

Decoding IDEA Eligibility For Children Who Stutter

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IDEA

- Dec. 3, 2004
 - The Individuals with Disabilities Education Improvement Act of 2004 (commonly known as IDEA 2004) was signed into law
- Aug. 14, 2006
 - U.S. Department of Education released the official copy of the IDEA 2004 Part B final regulations (for ages 3-21)



Applying IDEA to Children Who Stutter

- We can use the federal statute and regulations to
 - argue for needed services and programs and/or
 - against inappropriate requests or expectations
- Remember, however
 - These are the federal mandates
 - States must meet the federal mandates, but may exceed those mandates
 - In other words, know your state policies!



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*. [emphasis added]



Are Services Based Only on Academic Achievement?

- ◆ 300.101(c)(1) Each State must ensure that FAPE is available to any individual child with a disability who needs special education and related services, *even though the child has not failed or been retained in a course or grade, and is advancing from grade to grade.* [emphasis added]



Are Services Only to Support Classroom Performance?

- ◆ 300.42 Supplementary aids and services means aids, services, and other supports that are provided in regular education classes, other education-related settings, and in **extracurricular and nonacademic settings**, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate. [emphasis added]



What's Included in “Extracurricular and Nonacademic”?

- ◆ 300.107 (b) Nonacademic and extracurricular services and activities may include
 - ◆ ***Counseling services***
 - ◆ ***Athletics***
 - ◆ Transportation
 - ◆ Health services
 - ◆ ***Recreational activities***
 - ◆ ***Special interest groups or clubs sponsored by the public agency***
 - ◆ Referrals to agencies that provide assistance to individuals with disabilities, and
 - ◆ ***Employment of students*** [emphasis added]



What Must the School Do?

- ◆ 300.117 In providing or arranging for the provision of nonacademic and extracurricular services and activities, **including meals, recess periods, and the services and activities set forth in Sec. 300.107**, each public agency must ensure that each child with a disability participates with nondisabled children in the extracurricular services and activities to the maximum extent appropriate to the needs of that child.

[emphasis added]



How Do We Evaluate Fluency for the Purpose of Determining Eligibility?

- ◆ 300.304 (b) In conducting the evaluation, the public agency must
 - ◆ (1) use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent, ...
 - ◆ (2) not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability.
[emphasis added]



Evaluating for Eligibility (cont'd)

- ◆ 300.304 (c) Each public agency must ensure that
 - ◆ (4) the child is assessed in all areas *related to the suspected disability*, including, if appropriate, health, vision, hearing, *social and emotional status*, general intelligence, academic performance, *communicative status*, and motor abilities
 - ◆ (6) ... the evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs, *whether or not commonly linked* to the disability category in which the child has been classified. [emphasis added]



Concrete Strategies For Evaluating For Eligibility



Evaluating for Eligibility: Planning Considerations

- ◆ Gather functional, developmental, and academic information about the child
- ◆ Use a variety of assessment tools & strategies
 - ◆ Include information provided by parents and others
 - ◆ Must not use any single measure or assessment for determining whether the child exhibits a disability
- ◆ That allow you to assess in all areas related to suspected disability
 - ◆ ... social and emotional status...academic performance
 - ◆ ... communicative status



What *Developmental* Information Is Important For Children With Fluency Disorders?

- ◆ Yairi & Ambrose (1999)
 - ◆ Age of onset, length of time, and pattern of child's stuttering
 - ◆ Family history and chronicity
 - ◆ Other communication and developmental factors
- ◆ Karrass, Walden, Conture, Graham, Arnold, Hartfield, & Schwenk (2006)
 - ◆ Temperamental characteristics
- ◆ Guitar (2007) & others
 - ◆ Degree of parental and child concern



Using a Variety of Assessment Tools & Strategies

- Tools for gathering *developmental information*
 - Include questions for parents & teachers in interviews and questionnaires
 - Onset and development of the problem
 - Their view of the problem and how it impacts the child
 - Interview the child
 - Chmela & Reardon (2001) interview protocol



What *Academic* Information Is Important For Children With Fluency Disorders?

- PreK-primary grades
 - Knowledge is demonstrated / learning is mediated through verbal interactions with the teacher
 - A district's use of DIBELS / other normed reading fluency assessments may be problematic



A Note About DIBELS...

- ◆ The indicators measure early literacy skills via fluency (skill produced x times/1 minute)
 - ◆ **Approved accommodations for administration and for student responses do not permit allowing extra time**
 - ◆ Authors of DIBELS indicate that it is **not appropriate for “students who have fluency-based speech disabilities, e.g., stuttering,** oral apraxia” (emphasis added; Kaminski & Cummings, 2007, p. 8)
 - ◆ For these students, “It may be necessary to adjust goals and timelines and use out-of-grade level materials for progress monitoring.” (Kaminski & Cummings, 2007, p. 8)



Academic Information (cont.)

- ◆ **Across grades**
 - ◆ Examine state/local district curriculum benchmarks
 - ◆ Find those related to demonstrating oral competencies (usually in Language Arts)
 - ◆ Other applicable curricular areas you can use (these are also good for IEP goals)
 - ◆ Health & Physical fitness – understanding body systems, role of emotions
 - ◆ Social studies – people, places & environments, government (IDEA, Section 504)



Iowa Core Curriculum Standards

K-2 -> Literacy -> Speaking: Selected curricular benchmarks

- **Demonstrate control of delivery skills (Efficiency)**
 - *Use appropriate volume and vocal expression.*
 - *Attend to rate of delivery*
- **Participate appropriately in one-on-one situations and group settings**
 - Participate in one-on-one communication **(Assertiveness)**
 - *Respond to adult or peer-initiated topics.*
 - *Initiate new topics.*
 - *Respond to questions with appropriate elaboration.*
 - Participate in group communication: **(Confidence)**
 - *Display appropriate turn-taking behavior.*



Virginia Standards Of Learning: English

- 4.1(c) Seek ideas and opinions of others
(Confidence, Assertiveness)
- 5.2(a) Maintain eye contact with listeners; (d)
use posture appropriate for communication
setting (Confidence)
- 7.1(b) Communicate ideas and information
orally in an organized and succinct manner
(Efficiency)



Tools for gathering *academic* information

- Conduct parent, teacher, child interviews/ questionnaires about educational progress
- Examine educational records, including previous IEPs
- Investigate and document whether accommodations are already being offered related to child's speech despite the child not being identified
 - Not using DIBELS
 - Modified assignments for time/fluency in oral presentations
 - Expectations for verbal performance



What *Functional* Information Is Important For Children With Fluency Disorders?

- **Efficiency**

- How easily is the child able to maintain smooth, effortless forward flow of speech?

- **Assertiveness**

- Is the child able to participate equally when initiating or responding in interactions?

- Is the child able to respond appropriately to fluency disruptors such as interruptions or competition for talking?

- Affected by thoughts & feelings



• Confidence

- Is the child able to communicate when, where, how, and with whom he/she wants?
 - Affected by thoughts & feelings
- Observe in the classroom to assess whether participation is consistent with that expected for students of the same age/grade/sex
 - Ask teacher whether classroom participation is consistent with homework/test performance



- Research what state/district curricular benchmarks are targeted for this grade for oral performance
 - Discuss with teacher the assessment strategies used to determine whether students have mastered these benchmarks
 - How does the teacher anticipate that this student will perform?
 - Does he/she believe modifications will be necessary to the benchmark or the assessment of mastery?



- Tools for gathering ***functional information***
 - Remember that the law states that assessing social and emotional aspects of the problem is appropriate and expected
 - Remember the multidimensional nature of the problem



- Plan a multidimensional assessment and have a method for recording multidimensional results
 - The CALMS Rating Scale (Healey, 2006) (<http://www.unl.edu/fluency/pdfs/calmsrate.pdf>)
 - [ratingscale.pdf](#)
 - The Assessment of the Child’s Experience of Stuttering (ACES; Yaruss, Coleman, & Quesal, 2006) <http://www.stutteringcenter.org/PDF/ACES%20Draft%209-27-06.pdf>
- Try to document several variables in each area of possible functional limitation
 - Note that these strategies can also be used to measure progress



Functional Limitation: Efficiency

Variable	Possible Measurement Tool
Frequency of stuttering	Speech sampling; SSI-3 (Riley, 1997)
Duration of stuttered moments	Speech sampling; SSI-3 (Riley, 1997)
Number of iterations	Speech sampling; norms e.g., iterations ≥ 3 are abnormal (Guitar, 2006a; Yairi & Ambrose, 1999)
Speech rate	Speech sampling; norms (see next slide)
Forms of disfluency	Speech sampling; norms re: stuttered-like vs. normal disfluencies (Guitar, 2006)
Child's use of modifications	Observation, speech sampling
Inventory of secondary behaviors	Speech sampling, SSI-3 (Riley, 1997)
Speech naturalness ratings	Observation, use of criterion-based rating scales



Normal Ranges of Childhood Speaking Rates

Table adapted from Guitar (2006b)

Age	Range in Syllables Per Minute	Reference
3	116-163	Pindzola, Jenkins, & Lokken (1989)
4	117-183	“
5	109-183	“
6	140-175	Davis & Guitar (1976)
8	150-180	“
10	165-215	“
12	165-220	“
Adult	162-230	Andrews & Ingham (1971)



Functional Limitation: Confidence

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Variable

Possible Measurement Tool

Attitudes about talking, stuttering

BAB (Brutten & Vanryckeghem, 2007); A-19 (Guitar, 2006); Other paper/pencil tasks (Chmela/Reardon, 2001)

Situation/partner fears

BAB (Brutten & Vanryckeghem, 2007); SEA-Scale (Manning, 1994)

Classroom participation

Observation; teacher/child report; graph opportunities x behavior observed



Documenting Confidence

- Heavily affected by the child's thoughts & feelings
- We want to find out
 - How the child sees the problem
 - Awareness, description, label of the problem
 - What is the child's level of concern?
 - Worried? Expressing concern to others?
 - Is the child working to hide the stuttering?
 - Substitutions, avoidance, describes fears
 - How do others see the problem?
 - Do they think child is concerned? How do they know? What are their concerns

(from Chmela/Reardon, 2001)



Asking questions

- General questions:
 - Do you like talking?
 - Who do you like to talk to the best?
 - What do you like to talk about the most?
 - Is talking usually easy for you?
 - If you could change something about your talking, what would it be?
 - Do you know why you're here today?



- Specific questions:
 - What does that mean?
 - What about your speech do you want to change?
 - What does it look/sound like?
 - When does it happen?
 - Who does it happen with?
 - What do you do when it happens?
 - Do you know why it happens?
 - Has anyone ever said anything to you about it?
 - Is there anything you do to make it better/easier?
 - Does it ever make you feel.....?
 - How did you get so smart about this?



Other Assessment Tools For Assertiveness/Confidence

- Observation
- Parent/Teacher Input
- Paper/Pencil Tasks
 - PreK-age 6
 - KIDDYCAT: Communication Attitude Test For Preschool And Kindergarten Children Who Stutter (Vanryckeghem & Brutten, 2006)



–School-age tools

- A-19 Scale for Children Who Stutter (Guitar, 2007)
- BAB – Behavioral Assessment Battery (Brutten & Vanryckeghem, 2006)
 - CAT (Communication Attitude Test)
 - SSC (Speech Situation Checklist)
 - BCL (Behavioral Checklist)
- In the workbook *Dealing Effectively With Attitudes & Emotions* (Chmela & Reardon, 2001)



–Adolescent Tools

- Self-Efficacy Scaling for Adolescents Who Stutter (SEA Scale, Manning, 1994)
- The Erickson S-24 (Andrews & Cutler, 1974)
- The WASSP: Wright & Ayre Stuttering Self-Rating Profile (Wright & Ayre, 2000)



Refer to the

***Dealing Effectively With Attitudes &
Emotions* workbook**

Chapter 3

for examples of various paper pencil-tasks
that you can use for assessment.



Functional Limitation: Assertiveness

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Variable	Possible Measurement Tool
Conversational initiating vs. responsiveness	Observation; graph opportunities x behavior observed; parent/teacher/child report
Responses to interruptions, fluency disruptors,	Observation; graph opportunities x behavior observed; parent/teacher/child report
Self-advocacy statements, responses to competition for talking	Observation; parent/ teacher/child report
Responses to teasing	Observation; parent/ teacher/child report



Documenting Educational Relevance

- Refer back to the oral communication benchmarks within state guidelines
 - Found across most curricular areas, not just language arts/English
 - Remember that for young children, **evidence of mastery most often is demonstrated through oral performance**
 - **Include evidence of any modifications that are already being offered to the child**



Educational Relevance, cont.

- Evidence of functional limitations can be used to demonstrate the educational relevance of the child's disorder
 - E.g. Diminished speech rate, not raising his/her hand would interfere with the child's educational progress by interfering with the ability to participate on an equal basis with peers



Determining Adverse Educational Impact

- The three categories of functional limitations contribute to the child's overall communicative effectiveness
 - Is the child able to balance efficiency, confidence, and assertiveness in a manner which facilitates communication of his/her message?
 - Do others respond appropriately to the child's communication?
- Combined, the information you have gathered will yield the potential adverse educational impact experienced by the child as a result of stuttering.



- Children with communication impairments do not have to demonstrate corresponding problems in academic achievement to be considered eligible for services
 - “Educational performance” is not specified in Part B regulations
 - “Educational environment” = academic, other general education, nonacademic, or extracurricular settings
- This can then be compared to the eligibility requirements of your agency
 - You are allowed to use professional judgment when
 - You believe an educationally-relevant disability exists but the child does not meet the agency’s eligibility criteria



Virginia Overall Functional Level- Fluency

- **0 NO APPARENT PROBLEM**
 - Easy whole word reps, less than 3-4%/minute.
Participation not limited by self-consciousness.
- **1 MILD**
 - 3-5%/minute... Noticeable tension but not distracting... Not usually avoiding...
Participation may occasionally be limited by self-consciousness



- 2 MODERATE

- 6-10% disfluent/minute...Noticeable tension...

- Associated behaviors... Aware, avoiding...

- Participation is impacted by self-consciousness

- 3 SEVERE

- Disfluencies are habitual... All forms noted... >10%/minute... Significant tension, associated behaviors... General avoidance... Participation significantly impacted by self-consciousness.

From 2005 Virginia Department of Education Speech-Language
Severity Rating Scales



Example Impact Statements

From Broward County (FL)

- **0 WITHIN NORMAL LIMITS**
 - Speech does not have an adverse impact on student’s participation in educational, speech-related activities.
- **1 BORDERLINE STUTTERING**
 - Speech does not appear to affect participation in educational/ speech-related activities.
- **2 BEGINNING STUTTERING**
 - Participation in speech-related educational activities is rarely reduced but occasionally limited in situations s/he perceives as “high-stress”.



- **3 INTERMEDIATE STUTTERING**

- May experience difficulties in educational/speech-related tasks such as, giving oral presentations, reading aloud, and participating in classroom discussions and cooperative learning projects due to stuttering.

- **4 ADVANCED STUTTERING**

- Student shows significantly limited participation in classroom discussions, refrains from asking or answering questions in class due to stuttering; absenteeism from class may occur during oral activities due to his/her perceived anxiety about speaking in front of classmates and teacher.

From Broward County 2002 Key Behaviors Rating Scale (Presented by N. Ribbler as part of Chmela et. al 2006 panel @ ASHA)



Profiling CM

- What questions do you have & how would you document...
 - His developmental history?
 - His academic ability?
 - His functional status?
 - Efficiency
 - Confidence
 - Assertiveness
 - [CM FRIENDS.avi](#)
 - [CM SCHOOL.avi](#)
 - [CM GUITAR.avi](#)



Info About CM

- Developmental information
 - Born 4 weeks premature, with club feet
 - Late talker, but when he began talking, it was in long utterances with limited intelligibility
 - No history of stuttering in the family, but his mom characterizes her side of the family as “congenitally fast talkers”
 - Poor gross and fine motor skills – received both OT & PT as a young child



- Academic information
 - 7th grade
 - Attends an academically competitive private school, where he takes pre-AP classes
 - If he met district eligibility criteria, he would be able to receive services via the public schools
 - GPA = 3.8
 - No prior tx through school
 - Had a brief period of private therapy but the clinician dismissed him, stating that he had made maximum progress



- Functional status

- Efficiency

- Speech rate averages 200 syllables per minute
 - Disfluencies are both normal-type (revisions, whole-word and phrase repetitions, interjections) and stuttered (part-word repetitions, occasional prolongations, very infrequent blocks)

- Confidence

- No worries about speaking with friends or family, but is hesitant to participate in class discussions
 - Not embarrassed or ashamed, but instead gets easily frustrated/irritated by the fact that he often has to repeat himself for others



- Assertiveness
 - Maybe “over” assertive?
 - Frequent interruptions
 - Difficulty staying on topic, especially if it’s unrelated to his own interests
 - Difficulty repairing communication breakdowns
 - Lack of awareness of breakdowns as they occur
 - Heavy reliance on his partner to repair the breakdown vs. taking responsibility
- Other
 - 32 point split between receptive & expressive vocabulary, but expressive score was 105
 - Poor syntactic organization, especially in oral language (written language is ok but not great)



References

- Andrews, G., & Cutler, J. (1974). Stuttering therapy: The relation between changes in symptom level and attitudes. *Journal of Speech and Hearing Disorders*, 39, 312–319.
- Andrews, G., & Ingham, R. (1971). Stuttering: Considerations in the evaluation of treatment. *British Journal of Communication Disorders*, 6, 129-138.
- Brutten, G., & Vanryckeghem, M. (2007). *Behavioral assessment battery for school-age children who stutter*. Austin, TX: PRO-ED Inc.
- Chmela, K., & Reardon, N. (2001). *The school-age child who stutters: Dealing effectively with emotions and attitudes-a workbook*. Memphis, TN: Stuttering Foundation of America.
- Chmela, K., Dyer, E., Reardon-Reeves, N., Ribbler, N., Scott, L., & Whitmire, K. (2006, November). *Meeting the challenges of stuttering treatment in the schools*. Paper presented at the annual convention of the American Speech, Language, and Hearing Association, Miami, FL. Handout can be retrieved from:
http://convention.asha.org/2006/handouts/855_1306Scott_Lisa_A_073785_111306124346.ppt
- Cook, F., & Botterill, W. (2008, June). Cognitive therapy: A taster. Stuttering Foundation of America Eastern Workshop. Boston, MA.
- Cook, F., & Botterill, W. (2009). *Tools for success: Cognitive-Behavior Therapy taster* (DVD). Memphis, TN: Stuttering Foundation of America.
- Good, R. H., & Kaminski, R. A. (Eds.) (2002). *Dynamic indicators of basic early literacy skills, DIBELS, 6th edition*. Eugene, OR: Institute for the Development of Educational Achievement.
- Guitar, B. (2007a, June). Diagnosis of preschool stuttering. Presented at Stuttering Foundation of America Conference, *Best Practices in Preschool Stuttering*, Cincinnati, OH.
- Guitar, B. (2007b). *Stuttering: An integration of contemporary therapies, Fourth edition*. Memphis, TN: Stuttering Foundation of America.
- Guitar, B. (2006a). *Stuttering: An Integrated Approach to Its Nature and Treatment, Third Edition* (p. 193). Philadelphia: Lippincott, Williams, & Wilkins.
- Guitar, B. (2006b). Table 6-3. Speaking rates for children and adults. In *Stuttering: An Integrated Approach to Its Nature and Treatment, Third Edition* (p. 193). Philadelphia: Lippincott, Williams, & Wilkins.



- Healey, E. C. (2006, June). *CALMS Rating Scale for School-Age Children Who Stutter*. Presented at the annual conference The School-Aged Child Who Stutters: Practical Ideas for the School Clinician, Chicago, IL.
- Kaminski, R., & Cummings, K. D. (2007). *DIBELS; Myths and facts*. Eugene, OR: Dynamic Measurement Group. Retrieved 7/22/07 at http://www.dibels.org/papers/Myths03_web.pdf.
- Karrass, J., Walden, T. A., Conture, E. G., Graham, C. G., Arnold, H. S., Hartfield, K. N., & Schwenk, K. A. (2006). Relation of emotional reactivity and regulation to childhood stuttering. *Journal of Communication Disorders, 39*, 402-423.
- Manning, W. H. (1994, November). *The SEA-Scale: Self-efficacy scaling for adolescents who stutter*. Paper presented at the Annual Convention of the American Speech-Language-Hearing Association, New Orleans, LA.
- Pindzola, R., Jenkins, M., & Lokken, K. (1989). Speaking rates of young children. *Language, Speech, & Hearing Services in Schools, 20*, 133-138.
- Vanryckeghem, M., & Brutton, G. (2006). *KiddyCAT: Communication attitude test for preschool and kindergarten children who stutter*. San Diego, CA: Plural Publishing.
- Whitmire, K., & Scott, L. A., (2007, July). IDEA 2004 and speech-language services: Key issues for children who stutter. ASHA Division 4 Leadership Conference, sponsored by Special Interest Division 4 (Fluency & Fluency Disorders) of the American Speech-Language Hearing Association, Minneapolis, MN.
- Wright, L., & Ayre, A. (2000). *WASSP: The Wright & Ayre Stuttering Self-Rating Profile*. Bicester, Oxfordshire, UK: Winslow Press Ltd.
- Yairi, E., & Ambrose, N. G. (1999). Early childhood stuttering I: Persistency and recovery rates. *Journal of Speech, Language, and Hearing Research, 42*, 1097-1112.
- Yaruss, J.S., Coleman, C.E., & Quesal, R.W. (2006). *Assessment of the Child's Experience of Stuttering (ACES)*. Poster presented at the 2006 Annual Convention of the American Speech-Language-Hearing Association, Miami, FL. The ACES can be accessed at: www.StutteringCenter.org.

