



A joint venture of Children's Hospital of Pittsburgh and the Department of Communication Science and Disorders at the University of Pittsburgh

Stuttering Center News

ACES: New Stuttering Assessment Tool

December 2004
Volume 2, Issue 6

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Western PA:

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“Stuttering is more than just stuttering.” This is probably one of the most fundamental statements one can make about the disorder – the fact that the child’s *experience* of the stuttering disorder involves far more than just the production of speech disfluencies. To understand the entirety of the stuttering disorder, we also need to consider the child’s reactions to stuttering, the difficulty the child experiences when communicating in different situations, the impact of stuttering on the child’s sense of satisfaction with his life, and overall well-being. Assessing and evaluating the entire stuttering disorder can pose a challenge, since at present, there are no published assessments designed to evaluate these aspects of the child’s experience of stuttering.

At the Stuttering Center, we have been working on a new assessment tool designed to assess the overall impact of stuttering on a child’s life. The *Assessment of the Child’s Experience of Stuttering (ACES)* (Yaruss, Coleman, & Quesal) was created to help clinicians evaluate the entire stuttering disorder in children ages 7 to 18. The ACES is a 100-item questionnaire that children can complete in about 15-20 minutes.

The ACES allows children to report on aspects of their disorder from *their own* perspective. Specific aspects of the stuttering disorder that are examined include: (a) the child’s perception of his speech fluency, speech naturalness, and speech therapy techniques; (b) the child’s affective, behavioral, and cognitive reactions to stuttering; (c) the child’s difficulty in communicating at

school, at home, and in social situations; and (d) the impact of stuttering on the child’s overall quality of life. Together, these components help to describe the child’s overall experience of stuttering.

In addition to helping clinicians quantify and evaluate these aspects of the stuttering disorder, the ACES can help clinicians plan treatment objectives by providing detailed information about the specific areas that may or may not need to be addressed during treatment. For example, many children report that speaking in front of their classmates is more difficult for them. Other children may not identify this particular situation as one that is more problematic for them, though they may have more difficulty when talking with their teachers. The ACES can help clinicians sort out the different situations and experiences their young clients may face, and this can help them design more individualized treatment plans.

Additional benefits of using the ACES include tracking treatment progress and helping parents (and older children) identify areas of progress and areas that need to be addressed more directly in treatment. In addition, progress may be more “visible” if there is numeric data to support statements of progress or recommendations.

To receive a copy of the ACES, or to participate in data collection for the evaluation of the reliability and validity of the tools, contact J. Scott Yaruss, at jsyaruss@csd.pitt.edu. You can also see the current draft of the ACES on our website: www.StutteringCenter.org.



Special Report: Fun Treatment Activities

Craig E. Coleman, Amy Lyons-Zerhusen, and Rebecca Roccon

SLPs often aim to create interesting activities that help keep children's attention high and increase their desire to come to speech treatment. Aside from making treatment more enjoyable for everybody, greater participation by the child can enhance treatment outcomes. We have found several activities to be helpful for school-age children who stutter. These activities allow SLPs to target multiple objectives in one activity and also maintain the child's interest. This article provides an overview of² some of these activities. A more comprehensive description of these and other activities will appear in an upcoming treatment activities manual.

1. **Pick Your Team:** In this activity, children pick five to six players from professional sports teams that they want to include on their team. They get to select their team name and make uniforms. Following the selection of players, the child is told to pretend that each person on his team now stutters.

The child must come up with a list of team "rules" to facilitate communication on a team of players who stutter. This activity helps children verbalize their beliefs about stuttering. It also helps them learn appropriate behavior when interacting with those who stutter. This helps them decide what is, and what is not, helpful when they talk with others. Our children have come up with the following rules: don't tease others who are stuttering; if someone is teasing you, tell a coach; use your speech tools; maintain eye contact; say what you³ want, even if you stutter; have team meetings to learn about stuttering; help people on the team if they are being teased by someone else, etc. Playing the game reinforces our therapy message!

2. **Stuttering Trivia Football:** This activity helps children learn the facts about stuttering. Children can play against others who stutter or against their parents. Each player starts at the goal line and tries to make it 100 yards to the other end zone to score. Each person takes turns selecting the number of yards they want to go for. The higher number of yards, the harder the question they are asked by their opponents! If they get the question right, they get to move up that many yards. If they get the

question wrong, they do not advance and the other team gets their turn! You can use this activity with a group of kids by dividing them into teams. They can discuss the questions they will ask (and determine how much each question is worth). They can also discuss their answers with other members of their team to come up with a group answer. This can also be a helpful activity for children who do not stutter, as it will help them learn about stuttering.

3. **Develop a Fluency Slogan:** This activity, designed for older children, addresses attitudes and emotions about stuttering. We have developed our own fluency slogan by "borrowing" the VISA/MASTERCARD format. "One hour of speech therapy, \$130 dollars... Asking your parents to order for you at a restaurant, getting the sandwich you hate... Not feeling as bad about stuttering, *priceless*." Notice how the slogan helps people change their thinking about stuttering... You can help your students create their own slogans by asking them to think about how stuttering affects them. Talk about positive and negative situations they have experienced, and what is "priceless" to them. You can bridge this into other activities, by presenting their slogans to parents, staff, or other kids.

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Message From the Stuttering Center

Craig Coleman

J. Scott Yaruss



This issue of the *Stuttering Center News* focuses on assessment and treatment of school-age children who stutter. In addition to contributions from our staff at the Stuttering Center, we are delighted to have Amy Lyons-Zerhusen, from the Cincinnati Children's Hospital Medical Center as a co-author in this edition. Please send us your feedback! Happy Holidays from all of us!!



4. **Fluency Olympics:** You can help children who need to strengthen fluency management techniques and transfer their strategies out of the therapy room. Make several Olympic “stations/signs” with activities of varying degrees of difficulty and place the signs around the room. Examples include “Use your easy speech counting to 10,” “Use your turtle talk in a sentence with your mom/dad,” “make a word bumpy,” and “use easy speech in a word.” Point value depends on degree of difficulty. Place at least one station in a hallway or outside of the therapy room. This is good for a group as well, for it fosters friendly and supportive interaction between students.

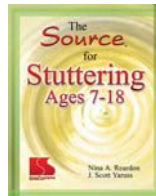
5. **Don't Break the Ice Fluency Game:** This is an activity for young children who are ready to use fluency management strategies in sentences. Tape colored pictures on top of the “ice cubes” of the popular game. You and the child take turns using easy speech and saying “Hit the.... (lion, fork, or whatever pictures you have). You can also incorporate indirect speech sound therapy into your fluency goals through modeling of the directions.

6. **Travel Game:** In this activity, each person is given an atlas and instructed to pick a location at random. Next, players take turns describing the location, one characteristic at a time. They might describe geography or weather. They might describe what they would do if they went there or who they might take with them. This activity provides an opportunity for participants to produce numerous sentences, either using a carrier phrase or spontaneously. It can also be helpful to add negative practice to this activity to provide opportunities for desensitization.

7. **Categories Game:** The activity helps kids incorporate speech strategies into spontaneous speech. Clinicians begin by identifying a category (e.g., Things with Wheels). Each player takes a turn naming an item that fits the category. One point is assigned for each item identified. The person with the most points at the end of the game is the winner. After the clinician initiates the

game, each person takes a turn identifying the category. The game can also be reversed so children identify the category when the clinician names items in the category.

NEW Publications by Stuttering Center Staff

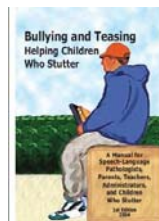


The Stuttering Center’s J. Scott Yaruss, with Nina Reardon have written a new book! *The Source for Stuttering: Ages 7-18*, published by LinguSystems, provides a wealth of information about diagnosis and treatment, including numerous forms, handouts, and worksheets to help you help children who stutter. Contact Dr. Yaruss (jsyaruss@csd.pitt.edu) or go to www.LinguSystems.com for more info!

A new brochure from the National Stuttering Association (NSA), entitled *Insurance Advocacy and Stuttering*, describes the appeals process and provides tips on how to ensure coverage for stuttering treatment. The new brochure was developed by the NSA’s Insurance Advocacy Committee, chaired by Craig Coleman. For more information, send a note to Craig at craig.coleman@chp.edu!



Also new from the NSA is a comprehensive booklet designed to minimize bullying and hurtful teasing for children who stutter. Written by Bill Murphy, Bob Quesal, Nina Reardon, and J. Scott Yaruss, the manual includes separate sections for parents, teachers, school administrators, SLPs, and, of course, children who stutter. For more info, go to the NSA’s website at www.WeStutter.org or email Dr. Yaruss (jsyaruss@csd.pitt.edu).



Upcoming Events

Stuttering Center staff will present several workshops in the coming months. For more information, check out our website at www.StutteringCenter.org

Workshops Include:

- Syracuse, NY (12/13)
- Tarrytown, NY (12/14)
- Kansas City, MO (1/26)
- St. Louis, MO (1/27)
- Wichita, KS (1/28)

You can view handouts from previous presentations by **J. Scott Yaruss and Craig Coleman** at: www.stutteringcenter.org/Handouts

***If you would like information on scheduling an in-service presentation with either J. Scott Yaruss or Craig Coleman, please let us know!**

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The *Stuttering Center* offers evaluation and treatment for children who stutter through Children’s Hospital of Pittsburgh in Oakland and at our satellite offices in Bethel Park, Monroeville, and Wexford. Visit the Children’s Hospital website at www.chp.edu for directions.

Find us on the Web!

www.stutteringcenter.org

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Clinician Profiles:

Rebecca Roccon, MS CF-SLP
and Amy Lyons-Zerhusen,
MS CCC-SLP

By Craig Coleman, M.A., CCC-SLP

Rebecca Roccon received her Bachelors Degree and Masters Degree from Duquesne University in Pittsburgh, PA. She works at Children’s Hospital of Pittsburgh-North in Wexford, PA. Amy Lyons-Zerhusen is a speech-language pathologist at Cincinnati Children’s Hospital Medical Center. She received her Masters Degree from Miami University in Oxford, OH. Rebecca and Amy have contributed heavily to this special treatment newsletter and it is my pleasure to consider them both colleagues and friends. I asked Rebecca and Amy several questions about their work in stuttering:

Q: How did you become interested in stuttering?

Rebecca: I participated in group and individual fluency therapy during my graduate work at Duquesne University. I became fascinated with the variability across patients, the different types of disfluencies, and all of the underlying emotional and attitudinal issues associated with the disorder. What interested me the most, however, was the fluency enhancing strategies and how patient implementation of such strategies appeared to impact almost every aspect of his or her life.

Amy: I am a stutterer myself. I started much later, around the age of 9 or so. I became interested in helping kids who stutter during graduate school.

Q: Where do you see the field of stuttering headed in the next ten years?

Rebecca: I believe the field of stuttering will advance a great deal over the next ten years. I think that the cause of stuttering or the contributing factors associated with stuttering will be the primary focus. I foresee advances in technology that will allow for improvements in genetic studies and brain imaging techniques, as well as the possible use of pharmaceuticals in treatment.

Amy: I hope that we can gain more knowledge about stuttering and etiologies through research and develop even better treatment methods to help people who stutter.

Q: What is one thing you would tell any clinician who works with people who stutter?

Rebecca: I would tell the clinician to be sensitive to the patient’s needs, motivations, and personality. I would advise that treatment plans be highly personalized and specific to that patient. I would also suggest that the clinician be realistic and honest with the patient when discussing treatment outcomes. Most importantly, I would advise that the clinician be very flexible and willing to adapt to the patient during the treatment process.

Amy: Always try to see the child and the parents’ point of view. Don’t be afraid to talk about stuttering and issues that surround stuttering (bullying, teasing, parent education).

Q: What has been your most rewarding experience in the field?

Rebecca: My most rewarding experience to date was during my studies as a graduate student at Duquesne University under the supervision of Dr. Gary Rentschler. I was treating a 32 year old male patient with severe stuttering. During our first session, he was able to say approximately 10 words within an hour session. By the end of our time together he was able to use his fluency enhancing strategies with such ease and expertise that we were able to engage in conversation for the entire hour with minimal disfluencies. On our last session together, I asked how his Fourth of July weekend had been. He told me that he went to a family gathering for the weekend and spoke to family members he had never talked to before. He said he told stories about work and friends. He told me that he was never able to do that before and that he most often sat quietly away from the group at similar family gatherings in the past. It was after this story that I knew this was a person and an experience I would never forget.

Amy: Helping a young adult use the telephone!!

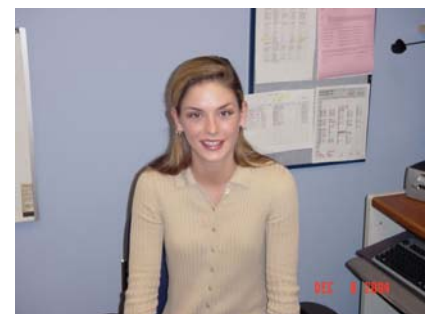
Q: What do you see as the most important component of the treatment process for stuttering?

Rebecca: I believe that treatment of the less overt features of stuttering such as the emotional and attitudinal aspects is the most important component. I believe treatment of the patient’s self-image, confidence level, and emotional reaction to stuttering establishes the necessary foundation for the patient’s motivation and acceptance of fluency enhancing strategies.

Amy: Bringing fluency shaping and stuttering modification together in treatment.



Amy Lyons-Zerhusen, MS, CCC-SLP
Cincinnati Children’s Hospital Medical Center
<http://www.cincinnatichildrens.org/default.htm>



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