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## How Local School-Based Speech-Language Pathologists Facilitate Skill Transfer and Generalization For Students Who Stutter

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**HOW LOCAL SCHOOL-BASED SPEECH-LANGUAGE PATHOLOGISTS  
FACILITATE SKILL TRANSFER AND GENERALIZATION  
FOR STUDENTS WHO STUTTER**

An Undergraduate Honors Thesis  
Submitted in Partial Fulfillment of  
University Honors Program Requirements  
University of Nebraska-Lincoln

by  
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## **Abstract**

The purpose of this study was to determine what local school-based speech-language pathologists (SLPs) are doing to help their students who stutter generalize target communication skills beyond the therapy room. A survey was distributed to SLPs who work in the Lincoln Public Schools and 28 completed the survey. The survey covered the following topics: career background, self-efficacy in stuttering therapy, frequency of specific clinician practices, and goal setting and evaluating therapeutic progress. Results revealed that while treatment goals are being developed across the multiple domains impacted by stuttering, the majority of transfer activities focus on fluency techniques. Results also showed that SLPs prioritized the transfer of speech modification skills over stuttering modification or social-emotional skills. Finally, the results indicated that progress was documented and evaluated from a variety of sources including clinicians, teachers, parents, and students themselves. These findings are discussed within evidence-based practice guidelines for stuttering therapy which recommends transferring skills across all domains and the utilization of different therapy approaches according to the needs of the individual.

**Key Words:** stuttering, skill transfer, skill generalization, students who stutter, speech-language pathology, stuttering modification, speech modification

## **How Local School-Based Speech-Language Pathologists Facilitate Skill Transfer and Generalization For Students Who Stutter**

Stuttering is a fluency disorder characterized by sound repetitions, prolongations, and blocks (National Institute on Deafness and Other Communication Disorders, 2017). However, stuttering is much more than speech disruptions; it plays a huge and multifaceted role in an individual's social-emotional development. Because people who stutter can anticipate when they are going to stutter, many of them learn how to avoid certain sounds, words, or social situations (Yaruss & Reardon, 2003). Individuals who stutter often experience added physical tension when speaking (Yaruss and Reardon, 2003) and are also at risk for harboring negative self-perceptions about themselves and their stuttering (Chmela & Johnson, 2018).

Developmental stuttering affects an estimated 5% of young children between two and five years old, although approximately 80% of these children experience unassisted recovery from stuttering. The remaining 20% of children who persist in stuttering makeup the 1% of the global population of people with chronic developmental stuttering (Yairi & Ambrose, 1995). Many children receive speech-language therapy in school for their stuttering. School-based therapy is intended to help children learn new communication skills that improve their academic outcomes. As such, while speech-language pathologists (SLPs) often coach children in acquiring new skills in structured contexts, children are ultimately expected to transfer those skills to other academic and social contexts. The current study focuses on the complexities of skill transfer for students who stutter. This is of particular importance because over half of licensed SLPs work in the schools (American Speech-Language-Hearing Association [ASHA], 2021a), and the school-age years are when children start to develop and internalize their sense of self and identity

(Ormrod et al., 2020). This makes the school-age years a prime window for making positive changes to communication.

The process of skill transfer for students who stutter is complex for a variety of reasons. First, many school-based SLPs report a lack of confidence in stuttering therapy. For instance, Chmela and Johnson (2018) reported that in their sample of district SLPs, more than half stated they were uncomfortable treating fluency disorders, and all therapists rated themselves as being uncomfortable “executing objectives across various areas of therapy, integrating contributing factors within treatment, and measuring progress” (p. 377). This discomfort is likely a combination of several key challenges that SLPs face when working with students who stutter.

First, as stated above, stuttering only impacts about 1% of the population (National Stuttering Association [NSA], 2021). This relatively low incidence means that many SLPs go their entire professional careers seeing only a handful of students who stutter. Because of this low exposure to students who stutter, clinicians are not likely to become experts on the disorder. Additionally, the low incidence has made it difficult to accumulate large amounts of data about the disorder.

A second challenge that SLPs face when serving students who stutter is that stuttering affects many domains in an individual’s life (Yaruss & Reardon, 2003). The World Health Organization created the International Classification of Functioning, Disability and Health (ICF) in 2001. This is known as the WHO-ICF framework, and it classifies health and health-related domains such as environmental factors that impact an individual. Under the WHO-ICF framework, clinicians must address all these various contextual factors as well as the client’s functioning and disability (ASHA, 2021b). This leaves clinicians to choose what skills are targeted first in therapy, and often there is not a clear priority.

Yet another challenge to treating individuals who stutter is the lack of a recovery model for stuttering. Each individual reacts to stuttering differently and warrants therapy tailored to their unique needs to yield positive individualized outcomes. Clinicians must be knowledgeable in several therapy approaches, including behavioral and cognitive-behavioral approaches, to best help their student who stutters.

Taken together, students who stutter pose a unique clinical challenge to school-based SLPs. Evidence-based practice in stuttering therapy outlines the following guidelines for clinicians. First, SLPs should generalize skills that increase the student who stutters' overall quality of life (NSA, 2021). Subsequent goals should therefore be developed in collaboration with the student and their parents. Examples of targeted skills include increasing the student's school and social participation, desensitizing the student to stuttering, and exploring any negative feelings toward themselves or their stuttering (Yaruss, Coleman, et al., 2012). Other important skills to learn include the ability to self-advocate and educate others on stuttering, as well as increasing the child's ability to produce easier speech (Sisskin, 2002).

Effective speech therapy is comprised of two equally important parts: maximizing effective communication in the therapy room and equipping the client to maintain and generalize new communication skills outside the therapy room. In a controlled setting, individuals who stutter can easily achieve fluency, lessen secondary behaviors, and raise self-efficacy. With minimal external distractions, they can fully attend to acquiring the new communication skills. Beyond the therapy room, students encounter spontaneous conversation, fear of rejection from peers, and academic tasks that divert attention from the use of communication strategies. Among other psychosocial burdens, this makes skill generalization particularly difficult.

A recent informal survey of Lincoln Public Schools SLPs who serve students who stutter revealed that their most common area of need is helping students who stutter transfer their newly acquired skills outside the therapy setting. The preliminary step in addressing this need is to gain a deeper understanding of what local SLPs are currently doing to promote skill transfer for their students who stutter. From there, efforts to optimize local SLPs use of evidence-based practices can be prioritized. The following question is targeted in this research project: *what are local school-based SLPs doing to help their students who stutter generalize target communication skills beyond the therapy room?* The answers to this question have several benefits. First, it will inform key stakeholders about current practices and areas of need for school-based stuttering therapy. It will also lay the foundation for developing targeted clinical education opportunities that our research team can provide to local SLPs. Finally, sharing the data will help foster community and promote collaboration among educators, service providers, and families of children who stutter.

## **Methods**

### ***Participants***

A research survey was developed and emailed to all SLPs who work at the Lincoln Public Schools. A total of 28 SLPs completed the survey. Criteria to participate included: being a licensed SLP; currently or previously working in a school as an SLP; having had at least one student who stutters on their caseload in the schools; being at least 19 years of age; and currently living in the United States. Participant responses were anonymous and all identifiable information was removed from the survey.

### ***Procedures***

This study was an observational design. A research survey was created and administered via Qualtrics—a secure web-based survey platform. The link to the survey was embedded in the recruitment email distributed to the participants. Participants accessed the survey on their own time and on their own personal devices. The survey was 30 questions and took approximately 10 minutes to complete. At the conclusion of the survey, participants had the option to provide their email addresses for a gift card drawing. Their email addresses were not linked to their survey responses.

### ***Measures***

The survey was comprised of questions that required multiple choice, Likert scale, and short answer responses. The questions covered the following four topics: career background (seven questions), self-efficacy in stuttering therapy (four questions), frequency of specific clinician practices (eleven questions), and goal setting and evaluating therapeutic progress (eight questions). The questions were created based on the nature of the research questions and a review of the literature on evidence-based practices in stuttering therapy. Once drafted, the survey was reviewed by three school-based SLPs who specialize in stuttering therapy to ensure breadth, depth, and clarity of questions. The final survey is provided in the Appendix.

### ***Data Analysis***

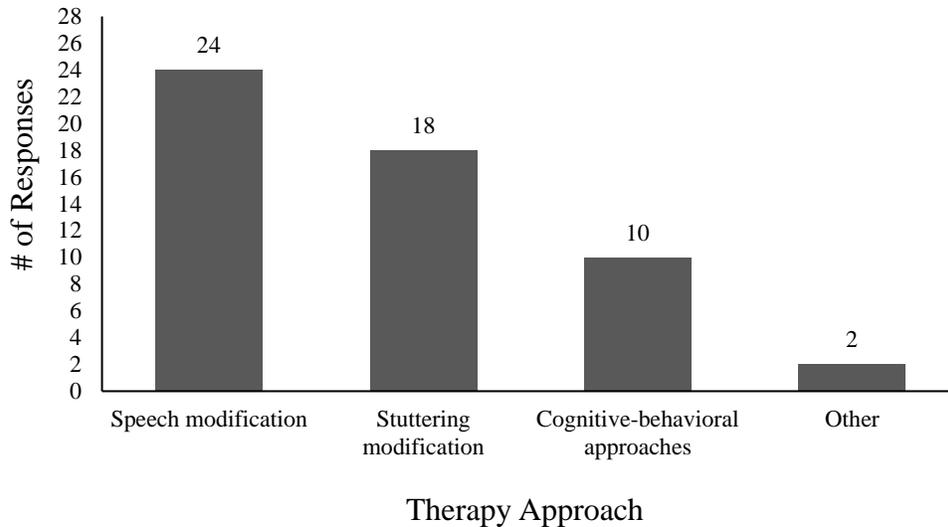
Data analysis of specific items depended on the response format (e.g., multiple choice, Likert-scale, short answer). Multiple choice and Likert-scale responses were examined using raw counts and descriptive statistics. Correlations between Likert-scale items were explored. Short answer questions were qualitatively analyzed to extract core themes.

## Results

### *Career Background*

There were seven questions covering the career backgrounds of the participants (Q1 through Q7). Q1 and Q2 revealed that both the number of years the participants have spent working as SLPs and working as SLPs in the schools ranged from 0-21+ years, with an average of 8-12 years. Q3 asked how many students who stutter the participants have had on their caseloads while working in the schools; this ranged from 0-21+ students who stutter, with an average of 7-11 students who stutter per clinician. The participants in Q4 showed a 4:3 split between having a particular interest in stuttering or not. Q5 revealed only one participant was a member of ASHA's SIG 4 (Fluency and Fluency Disorders) or another online community for SLPs who serve people who stutter. None of the participants were persons who stutter themselves.

Q7 asked which therapy approach the participants primarily use with their students who stutter. As seen in Figure 1, the majority of clinicians use speech modification strategies (also known as "fluency shaping"). Note that the summative values in the figure exceed the sample size because most clinicians reported using more than one approach.

**Figure 1***Therapy Approaches Employed by the Participants**Self-Efficacy in Stuttering Therapy*

Q8 through Q11 pertained to the participants' self-efficacy, or confidence, in working with students who stutter. Responses to the questions in this section were provided on a Likert scale and are summarized in Table 1. Over half of the clinicians were moderately confident in addressing all areas related to stuttering. However, none were completely confident in any of the targeted areas, and there was a slightly lower confidence across participants when addressing emotional/cognitive aspects and transfer/generalization aspects of stuttering therapy.

**Table 1***Self-efficacy Ratings Across Stuttering Therapy Aspects*

Item	How confident are you in...	<i>1</i> <i>Not at all</i> <i>confident</i>	<i>2</i> <i>A little</i> <i>confident</i>	<i>3</i> <i>Moderately</i> <i>confident</i>	<i>4</i> <i>Very</i> <i>confident</i>	<i>5</i> <i>Most confident</i> <i>I can be</i>
Q8	Working with students who stutter?	0%	17.9%	71.4%	10.7%	0%
Q9	Addressing the behavioral aspects of stuttering with students who stutter?	0%	39.3%	53.6%	7.1%	0%
Q10	Addressing the emotional and cognitive aspects of stuttering with students who stutter?	3.6%	7.1%	71.4%	17.9%	0%
Q11	Facilitating skill transfer and generalization for students who stutter?	3.6%	32.1%	60.7%	3.6%	0%

Correlations were calculated for this self-efficacy part of the survey and the statistically significant correlations are shown in bold in Table 2 below. These results indicated that there was a close relationship between each of the questions, which means that clinician confidence levels are similar across the various aspects of stuttering therapy.

**Table 2***Correlations Between Self-efficacy Ratings*

	Q8	Q9	Q10	Q11
Q8	—			
Q9	<b>.70**</b>	—		
Q10	<b>.72**</b>	<b>.51**</b>	—	
Q11	<b>.67**</b>	<b>.70**</b>	<b>.49**</b>	—

\*\*  $p < .01$

*Frequency of Specific Clinician Practices*

On Q12 through Q22, participants reported how often they engaged in specific clinician practices in stuttering therapy. The results are summarized in Table 3, which reveals that students

are generally being included in the development of treatment goals and transfer and maintenance activities. It also shows that SLPs are typically partnering with parents and teachers regarding what therapy strategies are being worked on, but students are not consistently the one leading these discussions. Another important note is that some SLPs are teaching the use of safety behaviors in therapy, a process that can intensify anxiety for students who stutter and perpetuate negative feelings about themselves and their stutter.

Correlations were calculated for the frequency of specific clinician practices, and the statistically significant correlations are bolded in Table 4. These results indicate that when participants included their students who stutter in developing treatment goals, they often also included their students who stutter in developing transfer activities and discussed with their students who stutter the challenges of using communication strategies in situations beyond the therapy room. Additionally, SLPs who partnered with teachers about skills their students who stutter are working on also tended to partner with parents about the same topics.

**Table 3***Rate of Specific Clinician Practices*

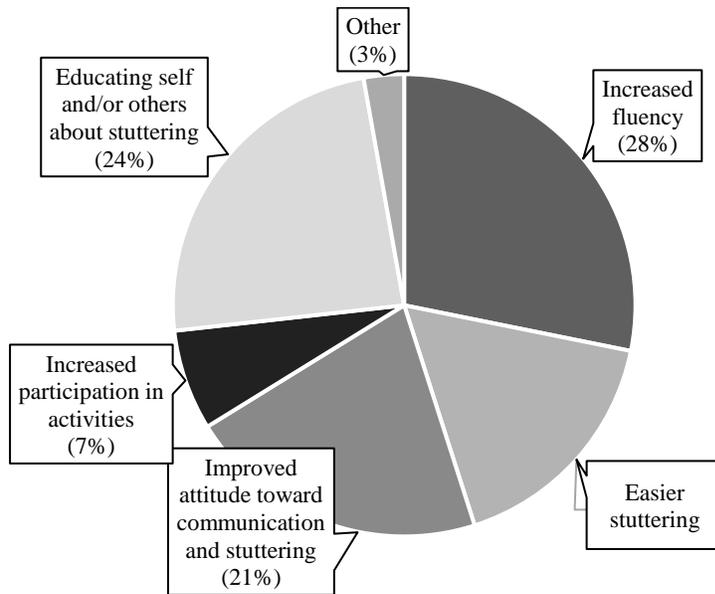
<b>Item</b>	<b>How often do you...</b>	<i>1</i> <i>Never</i>	<i>2</i> <i>Infrequently</i>	<i>3</i> <i>Sometimes</i>	<i>4</i> <i>Frequently</i>	<i>5</i> <i>Very</i> <i>Frequently</i>
Q12	Include your students who stutter in developing treatment goals?	0%	22.2%	33.3%	37%	7.4%
Q13	Include your students who stutter in developing transfer and maintenance activities?	0%	18.5%	37%	40.7%	3.7%
Q14	Have your students who stutter self-report on their success with transfer and maintenance activities outside the therapy room?	3.7%	7.4%	48.2%	33.3%	7.4%
Q15	Have your students who stutter discuss their confidence in enacting a desired change?	0%	18.5%	37%	44.4%	0%
Q16	Discuss the challenges of using communication strategies in situations beyond the therapy room with your students who stutter?	0%	14.8%	33.3%	37%	14.8%
Q17	Partner with the classroom teacher regarding therapy strategies that your students who stutter are working on?	7.4%	11.1%	40.7%	37%	3.7%
Q18	Partner with parents regarding therapy strategies that you students who stutter are working on?	0%	11.1%	55.6%	29.6%	3.7%
Q19	Facilitate discussion between your students who stutter and their teachers and/or parents regarding the changes they are working on?	7.4%	40.7%	22.2%	29.6%	0%
Q20	Work on desensitizing your students who stutter to stuttering (e.g., voluntary stuttering, watching videos of other people who stutter)?	0%	14.8%	33.3%	48.2%	3.7%
Q21	Teach and practice the use of safety behaviors with your students who stutter (e.g., mental rehearsal prior to a social activity, avoiding difficult words, speaking in shortened phrases, speaking to easy conversational partners)?	14.8%	48.2%	22.2%	14.8%	0%
Q22	Share educational resources and information regarding support groups/communities to your students who stutter and their families?	0%	18.5%	55.6%	25.9%	0%

**Table 4***Correlations Between Specific Clinician Practices in Stuttering Therapy*

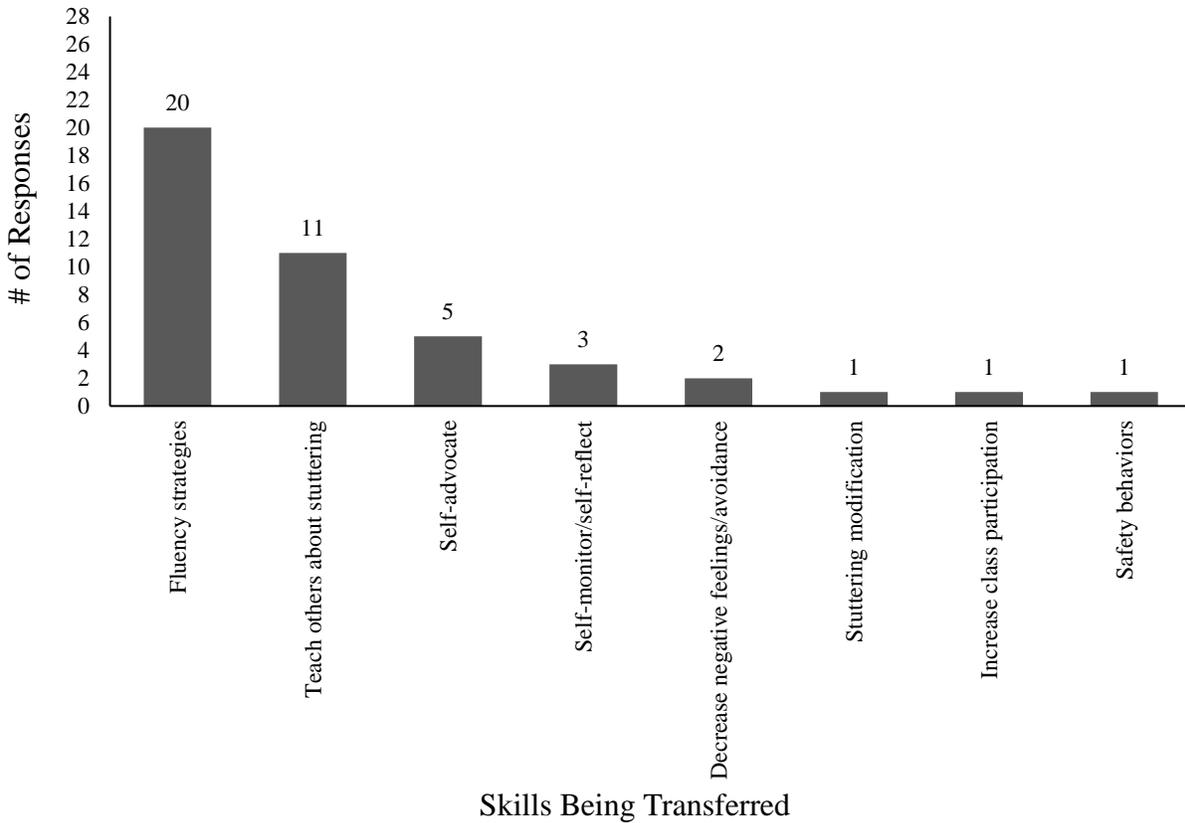
	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22
Q12											
Q13	<b>.54**</b>										
Q14	.21	.18									
Q15	.16	.24	.15								
Q16	<b>.44*</b>	<b>.49**</b>	.25	.34							
Q17	-.15	.27	<b>.47*</b>	.19	.27						
Q18	.06	.13	<b>.66**</b>	.01	.20	<b>.49**</b>					
Q19	.30	<b>.53**</b>	.37	.09	.36	.38	.21				
Q20	-.1	-.19	.07	-.12	-.14	.05	.15	-.01			
Q21	.18	.30	.32	.29	.35	.22	.14	.36	-.32		
Q22	-.04	-.04	<b>.41*</b>	-.11	-.19	.33	.26	.26	-.06	<b>.39*</b>	

\*  $p < .05$ \*\*  $p < .01$ ***Goal Setting and Evaluating Therapeutic Progress***

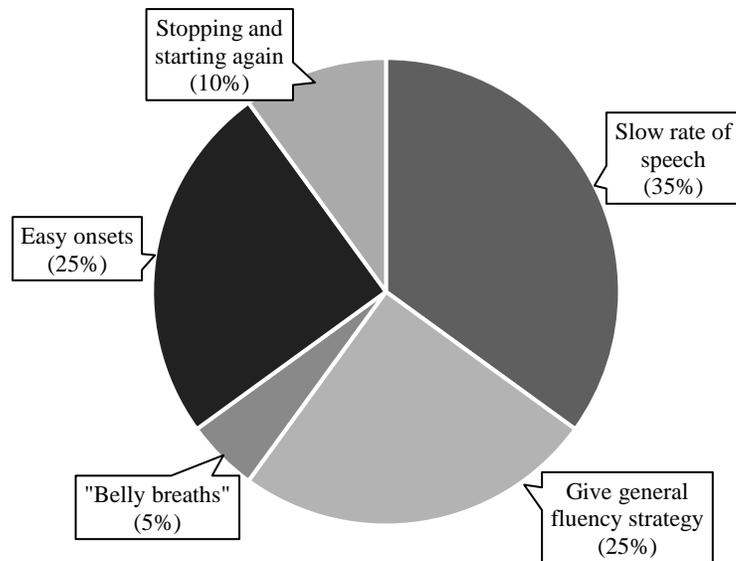
Q23 through Q30 consisted of multiple answer, Likert scale, and written response questions. Q23 allowed the selection of multiple answers to the question, “what types of goals do you typically set for your students who stutter?” The responses are summarized in Figure 2 which shows a fairly even distribution of goals across answer choices, with the exception of a few clinicians indicating they set goals about increasing participation.

**Figure 2***Goals Set for Students Who Stutter*

Q24 was a written response question which asked participants to report what skills they typically ask their students who stutter to transfer and generalize. Results were analyzed for common themes and put into categories accordingly. The results detailed in Figure 3 reveal an overwhelming focus on transferring fluency strategies and little focus on transferring other targeted skills. Note that only 20 out of the 28 participants crafted a response to this question which can be attributed to the option of skipping this question.

**Figure 3***Transferred and Generalized Skills*

Of the 20 participant responses, 12 provided a short answer response to Q24 regarding the specific fluency strategies they are asking students who stutter to generalize. Figure 4 depicts the fluency strategies participants reported utilizing, with the top technique being slow rate of speech and the second being general, nondescript fluency shaping strategies.

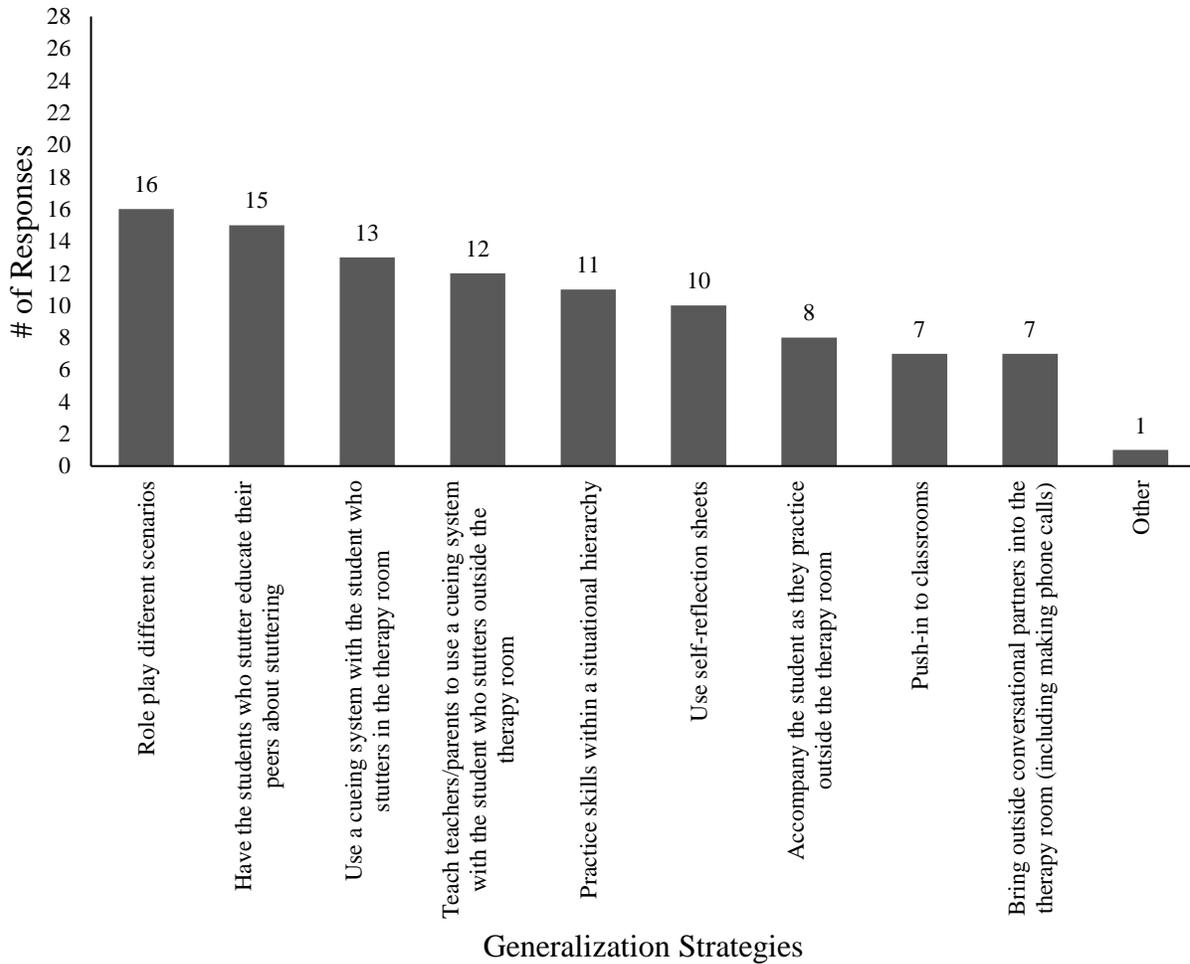
**Figure 4***Breakdown of Generalized Fluency Strategies*

Q25 was a Likert scale question that asked the following: “when do you encourage students who stutter to use these targeted communication skills outside of the therapy room?” The results showed that one participant never or rarely encouraged use and four participants encouraged use as soon as therapy began. Sixteen participants encouraged use once students who stutter had practiced the skill within the therapy setting, but not necessarily waiting until they were proficient in it. The final three participants encouraged use only once the students who stutter had demonstrated proficiency within the therapy room. Note again that the summative value of responses ( $n = 24$ ) is less than the total sample size due to the option for participants to refrain from providing a response.

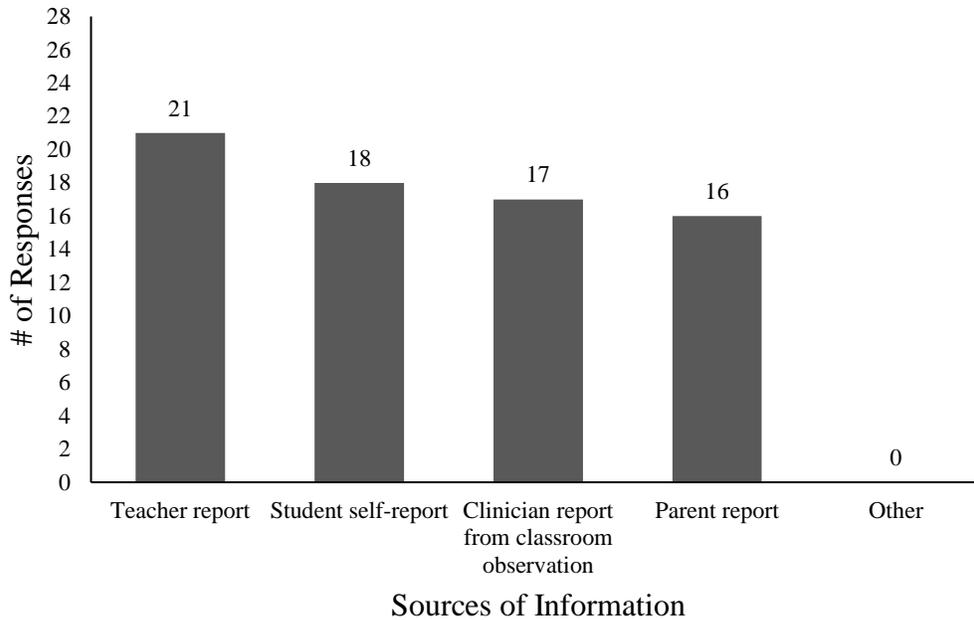
Q26 allowed the selection of multiple answers and results are summarized in Figure 5 below. The question asked for transfer and generalization strategies that seemed successful in the clinician’s work with students who stutter. The results indicate that the most successful strategies are role playing different scenarios and educating peers about stuttering.

**Figure 5**

*Most Successful Generalization Strategies*



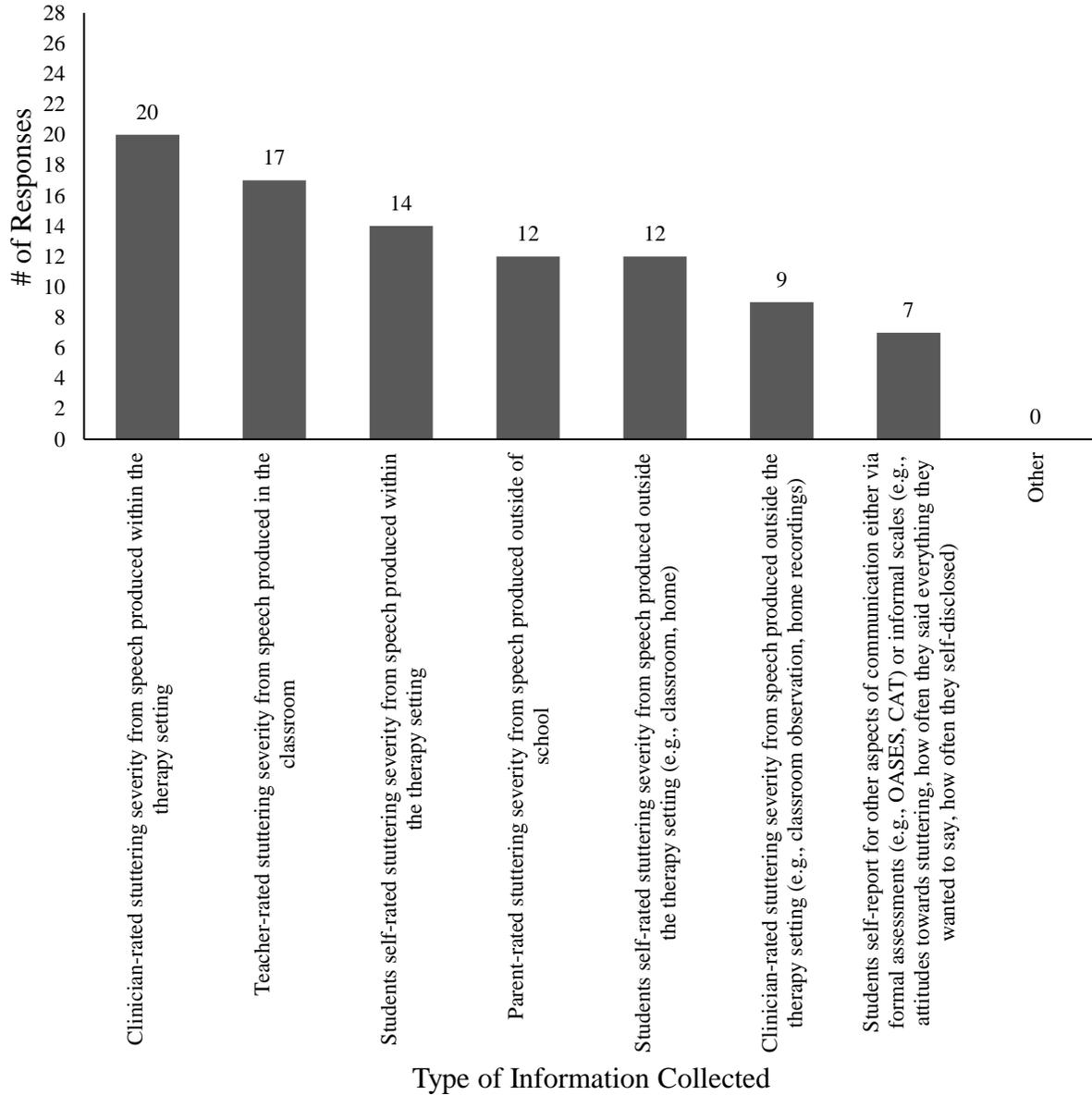
Q27 inquired about who tends to provide transfer and generalization data; results are summarized in Figure 6 below. Clinicians appear to gather transfer information from multiple sources, teacher report being chief among them. It should be noted that participants were able to select multiple answers for this question, hence the sum of all responses is greater than the total number of participants in the study.

**Figure 6***Sources of Information for Documenting Skill Transfer*

Q28 asked how documentation and evaluation among students who stutter is occurring for the overall therapeutic process, and the question allowed multiple answers to be selected. The most common way to measure therapeutic process was from clinician-rated stuttering severity based on speech produced in the therapy room. The least common way was from students' self-ratings of other aspects of communication such as their attitudes towards stuttering, how often they said everything they wanted to say, and self-disclosure. Results follow in Figure 7:

**Figure 7**

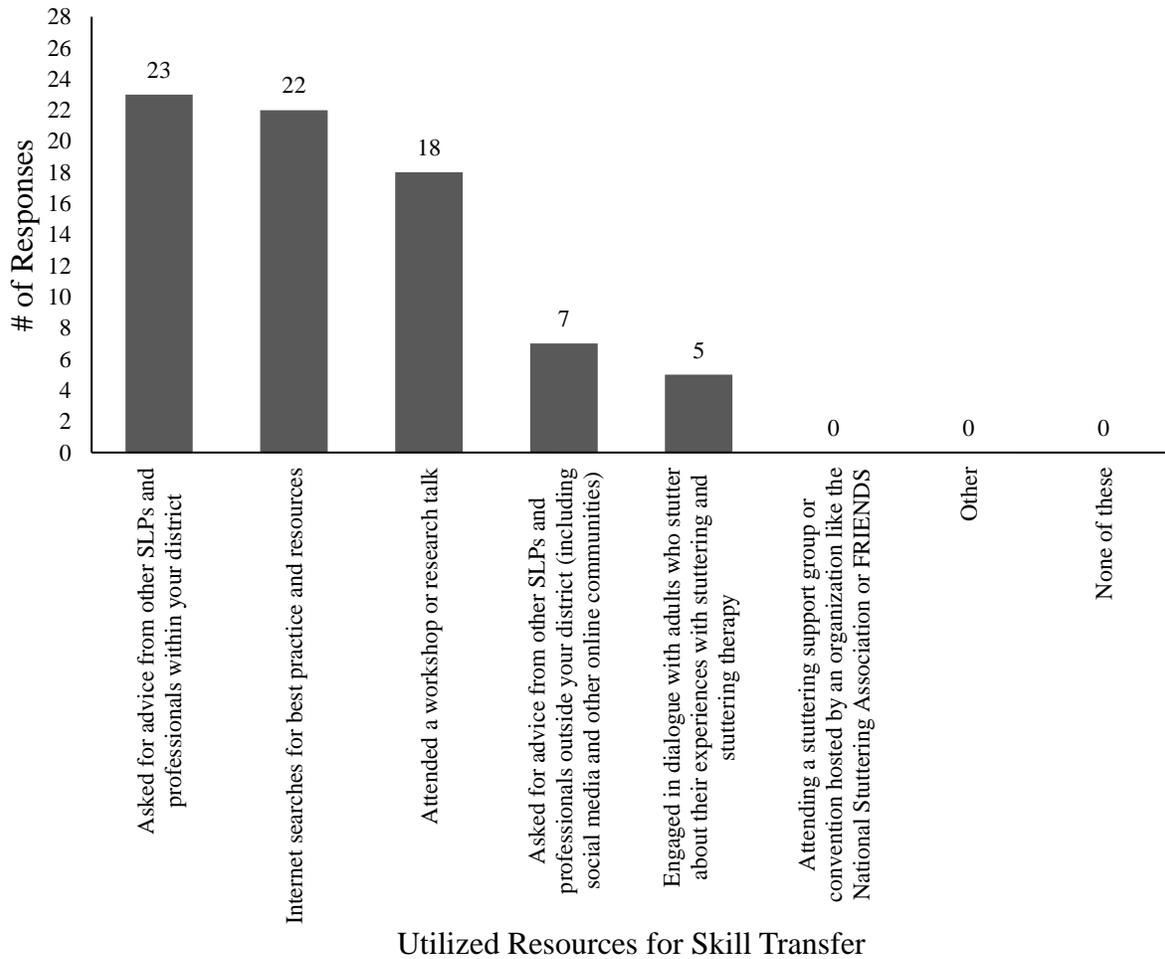
*Type of Information Collected for Documenting Overall Therapy Progress*



Q29 asked “over your professional career as an SLP, what extra resources have you pulled from to improve skill transfer and generalization among your students who stutter?” Participants could select all that apply. Most clinicians sought advice from other SLPs in their districts and utilized online resources, while none reported attending a stuttering support group or convention. See results summarized in Figure 8 below.

**Figure 8**

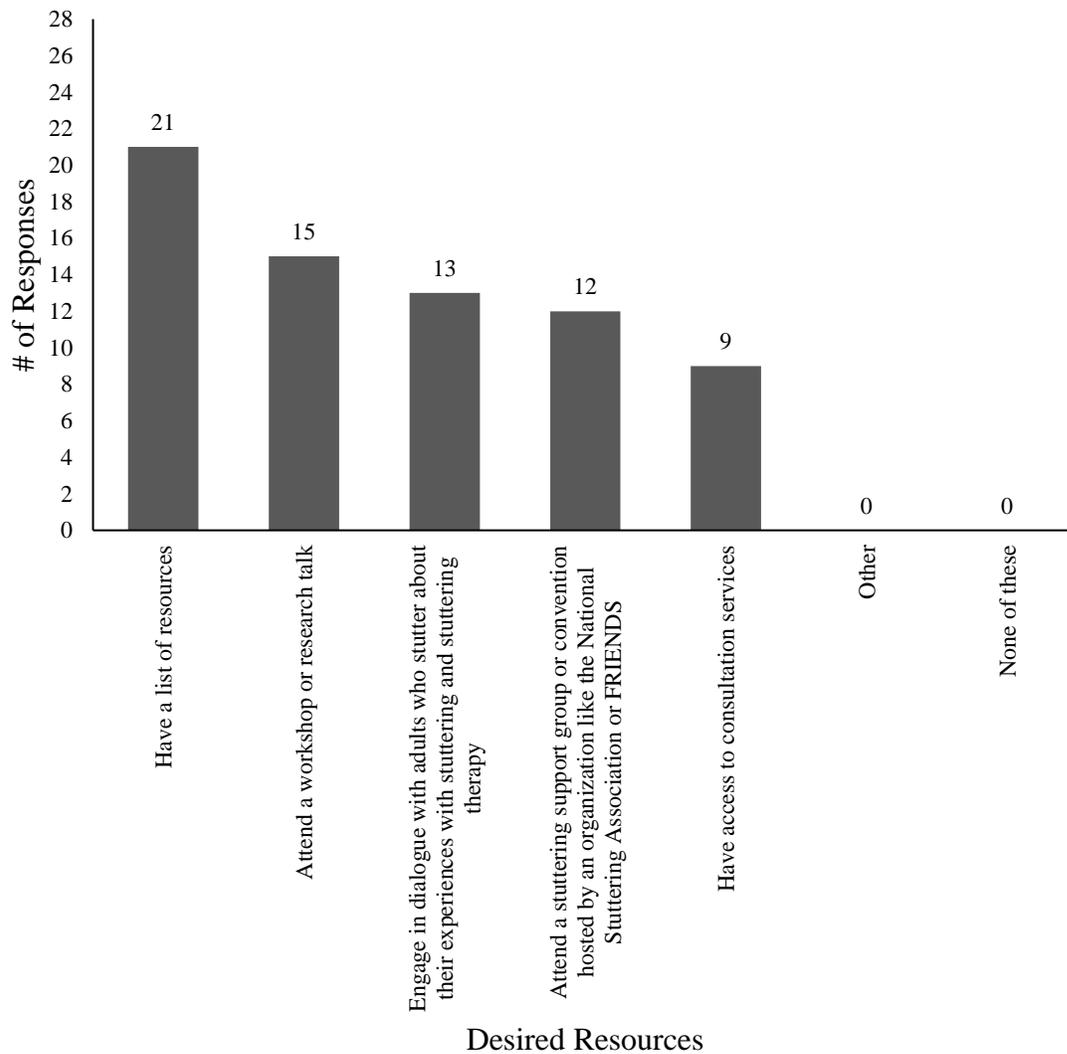
*Resources Clinicians Have Used to Improve Their Students’ Skill Transfer*



In Q30, participants were asked to report which supports would help them feel more confident helping students who stutter transfer and generalize communication skills; they could select multiple answers. Answers are summarized in Figure 9, with a strong indication towards wanting a list of resources available to them.

**Figure 9**

*Desired Resources to Support Skill Transfer and Generalization*



## **Discussion**

This research study was conducted to determine what local school-based SLPs are doing to help their students who stutter generalize target communication skills beyond the therapy room. A total of 28 SLPs from the Lincoln Public Schools participated in the survey. In general, clinicians appear aware that holistic therapy and progress monitoring approaches are beneficial. However, the main findings revealed a misalignment between therapy goals and generalization activities, a lack of stuttering modification and social-emotional transfer activities, and a need for having a higher rate of students who stutter self-report on their transfer and generalization of targeted communication skills.

### ***Inconsistency Across Goals and Generalization Activities***

The survey compared treatment goals to the skills students who stutter are being asked to transfer beyond the therapy room. Increased fluency was the top reported treatment goal with a little over a quarter (28%) of the clinicians setting this treatment goal. This means that roughly a quarter of the transfer activities should be related to increased fluency. However, the data indicate almost half (45%) of the communication skills students who stutter are being asked to transfer outside of therapy are related to fluency. This suggests a mismatch between treatment goals and what students who stutter are expected to generalize.

Additionally, an improved attitude toward communication and stuttering was set as a targeted goal about 20% of the time. Students who stutter, though, are being asked to transfer skills related to decreasing negative feelings and avoidance 5% of the time. Furthermore, a mismatch emerged between the rate at which goals are set related to easier stuttering (17%) and the rate at which stuttering modification techniques are being asked to transfer (2%).

This inconsistency across generalization of the targeted communication goals can have negative repercussions for students who stutter. Successful stuttering therapy should look at the totality of stuttering, from fluency to social-emotional to cognitive-behavioral impacts (Quesal, 1998). These data show that goals were set to address all these areas, but they were not all being targeted at the transfer and generalization stage of therapy. These current practices indicate that greater alignment between therapy goals and transfer goals is warranted to improve holistic and evidence-based outcomes for students who stutter.

### *Lack of Stuttering Modification Transfer Activities*

There are two prevalent behavioral approaches to stuttering therapy: speech modification and stuttering modification. Speech modification, also known as “fluency shaping,” focuses on teaching individuals to control their stuttering to produce stutter-free speech (Finn, 2003). Stuttering modification takes a holistic view of stuttering and helps an individual reduce tension during stuttering moments, cope with avoidance behaviors, and deal with feelings of guilt (Finn, 2003).

The survey revealed a strong emphasis on transferring fluency shaping techniques but held almost no mention of the transfer of stuttering modification techniques. This is concerning because stuttering rarely occurs in a vacuum, and unidimensional focus on fluency does not often yield positive outcomes in participation and social-emotional well-being. The WHO-ICF model prioritizes health outcomes by an individual’s physical, mental, and social functioning and not just the absence of disease which, from a stuttering lens, is overt stuttering behaviors (ASHA, 2021b). Like all communication disorders, there is not one method that appropriately fits all clients who stutter. While some clients may benefit from a speech modification approach where the totality of their speech pattern is modified to minimize stuttering, others may benefit from a

stuttering modification approach where only moments of stuttering are manipulated to produce easier stuttering. Many clients benefit from a hybrid approach where both forms of communication change are practiced, while other clients may resist changing how they talk in preference for changing how they think and feel about themselves and communication. As such, stuttering therapy must be individualized depending on the personal needs of the client so that they can improve their communication effectiveness and quality of life in domains that are personally meaningful to them.

### ***Self-Reporting Transfer and Generalization of Skills***

Because stuttering is a life-long condition, therapy hinges upon students who stutter gaining the ability to self-regulate and exercise autonomy in their verbal interactions. The current data revealed that participants are documenting transfer and generalization techniques fairly evenly across teacher, parent, clinician, and student self-reports. This shows a well-rounded approach is being utilized to gain the reports from a variety of sources. Ultimately, the documentation should be skewed more towards client self-report as this aligns with the goal of increasing client self-regulation. Students who stutter should be encouraged to learn how to monitor and self-regulate themselves so they can maintain progress after dismissal from therapy services.

### ***Limitations***

There are a few limitations that should be considered regarding this research study, primarily related to the study sample and the nature of several question formats. First, the survey was only distributed to the Lincoln Public School District's SLPs. Therefore, the results cannot be generalized to the national body of SLPs. Further, of the local SLPs that were notified about the study, only 28 clinicians participated so these data may not be entirely representative of the

whole body of local SLPs. The surveyed population was also only comprised of clinicians practicing in the school setting, and not of private practice or the medical field. An additional limitation to the survey is that participants favored the multiple choice and Likert scale questions over the open-ended questions, which several participants left blank. It is possible that the ability to select certain question answers brought out data that may not have otherwise appeared, or it may have hindered certain answers from appearing.

### ***Future Directions***

The participants provided useful data for identifying their clinical needs and how to achieve them. These data show a need for clinicians to continue focusing therapy on addressing all aspects of stuttering including cognitive-behavioral and social-emotional aspects. These targeted areas should also be focused on proportionally when creating transfer activities for students who stutter.

The last survey question asked participants to indicate what would help them feel more confident in helping their students who stutter transfer and generalize their communication skills. Together, the participants requested to have a list of resources available to them. Additionally, the participants showed a common interest in both attending a workshop or engaging in dialogue with adults who stutter about their experiences with stuttering and stuttering therapy. Taking measures to provide these activities may promote professional development in the area of stuttering therapy, and thereby improve the lives of the students who stutter that they serve.

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## Appendix

### *Full List of Survey Questions*

1. How many years have you been working as an SLP?
2. How many years have you been working as an SLP in the schools?
3. How many students who stutter have been on your caseload over your professional career in the schools?
4. Do you have a particular interest in stuttering?
5. Are you a member of ASHA's SIG 4 (Fluency and Fluency Disorders) or another online community for SLPs who serve people who stutter?
6. Are you a person who stutters?
7. Which therapy approach do you primarily use with students who stutter (select all that apply)?
8. How confident are you in working with students who stutter?
9. How confident are you in addressing the behavioral aspects of stuttering with students who stutter?
10. How confident are you in addressing the emotional and cognitive aspects of stuttering with students who stutter?
11. How confident are you in facilitating skill transfer and generalization for students who stutter?
12. How often do you include your students who stutter in developing treatment goals?
13. How often do you include your students who stutter in developing transfer and maintenance activities?
14. How often do you have your students who stutter self-report on their success with transfer and maintenance activities outside the therapy room?
15. How often do you have your students who stutter discuss their confidence in enacting a desired change?
16. How often do you discuss the challenges of using communication strategies in situations beyond the therapy room with your students who stutter?
17. How often do you partner with the classroom teacher regarding therapy strategies that your students who stutter are working on?
18. How often do you partner with parents regarding therapy strategies that your students who stutter are working on?
19. How often do you facilitate discussion between your students who stutter and their teachers and/or parents regarding the changes they are working on?
20. How often do you work on desensitizing your students who stutter to stuttering (e.g., voluntary stuttering, watching videos of other people who stutter)?
21. How often do you teach and practice the use of safety behaviors with your students who stutter (e.g., mental rehearsal prior to a social activity, avoiding difficult words, speaking in shortened phrases, speaking to "easy" conversational partners)?
22. How often do you share educational resources and information regarding support groups/communities to your students who stutter and their families?
23. What types of goals do you typically set for your students who stutter? (select all that apply)
24. What skills do you typically ask your students who stutter to transfer and generalize? Please type in a response that is as specific as possible. For example: "use easy onsets during oral reading in the classroom," "self-advocate in instances of teasing and bullying in the school environment," or "teach facts about stuttering to classmates/family members."
25. When do you encourage students who stutter to use these targeted communication skills outside of the therapy room?
26. What are some transfer and generalization strategies that seem to be successful in your work with students who stutter? (select all that apply)
27. How do you document and evaluate the **transfer and generalization** of targeted communication skills among your students who stutter? (select all that apply)
28. How do you document and evaluate **overall therapeutic progress** among your students who stutter? (select all that apply)
29. Over your professional career as an SLP, what extra resources have you pulled from to improve skill transfer and generalization among your students who stutter? (select all that apply)
30. What would help you feel more confident in helping students who stutter transfer and generalize their communication skills? (select all that apply)