

Fluency

- **Teacher Input: Fluency Checklist for Preschoolers**
- **Teacher Input Fluency**
- **Risk Factors for Stuttering**
- **Protocol for Differentiating the Incipient Stutterer**
- **Continuum of Disfluent Speech Behavior**
- **Rate of Speech**
- **Naturalness Rating Scale**
- **Fluency Severity Rating Scale (Florida)**
- **Fluency Severity Rating Scale (Illinois)**
- **Fluency Worksheet**
- **Stuttering Problem Profile**

Fluency Checklist for Preschoolers

Student: _____ **Date:** _____

Teacher: _____ **Grade/Program:** _____

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Does the student suffer more in certain situations? | _____ | _____ |
| Describe _____ | | |
| _____ | | |
| 2. Does the student <u>repeat</u> <u>whole</u> words or <u>beginning</u> sounds? | _____ | _____ |
| 3. Does the student's speech contain filler speech such as "um," "oh," etc.? | _____ | _____ |
| 4. Does the student appear frustrated when he/she communicates? | _____ | _____ |
| 5. Does the student exhibit excessive behaviors such as eye blinking, noticeable facial tension or extraneous body movements? | _____ | _____ |
| 6. Does the student have noticeable pitch variations? | _____ | _____ |

Concerns: _____

Date

Classroom Teacher's Signature

Teacher Input: Fluency

Student: _____ Date: _____

Teacher: _____ Grade/Program: _____

Your observations of the above student's speech will help determine if he or she has a fluency problem which adversely affects educational performance. Please answer all questions and return this form to _____.

	Yes	No
1. Does this student have a reduced verbal output?	_____	_____
2. Does this student appear to avoid talking in class?	_____	_____
3. Does this student appear to have problems with language skills?	_____	_____
4. Does this student use significantly more one-word responses (e.g., twice as many) than the other students in your class?	_____	_____
5. Does this student appear to dislike reading out loud?	_____	_____
6. Does this student correct or revise his or her speech more often than the other students in your class?	_____	_____
7. Does the student speak more rapidly than other students?	_____	_____
8. Do you think this student knows that he or she is having problems when he or she speaks?	_____	_____
9. Has this student ever talked to you about his or her speech problem?	_____	_____
10. Do classmates make fun of this student because of his or her fluency problems?	_____	_____
11. Have you heard anyone call him or her a stutterer?	_____	_____
12. Does this student's fluency problem distract you sometimes from what he or she is saying?	_____	_____

Additional observations/comments: _____

It is my opinion that these behaviors:

_____ Do not interfere with the child's participation
in the educational setting.

_____ Do interfere with the child's participation in
the educational setting.

Date

Classroom Teacher's Signature

RISK FACTORS FOR STUTTERING

1. Expansion of child's language structure beyond child's linguistic capacity
2. Deficits in language acquisition and usage (e.g., word retrieval)
3. Deficits in articulation
4. Learning disabilities
5. Learning English as a second language
6. Congenital or acquired neurological deficits
7. Family history of stuttering
8. Environmental pressure (e.g., overscheduling)
9. High level of communicative demand
10. Parental concern and worry about the child's speech
11. Medications

PROTOCOL FOR DIFFERENTIATING THE INCIPIENT STUTTERER

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Name _____ Date of birth _____
Address _____ Age _____ Sex _____
Date of Test _____ Clinician _____

I. AUDITORY BEHAVIORS

- TYPE OF DISFLUENCY (mark the most typical)

Interjections	Hesitations/Caps- Repetitions	Prolongations- Coexisting Struggle
Probably Normal	Questionable	Probably Abnormal

- SIZE OF SPEECH UNIT AFFECTED (mark the typical level at which
disfluencies occur)

Sentence/phrase-	Word-	Syllable-Sound
Probably Normal	Questionable	Probably Abnormal

- FREQUENCY OF DISFLUENCIES (compute from speech sample and mark
values on continua)

Frequency of Repetitions		
Probably Normal	Questionable	Probably Abnormal

- Frequency of Prolongations

Probably Normal	Probably Abnormal
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- Frequency of Disfluencies, in General

Normal	Probably Normal	Questionable	Probably Abnormal
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DURATION OF DISFLUENCIES

- Typical Number of Reiterations of the Repetition = _____

Less than 2	2 to 5	More than 5
Probably Normal	Questionable	Probably Abnormal

- Average Duration of Prolongations = _____

Less than 1 sec.	One or more seconds
Probably Normal	Probably Abnormal

(continued)

From Pindzola, Rebekah H. "Protocol for Differentiating the Incipient Stutterer." *Language, Speech, and Hearing Services in Schools* 1986: 17(1), 12-15. Reprinted with permission.

Protocol for Differentiating the Incipient Stutterer (continued)

- **AUDIBLE EFFORT** (mark those that apply)
- **II. VISUAL EVIDENCE** (list behaviors observed)
 - FACIAL GRIMACES/ARTICULATORY POSTURING:
 - HEAD MOVEMENTS:
 - BODY INVOLVEMENT:
- **III. HISTORICAL/PSYCHOLOGICAL INDICATORS** (comment on the following based on client and/or parent interviews, observations, and supplemental tests or questionnaires, if any.)
 - AWARENESS AND CONCERN (of child; of parents):
 - LENGTH OF TIME FLUENCY PROBLEM HAS EXISTED:
 - CONSISTENT VERSUS EPISODIC NATURE OF PROBLEM:
 - REACTION TO STRESS:
 - PHONEME/WORD/SITUATION FEARS AND AVOIDANCES:
 - FAMILIAL HISTORY:
 - OTHER COVERT FACTORS:
- **IV. SUMMARY OF CLINICAL EVIDENCE AND IMPRESSIONS**

From Pindzola, Rebekah H. "Protocol for Differentiating the Incipient Stutterer." *Language, Speech, and Hearing Services in Schools* 1986: 17(1), 12-15. Reprinted with permission.

● AUDIBLE EFFORT (mark those that apply)	
Lack of the following:	Presence of the following:
Probably Normal	Probably Abnormal

● RHYTHM/TEMPO/SPEED OF DISFLUENCIES	
Slow/normal; evenly paced	Fast, perhaps irregular
Probably Normal	Probably Abnormal

● INTRUSION OF SCHWA VOWEL DURING REPETITIONS	
Schwa not heard	Presence of Schwa
Probably Normal	Probably Abnormal

● AUDIBLE LEARNED BEHAVIORS (mark those that apply)	
Lack of the following:	Presence of the following:
Probably Normal	Probably Abnormal

_____ word/phrase substitutions	_____ circumlocutions
_____ avoidance tactics (starters, postponers, and the like)	

_____ hard glottal attacks
 _____ disrupted airflow
 _____ vocal tension
 _____ pitch rise
 _____ others: -

Explanatory References to the Continuum of Disfluent Speech Behaviors

- (1) Typical disfluencies that occur in preschool children's speech. Listed on the continuum in the general order of expected frequency (hesitations the most frequent). It is expected that these disfluencies will be relatively relaxed, as for example noted by repetitions being even in rhythm and stress. However, if any of these disfluencies (non-repetitious and repetitious) are noticeably tense, then they are considered atypical.
- (2) Atypical disfluencies that are very infrequent in the speech of children. More characteristics of what listeners perceive as stuttering. If in a speech sample of 200 syllables or more, there is more than 2% atypical disfluency (stuttering), this should be a basis for concern, and especially so if air flow or phonation is disrupted between repetitions (one syllable word or part-word syllable) or if a schwa sounding vowel is substituted for the one ordinarily used in the repetition of a syllable (for example, "muhmuhmuhmama"). Of course, blocks and other signs of increased tension and fragmentation of the flow of speech should be a basis for immediate attention.
- (3) Cross over behaviors. On the continuum, word repetition (usually one syllable) and part-word syllable repetition, considering such qualitative features as the number of repetitions per instance, the stress pattern involved, and the presence of tension represents behavior borderline between Typical and Atypical Disfluencies.

Total Disfluency. This is another element that enters into the decision making process. Several clinical writers now state that more than 10% total disfluency (non-repetitious and repetitious) should signal reason for concern. These children are very disfluent. Research indicates that highly disfluent children are likely to also show a higher frequency of atypical disfluency. Thus, using the continuum as a frame of reference they would be identified in this way. Still, it is important to the decision making process to consider the total frequency of disfluency. For one thing, a high frequency of disfluency is more likely to be noticed by a listener.

Summary Statement. On the continuum, although most Typical Disfluencies are characterized by the fragmentation of a sentence or a phrase unit; it should be noted that most children show some part-word syllable repetition. Cross-over behaviors include more fragmentation of the word, and finally, Atypical Disfluencies include more fragmentation of the syllable (the core unit of speech) and increased tension. Experience indicates that increased tension is the principle factor leading to more serious disruption of speech.

Source: Hugo Gregory, Ph.D., Professor Emeritus, and Diane Hill, M.A., Clinical Instructor, Northwestern University. From handbook for program, *Stuttering Therapy Workshop for Specialists*, July 6-17, 1992. Reprinted with permission.

Continuum of Disfluent Speech Behavior

More Usual

(1) Typical Disfluencies

Hesitations (silent pauses)



Interjection of sounds, syllables or words



Revisions of phrases or sentences



Phrase repetitions



One syllable word repetitions

Two or less repetitions per instance, C
even stress, no tension r



Part-word syllable repetitions

Two or less repetitions per instance o
Even stress, no tension s

v
e
r

Stuttering

(2) Atypical Disfluencies

One syllable word repetitions

Three or more repetitions per instance
or uneven stress



Part-word syllable repetitions

Three or more repetitions per instance
or uneven stress

s



Sound repetitions



Prolongations



Blocks



Increased tension noted,
e.g. tremor of lips or jaw or vocal tension

More Unusual

Source: Hugo Gregory, Ph.D., Professor Emeritus, and Diane Hill, M.A., Clinical Instructor, Northwestern University. From handbook for program, *Stuttering Therapy Workshop for Specialists*, July 6-17, 1992. Reprinted with permission.

RATE OF SPEECH

Child Syllable Rates

Age (yr)	Mean Syllables/min (SPM)	Range	SD
3.0 - 3.11	157.21	96.84 - 198.36	26.28
4.0 - 4.11	168.72	141.70 - 215.66	19.71
5.0 - 5.11	158.84	98.33 - 206.85	27.21
6.0 - 6.11	169.38	114.16 - 217.58	27.78
7.0 - 7.11	172.57	117.02 - 213.15	24.83

From Culatta, R., Page, J.L. & Wilson, L (1987). Speech rates of normally communicative children. American Speech-Language and Hearing Association's Annual Convention, New Orleans, LA.

Peters and Guitar (1991) report normal speaking rates as follows, citing numerous studies.

Preschoolers (Pindzola, R., Jenkins, M., and Lokken, K. (1989)

Age	Range in Syllables per Minute
3 years	116 - 163
4 years	117 - 183
5 years	109 - 183

Peters, T.J., and Guitar, B. *Stuttering: An Integrated Approach to Its Nature and Treatment*. Baltimore: Williams and Wilkins, 1991.

Pindzola, R. and Jenkins, M. and Lokken, K.. "Speaking Rates of Young Children." *Language, Speech, and Hearing Services in Schools*, 1989: 20, 133-138.

There are no data available for words per minute for preschoolers. Peters and Guitar recommend collecting a 5 minute sample.

School Age Children

Collect two speech samples (speaking and reading). A 5 minute sample is preferred, but a 3 minute sample is acceptable.

Stuttering may interfere with rate of speech during speaking and/or reading. Peters and Guitar (1991) measured the rates of school age children in Vermont during conversation. Their expectation was that rates of children in other states would be similar. In their calculations, they included normal pauses, but excluded pauses for thought that were longer than 2 seconds. They provide the following range of speech rates:

Age	Range
6 years	140 – 175 syllables per minute
8 years	150 – 180 syllables per minute
10 years	165 – 215 syllables per minute
12 years	165 - 220 syllables per minute

Adolescents and Adults

Peters and Guitar (1991) recommend collecting a 5 minute sample of conversational speech and a 5 minute reading sample. Andrews and Ingham (1971) report the following normal speaking rates and Darley and Spriestersbach (1978) report the following normal reading rates.

Adolescent/Adult Speech Rates	(WPM) Words per Minute (Range)	(SPM) Syllables per Minute (Range)
Speaking Rates	115 - 165	162 – 230*
Reading Rates	150 - 190	210 - 265

*Mean = 196

Peters, T.J. and Guitar, B. *Stuttering: An Integrated Approach to Its Nature and Treatment*. Baltimore: Williams and Wilkins, 1991.

Andrews, G. and Ingham, R. "Stuttering Considerations in the Evaluation of Treatment." *British Journal of Communication Disorders*, 1971: 6, 129-138.

Johnson, W., Darley, F.L., and Spriestersbach, D.C., *Diagnostic Methods in Speech Pathology*. New York, Harper & Row, 1978.

NATURALNESS RATING SCALE

				Pre-Tx.		Post-Tx.		Ongoing	
Student's Name		Date of Sample (5 mins.)							
Time in Sample	Highly Natural							Highly Unnatural	
:15 secs	1	2	3	4	5	6	7	8	9
:30	1	2	3	4	5	6	7	8	9
:45	1	2	3	4	5	6	7	8	9
1:00	1	2	3	4	5	6	7	8	9
1:15	1	2	3	4	5	6	7	8	9
1:30	1	2	3	4	5	6	7	8	9
1:45	1	2	3	4	5	6	7	8	9
2:00	1	2	3	4	5	6	7	8	9
2:15	1	2	3	4	5	6	7	8	9
2:30	1	2	3	4	5	6	7	8	9
2:45	1	2	3	4	5	6	7	8	9
3:00	1	2	3	4	5	6	7	8	9
3:15	1	2	3	4	5	6	7	8	9
3:30	1	2	3	4	5	6	7	8	9
3:45	1	2	3	4	5	6	7	8	9
4:00	1	2	3	4	5	6	7	8	9
4:15	1	2	3	4	5	6	7	8	9
4:30	1	2	3	4	5	6	7	8	9
4:45	1	2	3	4	5	6	7	8	9
5:00	1	2	3	4	5	6	7	8	9

TOTAL: _____

Mean for adult

non-stutterers* = 2.12 - 2.39**

(Martin et al, 1984
and Ingham et al, 1985)

Setting: _____ Conversation
 _____ Monologue
 _____ In-clinic
 _____ Other

Rater: _____
 _____ Naive Listener
 _____ SLP
 _____ Graduate Student

*May be used for adolescents

**3.0 is the mean for children
in the experience of B. Ingham, 1998

Source: Bacolini, P. et al, 1993. Adapted from Martin, Haroldson and Triden, 1984

FLUENCY SEVERITY RATING SCALE

<u>MILD -1</u>	<u>MODERATE - 2</u>
Stuttered word frequency is 1% to 4% or a Dysfluency Weighted Score of 1 to 4. Non-fluencies are primarily one type and have no impact on communicative, pre-academic, academic, vocational, and/or social functioning.	Stuttered word frequency is 5% to 11% or a Dysfluency Weighted Score of 5 to 8. A variety of non-fluent behaviors may be present. Student and/or significant others are becoming aware of problem. Non-fluent behaviors interfere with communicative, pre-academic, academic, vocational, and/or social functioning.

<u>SEVERE - 3</u>	<u>EXTREME - 4</u>
Stuttered word frequency is 12% to 22% or a Dysfluency Weighted Score of 9-11. Struggle, avoidance, and/or other coping behaviors are observed at times. Student is aware of problem. Non-fluent behaviors limit communicative, pre-academic, academic, vocational, and/or social functioning.	Stuttered word frequency is 23% or more, or a Dysfluency Weighted Score of 12 or above. Struggle, avoidance, and/or other coping behaviors are predominant. Communication is an effort. Non-fluent behaviors limit communicative, pre-academic, academic, vocational, and/or social functioning.

NOTE: See Fluency Worksheet (South Carolina Department of Education) to calculate scores.

Source: Brevard County School District, Florida, in *A Resource Manual For The Development and Evaluation of Special Programs For Exceptional Students, Volume IV-I, A Training Resource Manual for the Implementation of State Eligibility Criteria for the Speech and Language Impaired*, Florida Department of Education, 1995.

Fluency Severity Rating Scale

Use method A for both parts I and II or use method B for both parts I and II.

	(1) MILD	(2) MILD- MODERATE	(3) MODERATE	(4) MODERATE- SEVERE	(5) SEVERE
I. A) *FREQUENCY OF BLOCKS (include prolongations and repetitions) OR B) STUTTERED WORDS PER MINUTE**	2-5%	6%-10%	11%-18%	19%-24%	25% or more
II. A) * DURATION – Average of three longest blocks of the sample OR B) TOTAL WORDS SPOKEN PER MINUTE**	Up to 1 second	2-4 seconds	5-9 seconds	10-15 seconds	16 seconds or more
II. SECONDARY CHARACTERISTICS Include distracting sounds, head or movements of the extremities, facial grimaces, avoidance reactions, etc.	Not noted by average person		Distracts from content of communication		Displays obvious/severe secondary characteristics

- Recommended Procedure: Tape record speech samples of 200 words minimum for baseline. Tally frequency of blocks to compute percentage. Average 3 longest blocks to determine duration.

** From *Programmed Therapy for Stuttering in Children and Adults*, by Bruce Ryan, 1974, Charles Thomas Publisher, Springfield, Illinois.

Source: Black Hawk Area Special Education District, Illinois in *A Resource Manual For The Development and Evaluation of Special Programs For Exceptional Students, Volume IV-I, A Training Resource Manual for the Implementation of State Eligibility Criteria for the Speech and Language Impaired*, Florida Department of Education, 1995.

FLUENCY WORKSHEET

I. Instructions for determining *Dysfluency Score*.

A. Use either Procedure 1 or 2.

1. *Dysfluency Score* using stuttered words per minute.

- a. Obtain three 3-minute speech samples during reading (if appropriate), monologue and conversation.
- b. Calculate stuttered words per minute (sw/m) during the speech samples by dividing the total number of stuttered words by the total number of minutes of talking time. Enter sw/m here.....
- c. determine the *most severe* type of dysfluency observed during the speech sample. Determine the weighted value of this type of dysfluency from the chart below. Enter the highest value here..... X
- d. Multiply this weighted value by the number of stuttered words per minute to obtain the Dysfluency Score.....=

<i>Type of Dysfluency</i>	<i>Weighted Value</i>
Whole word repetitions.....	1
Hesitations.....	1
Interjections.....	1
Broken words.....	1
Revisions.....	1
Incomplete phrases.....	1
Part-word repetitions.....	2
Prolongations.....	3
Struggle.....	4
Blocks.....	4
Severe struggles (lasting 3 or more seconds).....	5
Severe blocks (lasting 3 or more seconds).....	5

2. *Dysfluency Score* using percentage of dysfluency.

- a. Obtain three-3minute speech samples during reading (if appropriate), monologue and conversation.
- b. Determine the number of dysfluent words.
Enter here.....
- c. Determine the total number of words
obtained during the speech samples. ÷
- d. Divide the number of dysfluent words by the total number
of words to obtain the Dysfluency Score..... = %

B. Determine severity based on *Dysfluency Score* and indicate with a check (✓) below.

_____ developmental.....1 to 4 or 1% to 4%
 _____ deviation (mild).....5 to 8 or 5% to 11%
 _____ deviation (moderate).....9 to 11 or 12% to 22%
 _____ disorder (severe).....12 or above or 23% or more

II. Other factors to be considered (check (✓) as appropriate). These factors may be used to *raise or lower* severity by one level if necessary.

FACTORS	SELDOM (developmental)	OCCASIONALLY (deviation-mild)	FREQUENTLY (deviation-moderate)	ALMOST ALWAYS (disorder severe)
A. Dysfluent periods Occur				
B. Student is aware of or concerned about disfluencies				
C. Others (parents, teachers, peers) are aware of or concerned about dysfluencies				
D. Dysfluencies affect communication				
E. Struggle is observed				
F. Avoidance and/or secondary characteristics are observed				
G. Other (specify)				

III. Fluency Severity Rating (Check (✓) below:

_____ 0 -- Normal Fluency
 _____ 1-- Developmental
 _____ 2 -- Deviation (Mild)
 _____ 3 -- Deviation (Moderate)
 _____ 4 -- Disorder (Severe)

Source: South Carolina Department of Education in *A Resource Manual For The Development and Evaluation of Special Programs For Exceptional Students, Volume IV-I, A Training Resource Manual for the Implementation of State Eligibility Criteria for the Speech and Language Impaired*, Florida Department of Education, 1995.

Table 4-12.

Stuttering Problem Profile (June 1973 Revision)

NAME: _____ AGE: _____ DATE: _____

ADDRESS: _____

INSTRUCTIONS

On the following a period of therapy. In order to help you and your clinician to define goals for therapy, please circle the numbers of those statements that **YOU WOULD LIKE TO BE ABLE TO MAKE AT THE TERMINATION OF THERAPY THAT YOU DON'T FEEL YOU COULD MAKE NOW**. If there are statements you would like to be able to make that aren't included in the list, write them on the last page.

1. I am usually willing to stutter openly.
2. I have learned to speak on exhalation rather than on inhalation.
3. I don't usually have trouble with the first sounds of words.
4. I no longer have a great deal of difficulty speaking in school.
5. I am able to give myself assignments and carry them out to my own satisfaction.
6. I am usually willing to use the telephone.
7. I am as cheerful as most people.
8. I don't usually experience a great mounting of tension and feeling of panic before speaking engagements.
9. I repeat sounds, syllables, and words infrequently.
10. I have a strong desire to do something about my stuttering problem.
11. I used to be quiet and shy. Now I tend to be outgoing.
12. My attitude toward my stuttering is no longer one of embarrassment.
13. I am not in a rush to respond when talking with people.
14. I don't usually experience emotional depression after stuttering in front of other people.
15. I can usually control the level of tensing when involved in speaking situations.
16. I can read relatively fluently.
17. I have learned to live with my problem.
18. I have learned not to be afraid of people.
19. I no longer have the feeling that stuttering is a miserable abnormality.
20. I am putting more emphasis on communication than on words.
21. I have learned how to stutter in a way that is more acceptable to the listener.
22. I have gained a better overall understanding of the problem.
23. I am confident that if I work at it, I can do something about my stuttering.
24. I understand how fluent speakers react to stutterers and why.
25. I usually don't hold myself back from talking when with a group of people.
26. I am not as ashamed as I used to be because of my stuttering.
27. I usually don't stutter much when giving a formal report to a group of people.
28. I have gained increased courage to participate in conversations, answer phone calls, and talk to strangers.
29. I am reasonably tolerant of nonfluency in general.
30. I usually don't avoid feared words and situations.
31. I no longer have a feeling of hopelessness about my stuttering.

Table 4-12.

Continued

32. My mental attitude toward my stuttering has changed. The gist of my present attitude is "true acceptance of the fact that I am a stutterer.
33. I talk as much as most people.
34. When around other people, I don't usually hold back my feelings because of fear of stuttering.
35. I usually am not preoccupied with myself.
36. I am usually willing to discuss my problem with other people.
37. I no longer object to my therapy program.
38. I have expanded my activities, both social and business.
39. I usually don't have strong feelings of shame and embarrassment when I block.
40. I now feel I could change what I do when I stutter if I would wake up and do it.
41. I no longer anticipate stuttering on certain sounds.
42. I am convinced that I can talk without having to struggle.
43. I don't usually become very anxious when I have to initiate a phone call.
44. My breathing while speaking usually isn't irregular.
45. When I stutter, related movements such as hand jerks and eye blinkings rarely occur.
46. I no longer speak at an excessive rate.
47. I usually am not afraid of public reading.
48. I find it relatively easy to ask a clerk for something in a store.
49. I can purposely speak the way I want in the majority of situations.
50. I would' be willing to become an officer in a club where I would have to give speeches.
51. I have learned that speaking can be an enjoyable experience.
52. I don't usually worry about entering speaking situations.
53. I don't usually become extremely depressed when in a period of "regression" in my speech.
54. I no longer consider myself an oddity because I stutter.
55. I usually am willing to say what I feel like saying.
56. I usually am not afraid to stutter in front of people.
57. My self-confidence has increased considerably.
58. It doesn't bother me to hear other stutters speak.
59. I try to avoid changing words I think I will stutter on.
60. Words that I used to use as "starters" have all but completely disappeared.
61. I am getting involved in many speaking situations.
62. I believe I can overcome my problem to the extent I can live comfortably with it.
63. I look upon my stuttering as something that can be changed or modified.
64. I have as many friends as most people.
65. I have learned to modify some of the over behavior, e.g., facial grimaces.
66. I am relatively relaxed in speaking situations.
67. I am sure I can completely conquer the problem.
68. I recognize the worth of experimenting and playing around with my stuttering.
69. I don't usually experience feelings of failure when in a period of "regression" in my speech.
70. I no longer try to avoid looking at the person with whom I am talking while I am stuttering.

Table 4-12.
Continued

71. I now rarely anticipate stuttering.
72. I feel that I have learned to accept the fact I stutter.
73. I have quit being a lone wolf.
74. I do not react violently to my nonfluencies.
75. I feel fairly confident I can do something about my stuttering.
76. I have finally accepted the fact I am a stutterer. Before I never felt like I was one and always tried to "hide" it.
77. I push myself to enter situations in which I know I will stutter instead of avoiding them.
78. I probably talk to as many people as most persons.
79. I am usually willing to modify my stuttering blocks outside the therapy situation in the manner recommended by my therapist.
80. I usually don't worry very much about the reactions of others when I have a speech block.
81. I am paying more attention to my strengths than my weaknesses.
82. I tend to be relatively relaxed when giving a formal report to a group of people.
83. I usually am not afraid to approach people and talk to them.
84. I realize that improving my speech must be a day-to-day affair with specific goals and assignments set up.
85. I have accepted a certain amount of nonfluency as normal speech behavior.
86. I recite in the classroom as much as most students.

Additional Statements

From Silverman, F. (1980). "The stuttering problem profile: A task that assists both client and clinician in defining therapy goals." *Journal of Speech and Hearing Disorders*. 45 (1), 119-123. Reprinted with permission of ASHA and the author.

Source: Culatta, R. and Goldberg, S., *Stuttering Therapy: An Integrated Approach to Theory and Practice*. Needham Heights, MA: Allyn and Bacon, 1984. Pp 93-95. Reprinted with permission.