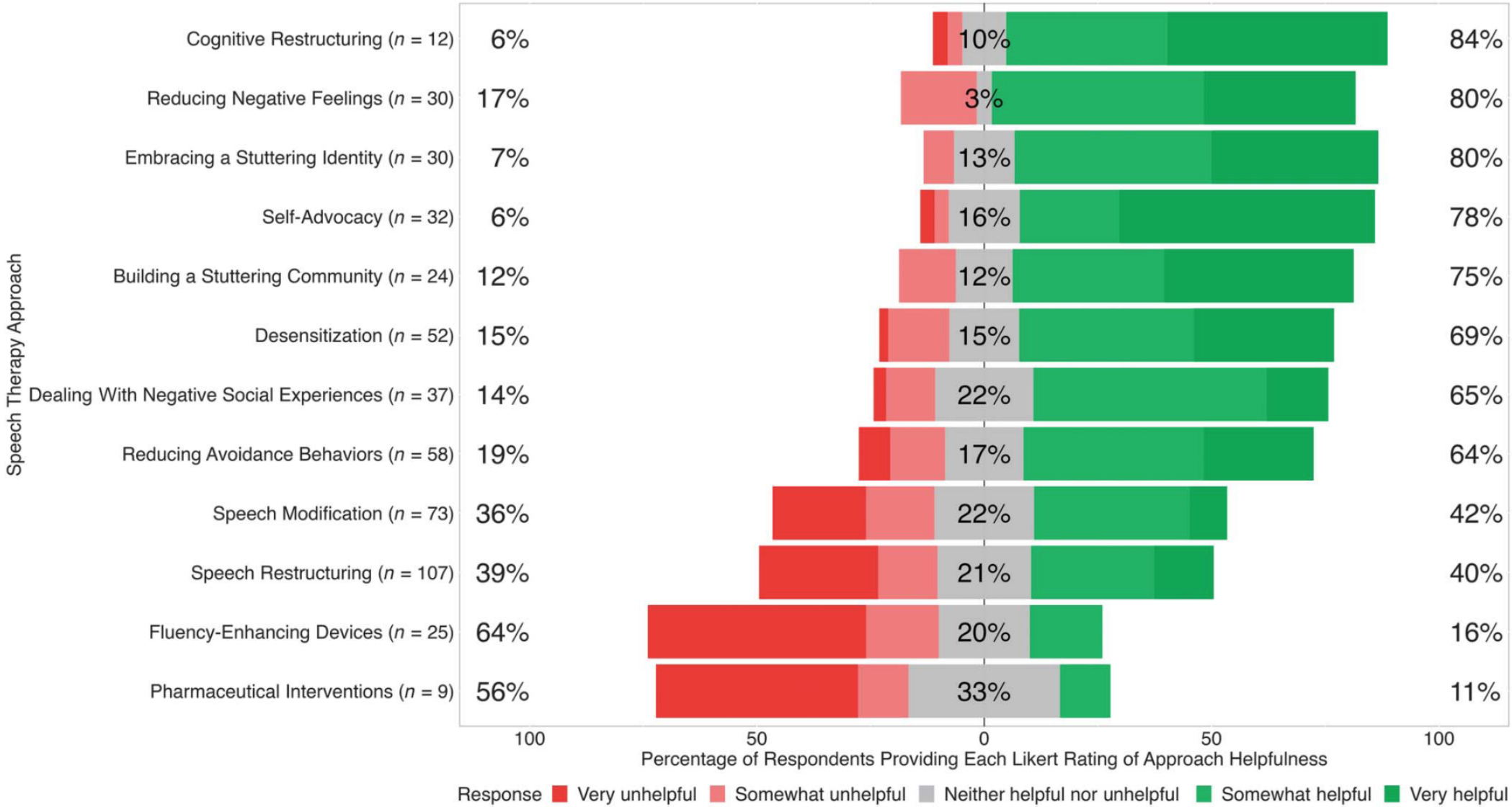
Change in Others

- My parents will know how to help me.
- My teachers will give me enough time.
- Others will understand what it is like for me to stammer.

Table 1. List of approaches and exemplars provided to respondents.

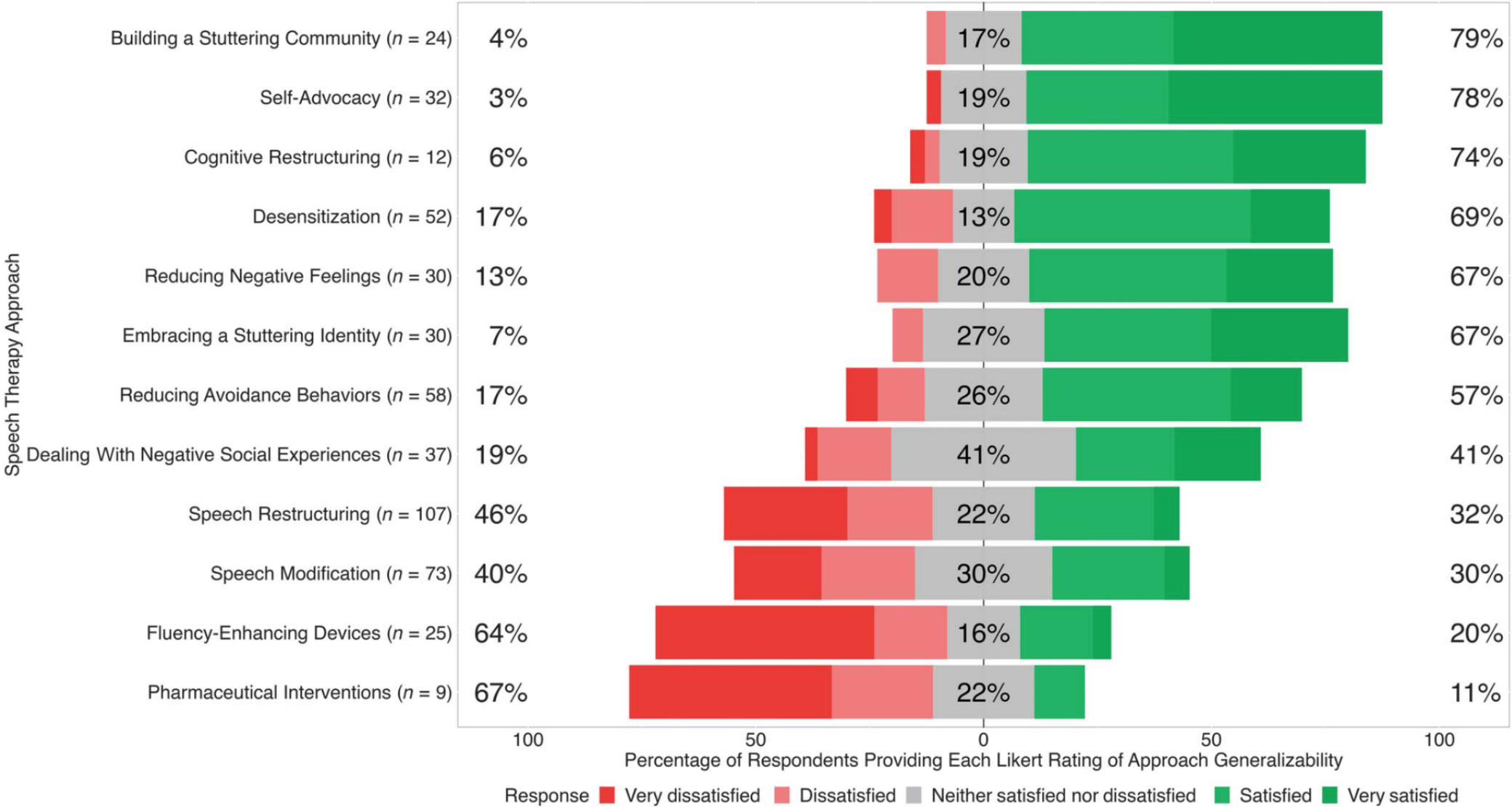
Treatment approach	Exemplars
Speech restructuring	Fluency shaping, rate control, light contacts, easy onsets, continuous voicing/stringing words together, breathing exercises, etc.
Speech modification	Stuttering modification, cancellations, pullouts, etc.
Reducing avoidance behaviors	Avoiding speaking situations, substituting/avoiding certain words, avoiding eye contact, not participating at school/at work, using interjections/filler words, repeating words/phrases to avoid stuttering, etc.
Cognitive restructuring	Changing the way you think about your stuttering, shifting from negative to neutral or positive thoughts about stuttering, shifting from critical to accepting attitudes towards stuttering, etc.
Desensitization to feared situations related to stuttering	Becoming more comfortable participating in situations that you fear or avoid due to stuttering, voluntary stuttering, etc.
Embracing the identity of someone who stutters	Becoming comfortable stuttering openly, allowing others to view you as a person who stutters, accepting that stuttering will exist in your future, etc.
Self-advocacy	“Advertising”/telling other people you stutter, educating others about stuttering, telling others how they can best support you as a person who stutters, etc.
Dealing with teasing, bullying, or negative social experiences	Being laughed at, target of rude jokes or comments, being excluded from social situations, etc., because of stuttering
Reducing negative feelings related to stuttering	Shame, embarrassment, fear of being judged by others, etc.
Building a stuttering community	Group therapy, being paired in a mentor/mentee relationship, introduction to stuttering support groups, etc.
Fluency-enhancing devices	SpeechEasy, delayed auditory feedback devices, etc.
Pharmaceutical interventions	Medication to reduce stuttering

Figure 3. Helpfulness ratings of treatment approaches during childhood.



Phillips, M. C., & Spaulding, T. J. (2025). Listening to voices that matter: The speech therapy experiences of people who stutter. *Journal of Speech, Language, and Hearing Research*, 68(10), 4645–4672.

Figure 4. Generalizability ratings of treatment approaches during childhood.



Phillips, M. C., & Spaulding, T. J. (2025). Listening to voices that matter: The speech therapy experiences of people who stutter. *Journal of Speech, Language, and Hearing Research*, 68(10), 4645–4672.

Case Study: Alexander

Referral

Alexander (Alex) is a 9-year-old monolingual, English-speaking student. During push-in therapy for another student in the fourth-grade classroom, the SLP observed stuttering in Alex’s communication when speaking with a peer. The SLP also noticed that other students laughed when Alex stuttered, to which Alex responded by looking down and withdrawing from several communication attempts.

When asked about stuttering, Alexander’s teacher reported that she has noticed it in the past but that presently, “Alex rarely stutters in the classroom.” She did, however, express concerns about Alex’s reading skills. After consulting with the SLP, the classroom teacher agreed to make a speech referral.

During the prereferral team meeting, the classroom teacher shared that Alexander often seems shy when

speaking in front of the class but has observed him talking about baseball with his friends. The teacher reported that Alex is below grade level in reading, specifically in the parameters of decoding and oral reading fluency, as evidenced by his scores on district reading assessments. Additionally, she reported that Alexander stutters most “when he gets too excited and doesn’t think before he speaks.” The teacher indicated that she did not previously refer Alex to the SLP because she “did not think Alexander’s stuttering had an educational impact.”

Alexander’s parents informed the prereferral team that Alexander “used to stutter more when he was younger, but that he doesn’t stutter as much now.” They also expressed concerns with reading skills and reported that Alexander “does not seem interested in practicing his reading with them at home, especially when he has to read aloud.” When asked about a family history of stuttering, his parents reported that Alex has a maternal uncle who “has a bad stutter.”

Table 2. Initial evaluation components and results: Alexander.

Test of Childhood Stuttering (TOCS; Gillam et al., 2009)	
Speaking fluency measures	- Four speech production subtests were administered (Rapid Picture Naming, Modeled Sentences, Structured Conversation, Narration). - Alex’s standard scores consistently fell outside the range of fluency skills for children who do not stutter. TOCS descriptive terms for speaking fluency measures were considered in the overall “mild disfluency” range.
Observational rating scales	- The TOCS Observational Rating Scale completed by Alex’s teacher revealed a score of “not typical” and included teacher observations of repetitions and (possible) blocks in the classroom. - Alex’s mother completed the TOCS Observational Rating Scale, and scores indicated “not typical” for children who do not stutter. The mother reported repetitions and prolongations and mentioned that Alex recently expressed worry about reactions from his classmates.
Overall Assessment of the Speaker’s Experience of Stuttering–School Age (OASES-S; Yaruss & Quesal, 2016)	
General information	- Impact rating score: 3.73 moderate/severe - Alex feels that he knows “almost nothing” about stuttering and “nothing” about what makes people stutter less and more often. - He feels “very bad” about being called a kid who stutters by other people.
Your reactions to stuttering	- Impact rating score: 2.24 mild/moderate - Alex sometimes feels ashamed or embarrassed by his stutter but rarely feels angry, mad, or frustrated when he stutters. - Reports that he sometimes does not say what he wants to say because of his stuttering.
Communication in daily situations	- Impact rating score: 2.2 mild/moderate - Alex does not find it very hard to talk with friends or family or on the telephone. - He feels it is somewhat hard to ask questions or read aloud in class.
Quality of life	- Impact rating score: 1.75 mild/moderate - Alex feels that stuttering sometimes affects his ability to talk to friends, as well as his confidence in himself. - He does not feel that stuttering affects his ability to succeed at school, his ability to socialize, or his ability to have a good life.
Overall impact score	Impact rating score: 2.48 moderate According to the scores from this assessment, Alex does experience a negative impact of stuttering on his communication in academic and social situations.
Classroom observation	
Key observations	- Alex participated in class discussions and was noted to demonstrate frequent interjections, revisions and circumlocutions when answering questions aloud, and speaking to classmates in small groups. - Alex asked to be excused to the bathroom during a small group reading task. When he returned, the classroom teacher asked if he needed help with reading, and Alexander nodded in the affirmative.
Student interview	
Key student comments/ perspectives	- Alex has not met anyone else who stutters. - Alex does not really think he stutters, but sometimes “it’s just hard to get words to come out.” - To help his speech, he tries to “focus on the words more, and slow down his talking” (per advice from parents and teachers). - Expressed reluctance to read aloud because he is a “bad reader” because when he thinks he will get stuck, he has to “stop and start over a lot” - Reports that some of his classmates tease him or walk away when his words will not come out quickly

Write a potential IEP goal for Alex



Nobody has responded yet.

Hang tight! Responses are coming in.

Table 3. Relevant Individualized Education Program (IEP) sections: Alexander.

Potential IEP goal areas	1. Increasing knowledge about speech production and stuttering. 2. Exploring speech tension and identification of location of tension in speech articulators 3. Educating others about stuttering in self-chosen format (e.g., stutter notebook entries, charts, emails, flyers, classroom presentation) 4. Choosing practical avenues to advocate for self (with support from others) to deal with teasing 5. Creating opportunities for Alex to explore communication strengths and benefits of stuttering 6. Exploring speaking strategies that decrease avoidance and increase ease of communication 7. Providing opportunities for Alex to choose a path to involvement in the stuttering community and support organizations
Accommodations	1. Alexander will be provided extended time for answering questions, participating in classroom discussions, and during oral presentations. 2. Timed oral reading-fluency assessments will be optional for Alex. If he chooses to participate, final scores will not be used for reading placement and/or intervention decisions.

Exploring student's goals

Solution-Focused Brief Therapy (SFBT)

Key Concepts

- See a *person* as being more than their problem.
- Look for *resources* rather than deficits.
- Explore *possible* and *preferred* futures.
- Explore what is *already* contributing to those futures.
- *Small steps* can lead to *big changes*.
- The future is both *created* and *negotiable*.
- A solution is *not necessarily* related to the problem.
- *Solution language* is different from problem language.

- ✓ If it ain't broke, don't fix it!
- ✓ If it works, do more of it.
- ✓ If it doesn't work, do something different.

Best Hopes

- Determine what is important to the student by asking for their “BEST HOPES”
- For each “hope,” (aka “goal”), ask questions like:
 - WHAT ARE YOUR BEST HOPES FOR ...?
 - WHAT ELSE? WHAT ELSE? WHAT ELSE?
 - WHAT DIFFERENCE WOULD THAT MAKE?
- Best Hopes often yield LONG-TERM GOALS
- Follow-up questions yield SHORT-TERM GOALS or “SMALL STEPS”

Joseph - Example

What is your best hope for therapy?

- ***The main thing would be not to stutter at all. That's the best thing that could happen - ever.***

What difference would it make if you didn't stutter at all?

- ***I could communicate better with people. I could answer questions better and ask them better too.***

What difference...?

- ***I would be seen as a more intelligent human being.***

What difference...? Who would notice? What would they notice?

- ***I would be asking the questions, the right questions...***

What difference would that make for you?

- ***I would be more confident.***

Scaling Best Hopes

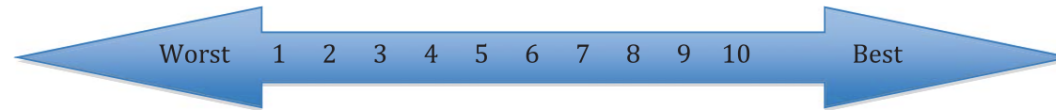


Student marks where he is now and where he would like to be over the long- or short-term.

LONG-TERM GOAL (Best Hope): Joseph will increase his communication confidence from 3.5 to 8 on a scale from 0 = no confidence to 10 = complete confidence.

SHORT-TERM GOAL (Small Step): Joseph will increase how often he asks questions in class from 4 to 8 on a scale from 0 = asking no questions 10 = asking every question I have.

V. **Scaling Questions** - Scaling questions provide a visual Likert scale that allows visualization of the problem on a continuum. This technique is used to track the fluency progress toward goals and to monitor changes in therapy outcomes. Additionally, the technique helps to assess present conditions, look at progress, or express feelings about other reactions or evaluations to the stuttering. Scaling questions ask the student to consider their position on a scale (usually from 1–10, with one being the least desirable situation and 10 being the most desirable). The SLP explains the scale by saying that 1 represents the worst this problem has ever been, and 10 being the best things could be. The student rates how things are for them today. Once given a number, the SLP and student explore how the rating translates into action-talk. See examples below: The self-ratings help the client to identify useful differences that indicate change or progress and to establish goals. For example:



On a scale of 0–10 with 10 being your best hopes are achieved and 0 being the complete opposite, or the worst you have ever been in your life:

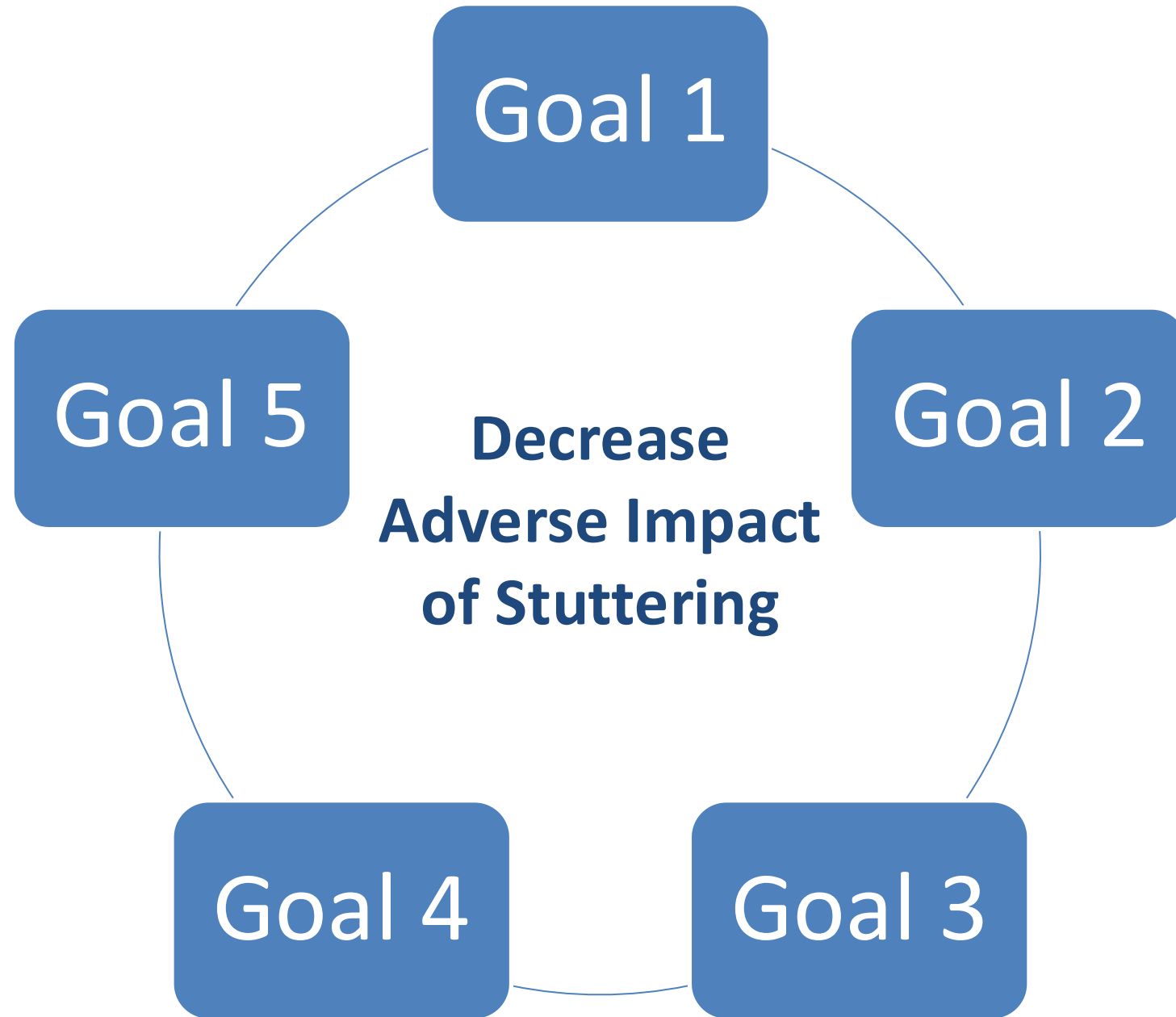
1. *Where on the scale are you today in terms of achieving your best hopes?*
2. *What point in the scale will be good enough for you?*
3. *How will you know you have achieved your best hope?*
4. *What sign will tell you that you have moved just one point up the scale?*
5. *What would a day at that point on the scale look like?*
6. *What's stopping you from slipping one point lower down the scale?*

III. **The Miracle Question** – Miracle questions allow one to envision a future in which the problem does not exist. The client is asked to explain how life would be different if the problem is absent. This line of questioning allows the client to identify small achievable goals toward change. The client may describe a feeling of confidence when talking with family members if the present problem were absent, and this reminds the client that these kinds of behavioral changes are possible. For example, the SLP reads the following scenario, verbatim.

In the middle of the night, a miracle happens and the problem that prompted you to talk to me today is resolved! But because this happens while you are sleeping, you have no way of knowing that there was an overnight miracle that solved the problem. [Pause] So, when you wake up the next morning:

1. *What might be the small change that will make you say to yourself, “Wow, something must have happened—the problem is gone!”*
2. *What would the first signs be that the miracle had occurred?*
3. *What will you visualize yourself doing differently?*
4. *What will other people in your life see you doing differently?*
5. *What will other people be doing differently?*
6. *How do you envision the future will be different when the stuttering issue is no longer a concern?*

Sample treatment goals



- ✓ decrease physical tension/sensation of being stuck
- ✓ decrease escape/avoidance behaviors
- ✓ increase speech fluency/flow

Example: Over a period of ___ consecutive instructional days, the student will demonstrate the ability to use a fluency enhancing technique of his choosing in ___ classroom situations as reported by the student and/or teacher and documented by checklists and targeted observations.

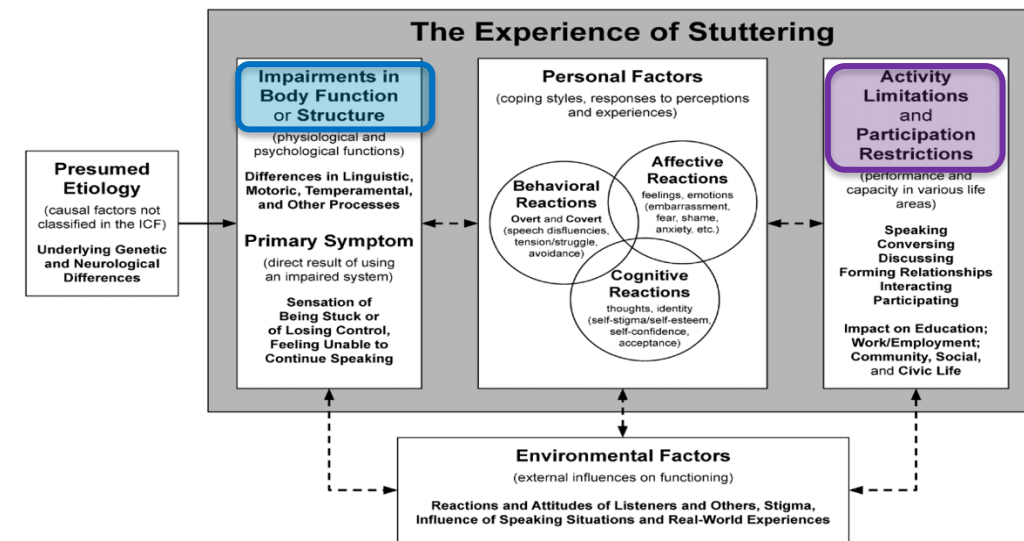
Personal and Environmental Factors

- ✓ Increase knowledge about stuttering or cluttering, educating others, and advocating for appropriate accommodation
- ✓ Develop and maintain appropriate support systems (e.g. support groups)
- ✓ Increase confidence in responding to questions about stuttering and managing teasing/bullying and other listener reactions

Example: Within 36 instructional weeks, the student will demonstrate ability to respond appropriately to inquiries about speech/stuttering as well as to bullying behaviors and negative listener reactions by creating at least ___ problem solving scenarios as documented by journal entries, selfreports and observations/reports of significant others.

- ✓ Increase participation in activities that involve verbal interactions across settings
- ✓ Decrease overall impact of stuttering on student's perceived quality of life

Example: Over ___ consecutive days in a classroom setting and over ___ clinician data probes, the student will demonstrate the ability to participate in classroom discussions by volunteering to answer questions in class at least ___ times per day as measured by teacher observations/charting and student journal entries.



Increasing communication confidence and participation as evidenced by...

- ✓ Body language that demonstrates interest, active listening, and confidence (e.g., upright posture, open body stance, eye contact)
- ✓ Identifying and working up to facing fears; targeting fear hierarchy (comfort/stretch/panic or peak zones)
- ✓ Working up to engaging in social interactions that require verbal output (e.g., small talk, introductions, greetings, goodbyes, taking the floor, humor, storytelling)
- ✓ Working up to engaging in classroom activities that require verbal participation (e.g., sharing during show and tell, circle time participation, asking or answering questions, telling or retelling a story, participating in a group discussion, reading aloud, oral presentation, speech)
- ✓ Working up to trying new things or gradually taking risks, with or without stuttering (with a mindset that it helps us learn and grow)

Increasing talking, communication ease, and communication competence as evidenced by...

- ✓ Exchanging ideas, thoughts, opinions, knowledge—saying exactly what you want to say regardless of stuttering or WITH stuttering
- ✓ Demonstrating the ability to use voluntary stuttering (e.g., easy prolongations, easy repetitions) or other stuttering modification strategies of the child's choosing to decrease tension and ease struggle and effort.

Increasing self-advocacy as evidenced by...

- ✓ Educating others about stuttering in self-chosen format
- ✓ Learning to deal with teasing and bullying with support from others
- ✓ Identifying circle/network of support for different situations or contexts and building positive relationships
- ✓ Self-disclosure to give yourself permission to stutter, to opt in to difficult situations that were avoided in the past, and/or to alleviate thoughts of what others are thinking while you stutter

Building resilience (the ability to adjust and cope with significant difficulties and to bounce back from negative experiences) as evidenced by...

- ✓ Reducing emotional reactivity to stuttering
- ✓ Entering challenging speaking situations with support; expanding comfort zones and embracing challenges, while persisting or persevering through adversity
- ✓ Learning to move from negative experiences more quickly
- ✓ Building vocabulary to talk about feelings and emotions, exploring strength of emotions, and impact of emotions on the body
- ✓ Fostering a growth mindset when facing adversity (i.e., “It’s okay to make mistakes”; “I can do it” or “I can try” attitude/disposition or “I can’t do it yet”)
- ✓ Viewing setbacks as opportunities to learn and grow (reframing “failure” as part of the learning process)

Compiled by Ana Paula Mumy, SLPD, CCC-SLP, Co-founder & President of Spero Stuttering

Samples: Stutter-affirming objectives

Raven will **increase awareness of the stuttering pattern** by identifying 2 behaviors that add to struggle over the reporting period.

During moments of disfluency, Ricardo will **stutter directly on the intended word/sound** in 2/3 self-selected speaking contexts over the reporting period.

Kevin will **self-disclose** stuttering in 2 contexts of choice over the reporting period for improved self-acceptance and role identity.

Ana will **plan and carry out at least one self-selected challenging speaking assignment** (e.g. giving an oral presentation, introducing herself to a new peer, answering a question in class, etc.) as reported by Ana, in 2/3 assignment reports during the reporting period.

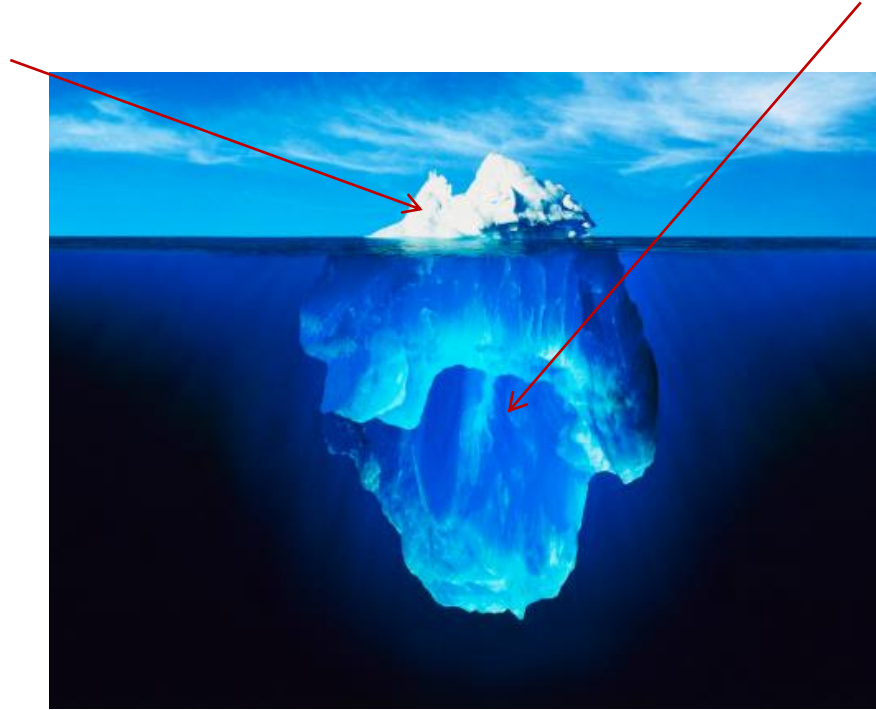
Robin will **report increased comfort** in moments of disfluency by resisting self-imposed time pressure when making an informational phone call in 2 out of 3 phone calls (rating scales for level of comfort) over the reporting period.

Jamal and a parent will **attend one stuttering support activity** in the community or virtually over the course of the reporting period.

Mel will report making a choice to **show stuttering** (rather than use a word substitution/avoidance) in a low-feared speaking situation in 2/3 assignments over the reporting period

**Exploring speaking and
stuttering** (*tip of the iceberg*)

Attitudes/Emotions
(*iceberg below the surface*)



Also ... Help parents and teachers develop a *supportive* and
accepting environment.

Help child be a self-advocate
(*water and air around the iceberg*)

Education

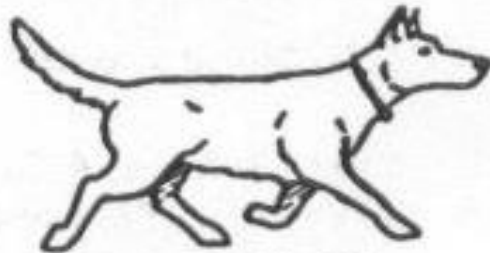
- ***Explore talking:*** Learning about speaking provides the foundation for everything we do in therapy. Teach how speech is produced, establish a common vocabulary, explain how breathing, phonation, articulation work together to produce speech.
- ***Explore stuttering:*** Identify what we do and how we feel when we stutter. Also learn general facts about stuttering. Learning about stuttering provides the foundation for using techniques and reducing sensitivity to stuttering

Techniques includes attention to:

TIME



Too Fast



About Right



Too Slow

Too Tense



About Right



Too Relaxed

TENSION

Techniques /Speech Tools

Children and parents must know *why* they are doing everything they do in therapy.

For every technique: (a) What is it? (b) When can I use it? (c) How do I use it?

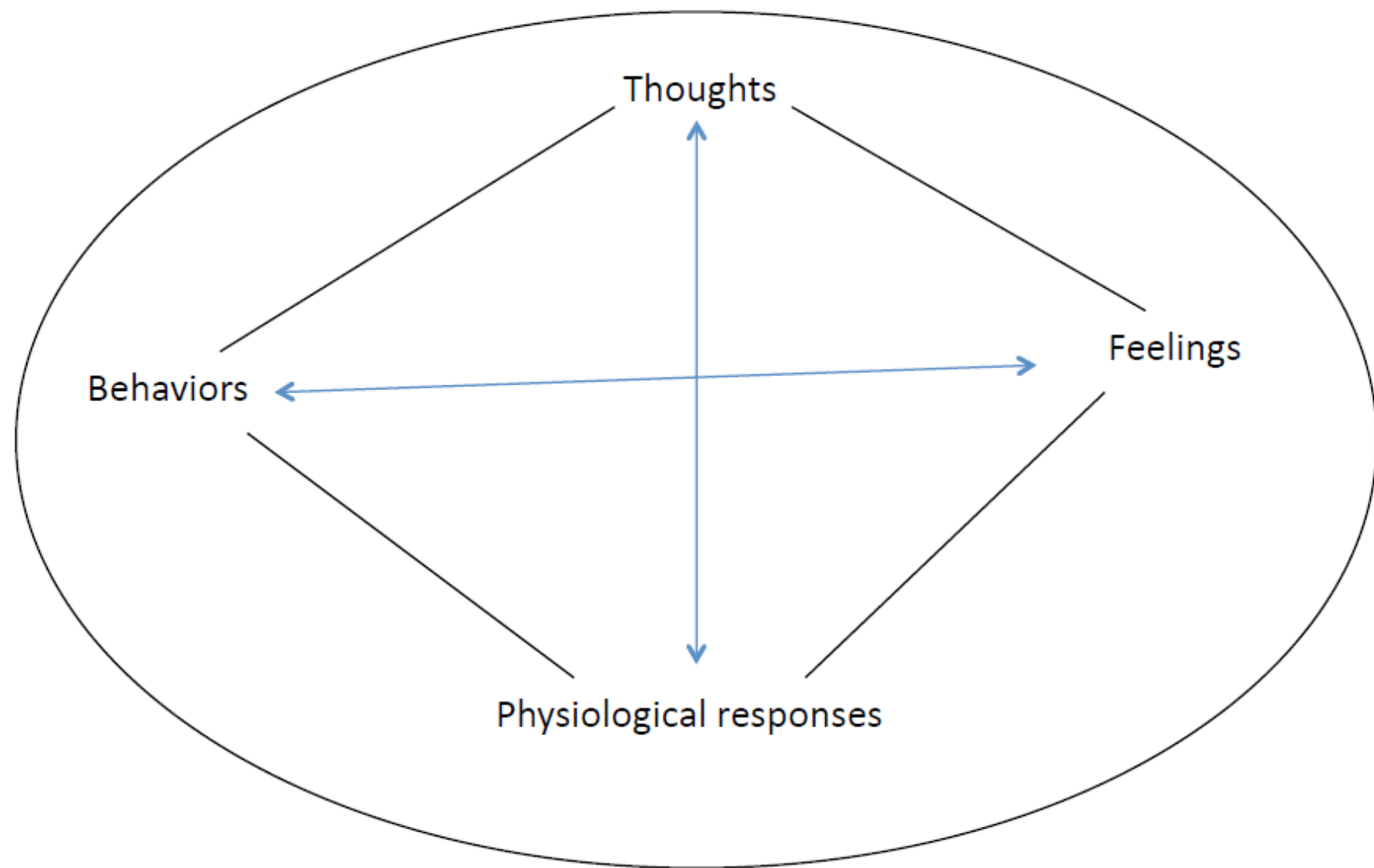
Remember the child's perspective. What we offer them is not terribly compelling

- Techniques are hard to do and take a lot of practice to learn
- Techniques sound different from what children are used to ("It doesn't sound like me...")
- Techniques sound different from other children ("I don't want to sound stupid!")
- Techniques are hard to do
- Techniques don't work all the time

Addressing Affective and Cognitive Components of Stuttering

Cognitive Behavior Therapy (CBT)

- “People are disturbed, **not so much by events** themselves, as **what they make of** them.” (Beck, 1989)
- There is a relationship between thoughts and feelings
- Our behavior is driven by our *FEELINGS* and our thoughts
I know it's ok to stutter but I'm scared to stutter
- CBT focuses on the role of cognitions or “self talk” because changing thoughts can lead to changes in feelings
- Thoughts, emotions, behaviors are interconnected and influence each other



- Stutter
- Change words
- Talk less
- Run away

What I
Do



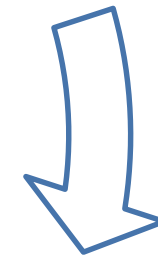
What I feel in
my body

- Stomachache
- Fast heartbeat
- Sweating
- Dry mouth



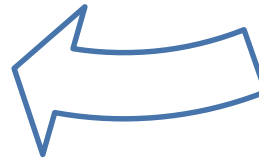
What I
Think

- Why me?
- I wish I could talk.
- I look stupid.



How I
Feel

- Self conscious
- Angry
- Scared
- Rushed



WHAT I THINK

Why do I Keep Stuttering?
Who's Making me do this

Am I going to say something right
Will people make fun of me
Will people be ok with it

WHAT I DO

I don't finish what I say
Avoid talking

How we feel
+ bad

mad
Sad

nervous

upset sad



How does our body feel.

butterflies
Rock
sweating
my heart's beating

CSQ

Try to remember a situation this week that was tough for you, one that you were really feeling worried about beforehand.

1. Describe this *situation* in one or two sentences.

2. What were you thinking at the time? As well as you can remember, list 3 or 4 *thoughts (not feelings!)*
 - a.

 - b.

 - c.

 - d.

3. What exactly did you *do* in this situation? What were you doing with your...
 - a. Eyes?
 - b. Body?
 - c. Gestures?
 - d. Facial expression?
 - e. Turn-taking?
 - f. Speech?
 - g. What exactly did you **say**?

4. Before you were actually in this situation (for example, when you were walking up to a person and hadn't started talking yet), what did you **want** to have happen? (one or two sentences).

- Introduce the cognitive model and explore how it fits with the client's experience.
- Identify emotions and negative automatic thoughts (NATs)
 - Fleeting/momentary
 - Habitual
 - Change in mood noticed but NATs not identified
 - Fit with underlying beliefs
 - Convincing
 - Accepted as fact
- Question and critically evaluate NATs.
- Identifying and challenging unhelpful thinking patterns – behavioral experiments



Identifying Unhelpful Thinking Patterns

(Cook & Botterill, 2009)

Unhelpful thinking patterns	Examples
All or nothing thinking	"I am only successful when everything goes perfectly."
Catastrophizing/fortune telling	"I always stutter when I..." "My tools will never work because..."
Mind reading	"He thinks I'm dumb." "She doesn't like to talk to me." "Everyone thinks I take too much time to talk."
Over-generalization	"I have to use my speech tools all the time, everywhere, with everyone."

Unhelpful thinking patterns	Examples
Mental filter /magnification/discounting positives	"I stuttered too much just now." "My tools never work." Not being able to recognize progress
"Should" statement	"I shouldn't avoid." "I should use my tools all the time." "I shouldn't be scared to talk."
Personalization & blame	"I'm not trying hard enough." "My stuttering is too tricky for tools to work." "I'm such a baby."
Labelling	Stuttering is bad/failing. Fluency is good/success.

My Experiment

I am trying to change _____. One thought/belief I have when I think about changing is that _____ . If I _____ , I predict that _____. How strongly do I believe this will happen? (0-100%): _____

BEFORE THE EXPERIMENT	DURING THE EXPERIMENT	AFTER THE EXPERIMENT
How will I test out my prediction?	What actually happened?	What do I know now?

How strongly do I believe my prediction now? (0-100%): _____

Helpful and Hurtful Thoughts & Cognitive Restructuring

- What do I think?
- Are my thoughts hurtful?
- What are some more helpful thoughts?

Hurtful Thinking

1. I am going to stutter if I answer this question.
2. Everyone will laugh when I stutter.
3. I always stutter when I read in class.
4. Nobody in high school will like me if I stutter.

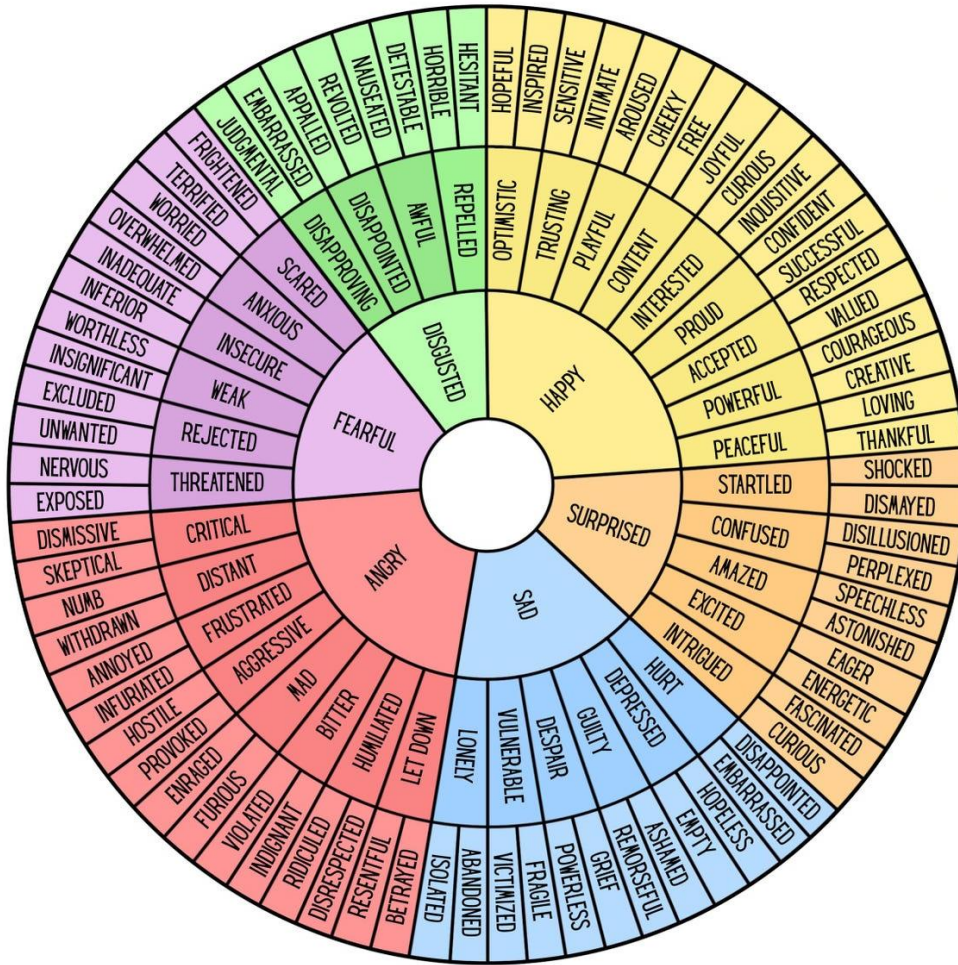
Helpful Thinking

1. I will answer this question by taking my time.
2. Most of my classmates will pay attention to my answer not my stuttering.
3. Sometimes I stutter when I read out loud.
4. I will have friends in high school like I do now.

Positive Reframing!



Acknowledging Feelings



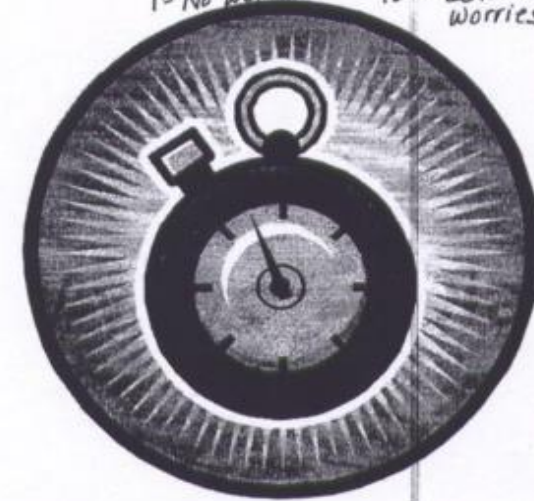
Before: In history
listening $\frac{2}{2}$

SURPRISE!

Teacher asks you
a question 4

My Worry Dial

1-10
1 = No worries 10 = Lots of worries



Ways I can turn my worry dial DOWN: To talk positive to myself, "I can do this!" "I know this answer." "I don't have to worry!"
Try to find the answer somewhere like a book
Take a deep breath

Reducing Fear and Avoidance

- Help desensitize student to disfluencies and listeners reactions in a systematic way, moving from the least to most feared situations
- Help child to **disclose** to others that they stutter
- Help child to voluntarily stutter
- Take small steps!



Sample goal by Mary Tesh, CCC-SLP

GOAL 1 (with 3 objectives listed below): Student will stutter openly (letting out repetitions and/or prolongations on the intended sound) in a structured speech activity or monologue in 2 of 3 opportunities.

--Objective 1: Student will put avoidance behaviors into helpful, sometimes helpful, and not helpful groups in 100% of opportunities. (helpful to speaking in a comfortable, forward-moving way).

--Objective 2: Student will state costs and benefits of the avoidance behaviors he put in the helpful group and sometimes helpful group in 100% of opportunities.

--Objective 3: Student will speak on exhalation, without taking in extra breaths, as an avoidance behavior to the loss of control of the moment of stuttering, during a structured speech activity or monologue in 2 of 3 opportunities.

GOAL 2: Student will describe when and how he uses avoidance behaviors (ie. loss of eye contact, exhibiting unusual breathing, demonstrating blocks) to avoid stuttering that interfere with him effectively communicating by stuttering openly, with 100% success, across 3 targeted sessions.

Working with Classroom Teachers

- ✓ Explain treatment goals and teacher's role
- ✓ Help teacher and child work out child's participation in class
- ✓ Teachers can support the changes the student is making by...:
 - Checking in
 - Compliments about communication
 - Supporting/assisting student's class presentation(s) about stuttering
- ✓ Keep an eye out for teasing/bullying and respond accordingly



Ohio Stuttering
Support Network

2026



Considering Child &
Parent Temperament in
Stuttering Intervention.

FEB

24

7:30-9pm

APRIL
20

7:30-9pm

Working with Individuals
Who Stutter: Addressing
Stigma and Facilitating
Advocacy.



Counseling
Approaches to
Support Change for
Clients Who Stutter.

SEP

9

7:30-9pm

NOV
12

7:30-9pm

Supporting Students Who
Stutter in the Schools:
A Panel with School-
Based SLPs.



SAMPLE PANEL DISCUSSION QUESTIONS

Question 1: How do you determine and document the educational impact of stuttering when making decisions about eligibility and services?

Question 2: When might you recommend a 504 Plan versus an IEP for a student who stutters? If the student has an IEP, what options are available for providing support and services?

Question 3: How do you bring families on board with stuttering-affirming practices and shift the focus from eliminating stuttering to supporting effective communication, confidence, and participation?

Question 4: How do you educate and collaborate with teachers to support students who stutter in the classroom?

Question 5: Please walk us through a typical group session that includes a student who stutters and students with other communication needs. How do you balance the different goals and make sure the session remains meaningful for everyone?

Question 6: How do you help students who stutter build confidence and self-advocacy in everyday school and community settings, and how do you connect them with others in the stuttering community?

Question 7: How do you approach writing meaningful, measurable, stuttering-affirming goals for students who stutter? Please share three examples of goals you have used in practice.

Question 8: How do you take advantage of the school environment to support your students' goals beyond the therapy room - e.g., through classrooms, teachers, peers, presentations, clubs, or other school activities?

Free CEU!

SIGN UP →

ossn.slp@gmail.com

Speaker Information



Ana Paula G. Mummy, SLPD, CCC-SLP

Speech-Language Pathologist, Spero
Stuttering Co-Founder & President

Ana Paula G. Mummy, SLPD, CCC-SLP, is a trilingual speech-language therapist, private practitioner, and adjunct professor. She is the co-founder and president of Spero Stuttering, Inc., a nonprofit organization that seeks to help, empower, and advocate for the stuttering community and their families. Her areas of interest and expertise include early language and literacy, articulation disorders, bilingual speech-language development, and stuttering.



Financial Disclosure:

Ana Paula is employed full-time by Hallsville Independent School District. She is the owner of a small private practice, Holistic Communication Therapy, PLLC. Ana Paula is receiving a presenter fee from Quantum for this presentation.

Nonfinancial Disclosure:

Ana Paula is the president of Spero Stuttering, Inc. She is a certified member of ASHA and TSHA.

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Free Professional Development
Events for School-Based Staff

Beyond Disfluency Counts: Comprehensive Assessment of Stuttering in Schools

Free Live CEU Webinar

Professional Development for
School SLPs, SLPAs & SLP Students



October 22nd, 2026
5:30-6:30 PM Central

Learning Outcomes:

By the end of this session, participants will be able to:

- Describe the ICF components of stuttering and why surface severity alone may not reflect a child's educational needs.
- Identify IDEA regulations that support comprehensive, multi-source evaluation.
- Describe assessment tools and strategies that capture affective, cognitive, and impact-based aspects of stuttering.

Register Here:

www.tinyurl.com/BeyondDisfluency26

Quantum Resource
Professionals
Introductory Level
0.1 ASHA CEUs

Offered for 0.1 ASHA CEUs, Introductory Level



Course Description:

This one-hour session "Beyond Disfluency Counts," explores how to use the ICF framework to assess school-age children who stutter beyond observable behaviors. Participants will learn to evaluate affective and cognitive reactions, activity limitations, and participation restrictions, drawing on multiple data sources to support fair eligibility and service-delivery decisions.

Certificate of Completion Will Be Awarded to Learners Who:

- Attend the entirety of the live training (no partial credit)
- Attain a passing score of 100% on the 5-question, multiple choice follow-up assessment (unlimited retakes)
- **Pass the Follow Up Assessment by:**
October 29, 2026 @ 6:30 PM Central

Please Note: Participants must provide their ASHA ID at registration in order to receive credit.

A white rectangular card is placed diagonally on a light green background. The card features the words "Thank you" written in a dark blue, elegant cursive script. Below the main text, the email address "Katerina.Ntourou@case.edu" is printed in a smaller, orange, sans-serif font. The card is surrounded by autumn-themed decorations: a large, light-colored pumpkin with dark green stripes is on the left; a bright orange pumpkin is on the right; a brown acorn is at the top left; a large, brown, dried leaf is at the top; and another brown acorn is at the bottom right.

Thank you

Katerina.Ntourou@case.edu