

How Speech–Language Pathologists Can Minimize Bullying of Children Who Stutter

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ABSTRACT

Stuttering can be a significant problem for children who stutter, but there is much that speech–language pathologists can do to help. This article summarizes six key steps, based on the work of Murphy and colleagues, that clinicians can take to minimize the occurrence and impact of bullying for children who stutter: (1) educating children about stuttering; (2) educating children about bullying; (3) helping children change the way they think and feel about their stuttering through desensitization, cognitive restructuring, and acceptance activities; (4) helping children learn to use appropriately assertive responses that decrease the likelihood of bullying; (5) educating peers and bystanders about stuttering and bullying so that they are more likely to respond in helpful ways; and (6) educating parents, teachers, and administrators about how they can create an environment where it is not okay to bully, but it is okay to stutter.

KEYWORDS: Stuttering, communication disorders, therapy, bullying, treatment strategies

Learning Outcomes: As a result of this activity, the reader will be able to (1) list six steps they can take as part of a comprehensive approach to therapy that can help children diminish the occurrence and effects of bullying; (2) describe three ways of helping children change their thoughts and feelings about stuttering; and (3) define desensitization as it relates to stuttering therapy.

José Hernández is a 12-year-old boy who stutters. He first started stuttering at approximately age 3, and he has been receiving

treatment in the schools since he was a young child. You have been working with him for 2 years, and José has always been an active and

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cooperative participant in treatment. In the past few months, however, José has been absent from school on numerous occasions. At first, you assumed that he just had the flu, like so many of your students. As his attendance continued to be sporadic, you reached out to the classroom teacher to see if José was okay. You learned from her that José's mother, Mrs. Hernández, had contacted the school's principal a month earlier, explaining that José was afraid to go to school because other children were picking on him about his speech. The teacher reported to the principal that she hadn't seen anything going on in the classroom. She told you that she figured that he was just trying to get out of doing his work, but you knew it was more than that...

Bullying can be a significant problem for children who stutter. Ample research has shown that children who stutter are more likely to experience bullying than other children.¹⁻⁷ Bullying has also been shown to have adverse long-term consequences for those who stutter, as adults who stutter and who experienced bullying while in school have reported higher levels of social anxiety, fear of negative evaluation, and other forms of lasting negative impact.⁸

Unfortunately, research has shown that speech-language pathologists (SLPs) may not consistently respond to concerns about bullying,⁹ even though there are ways that clinicians can help.¹⁰⁻¹³ The purpose of this article is to highlight why it is so important for clinicians to proactively address bullying in their treatment of children who stutter and to review several strategies that SLPs can use in the context of a comprehensive therapy approach to minimize the occurrence and consequences of bullying.

WHAT IS BULLYING?

Numerous definitions of bullying have been offered in the literature.¹⁴⁻¹⁶ In essence, bullying involves repeated actions by one person (or group of people) that are intended to be harmful to another person (or group of people). Bullying should therefore be seen as distinct from teasing, which involves good-natured

interactions that are enjoyed by everyone involved. Although teasing is an appropriate component of many friendships and social interactions, bullying should be viewed as inappropriate and never acceptable.

Bullying can be physical in nature, or it can involve verbal interactions, social or relational interactions (e.g., social isolation), or online interactions ("cyberbullying"). Bullying can take place in the classroom, on the playground, in the cafeteria, on the school bus, via the Internet, at the mall, and anywhere else that a child interacts with others. In addition to the individuals who are directly involved in the bullying behavior, other people, often referred to as "bystanders,"¹⁷ may contribute to the experience of bullying. These bystanders can be involved in helpful ways (e.g., by coming to the aid of the child who is being bullied), or they can contribute to the problem (e.g., by failing to support the child who is being bullied or by joining in on the side of the child(ren) engaging in bullying). A comprehensive bullying management plan should take into account the needs of all of these individuals and account for all of the places and manners in which bullying can occur.

A common feature of bullying is an imbalance in power between the individual(s) experiencing bullying and the individual(s) perpetrating the bullying. This power imbalance can make it difficult for those experiencing bullying to react in ways that serve to reduce bullying. This is one of the reasons that children who stutter need the help of their SLPs.

WHY DOES BULLYING OCCUR?

It is instructive for clinicians and their students to understand some of the reasons that bullying occurs. Some children who bully experience problems of their own, including low self-esteem or other difficulties that cause them to lash out at others.¹⁸ Other children engage in bullying behavior because they do not understand or cannot accept the differences they observe in other people.¹⁹ Either way, children who bully appear to thrive on the negative reactions they receive from their victims.

If they pick on someone about a particular characteristic and the person reacts negatively, then they are likely to continue attacking the person about that characteristic. If they do not receive a negative reaction, then they may try to attack other characteristics—or other individuals—until they find one that yields the negative reactions they crave.

Recognizing this pattern in bullying behavior provides a clue about how to minimize the occurrence of bullying: helping children reduce the likelihood that they will react negatively when others comment on their speech can reduce the likelihood that they will become victims of bullying behavior. Such treatment strategies are addressed in more detail later in this article. For now, it is important to recognize that the cause of the bullying is not the fact that a child stutters; the source of the bullying is the child who is doing the bullying.

Interestingly, bystanders do not have any particular reason to bully other children. Still, they may “go along with” bullying because they fear being picked on themselves¹⁷ and because they do not recognize the impact that their participation in bullying can have. Also, they may not understand stuttering. This is not surprising, for stuttering can be a confusing behavior for other children to observe, and it is likely that no one has explained to them the reason that the child who stutters speaks differently. Thus, they may be uncertain about what to say or do to help the child who stutters. Again, this points toward key goals for therapy: educating bystanders about stuttering (as described earlier) can increase the likelihood that they will respond in helpful rather than harmful ways when they see that a child who stutters is being bullied.

THE CONSEQUENCES OF BULLYING

One of the many reasons that it is important for SLPs to get involved when their students are bullied is the fact that bullying can make stuttering more of a problem than it already is. Bullying has a negative effect on children’s self-esteem and self-confidence.⁸ This, in turn, can lead to increases in both stuttering behavior and in negative reactions to stuttering,

including avoidance, physical tension, and negative thoughts about speaking and stuttering. Moreover, bullying isolates people socially, and children who stutter are already at risk for social isolation because of their communication difficulties. Thus, bullying increases the effects of both the stuttering behavior and the stuttering disorder,²⁰ and this can negatively affect progress in therapy.¹³

Fortunately, SLPs can help children minimize the effects of bullying. The remainder of this article describes one set of strategies, based on the work of Murphy and colleagues.^{12,13,21} The treatment involves six procedures that can be implemented in therapy with school-age children who stutter.

These procedures are designed to be incorporated into a comprehensive treatment approach that also includes strategies for enhancing fluency, reducing the severity of stuttering, improving overall communication skills, and achieving other goals as appropriate for each child.^{20,22} To demonstrate the ways that clinicians can implement these strategies, each step will be illustrated using the example of José presented at the outset of this article.

Step 1: Teach Children about Stuttering

Because children who engage in bullying behavior thrive on making other children feel bad, it can be useful for SLPs to help children who stutter feel less bad about their speech. Education about stuttering provides a solid foundation that helps children feel less insecure about themselves and about their speaking difficulties. A better understanding of the complexities of stuttering can reduce the frustration and struggle that children might experience. As children learn more about stuttering, they develop the strength and the confidence they need to not only face stuttering but also to withstand the negative comments that others may make.

At the beginning of the therapy, clients can easily become overwhelmed. They may not be able to comprehend all of the information they are presented about speaking strategies and other aspects of therapy. Thus, even if a child has participated in therapy for many years, like José, it can be beneficial to revisit some key facts

about stuttering when beginning to address bullying. It is not necessary to discuss the entirety of current stuttering research. Rather, the goal is to review the basics and empower the child to become an expert about stuttering.

The clinician might start by asking a series of questions such as, “Why do you think people stutter?” or “What do you think causes stuttering?” This can provide the clinician with a glimpse into José’s current thinking and beliefs about stuttering. Open-ended questions (rather than fact-based lectures) can provide students with the opportunity to express their curiosity, to explore their own thoughts, and to revisit their own thinking about their stuttering.

Working with their clinician, students can begin to understand the etiology of stuttering in age-appropriate ways. Support organizations such as the Stuttering Foundation (www.StutteringHelp.org), the National Stuttering Association (www.WeStutter.org), Friends: The National Association of Young People Who Stutter (www.FriendsWhoStutter.org), and SAY: The Stuttering Association for the Young (www.SAY.org) have informational materials that can help children learn about stuttering.

Examples of facts about stuttering that can be helpful for students to learn include:

- Stuttering is influenced by genetic factors.
- Stuttering involves differences in the brain.
- Stuttering is not learned.
- Stuttering is not the result of a psychological problem.
- Stuttering is not caused by parents.
- Stuttering did not start because the child did anything wrong.

Together, these messages help students like José learn that stuttering is not their fault, and they do not have to feel bad or guilty when they stutter.

As students learn about the causes of stuttering, they may have other questions about their speech. Following the students’ lead will help clinicians ensure that their students are getting the information that is most important to them. One topic that students often ask about is the variability of stuttering over time and in different situations. It can be confusing and frustrating for

children to speak effortlessly and fluently sometimes but stutter in every conversation at other times. Talking openly about these and other complicated aspects of stuttering can help normalize the experience of stuttering and alleviate any blame the students may be placing on themselves. Students benefit from learning that the amount of overt stuttering they exhibit may change for no apparent reason, and that this does not reflect on who they are or on how hard they are trying.

In exploring these common aspects of living with stuttering, it is important that students’ unique and individual experiences are not minimized. Clinicians should not simply say, “Oh yes, that happens to everyone.” Instead, clinicians should give their students the opportunity to explore their own experiences and to identify what is important for them as they cope with their communication difficulties. As students come to understand the complexities of stuttering, they can recognize how difficult stuttering—and stuttering therapy—can be. This gives clinicians the opportunity to highlight their students’ strengths, so that they can feel empowered and confident to respond to bullying.

Together, you and José explored facts about stuttering. You started by asking open-ended questions that encouraged him to identify his own beliefs, then you worked together to gather basic facts about stuttering from trusted Internet sites. You gave José ample opportunity to ask questions and to share his thoughts with you and others. José learned that stuttering is just something that some people do when they talk; it is not something that he needs to be embarrassed about or ashamed of. He learned that stuttering is variable by nature: sometimes people stutter more and other times people stutter less. And, he learned that using fluency strategies, modifying overt moments of stuttering, and changing his thoughts and feelings about stuttering are all hard tasks—for everyone, not just him. Therefore, he does not need to feel bad for the difficulties he is facing in coping with stuttering. These lessons helped him realize just how strong he has been in facing his stuttering, and this

realization gave him a boost in his courage and confidence regarding his ability to meaningfully deal with stuttering.

Step 2: Teach Children about Bullying

The more students learn about bullying and about why people bully, the less likely they are to think that bullying is their fault, that it is a personal attack on them, or that it is related to their stuttering. Becoming educated about bullying can help children separate their feelings about stuttering from their feelings about bullying, and this prepares them to be able to react productively when they experience bullying.

SLPs can teach their students some of the key facts about bullying described at the beginning of this article, including the difference between bullying and teasing; the reasons that children bully; and the complex dynamic between children who bully, bystanders, and children like them who are experiencing bullying. As students understand that children bully because they have problems of their own and that they crave the negative reactions they receive, they can begin to appreciate the fact that bullying is not related to their stuttering and that it is not their fault, even though it may feel that way. And, most importantly, they can learn that bullying is never right.

Ideally, lessons about bullying should be taught *before* bullying occurs and before it starts to affect a child's life. Sadly, this is often not the case, as parents and clinicians often react to bullying only after they see that the child is having a problem. Still, learning about bullying can diminish the impact of hurtful comments and actions. Such lessons can also help students see that they can make a difference in reducing the occurrence and impact of bullying.

By exploring the nature of bullying with José, you helped him realize that the bullying he had been experiencing was not his fault and that it was not something that he should have to bear. He recognized that the children who were picking on him were trying to make him feel bad, and that it was not right for them to do that. And, he learned that he was not powerless in facing bullying.

Step 3: Help Children Think Differently about Stuttering

Children who bully crave the negative reactions they receive from others. To reduce bullying, it would be helpful for children to simply ignore the hurtful comments of bullies so as not to give them the satisfaction of a negative response. Once bullies no longer get the negative responses they crave, they will (eventually) move on.

For many children who stutter, the situation is not so simple. Stuttering often evokes negative feelings, such as embarrassment, shame, fear, and guilt. Thus, many children who stutter are already self-conscious about their speaking difficulties. As a result, they may believe the negative comments that are made about them when they are bullied. Their own shame and fear may make it too difficult for them to ignore hurtful comments.

One key to success in overcoming bullying, therefore, is for children to become less bothered by stuttering. When children change the way they think and feel about stuttering so that they are less embarrassed or ashamed, they can respond in more productive and proactive ways when others try to bully them. Many strategies have been described for helping people who stutter achieve this important goal.^{11,13,23} Three common clinical approaches include (1) desensitization, (2) cognitive restructuring, and (3) fostering acceptance.

Desensitization. Desensitization is the process of reducing fear through gradual exposure to feared objects or experiences in a controlled and supportive environment.²⁴⁻²⁷ When describing the process of desensitization to clients and families, it can be helpful for clinicians to start with examples of fears that are not related to speaking. Selecting a fear that many people can relate to, such as a fear of bugs, can help children step outside of their own discomfort and talk in objective ways about how a person might approach the task of overcoming fear.

With guidance from the SLP, children can learn that the only way to overcome a fear (as opposed to just avoiding it) is for people to experience the thing that they are afraid of—but not all at once. It is better to begin experiencing the fear in an easy and supportive situation, then gradually move toward more difficult situations

along a hierarchy as the fear diminishes. Gradual desensitization is preferred over “flooding” because if a person is exposed to extreme fears too quickly, the discomfort may exceed the person’s ability to continue the exposure.^{28–30} If the exposure is stopped partway through, fears can become further ingrained rather than minimized.

For example, a person who has a fear of bugs has to experience bugs by first starting off easily (e.g., by perhaps looking at pictures of bugs), then moving toward harder situations (e.g., looking at a real bug). Through brainstorming activities, children can describe several steps for facing the fear of bugs. This provides a blueprint for the steps they will take to overcome their fear of stuttering.

Just as the person who fears bugs must experience bugs, the person who fears stuttering must experience stuttering. Of course, people who stutter have already experienced a lot of stuttering, but this stuttering occurs in real-world situations that may increase or exacerbate fear. To reduce fear, they need to experience stuttering in a controlled and supportive setting. Pseudostuttering (also known as voluntary stuttering) is the act of intentionally producing fake moments of stuttering. It allows speakers to experience the feared stuttering-like behavior in situations that are more under their control. Just as they might when overcoming a fear of bugs, people can follow a hierarchy to gradually expose themselves to stuttering in increasingly real situations.

Speakers can also gain desensitization by altering the type of pseudostutters they use (repetitions, prolongations, or blocks), as well as by changing the duration of the pseudostutters, the associated physical tension they create, the situations in which they pseudostutter, and more. Clinicians and other children in a therapy group can join in stuttering contests, in which speakers are rewarded for producing the longest, loudest, or silliest examples of pseudostuttering. Experimenting with stuttering behaviors in this way can help speakers develop a sense of control and tolerance of stuttering.

Some children may further their desensitization by drawing what stuttering feels like to them or by creating a representation of their stuttering with modeling clay.¹³ These activi-

ties allow children to express their understanding of stuttering using different modalities. Making their thinking about how stuttering affects them more concrete may help reduce the power they attribute to their stuttering.

Other desensitization activities include teaching others about stuttering—and even teaching them how to (pseudo)stutter so that they can experience the behavior, too. Many children enjoy grading other people’s attempts at pseudostuttering. This gives them the opportunity to engage in introspection about how they stutter and to demonstrate to others that they are the expert about speaking and stuttering. This is an empowering experience, for it is hard to be ashamed of something when one is the expert.

Children can also become desensitized to stuttering through support from others who stutter. Many children who stutter feel isolated, for they may have had few opportunities to meet other children like them. Through carefully structured group therapy, or through participation in the support organizations listed previously, children who stutter can see that they are not alone, and they can learn that people can live successful lives without being hindered by stuttering. The more children see that stuttering does not have to hold them back, the more effectively they will be able to ignore the comments of children who try to bully them.

As children work with their clinicians to develop desensitization hierarchies and engage in other desensitization tasks, they also gain the opportunity to talk openly about their stuttering. As simple as it may seem, talking about stuttering can be an empowering activity that helps destigmatize a topic that has probably been taboo. Children can learn that it’s okay to be open about stuttering, and this helps further reduce their embarrassment and shame.

To introduce a desensitization task, you shared with José the fact that you are very afraid of spiders. You asked him, “If I wanted to overcome my fear of spiders, how would I do it?” José immediately told you that the only way to overcome your fear of spiders was to face it and interact more with spiders. You invited him to describe ways that you might face your fear, and through a joint brainstorming

activity, he was able to identify several steps that you might take, including drawing cartoon spiders, looking at children's books with illustrations of spiders, looking at real photographs of spiders, being in the same room with a small spider in a jar, holding the spider's jar, taking the lid off the jar, etc. By discussing the steps in terms of a hierarchy, you highlighted the importance of moving from easier to harder steps in a controlled and supportive environment.

Next, you turned the discussion to how José might overcome his fear of stuttering. Again, he recognized that he needed to face that fear. Just as facing a fear of spiders requires experience with spiders, facing a fear of stuttering requires experience with stuttering. You therefore introduced pseudostuttering as a way of helping him experience stuttering in a more controlled way. Then, you helped him start working his way up a desensitization hierarchy, first using pseudostuttering in easier environments, such as the therapy room, then moving toward more difficult environments, like the classroom.

Along the way, you and he took turns trying out different ways of stuttering, "playing with" stuttering in novel and fun ways. He taught you to (pseudo)stutter the same way he does, and he graded you on your attempts (the first time you tried, you received an "F").

Later, you and José explored the stuttering self-help organizations, and he realized that there are many other people like him who stutter. He discovered that there are famous (and not-so-famous) people who stutter who live successful and happy lives and who are not held back by their stuttering.

Throughout this process, you maintained an open dialogue about stuttering with José, giving him the opportunity to express his thoughts in a supportive setting. You affirmed for him that his feelings were natural and understandable, and you helped him realize that he did not have to feel ashamed because he stuttered.

Cognitive restructuring. Cognitive restructuring is one component of cognitive behavioral therapy (CBT).^{26,31} According to CBT, thoughts, feelings, and actions are interconnected.^{31,32} How people *think* affects how they feel, and how people *feel* affects how they think. People can learn to *think differently* in order to influence how they feel and, ultimately, how they act. Put in simplified language that is accessible for school-age children, clinicians might say that, "worried thoughts make people feel scared, while calm thoughts help people feel more at ease. If people can change their worried thoughts to calmer thoughts, they will feel less scared and be more able to do what they want to do."¹³

Many authors have written about the benefits of using CBT with individuals who stutter.³³⁻³⁷ When helping children who stutter change their thoughts, feelings, and behaviors, clinicians can start by guiding children to identify the worried thoughts behind their negative feelings. Once they recognize the worried thoughts, children can gather evidence to see if those worried thoughts are accurate. This can be framed as helping children become detectives to identify clues that either support or refute their thoughts. Typically, students will find that their worried thoughts are not well supported by their experiences, so their feelings might be more negative than they really need to be. If this turns out to be the case, then the children can be invited to consider other, calmer thoughts that may lead to less negative feelings. Children can also consider the consequences of feared thoughts: what if the worst actually does happen? Planning for contingencies can empower children to face even the most difficult situations, and this can help further reduce their fears.

Note that clinicians should not try to *convince* clients to think differently. Children need to have the opportunity to evaluate their existing thoughts on their own so that they can make changes that are appropriate for them. Calmer thoughts can only be accepted if children believe them. Moreover, it is likely that some worried thoughts will persist. Stuttering is a difficult condition to come to terms with, after all. Still, as children become more realistic about the potential outcomes of their

interactions with others, they can gradually alter their thoughts and resulting feelings, and this will help them become less bothered by stuttering.

José expressed to you that he was afraid to read aloud in class. When you asked why, he said, "If I read aloud in class, I'm going to stutter on every word and everyone will laugh at me." You helped him identify this as a "worried thought," and you discussed how it is only natural for someone to feel afraid when thinking that worried thought. José affirmed that the feelings resulting from this thought were nervousness, embarrassment, and fear.

With your guidance, José then began to consider the evidence related to his thought. Upon reflection, he realized that no one in his class has ever laughed at him. He noted that some children had asked him why he got stuck sometimes, and some children had even repeated what he said. Still, no one had ever laughed. He also realized that he has never stuttered on every word, even though he had long feared that this might happen. By objectively considering his experiences, he realized that his worried thought was not supported by evidence!

You then invited him to evaluate whether he needed to continue believing that worried thought given the available evidence. He agreed that it might be helpful to consider some less-worried or calmer thoughts about reading aloud in class. Working together, you explored some alternatives. For example, rather than thinking, "I am going to stutter on every word," José altered his thought to, "I might stutter on some words." And, rather than thinking, "Everyone will laugh at me," José changed the thought to, "Some classmates might smile at me or ask me about stuttering, but that's not surprising because my speech is different." José immediately saw that these calmer thoughts helped him feel less scared.

Finally, you asked José what would happen if children actually did laugh at him. Because he had taken the opportunity to think through his experiences (and because you had incorporated other strategies into José compre-

hensive therapy plan), he was able to recognize that he had learned some helpful methods for facing such difficult situations. He was able to entertain some new thoughts that helped him feel more confident, stating, "If they laugh, I might be embarrassed, but I can handle that. I'm also learning to advocate for myself, so I can take that opportunity to teach them about stuttering."

Acceptance. Yet another way to become more comfortable with stuttering is through activities designed to foster acceptance of stuttering.³⁸ Acceptance does *not* mean giving up or just leaving children to cope with stuttering on their own. Acceptance means helping people come to terms with stuttering, so that stuttering does not negatively impact their lives. Importantly, children can work toward acceptance while concurrently working to modify their speech or stuttering behavior. Acceptance of stuttering and changing speech are not contradictory goals.²²

In contrast with CBT, acceptance approaches to therapy do not require people to change their thoughts to develop increased comfort with their feelings. Instead, acceptance therapies, such as acceptance and commitment therapy (ACT)³⁹⁻⁴¹ and mindfulness approaches,⁴² invite people to become more aware of their thoughts, to acknowledge that their thoughts are indeed just thoughts (and not necessarily representative of reality), to learn to tolerate those thoughts, and, ultimately, to let the thoughts go. The clinician's role is not to convince clients that their thoughts or feelings are wrong. Rather, clinicians can help their clients feel comfortable thinking whatever they think and feeling whatever they feel, even if those thoughts and feelings are uncomfortable. Then, clients can learn to move forward in their lives and work toward their broader goals (such as communicating more easily or more freely) while coexisting with those thoughts and feelings.

For children who stutter, the ultimate lesson from acceptance is that it is okay to stutter, and that accepting stuttering can make it easier for them to face the challenges that stuttering brings. As they gain acceptance, children who stutter become less bothered by

their stuttering. This is especially important for coping with bullying, because it is impossible to bully someone about a characteristic that does not bother them.

You built upon José's desensitization and cognitive restructuring activities by again inviting him to focus on his thoughts and feelings about stuttering. You helped him realize that even though he did not enjoy it, it was okay to feel uncomfortable about stuttering, and it was okay to have worried thoughts. Those worried thoughts were just thoughts, after all; they did not reflect what really happened. José even learned that it was okay to stutter—he did not have to struggle to try to prevent stuttering or change stuttering; sometimes, he could just let stuttering happen. He came to recognize that worrying about stuttering so much was actually getting in the way of his ability to cope with stuttering. When he just allowed stuttering to exist, he had an easier time talking, and he came to recognize that stuttering was not as frightening as he had at first believed it to be.

Step 4: Help Children Develop Appropriately Assertive Responses to Bullying

Children who bully thrive on the negative reactions of their targets. When they do not receive the negative reactions they crave, they are likely to move on to another target to garner this source of (what they perceive as) power. It is essential for students who stutter to be ready to respond in a way that defuses bullying and decreases the likelihood that bullying will continue. Clinicians can support this process by helping their students who stutter find matter-of-fact, appropriately assertive responses to bullying that do not give the desired negative reaction. Such responses help redirect the bully away from the child who stutters and away from the characteristic of stuttering.

Clinicians can help children identify possible responses through brainstorming activities. Students can then try out the different responses through role-playing activities conducted within the supportive environment of the therapy room. Children can benefit from both direct role-playing, in which the child

plays himself and the clinician plays the bully) and reverse role-playing, in which the child plays the bully. Role-playing helps students try out several possible responses before attempting them in more stressful situations. It also helps desensitize the child to the situation so that he will feel less fearful when he experiences bullying in real life.

Many responses can help diminish bullying. Children's responses must help them feel in charge of the situation and of their communication. Unfortunately, verbal responses can be difficult for children who stutter, so this will take practice. It will be necessary to set up many opportunities for students to practice their response scenarios, in and out of the therapy room.

Perhaps most important of all, clinicians should keep in mind that it is not necessary for children to be fluent when responding to bullying. Some students may wish to use fluency-enhancing or stuttering management techniques, and some may not. For some children, the added stressor of trying to respond fluently may make an already difficult situation even more difficult. The point of this exercise, however, is not to practice techniques. It is to ensure that children feel confident in their ability to stand up for themselves in positive ways, regardless of how fluent they are.

José shared with you that he has not felt good about his previous responses to bullying, which have included "ignoring them" and "walking away." He stated that he often feels embarrassed when he does this, because people sometimes make fun of him even more when he tries to leave the situation. He remarked that his current responses "don't work," and that the bullying is continuing to escalate.

As you talked with José about how to respond more assertively and appropriately to bullying, you recognized that many suggestions he had received from others (e.g., "educate the bully about stuttering," "reason with the bully") were too long for him to feel comfortable using in a high-pressure situation. Together, you brainstormed other verbal and nonverbal responses that José thought would help defuse the situation, empower him to regain his personal

power, and decrease the impact that bullying was having on his self-esteem and communication. José thought that he could respond to negative comments by saying, “Yep, I stutter—what’s up?” or “Dude, really?” He also chose a nonverbal response, which he called, “walking away with attitude.” You and José discussed that this nonverbal choice should be accompanied by powerful affirmation statements that he could repeat to himself after the incident to help him remember that the bullying was not about his stuttering but about the child who was trying to pick on him.

To strengthen José’s confidence in using these responses, you engaged in extensive role-playing and practice, using a video-recording activity.¹³ You recorded several examples of both direct and reverse role-plays in which José acted out different responses. Together, you reviewed the videos so he could evaluate and adjust his responses. Once he was happy with his planned responses, he used the videos to educate his parents and teachers about stuttering and about his experiences with bullying.

When he was feeling confident with his new, appropriately assertive responses to bullying, José began to use them in the real world. At first, he said that they didn’t seem to help, but as he kept with it, he began to notice that other people just didn’t seem to be as interested in picking on him about his stuttering any more. This gave him confidence to continue being more open about his stuttering, and that made it easier for him to communicate overall.

Step 5: Help Children Educate Their Peers about Stuttering and Bullying

As noted earlier, bullying involves more than just the child who bullies and the child who is bullied. The other children in the class (the “bystanders”)¹⁷ also play an important role, for their response (or lack of response) affects the child’s overall daily experience, both in and out of school. Often, these bystanders do not respond in helpful ways, simply because they do not understand stuttering or bullying.

Fortunately, there are many ways to educate peers about stuttering. Being more open and acknowledging stuttering (e.g., through self-disclosure exercises)²⁰ can help children show their peers that stuttering is not something to be concerned about. Children can also bring stuttering out into the open by distributing handouts or brochures during special events such as International Stuttering Awareness Day (October 22) or National Stuttering Awareness Week (second week of May), and by posting information about stuttering organizations on social media.

A more formal way of educating peers involves developing a “classroom presentation.”^{12,13,21} Classroom presentations give children the opportunity to provide facts about stuttering and bullying to their peers. They also give peers the chance to ask questions about stuttering that they may have been afraid to ask. And, it helps them recognize the impact that their comments and actions can have on children who experience bullying.

Classroom presentations can take many forms, including presentations, quiz-show games, demonstrations, and role-plays. Students can do book reports involving characters who stutter or use stuttering as the topic of an assignment in English or Biology class. Once they recognize that it is okay to talk openly about stuttering, they can identify many different ways to educate their friends and peers.

The information they share can vary depending on their goals. Common components of classroom presentations include facts and myths about stuttering, what causes stuttering (and what does not), famous and not-so-famous people who stutter, examples of different stuttering behaviors, demonstration of speech therapy strategies, and more. For children who are experiencing bullying, the classroom presentation should also include information about what bullying is, the fact that bullying is never acceptable, the reasons that children engage in bullying, the important role of bystanders, and how to deal effectively with bullying through appropriately assertive responses.

The clinician’s role in the presentation itself may be direct or indirect, depending on the student’s readiness and preferences.

Clinicians will certainly play a major role in helping children prepare and practice their presentations. Clinicians should also reach out to classroom teachers and parents to explain the purpose and value of the presentation and to build a supportive team dedicated to ensuring the child's success.

No matter what type of peer education students choose to implement, it is imperative that they have been well prepared through therapy, so they will be ready to handle these advanced types of activities. The SLP is a key player in creating the supportive environments where students who stutter can feel comfortable taking bold steps to decrease the negative impact that bullying may have on their communication.

Even though José was experiencing less bullying overall, he was still concerned about the looks he sometimes got from others. He also said that some classmates he considered friends would sometimes join in with the students who bullied him. He wanted to let them know how much their actions bothered him, so they could maybe be "more on his side."

You and José talked about how helpful it would be for him if the other kids in his class understood more about stuttering. You asked him how they might gain this knowledge, since others really did not know much about stuttering and no one ever talked about it. He rapidly came to see that he was the best person to tell other people about stuttering, since he was an expert on the topic. Through a brainstorm activity, the two of you identified a number of ways that José could teach others about stuttering. He decided that acknowledging stuttering more openly and explaining facts about stuttering directly would be useful strategies for him, now that he had learned to be less uncomfortable (through desensitization, cognitive restructuring, and acceptance strategies).

José decided to create a presentation about stuttering for his English assignment of giving a 2-minute informative speech. He further decided that he would begin the presentation by acknowledging that he stuttered ("self-disclosure") and explaining that he would

use the presentation to give everyone some information about his speaking difficulties. You helped him gather information and practice his presentation in therapy (using pseudo-stuttering to help him further desensitize to speaking in front of the class). Initially, he was apprehensive about the activity, but as soon as it was over, he reported that it was "normal for him to choose stuttering for his topic," because "other kids talked about subjects that mattered to them."

Step 6: Teach Parents and Others about Stuttering, Stuttering Therapy, and Bullying

Often, parents, teachers, and administrators do not have the information they need about stuttering, therapy, and bullying to successfully prevent and minimize the impact of bullying for children who stutter. SLPs can play a central role in addressing these needs. They can provide education to help parents understand stuttering and come to terms with the fact that their child stutters. They can provide education to teachers to help them understand the unique needs of children who stutter and the strong adverse impact that bullying can have on this population. And, they can provide education to other school personnel so that they will know how they can contribute to supporting the child both in and out of the classroom.

Clinicians can help parents understand that they play an important role in helping their child deal with stuttering and bullying. Parents can start by learning to recognize some of the less obvious signs that bullying is occurring, such as when children withdraw from social situations. Parents have a unique opportunity to notice changes, to validate their children's feelings, and to provide support for problem-solving rather than immediately jumping in to "fix" the issue.

Most importantly, parents can help bully-proof their child by providing opportunities to build self-esteem and personal power.⁴³ Parents can increase their children's sense of self-confidence by providing a safe place for them to be themselves (even if this means stuttering) and by demonstrating their own acceptance of stuttering. These steps can help empower children

to be able to handle bullying while decreasing the negative impact that bullying might have.

Clinicians can help teachers and administrators expand their positive reach by highlighting the importance of providing a positive communication environment for all students. This includes fostering an atmosphere of tolerance and acceptance for differences and establishing an environment in which bullying is never considered acceptable. They can learn to take the comments and concerns of children seriously—especially when those children come from vulnerable populations, like children with communication disorders.

Parents, teachers, and other school personnel are all part of an essential support network for children who stutter. Without their help, clinicians and their students who stutter may experience a void when working toward the common goal: to appropriately handle and minimize bullying in school and other situations.

You have been working with José on minimizing bullying, and he has been making excellent progress. Still, something has been bothering you: you don't feel that the school handled the reports of bullying in the most effective manner. You are especially disappointed that you did not learn about the issue from the teacher or other school personnel. You only discovered it because you asked about his frequent absences, even though his parents had brought the issue to the attention of the principal and the teacher. As a result of these events, you expanded your own efforts to educate and support José, his parents, and those in your school environment to create team-based plans for handling challenging situations like bullying that might occur for students like José.

SUMMARY

Bullying can be a challenging problem for children who stutter. Fortunately, there are many steps that SLPs can take to help. Some strategies are undertaken in the therapy room (educating children about stuttering and bullying; helping children reduce their fears through desensitization, cognitive restructuring, and acceptance; and teaching children to provide appropriately assertive responses), and

some strategies are undertaken elsewhere (educating parents, teachers, and peers; building supportive teams). By approaching bullying in a comprehensive and proactive manner, clinicians can make a significant difference in the lives of their students who stutter by minimizing the occurrence and effects of bullying.

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REFERENCES

1. Blood GW, Blood IM. Bullying in adolescents who stutter: communicative competence and self-esteem. *Contemp Issues Commun Sci Disord* 2004;31:69–79
2. Blood GW, Blood IM. Preliminary study of self-reported experience of physical aggression and bullying of boys who stutter: relation to increased anxiety. *Percept Mot Skills* 2007;104(3, Pt 2):1060–1066
3. Blood GW, Blood IM, Tramontana GM, Sylvia AJ, Boyle MP, Motzko GR. Self-reported experience of bullying of students who stutter: relations with life satisfaction, life orientation, and self-esteem. *Percept Mot Skills* 2011;113(02):353–364
4. Davis S, Howell P, Cooke F. Sociodynamic relationships between children who stutter and their non-stuttering classmates. *J Child Psychol Psychiatry* 2002;43(07):939–947
5. Hugh-Jones S, Smith PK. Self-reports of short- and long-term effects of bullying on children who stammer. *Br J Educ Psychol* 1999;69(Pt 2):141–158
6. Langevin M. Bullying experienced by youth who stutter: the problem and potential intervention strategies. In: St Louis KO, ed. *Stuttering Meets Stereotype, Stigma and Discrimination: An*

- Overview of Attitude Research. Morgantown, WV: West Virginia University Press; 2015:71–90
7. Mooney S, Smith PK. Bullying and the child who stammers. *Br J Spec Educ* 1995;22(01):24–27
 8. Blood GW, Blood IM. Long-term consequences of childhood bullying in adults who stutter: social anxiety, fear of negative evaluation, self-esteem, and satisfaction with life. *J Fluency Disord* 2016; 50:72–84
 9. Blood GW, Boyle MP, Blood IM, Nalesnik GR. Bullying in children who stutter: speech-language pathologists' perceptions and intervention strategies. *J Fluency Disord* 2010;35(02):92–109
 10. Langevin M. *Teasing and Bullying: Unacceptable Behavior. The TAB Program*. Edmonton, AB: Institute for Stuttering Treatment and Research; 2000
 11. Murphy WP, Yaruss JS, Quesal RW. Enhancing treatment for school-age children who stutter I. Reducing negative reactions through desensitization and cognitive restructuring. *J Fluency Disord* 2007;32(02):121–138
 12. Murphy WP, Yaruss JS, Quesal RW. Enhancing treatment for school-age children who stutter II. Reducing bullying through role-playing and self-disclosure. *J Fluency Disord* 2007;32(02):139–162
 13. Murphy WP, Quesal RW, Reardon-Reeves NA, Yaruss JS. *Minimizing Bullying for Children Who Stutter*. McKinney, TX: Stuttering Therapy Resources, Inc.; 2013
 14. Olweus D. *Bullying at School: What We Know and What We Can Do*. Oxford: Blackwell; 1993
 15. Smith PK. *Understanding School Bullying: Its Nature & Prevention Strategies*. Thousand Oaks, CA: Sage; 2014
 16. Tattum DP. Violence and aggressions in schools. In: Tattum DP, Lane DA, eds. *Bullying in Schools*. United Kingdom: Trentham Books Ltd.; 1988
 17. Coloroso B. *The Bully, the Bullied, and the Bystander: From Preschool to High School—How Parents and Teachers Can Help Break the Cycle of Violence*. New York: Harper Collins; 2008
 18. Donnellan MB, Trzesniewski KH, Robins RW, Moffitt TE, Caspi A. Low self-esteem is related to aggression, antisocial behavior, and delinquency. *Psychol Sci* 2005;16(04):328–335
 19. Rodkin PC, Hodges EVE. Bullies and victims in the peer ecology: four questions for psychologists and school professionals. *School Psych Rev* 2003; 32(03):384–400
 20. Reardon-Reeves NA, Yaruss JS. *School-Age Stuttering Therapy: A Practical Guide*. McKinney, TX: Stuttering Therapy Resources, Inc.; 2013
 21. Murphy WP, Quesal RW. Strategies for addressing bullying with the school-age child who stutters. *Semin Speech Lang* 2002;23(03):205–212
 22. Yaruss JS, Coleman CE, Quesal RW. Stuttering in school-age children: a comprehensive approach to treatment. *Lang Speech Hear Serv Sch* 2012;43 (04):536–548
 23. Plexico L, Manning WH, Dilollo A. A phenomenological understanding of successful stuttering management. *J Fluency Disord* 2005;30(01):1–22
 24. Foa EB, Kozak MJ. Emotional processing of fear: exposure to corrective information. *Psychol Bull* 1986;99(01):20–35
 25. Kaufman G. *Shame: The Power of Caring*. Rochester, VT: Schenkman Publishing Company; 1985
 26. Rapee RM, Wignall A, Hudson JL, Schniering CA. *Treating Anxious Children and Adolescents: An Evidence-Based Approach*. Oakland CA: New Harbinger Publications, Inc.; 2000
 27. Wolpe J. *Psychotherapy by Reciprocal Inhibition*. Stanford: Stanford University Press; 1958
 28. Ewert A. Fear and anxiety in environmental education programs. *J Environ Educ* 1986;18(01):33–39
 29. Pitman RK, Altman B, Greenwald E, et al. Psychiatric complications during flooding therapy for posttraumatic stress disorder. *J Clin Psychiatry* 1991;52(01):17–20
 30. Rachman S. Studies in desensitization. II. Flooding. *Behav Res Ther* 1966;4(01):1–6
 31. Beck AT. *Cognitive Therapy and the Emotional Disorders*. New York, NY: International Universities Press; 1976
 32. Ellis A. Rational psychotherapy and individual psychology. *J Individ Psychol* 1957;13:38–44
 33. Menzies RG, Onslow M, Packman A, O'Brian S. Cognitive behavior therapy for adults who stutter: a tutorial for speech-language pathologists. *J Fluency Disord* 2009;34(03):187–200
 34. Amster B, Klein E. Perfectionism in people who stutter: preliminary findings using a modified cognitive-behavioral treatment approach. *Behav Cogn* 2008;36(01):35–40
 35. Nicholas A. Solution focused brief therapy with children who stutter. *Procedia Soc Behav Sci* 2015; 193:209–216
 36. Kelman E, Wheeler S. Cognitive behaviour therapy with children who stutter. *Procedia Soc Behav Sci* 2015;193:165–174
 37. Blomgren M. Behavioral treatments for children and adults who stutter: a review. *Psychol Res Behav Manag* 2013;6:9–19
 38. Yaruss JS. What does it mean to say that a person "accepts" stuttering? In: Reitzes P, Reitzes D, eds. *Stuttering: Inspiring Stories and Professional Wisdom*. Chapel Hill, NC: StutterTalk; 2012
 39. Beilby JM, Byrnes ML, Yaruss JS. Acceptance and Commitment Therapy for adults who stutter: psychosocial adjustment and speech fluency. *J Fluency Disord* 2012;37(04):289–299
 40. Fletcher L, Hayes SC. Relational frame theory, acceptance and commitment therapy, and a functional analytic definition of mindfulness. *J Ration Cogn Ther* 2005;23(04):315–336

41. Hayes SC, Luoma JB, Bond FW, Masuda A, Lillis J. Acceptance and commitment therapy: model, processes and outcomes. *Behav Res Ther* 2006;44(01):1-25
42. Boyle MP. Mindfulness training in stuttering therapy: a tutorial for speech-language pathologists. *J Fluency Disord* 2011;36(02):122-129
43. Kaufman G, Raphael L, Espeland P. *Stick Up for Yourself! Every Kid's Guide to Personal Power and Positive Self-Esteem*. Revised and Updated. Minneapolis, MN: Free Spirit Pub; 1999