

## Under Age 5 - Lidcombe Program



### Behavioral Approach

The Lidcombe program was developed in Australia in a suburb of Sydney called Lidcombe. It focuses on a behavioral approach to reduce or eliminate stuttering behaviors for children ages five and under. It has a 98% success rate. It has changed over the years, as more research occurs.

- 2 Stages -

\*Stage 1 Treatment phase supervised by SLP includes weekly visits to the clinic and/or home visits by SLP wherein the SLP trains the parent and demonstrates verbal contingent stimulation VC. Parents provide VC to their child first in a structured conversation time designed for optimum fluency. Language component is reduced until child is fluent at the highest MLU possible. Then the parents is trained to provide VC within everyday conversations/situations. \*Stage 2 maintenance phase to ensure no stuttering for up to 12 months post treatment.

### Cognitive Behavioral Therapy (CBT)SF



### Today's Focus

#### TREATMENT APPROACHES

- 1) Lidcombe - young children
- 2) Comprehensive - get a parent fluent
- 3) Cognitive Behavioral Therapy - Stuttering Issues
- 4) Demand and Capacity

### RESOURCES for the SLP

Depends upon needs/age of the child

- 1) The Child's Handbook of Stuttering: A Handbook for Stuttering
- 2) The Child's Handbook of Stuttering: A Handbook for Stuttering
- 3) The Child's Handbook of Stuttering: A Handbook for Stuttering
- 4) The Child's Handbook of Stuttering: A Handbook for Stuttering

### Stuttering & Qualifying

Stuttering is a disorder of the speech process. It is characterized by the presence of sound, syllable, word, phrase, or sentence repetitions, prolongations, and/or hesitations. Stuttering is not a disorder of the voice, but a disorder of the brain. It is a complex disorder that affects the way the brain processes and produces language.

### DIFFICULT SITUATIONS TO CONSIDER

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### CAUTIONS WITH COGNITIVE THERAPY

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### Stutter-Free Speech & Unknowingly Stuttering

Stuttering is a disorder of the speech process. It is characterized by the presence of sound, syllable, word, phrase, or sentence repetitions, prolongations, and/or hesitations. Stuttering is not a disorder of the voice, but a disorder of the brain. It is a complex disorder that affects the way the brain processes and produces language.

### Stage 2

Stage 2 - when severity ratings are 1's and 2's accordingly for several weeks.

Purpose is to be VC and still have student free speech. Helpless can occur.

If you use % of stuttered syllables as a criterion you would check again during clinic visit or home visit to verify student free speech.

Performance contingent maintenance - schedule visits for increasing periods of time with stuttering free speech. every two weeks. alert that weeks until student free speech for a year.

### Review Anatomy/Physiology

#### KNOWLEDGE IS POWER

Articulators - lips, tongue, teeth, glottis, larynx, palate  
Respiratory system - How do we breathe?

Phosies - voiced/voiceless  
Fricatives - voiced/voiceless  
Affricates, Glides, Vowels, Blends,

### TEACHING STRATEGIES

Get the person fluent - Comprehensive, Demands/Capacity, CBT-SF

Teach the different forms of dysfluencies so individual is aware of what they do and what is happening to them when they stutter.

STRATEGY: Behavioral Experiments

Also known as "exposures" identify an unhelpful thought regarding a situation/behavior. test it for validity - confronting fears in a supported manner

- \* What do you think might happen?
- \* How will we find out for sure?
- \* What DID happen?
- \* What do you think of that?

nothing we do should ever be painful

### Traditional -STRATEGIES

Rapid Repetitions - stretch out the initial sound, pullout and start again -visualize next sound coming and move to it. Light articulatory contact

Blocks - silent "h" breathe out (open up the glottis) - feel where you are blocked and open it up. Light articulatory contact.

Prolongations - Pull-out, force a prolongation longer to gain control and move on. Visualize movement to next sound in word. Light articulatory contact.

### Possible Painful Experiences

- \* Not being able to say their name
- \* Not giving an answer in class when they know it - "Biting Issues"
- \* Not being picked for a play because of stuttering
- \* Eating alone because afraid to talk with others
- \* Not telling a joke because afraid it would take too long
- \* Saying "I don't know" - when I do know
- \* Someone asking me why I don't talk right?

### Strategy: BEHAVIORAL ACTIVATION

When the individual needs to BEGOING doing something - escalating transferring and generalizing new thoughts, behaviors - Begin with end goal in mind - What do you want the client to be doing in every day life (participating in class, using a speech tool on the phone, respond to teasing, re-frame negative thoughts)

### Why is it so hard to help individuals achieve speech change?

- \* Demands on attention
- Speech planning is usually not attended to in a conscious manner
- Cited attention task - how can I say something + what I'm trying to say
- \* If we try to make a change and it doesn't go well, it can be painful
- Painful experiences can lead to unhelpful thoughts and feelings
- These thoughts and feelings lead to unhelpful behaviors

### BEHAVIORAL ACTIVATION

EMPHASIS - is on DOING something

- 1) That you're not doing now
- 2) Do it in a slightly different
- 3) Accompanied with careful self-analysis and
- 4) No change is too small or insignificant

TYPES OF CHANGE

- 1) Precontemplation
- 2) Contemplation
- 3) Preparation
- 4) Action
- 5) Maintenance
- 6) Relapse

### Who Supports me?

Complete sheet and have client identify support people in all aspects of life if possible (school, home, work, sports, etc.)

### WORRY DIAL

What makes you worried? How can you dial down that worry - what works for you?

### Coping Skills

Making change is stressful - Coping Cards

## QUESTIONS?

### Camperdown Program

Teaches prolonged speech - a strategy not conducive to stuttering

### Counseling - looking at the whole person

negative feelings towards stuttering - avoidance should be targets for intervention

eye contact - turn-taking, topic maintenance, initiation,

video feedback - self-evaluation



## DISCLOSURE

Stuttering Foundation of  
American Midwestern  
Workshop - 2009  
Lisa Scott, PhD FSU  
Michael Palin Centre  
Scott Yaruss - Preschool  
Coleman - School-aged  
University of Australia/Sydney

# Stuttering through the ages

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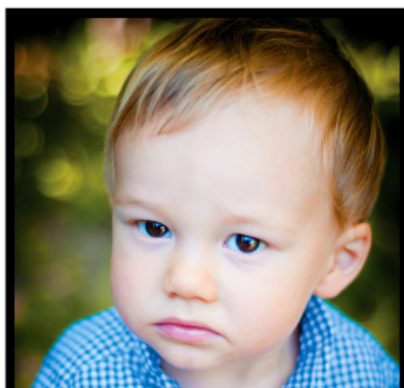
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## What is stuttering?

Stuttering the most common fluency disorder - is an interruption in the flow of speaking characterized by repetition (sound, syllable, words, phrases), sound prolongations, blocks, interjections, and revisions which may affect the rate and rhythm of speech. These deficiencies may be accompanied by physical tensions, negative reactions, secondary behaviors, and avoidance of sounds, words or speaking situations (ASHA 1993, Yaruss, 1998, 2004)

## Under Age 5 - Lidcombe Program



### Behavioral Approach

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- 2 Stages -

\*Stage 1 Treatment phase supervised by SLP includes weekly visits to the clinic and/or home visits by SLP wherein the SLP trains the parent and demonstrates verbal contingent stimulation

## Cognitive Behavioral Therapy (CBT)/SF



## Stage 1 Treatment - Lidcombe Phase 1 of treatment

Verbal contingencies during structure conversation allows for SLP to train parent for positive stutter-free speech. You need some stuttering but stuttering moments should occur only occasionally. Stuttering increases with increased syntactic complexity and utterance length. We can help parents manage those variables by helping

The SLP helps to manage output by finding how complex the child's language can be before stuttering occurs. This is individualized for each child. Parents are asked to rate their child's stuttering and you want agreement between the SLP and the parent. 1's and 2's are no stuttering and 10's are the most severe stuttering heard. This is based on the SF Fluency Scale

## Today's Focus

### TREATMENT APPROACHES

- 1) Lidcombe - young children
- 2) Camperdown - get a person fluent
- 3) Cognitive Behavioral Therapy- Stuttering focus
- 4) Demand and Capacity

Parent will present verbal contingencies once or twice a day for 10 to 15 minutes each time. We used to call this special talking time. Where the child receives one on one parent/child time and you work on stutter-free speech. Newer versions say this time can occur during routines. But if child is not fluent you might want to re-think this step. The parent will want to keep track of SR during this time.

Transition between structured and unstructured conversation - usually occur simultaneously and then fade structured to only unstructured.

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# What is stuttering?

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These disfluencies may be accompanied by physical tensions, negative reactions, secondary behaviors, and avoidance of sounds, words or speaking situations (ASHA 1993, Yaruss, 1998, 2004)



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# DISCLOSURE

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**Stuttering Foundation of  
American Midwestern  
Workshop - 2009  
Lisa Scott, PhD FSU  
Michael Palin Centre  
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University of Australia/Sydney**

# Today's Focus

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# Don't Talk about the Stuttering

## The Elephant in the Room



- \* I will do harm if I call attention it?
- \* The stuttering will worsen?
- \* It will fix itself if I do nothing?
- \*Most stuttering goes away on it's own.

# Under Age 5 - Lidcombe Program



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\*Stage 2 maintenance phase to ensure no stuttering for up to 12 months post treatment.



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# Stage 1 Treatment - Lidcombe

## Phase 1 of treatment

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Verbal contingencies during structure conversation allows for SLP to train parent for positive stutter-free speech. You need some stuttering but stuttering moments should occur only occasionally. Stuttering increases with increased syntactic complexity and utterance length. We can help parents manage those variables by helping to regulate output using: turn taking, word imitation, sentence completion, closed questioning and binary choice questions.

The SLP helps to manage output by finding how complex the child's language can be before stuttering occurs. This is individualized for each child. Parent's are asked to rate their child's stuttering and you want agreement between the SLP and the parent. 1's and 2's are no stuttering and 10's are the most severe stuttering heard. This is based on each SLP/parent/child interaction. Parents are asked to keep track of the SR per session there are many ways to do this.

# Stutter-Free Speech & Unambiguous Stuttering

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## STUTTER-FREE SPEECH

- 1) Praise - "Wow that was so smooth!", "Fantastic smooth taking", "I'm loving your smooth speech."
- 2) Request Self-evaluation - "Was that smooth?", "Were there any bumps there?", "Did that get stuck?"
- 3) Acknowledge - "Smooth talking", "That was smooth".

## UNAMBIGUOUS STUTTERING

- 1) Acknowledge - "a little bumpy" " that got stuck", "That was really long and stretchy"
- 2) Request self-correction "Try that again without bumps", "Say that again and make it smooth".

Parent will present verbal contingencies once or twice a day for 10 to 15 minutes each time.

We used to call this special talking time. Where the child receives one on one parent/child time and you work on stutter-free speech. Newer versions say this time can occur during routines. But if child is not fluent you might want to re-think this step. The parent will want to keep track of SR during this time.

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Transition between structured and unstructured conversation - usually occur simultaneously and then fade structured to only unstructured.

# Stage 2

Stage 2 - when severity ratings are 1's and 2's consistently for several weeks.

**Purpose is to fade VC** and still have stutter free speech. Relapse can occur.

If you use % of stuttered syllables as a criteria you would check again during clinic visit or home visit to verify stutter-free speech.

**Performance contingent maintenance** - schedule visits for increasing periods of time with stuttering free speech - every two weeks - every four weeks - until stutter free speech for a year.

# Case Study

Meet J.E. and his mother



length. We can help parents manage those variables by helping to regulate output using: turn taking, word imitation, sentence completion, closed questioning and binary choice questions.

stuttering and 10's are the most severe stuttering heard. This is based on each SLP/parent/child interaction. Parents are asked to keep track of the SR per session there are many ways to do this.

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**"I was bullied through elementary school and much of junior high....because of my stuttering."**

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**CONSIDER**

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on Attitude Test for  
Stutter -

**COGNITIVE BEHAVIORAL THERAPY**  
**CBT-Beck 1995**  
**Acceptance and Commitment Therapy**  
**ACT-Hayes, Stroschl, & Wilson 2003**

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# Stuttering & Qualifying

## Numerous ways to qualify a child

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IDEA's definition of a Speech-Language Impairment

300.8 (c)(11) Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that **adversely affects a child's educational performance**.

If you have challenges in qualifying a child for services within your district, ask about different ways to assess stuttering and its impact on the child's academic and non-academic performance within the school setting.

Typically - I assess using % of stuttered syllables, longest stuttered moment (rapid repetition, prolongations or blocks). But also ability of child to respond to questions in class, or present orally. My goal with an older child is more fluent speech. Is anxiety a part of the problem - we know anxiety increases stuttering.

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# DIFFERENT ASSESSMENT TOOLS TO CONSIDER

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KIDDYCAT - pre-K to age 6 Communication Attitude Test for preschool and Kindergarten Children who Stutter - Vanryckeghem&Brutten 2006)

A-19 Scale for Children Who Stutter (Guitar 2007)

BAB - Behavioral Assessment Battery (Brutten & Vanryckeghem 2006) includes: CAT Communication Attitude Test, SSC Speech situation Checklist, BCL Behavioral Checklist

OASES - Yarus, et al - Overall Assessment of the Speaker's Experience of Stuttering -

Stuttering Severity Instrument (SSI)

# Mark Onslow



# **Review Anatomy/Physiology**

## **KNOWLEDGE IS POWER**

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Articulators - lips, tongue, teeth,  
glottis, larynx, palate

Respiratory system - How do we  
breathe?

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Plosives - voiced/voiceless

Fricatives - voiced/voiceless

Affricates, Glides, Vowels, Blends,



# REVOLUTION.

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**Camperdown Program  
Teaches prolonged speech –  
a strategy not conducive to  
stuttering**

# Prolonged Speech



# TEACHING STRATEGIES

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Get the person fluent -  
Camperdown, Demands/Capacity,  
CBT-SF

Teach the different forms of  
disfluencies so individual is aware of  
what they do and what is happening  
to them when they stutter.

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# Cognitive Behavioral Therapy (CBT)SF

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# **COGNITIVE BEHAVIORAL THERAPY**

**CBT-Beck 1995**

**Acceptance and Commitment Therapy**

**ACT-Hayes, Stroschl, & Wilson 2003**

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- 1) We create our experiences through language/  
our thoughts about the experience
- 2) There is a relationship between thoughts and  
feelings
- 3) Our behavior is driven by our feelings not our  
thoughts  
I know it is okay to stutter - but I'm scared to  
stutter (thought vs feeling)
- 4) Changing thoughts can lead to change in  
feelings.



## Who Supports me?

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Complete sheet and have client identify support people in all aspects of life if possible (school, home, work, sports, etc.)

## WORRY DIAL

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What makes you worried? How can you dial down that worry - what works for you?

## Coping Skills

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Making change is stressful - Coping Cards

### Who Supports Me?

(adapted from Follette & Pistorello, 2007)

1. In the first column, list up to 5 important people in your life. They can be friends, family, teachers, coaches, people you know from church or sports, etc.
2. In the second column, rate how close you feel to each person on a scale of 0 to 10, with 0 being not at all and 10 being as close as you could be.
3. In the third column, write down how that person shows you that they support you (things they say, their actions, etc.).

Person	Closeness (0 to 10)	How Does This Person Support Me?

It's a well-known fact that having lots of people who support you is *not nearly as important* as having ONE person who you feel you can really trust and talk to when you are feeling sad or worried. If you are feeling sad or worried about your stuttering, which person on your list do you think you could talk to about it? What would you say?

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## Who Supports me?

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Complete sheet and have client identify support people in all aspects of life if possible (school, home, work, sports, etc.)

## WORRY DIAL

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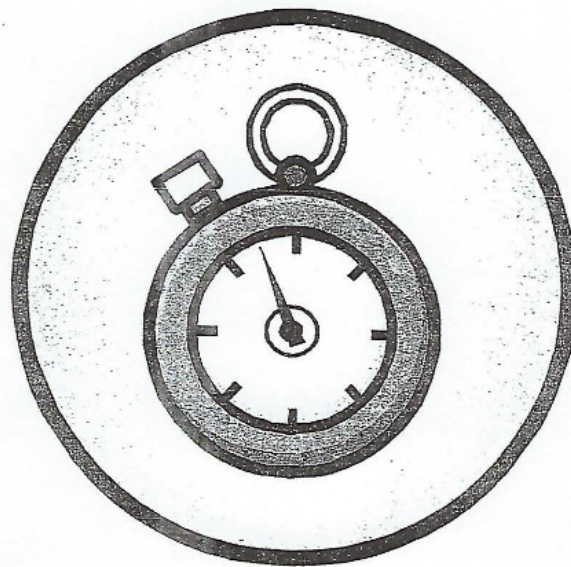
What makes you worried? How can you dial down that worry - what works for you?

## Coping Skills

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Making change is stressful - Coping Cards

# My Worry Dial



Ways I can turn my worry dial DOWN:

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# Why is it so hard to help individuals achieve speech change?

- \* Demands on attention
  - Speech physiology is usually not attended to in a conscience manner
    - Divided attention task - how can I say something + what I'm trying to say
- \* If we try to make a change and it doesn't go well, it can be painful
  - Painful experiences can lead to unhelpful thoughts and feelings
  - these thoughts and feelings lead to unhelpful behaviors.

# Possible Painful Experiences

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- \* Not being able to say their name

- \*Not giving an answer in class when they know it

- \*Being teased

- \* Not being picked for a play because of stuttering

- \*Eating alone because afraid to talk with others

- \* Not telling a joke because afraid it would take too long

- \*Saying "I don't know" - when I do know

- \* Someone asking me why I don't talk right?

# Traditional -STRATEGIES

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**Rapid Repetitions** – stretch out the initial sound, pullout and start again –visualize next sound coming and move to it, Light articulatory contact

**Blocks** – silent "h" breathe out (open up the glottis) – feel where you are blocked and open it up. Light articulatory contact.

**Prolongations** – Pull-out, force a prolongation longer to gain control and move on. Visualize movement to next sound in word. Light articulatory contact.



# Strategy:

## BEHAVIORAL ACTIVATION

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When the individual needs to BEGIN doing something - establishing transferring and generalizing new thoughts, behaviors -  
Begin with end goal in mind - What do you want the client to be doing in every day life (participating in class, using a speech tool on the phone, respond to teasing, re-frame negative thoughts)

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- \* What DID happen?
- \* What do you think of that?



**nothing we do should ever be punitive**

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**Have another person in the  
individual's life be their partner  
on this journey**



**Transfer fluency help to this  
person - SLP isn't only one who  
can help -cross train, role  
release, empower**

**Strategy:**

# STRATEGY:

## Behavioral Experiments

Also known as "exposures"

Identify an unhelpful thought regarding a situation/behavior, test it for validity  
- confronting fears in a supported manner

- \* What do you think might happen
- \* How will we find out for sure?
  - \* What DID happen?
  - \* What do you think of that?



## 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%): \_\_\_\_\_

# Counseling - looking at the whole person

negative feelings towards  
stuttering - avoidance should be  
targets for intervention

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eye contact - turn-taking, topic  
maintenance, initiation,

**video feedback - self-evaluation**

# COUNSELING

**LISTEN   ENCOURAGE   SUPPORT   REFLECT   EMPOWER   PLAN**

Provide a safe - judgement free environment  
discuss what is working, why is this working?  
what is not working, why is it not working?  
What are the barriers to success that need to be  
addressed?

**Frequent contact with support person**

# BEHAVIORAL ACTIVATION

EMPHASIS - Is on DOING something:

- 1) That you're not doing now
- 2) Or do it slightly different
- 3) Accomplished through careful task analysis and hierarchies
- 4) No change is too small or insignificant

## CYCLES OF CHANGE

- 1) Precontemplation
- 2) Contemplative
- 3) Preparation
- 4) Action
- 5) Maintenance
- 6) Relapse



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# RESOURCES for the SLP

Depends upon needs/age of the child

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- 1) The Stuttering Foundation of America  
web site -[www.stutteringhelp.org](http://www.stutteringhelp.org)
- 2) University of Sydney Australia web  
site-[www.sydney.edu.au](http://www.sydney.edu.au)
- 3) National Stuttering Association web  
site - [www.westutter.org](http://www.westutter.org)
- 4) Stuttering center .org





**QUESTIONS?**

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**Camperdown Program**