School Age Stuttering Therapy
A view from both sides of the table

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Where we are going today…

* We are going backward
* In order to assess the present
* So we can move forward

* TWO RETROSPECTIVE VIEWS: Consumer/Clinician

Evidence-Based Practice

Objectives

1. Give examples of 3 broad-based perspectives of people who stutter and their relationship to the therapy process
2. Identify 3–4 challenges of effective stuttering therapy from the clinicians' perspective
3. Outline 4 key changes to current stuttering therapy knowledge/practices to increase positive outcomes

ASHA
Tri lateral Principles, 2004
Revised, 2011
https://www.asha.org/Research/EBP/Evidence-Based-Practice/
Disclosures

**Financial**
- Stuttering Therapy Resources, Inc. (Nina: Royalties, Ownership; Lee, Salary)
  - Overall Assessment of the Speaker’s Experience of Stuttering (OASES)
  - School-Age Stuttering Therapy: A Practical Guide
  - Early Childhood Stuttering Therapy: A Practical Guide
  - Early Childhood Stuttering Therapy: Information & Support for Parents
  - Stuttering: How Teachers Can Help
  - Minimizing Bullying for Children Who Stutter
  - (and more …)

- Non-financial
  - National Stuttering Association/Both Lee and Nina (Volunteer consulting, advisory boards)

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A Retrospective View: From a Consumer

- What was it like to grow up with stuttering?
- What were some of the relationships with SLPs?
- What were the turning points and what role did SLPs play in those events?

Early Years

- No recollection of stuttering in preschool/kindergarten years
- First recollection: Mom talking with teacher – 1st grade
- Parents asking if I wanted help

Elementary Years

- Recognition of stuttering/ being different
- Therapy (“readers / recorders”)
- Circle of me

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Middle School

✦ Whatcha got?
✦ Therapy time interfered with fun activities (PE, etc.)
✦ “I’m out”

Early High School

✦ Back to therapy
✦ Worst therapeutic advice ever
✦ Another family move

Ages 16-17

✦ First turning point: trusting relationship with my therapist
✦ Best school therapist so far
✦ Introduction to Self-Help/Support

College Years

✦ Really struggling
✦ Effective therapy form an unexpected clinician
✦ Taking ownership - Acceptance
So, what does all this have to do with SLPs and the assessment and therapy we provide?

Before we jump in...

“*If you work to just get by...you always will!*”

Do you feel confident and competent working with people who stutter?
- “How’s that workin’ for you?” (Dr. Phil)
- How long will you allow yourself to continue in your present circumstance?
- What do your underlying attitude/beliefs/feelings toward stuttering (and stuttering therapy and people who stutter) do “for” and “to” the people with whom you work?

Let’s Chat...

- What was going through your minds as Lee’s story was told?
- What perspectives did you discover that will help you validate what you are doing well and change what you are not yet up to speed on- in order to expand your effectiveness as clinician who works with those who stutter?
- Interactive: Write down what you were validated by, and what you want to change (so far)
Clinical Challenges: “A View from the Swivel-ly chair”

Top 10 (my own) Blocks to being an effective clinician for people who stutter

The Bigger Picture
- “Stuttering is more than just stuttering”
  - (Reardon-Reeves & Yaruss 2013)
- Balance: Complexity of the disorder vs. “it’s not brain surgery”
- Assessment as an ongoing entity
  - Are we assessing and planning therapy with the entirety of the disorder in mind?

Doing vs. Being
- Stimulus-response vs. quiet reflection
- Working on a goal vs. working toward a goal
- Education vs. discovering
- Talking & teaching vs. listening & discovering together
  - LUTERMAN, Egan, etc.

Leaving the leftovers for the families (and significant others)
- Knowing that parents are essential to the process, but not acting that way
- If you take care of a parent, you ARE taking care of the child (changing the outcome/positive)
- Don’t forget teachers, grandparents, siblings, etc
  - LUTERMAN, again!

Building the Foundation Before Decorating the Rooms
- Working on SPEECH instead of working on COMMUNICATION
- Jumping into “strategies” before the student has a basic working knowledge of speaking and stuttering
- Generally, working ‘on’ the person who stutters instead of working ‘with’ the person

Understanding the Messages we are Sending
- “Thoughts become things”
  - adapted from Gandhi
- Words have power
- Changing the way we talk about stuttering
- Helping others see the value in the semantic change as a beginning of the shift in the cognitive change
  - Is it really OK to stutter???
  - Really, Really? For sure!

Getting on “Automatic Pilot”
- Letting the external expectations of others drive me
- Forgetting to “check in” with myself, the parents, the student
- Not individualizing therapy through problem solving in the moments

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Four, Three...

Not trusting the...

- Client
- Parent
- Process
- Self

How can we build from this mistrusting place?

Or CAN we?

Programs over principles of clinical practice

- AKA...
- Giving over my brain to someone else; not trusting what I bring to the table
- Not investing the time for me to know more and do better
- "A thinking clinicians' guide"
- Using what I know to "develop an independent student/family that doesn't need me"

Luterman

Two

Who’s driving the truck?

- Projecting my feelings/attitudes onto the child, parent, sibling
- Forgetting to allow my students to have input into their own therapy process! (and not inviting them to create goals, attend meetings, as appropriate)
- Allowing the pressures from “others” to mess with the natural unfolding of the therapy process (cross-over from our discussion of auto-pilot)
- Trying to be the “expert” vs. the “knowledgeable guide”
- On and on and on...you get the picture!

The number ONE challenge!

“That’s what you’ll find here!”

(IOW: You get what you expect!)

What can we glean from this discussion?

- Brief Interactive Activity
  - Look at your original list of roadblocks
  - Reflect on what you absorbed today

- Write 4 SMALL changes you can make that will create the largest impact in your ability to create the space for positive therapeutic outcomes for people who stutter
Resources 1

- Too many to mention!
- What’s in my closet?
- Let’s talk clinical resources
- Let’s talk assessment resources
- Let’s talk parent resources
- Let’s re-talk organizations and their resources!

Resources 2 (not an exhaustive list)

- Organizations
  - ASHA Practice Portal
  - National Stuttering Association
    - www.westutter.org
  - Stuttering Foundation
    - www.stutteringhelp.org
  - FRIENDS
    - www.friendswhostutter.org
  - Stuttering Home Page
    - www.stutteringhomepage.org
  - International Fluency Association
    - www.ifa.org
  - ASHA Special Interest Group #4
    - www.asha.org/sig/04
  - American Board for Fluency Disorders
    - www.stutteringspecialists.org

References/Resources

- Dyer, Wayne www.drwaynedyer.com


Summary Points

- A long road in a few hours
- Are you uncomfortable?
  - Good :)
- Change doesn’t happen when we are comfortable
- Remember…people who stutter and their families are counting on all of us!
- And our final question as you go…
Are you the one?

Have a great ASHA!