

THESE ARE A FEW OF MY FAVORITE THINGS

THE THERAPY PLAN FOR MANY PRESCHOOL CHILDREN: STUTTERING PLUS OTHER SPEECH/LANGUAGE PROBLEMS

In general, children who exhibit stuttering accompanied by other speech or language problems will benefit from a multi-pronged therapy approach. The other problems typically include one or more of the following: multiple articulation errors; word finding/word storage or access problems; language formulation difficulties; thought organization or sequencing difficulties; delayed speech/language development. For many of these children, their disfluencies decrease very little simply by waiting and implementing fluency facilitation strategies. The parents' concerted efforts to reduce communicative and environmental pressures tend to have little lasting impact on reducing the disfluent behavior.

For these children, direct intervention by a speech pathologist is strongly recommended. The program is designed with four major goals. The first goal aims to increase the child's fluency by changing aspects of the verbal environment. The child is not asked to change; the parents and speech pathologist change instead. Some parents seem to have natural clinical teaching skills or can quickly respond to the strategies that the therapist is teaching. Hopefully many parents can be team members in achieving the first goal. If the parents are uncomfortable in changing their style of interaction, the therapist does not expect the parents to change themselves. Parental support and involvement will continue to be an important factor in achieving the first goal. Goals two, three and four are achieved through direct teaching efforts of the therapist.

GOAL I: To increase the child's fluency through structuring therapy session format and the activities so that there is less pressure for the child to communicate at a high level. It is acknowledged that pressure to communicate occurs from two main sources: a) from adults and playmates and the stimulating situations the child interacts in, and b) from the creativity of the child's thinking and the demands he places on himself to verbalize

thoughts. To achieve this goal of increasing the child's fluency, therapy sessions and home program focus on:

1. Reducing the length and complexity of sentences the child says. This strategy makes it necessary to do activities in which the doing itself occupies time and takes concentration. Hopefully, over half the activity time with play-doh or water-painting or sand box and so forth will occur in silence. Both the adult and the child are busy doing the actual manipulation of materials rather than talking about them constantly. This is a time to enjoy sensory stimulation and learning through manipulation rather than a time for teaching concepts verbally.
2. Reducing the turn-taking aspect of the talking between child and adult. This strategy directs the adult to interact verbally in a style different from conversation. Instead of each one taking a verbal turn and responding in a manner that furthers the idea, adults change to more of the following after verbal style of interaction. The adult becomes the verbal follower and lets the child be the verbal leader. The child talks first and the adult may echo some of the child's words or comment briefly, but does not add the adult's own ideas. This strategy requires a turn-around from the way most parents talk with their young children. It is suggested that adults refrain from expanding or elaborating on the child's utterances for 3-4 months.
3. Reducing the stress of competition for performing quickly and well. This strategy requires the adult to make errors in painting or coloring outside the lines of the picture; the play-doh shapes made by the adult are not perfectly formed so that a dinosaur leg falls off and so forth. The adult does not complete the project faster than the child can finish his own. It is not a race. Mistakes are NO BIG DEAL. The attitude to convey to the child is that we are having fun and that we are learning and growing in skills. We can praise a child for trying even if he does not succeed as well as he wanted to.
4. Reducing the excitement level or any loud talking and yelling in a child's life. Research studies and parents report that excitement is the one major factor that contributes to more disfluency in preschool age and elementary age children who already speak disfluently. Do what you can to reduce high excitement in your child's peer interactions and

in the family's activity level. But, be sensible. You can only reduce excitement so much and you cannot control some of the child's play. In addition, some children excite themselves by their own ideas and own creativity. Excitement is a difficult aspect of the total problem to deal with. Most speech/language therapists and parents are not very successful in reducing the excitement that arises from the child's own ideas.

GOAL II: To increase the child's skill in knowing and accessing words (verbal vocabulary; word findings/word storage). It is acknowledged that a preschool child is really young in respect to learning skills that will help him to think of words or to describe an object or event. His cognitive abilities would be more ready at 4 to 5 years of age. We have found that learning the skills of sorting; classification strategies describing what something does or how it works or what it looks like are ways to help a child think of words and experience less frustration. For many of these disfluent children, the stuttering, use of nonsense or silly words, and the frustration level will increase too much if we do not model and teach strategies somewhat ahead of normal readiness. To begin to achieve the second goal, therapy sessions include activities that focus on accessing words using objects and pictures in play.

5. Associating objects or things that go together. One way to teach this concept is to put two things that are used together in a pair such as putting sock and shoe together, a bar of soap and towel, can opener and can, toothpaste and toothbrush, money and billfold, hammer and nail. Use real objects that make the task easier for the child because they can actually be handled. Then, later on, pictures should be acceptable clues. The objects chosen are ones that are very familiar to the child and common to his life.
6. Grouping items on the basis of a common characteristic. This concept could be taught through sorting items into 3 piles by color (such as BLUE: blue happy face, blue plane, blue toothbrush, blue block, blue car; RED: red happy face, apple, red block, red sneaker, fire engine;

YELLOW: yellow happy face, banana, block, ball, sock, balloon, towel, etc.). Once the concept is grasped, another type of sorting or grouping task would include making two piles: one for things with legs (all kinds of animals) and another pile for things with wheels (all kinds of vehicles such as car, plane, bike, wheelchair, ambulance, roller skates). Here the child is looking for details and we would expect pictures to be acceptable clues. A third type of sorting task might be on the basis of function or what it does, such as things you wear (dress, coat, cap, socks, mittens) and things that fly (bird, plane, kite). These concepts often are not suitable to learn until a child is nearly 4 years old. Always the speech therapist would demonstrate how the task is to be done and explain. If the child makes mistakes or doesn't grasp the idea of what he is supposed to do at all, he will not even want to try and will not learn the skill. As the adult or the child groups the items, the adult should verbally supply the label unless the child spontaneously says the name.

7. Developing skills in describing objects. Until we attempt this activity with a child, we will not know which descriptors will be easier for him to use. We can model the skills when we talk and perhaps a child at 3 can learn a skill that often has to wait to be mastered until age 4. If the child appears to want and need a label or a description, then the adult should provide the label or description. For a child who is disfluent but has not word finding or accessing problems, saying the word for him may only increase the amount of stuttering. If the child is searching for a vocabulary word and appears to be frustrated by the lack of having the label, use the word yourself as you talk with him. You could also give him a short description. Examples include: a) Child: I want that, Adult: You want the puppet. I'll reach the puppet for you.; or Child: Where's the stinger thing?, Adult: HMMM where is the stinger thing the bee.; or c) Child: It's a uh-uh-uh (pauses), Adult: Its' a Happy Meal face. We can encourage a child to use gestures by using them ourselves when we designate ROUND for example, or BIG or LONG. We can make use of the strategy of saying...It's ROUNDlike a ball. or It bounces like a ball depending on what it is we are trying to communicate. If a child can learn to describe an object or event, we can then guess sooner what label he is trying to think of. One child could not think of SUN and said that ROUND THING that comes up in the morning. Another child said, There's a other (pause) THING. But

not a bumble bee. Adult:: It has wings like a bumble bee. Child: It's a bee?.BUTTERFLY. Yeah, a BUTTERFLY. As an adult, set the stage for the word to be used again in the next sentence. The word seems to be accessed more easily next time if the child actually says it in a meaningful utterance. It does not help to say to the child, Now say BUTTERFLY three times.

In time, we hope the child can rely on visual memory because that skill has been found to be a strength in some children who have word finding or accessing difficulties.

To develop skills in describing objects a child needs to attend to details as well as have labels for these details. The speech pathologist might play a guessing game in which the child tries to guess on the basis of the adult's description. Begin with three toy animals placed on a table in front of him. Tell him his job is to be a detective and to discover the animal you are describing. (You might select a horse, a giraffe and an elephant.) The clues initially would be common to all three animals. Adult asks: Which animal is it? It has eyes? Do you know yet? Child shakes his head indicating NO. Adult says: It has a head. and so forth, until after four clues, the adult gives a clue that does discriminate: It has a long neck. or, It has big ears. or It has a trunk. If a child does not typically detect details, the speech pathologist would need to point out differences and details before the game begins. The adult should also label the animals so that a child's choice is not determined by forgetting the name. He can point and label his choice.

8. Decreasing sensitivity to word finding or labeling difficulties. If the occasion occurs naturally or if the adult can make it appear natural, let the child think of a word for the adult. As the adult talks, she says, It's over there by the-the-(brief pause) waiting for the child to supply the familiar label. Then comment quite low-key, that sometimes adults can't think of the words either. IT'S NO BIG DEAL. Mom and you (that is, the speech pathologist) have ideas that they can show him. Some of the ideas we can teach him now; some we will teach him when he is older. Tell him that his brother and sister couldn't think of words when they were 4 or 5 years old. Sometimes they still can't. Tell him if you think this is part of his concern, that he ISN'T DUMB. Lots of

people can't think of words at times. He will learn. Reassure him that his thinking and talking are getting smoother. If he is closer to 5 years of age, you might tell him that he is likely to think of the word sooner if he DOESN'T WORRY.

GOAL III: To teach language formulation skills. We acknowledge that some disfluent children may produce utterances that are simpler, shorter or grammatically incorrect for their age or cognitive level. Our focus at this time is enabling the child to develop skills in stringing words together without regard for grammar. He needs to communicate ideas effectively. He does not need to be corrected at least not until he is more fluent. We believe that some children may speak more fluently if they have a repertoire of utterances that can be produced almost automatically. We would teach some of these utterances and to teach a child how-to-tell-stories. The skills a child uses in telling a story are similar to the skills in telling parents or siblings about an event that just happened to him. Therapy sessions are likely to include activities that focus on:

9. Developing skills in sequencing for story-telling or relating events. Children of 3 or 4 are probably just barely ready to perform telling the sequence of how something happened. We use time marker words such as first, next, and then, or last. Adults need to model the idea of telling sequences using pictures no more than three pictures. The adult arranges the pictures in order and tells a sentence about each picture. Be direct, specific, short and mention the key elements. Repeat the story but ask the child to tell the sentence for each picture just as you did. He is not likely to be able to tell the entire story without several trials. We expect the child will need considerable practice in this activity.

10. Developing skills in relating events by using re-visualization. Children are not ready to perform this task until age 4 to 5 years. Select a routine that a child does daily such as getting up in the morning and eating breakfast. We would ask him to close his eyes to help him think and then give time markers as aids to jogging his memory. An example: Jason, close your eyes. You are sleeping in your bed. Who comes to wake you up in the morning (He tells us it's his dad.) Dad wakes you up. Then what do you do? (He says he goes potty.) OK.

Then you go potty. What do you do next? (He says he washes his hands or brushes his teeth.) (We would take him all the way through this routine to eating breakfast, but we do not want too many separate steps.) Next we would say, Jason, listen. See if I have the story about Jason waking up just right. As he initially was telling the story, the therapist wrote down each step. Now the therapist reads the story back to him. Usually a child will correct errors in the routine. We do not argue. We do not say, But that's what you said, Jason. We pretend it is our error and re-tell the sequence in the corrected version. Then we ask him to tell the story with prompts as needed. Whichever story we use, it has to be so familiar a routine that the child does not even have to think about the steps/sequence.

11. Associating objects with a particular event or experience he has had several times before. This activity combines word finding/accessing skill and story telling. Although the event has not occurred daily nor weekly, it should be one that the child recalls without effort and that he was physically active in. Examples of common experiences include a camping trip, trip to the zoo, swimming lessons, journey to Grandma's and Grandpa's house. The items can be pictured rather than using actual objects. However, it would be possible to go out to the garage to look at the tent, sleeping bags, grill, fishing pole, flashlight and so forth. About 5-7 items are a large number for a child of 5 or 6 to remember. The adults could talk about putting the separate supplies (label each one for him if he doesn't) in the camper or van. Talk about what you did first when you reached the camping grounds. You might highlight the camp fire, beans, hot dogs, bear, fish, matches, lantern, hiking, whatever happened and typically happens for your family's camping experience. You could use pictures in a book to jog the child's memory. Your goal is to help the child tell the story fluently and in a reasonable sequence.

12. Increasing fluency in short utterances. If the child's fluency varies considerably and seems to depend in part on word finding difficulties and on relating an event that happened earlier in time, we would do some practice in teaching use of carrier phrases. We would like the child to have the physical and cognitive experience of starting sentences fluently. Some children have stuttered so frequently at the beginning of sentences that they do not expect to be fluent when they start to talk. A parent likely to be more familiar with the child's language style and to know better which phrases might be acceptable to the child and perhaps used in spontaneous speaking. For example, in reference to a camping trip when the family is loading up the van or camper, the carrier phrase might be, I'll carry the ___A (tent, matches, sleeping bags, juice, hot dogs, fishing pole, etc.). We would use pictured items or actual objects. If the child has to think of the items and also to recall the labels, he is likely to tense body muscles and to experience short, silent blocks or to push hard to get the word out. Fluency and language production can be inextricably connected. It is encouraging to see confidence a child shows when he discovers that he actually can talk fluently and can communicate information.

GOAL IV: To correct the child's production of specific sound errors.

Some of the errors a preschool child makes are expected for his age. Some words we probably will expect him to say more clearly than he does. General stress about talking and more muscle tension are likely to increase when a therapist teaches a child to produce sounds correctly. But, if a child could produce some words more clearly, he is likely to be understood more readily.

This improve articulation in turn decreases the number of times that a grandparent or other adult asks him to repeat. Often a child's production is inconsistent that is, sometimes he says the sound correctly and other times he does not. For example, it may be difficult for a child to physically do the lip rounding and muscle tensing that are necessary to produce /W/. Then we give brief direct practice in pre-speech motor drills and speech syllable drills (reference Riley). Similarly, if a 3 year old child produces back tongue sounds /K,G/ for tongue tip sounds /T,D/ we would give brief direct practice

in producing /T/ and /D/ at the beginnings of words. We believe that the child should acquire the basic physical skill of tongue tip agility and strength before he does the syllable drill (Riley program) and before the actual teaching of /T/-words and /D/-words. If the child's disfluency increases as a result of correcting speech sound errors, then remediation of sound errors should be stopped immediately and tried later perhaps in a month or longer. If the child's word-finding difficulties or language formulation increases under the added pressure of correcting error-sounds, then the speech therapist will need to wait until the child is more physically mature and more ready to produce the sound.

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