

Frequently Asked Questions - Fluency

- How do you differentiate between typical speech disfluencies and stuttering?** Stuttering usually starts between 2 and 6 years of age. Many students go through periods of disfluency lasting less than 6 months. Stuttering lasting longer than this may need treatment. ASHA Practice Portal for Childhood Fluency Disorders states: "All speakers produce disfluencies, which may include hesitations, such as silent pauses, and interjections of word fillers (e.g. "The color is like red") and nonword fillers (e.g. "The color is uh red"). Other examples include whole-word repetitions (e.g. "But-but I don't want to go") and phrase repetitions or revisions (e.g. "This is a- this is a problem"). These are generally considered to be non-stuttered (typical) disfluencies. When a student uses a high number of non-stuttered (typical) disfluencies, differential diagnosis is critical to distinguish between stuttering, avoidance, and a language disorder." Stuttering-like disfluencies include part-word or sound or syllable repetitions, prolongations, and blocks which are usually accompanied by extra effort or tension.
- How do you distinguish cluttering from stuttering?** Signs and symptoms of cluttering include: rapid and/or irregular speech rate, excessive coarticulation resulting in the collapsing and/or deletion of syllables and/or word endings, excessive disfluencies, which are usually of the more non-stuttering type (e.g. excessive revisions and/or use of filler words, such as "um"), pauses in places typically not expected syntactically, unusual prosody. Students who stutter are more likely to be self-aware. For detailed information regarding cluttering, please see: [Fluency Disorders: Signs and Symptoms](#) on the ASHA website.

Differential diagnosis of stuttering vs. cluttering can be difficult. The following characteristics are essential in diagnosing cluttering: excessive number of whole-word or phrase repetitions, poorly organized thinking, short attention span and poor concentration, and lack of complete awareness of the problem (Daly, 1996). Since thought organization is one the most apparent symptoms displayed by the student, a thorough language evaluation, including written expression, is necessary if cluttering is suspected.

- What are the Risk Factors associated with stuttering?**

Risk Factor	Elevated Risk
Gender/Sex	Male (stuttering affects males 3-4x more than females)
Family history	Family history of stuttering (especially persistent stuttering)
Age of onset	Children who begin stuttering before age 3½ years are more likely to outgrow it
Total time since onset	If it has been more than 6-12 months or no improvement in stuttering over several months , a person is more likely to have persistent stuttering
Pattern of stuttering	Presence of prolongations or blocks and secondary behaviors increase likelihood of stuttering. (whole word repetitions at the beginning of utterances are more typical in development than stuttering blocks)
Awareness	If the student is relatively unaware of their disfluencies, the risk for a fluency disorder is reduced compared to a student who is aware of their stuttering.
Poor articulation or phonological skills	Presence of their speech-language impairment increases the risk of fluency disorders
Environment	Family reaction, fast-paced family schedule, family dynamics such as high expectations, communication style of parents/guardians and/or teachers, significant

Risk Factor	Elevated Risk
	life event (death, divorce, etc.)
Sensitivity of student	A student who is more emotionally sensitive may respond to stressful situations with stuttering behaviors.

4. **What are some of the exit considerations specific to fluency disorders and what about a 504 plan?** A 504 plan should be considered when a student no longer meets eligibility criteria (e.g. may continue to stutter but no longer requires specialized instruction), they may be eligible for a 504 plan. A 504 plan covers a disability that substantially limits one or more major life activities. With regards to fluency disorders, 504 accommodations may include:

- using audio/video recording for oral presentations,
- increasing the time provided for an oral reading or presentation,
- providing an alternative assignment to oral reading,
- altering the size of the group or audience for presentations
- student given opportunities to ask questions to the teacher in private

5. **What about atypical disfluencies and how does traditional fluency intervention work for students?**

Atypical Disfluency is a speech disorder that seems related to stuttering. The last syllable or sound of a word is repeated. The disfluency is similar to stuttering, only with the broken sounds and syllables coming at the ends of words instead of the typical beginning (e.g. final part-word repetition, mid-word insertion of breath, broken words, and final sound prolongation). Atypical disfluency is not especially responsive to traditional fluency intervention.

The SLP must consider the degree to which the individual's disfluent behaviors and overall communication are influenced by a coexisting disorder (e.g. other speech or language disorders, Down Syndrome, Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder) and determines how treatment might be adjusted accordingly. The SLP should understand the interaction of symptoms and the strategies that are most effective for dealing with stuttering, cluttering, and atypical disfluencies when they occur together. The goal is to help the student understand and manage their disfluency.

6. **Are there special factors that should be considered for bilingual students who stutter?** Yes. Bilingual students who stutter typically do so in both languages. Disfluent bilingual students produce more mazes than their monolingual peers, which can be misdiagnosed as stuttering. Therefore, the presence of audible or inaudible sound prolongations, excess tension, and parent/guardian concern for stuttering must be considered to diagnose stuttering in bilingual students.

Input forms: Student, Parent and Teacher

[Fluency - Student Input \(K-4th\)](#)

[Fluency - Student Input](#)

[Fluency - Parent Input](#)

[Fluency - K-2 Teacher Input](#)[Fluency - Upper Elementary Teacher Input](#)[Fluency - Middle School Teacher Input](#)[Fluency - High School Teacher Input](#)

Fluency Severity Rating Scale

[Severity Rating Scale](#) from Kent ISD Speech and Language Evaluation, Eligibility and Service Guidelines Appendix

Fluency Severity Rating Scale					
Student: _____		School: _____	Grade: _____	Date of Rating: _____	DOB: _____
Age: _____		SLP: _____			
Frequency	0 <input type="checkbox"/> Frequency of disfluency is within normal limits for age, sex, and speaking situation and/or <input type="checkbox"/> <2 stuttered words per minute and/or <input type="checkbox"/> <4% stuttered words	1 <input type="checkbox"/> Transitory disfluencies are observed in speaking situations and/or <input type="checkbox"/> 3-4 stuttered words per minute and/or <input type="checkbox"/> 5% to 11% stuttered words	2 <input type="checkbox"/> Frequent disfluent behaviors are observed in many speaking situations and/or <input type="checkbox"/> 5-9 stuttered words per minute and/or <input type="checkbox"/> 12% to 22% stuttered words	3 <input type="checkbox"/> Habitual disfluent behaviors are observed in majority of speaking situations and/or <input type="checkbox"/> More than 9 stuttered words per minute and/or <input type="checkbox"/> >23% stuttered words	
Descriptive Assessment	0 <input type="checkbox"/> Speech flow and time patterning are within normal limits. Developmental disfluencies may be present.	1 <input type="checkbox"/> Whole-word repetitions <input type="checkbox"/> Part-word repetitions and/or <input type="checkbox"/> Prolongations are present with no secondary characteristics. Fluent speech periods predominate.	2 <input type="checkbox"/> Whole-word repetitions <input type="checkbox"/> Part-word repetitions and/or <input type="checkbox"/> Prolongations are present. Secondary symptoms, including blocking avoidance and physical concomitants may be observed.	3 <input type="checkbox"/> Whole-word repetitions <input type="checkbox"/> Part-word repetitions and/or <input type="checkbox"/> Prolongations are present. Secondary symptoms predominant. Avoidance and frustration behaviors are observed.	
Speaking Rate	0 <input type="checkbox"/> Speaking rate not affected.	1 <input type="checkbox"/> Speaking rate affected to mild degree. Rate difference rarely notable to observer/listener and/or <input type="checkbox"/> 82-99 WSM 125-150 WSM	2 <input type="checkbox"/> Speaking rate affected to moderate degree. Rate difference distracting to observer/listener and/or <input type="checkbox"/> 60-81 WSM 150-175 WSM	3 <input type="checkbox"/> Speaking rate affected to severe degree and distracting to observer/listener and/or <input type="checkbox"/> <60 WSM >175 WSM	

Instructions: 1. Circle the score for the most appropriate description for each of these categories: *Frequency, Descriptive Assessment, Speaking Rate*.

2. Compute the total score and record below.

3. Circle the total score on the rating bar/scale below.

0 1 2 3 4 5 6 7 8 9 **TOTAL SCORE: _____**
No disability | Mild | Moderate | Severe

Based on compilation of the assessment data, this student scores in the *Mild, Moderate, or Severe* range for Fluency disorder.

Yes No

*This assessment provides documentation/supporting evidence of adverse effects of the Fluency Disability on educational performance. *Determination of eligibility as a student with a Speech/Language Impairment is made by the IEP team.*

Yes No

Tennessee Department of Education / Speech or Language Impairment Evaluation Guidance / November 2018