Stuttering Therapy Resources

Practical Tip:

How do we write measurable treatment goals for school-age children who stutter?

Writing treatment goals is a fundamental aspect of clinical practice, especially for speech-language pathologists who work in the schools. Unfortunately, many clinicians have expressed uncertainty about how to write appropriate, measurable, and objective goals for their students who stutter.

Treatment goals should reflect what we actually do in treatment. For school-age children who stutter, treatment typically involves far more than just working on speech fluency. Therefore, treatment goals should also address more than just changes in observable speech behavior. This is where the challenge typically arises: while clinicians may be relatively comfortable writing goals about the more observable aspects of therapy (e.g., using speaking strategies to enhance fluency), they may be less clear about how to write goals for addressing children's negative reactions to stuttering or other less tangible aspects of treatment. (We can't write a goal that says, "Child will feel better about himself 80% of the time!")

Still, it is very important to write treatment goals for *all* aspects of therapy:

> "Adopting a broad-based view of stuttering treatment means that we must write goals that reflect the wide range of areas we address in therapy. Unless our treatment plan includes a comprehensive set of goals, then parents and teachers may persist in the misconception that therapy is supposed to focus solely on fluency. Furthermore, unless we measure changes across a wide range of domains, then we will not be able to document all of the relevant outcomes of our therapy and establish the efficacy of our intervention." (Reardon-Reeves & Yaruss, 2013, p. 189)

Writing goals becomes easier if we focus on what on we actually *do* in therapy to achieve a desired outcome. If one of our desired outcomes in therapy is to help a child learn a speaking technique to enhance fluency, then we can write a goal that reflects the child's process in learning to use that technique For example, let's say that we want to teach a child to use the fluency enhancement strategy, "easy start." Our goal for this strategy might start with this foundational statement:

Strategy: *"The student will demonstrate the ability to use easy starts to enhance his speech fluency…"*

In developing our goal, it is also useful to indicate the *task* or *setting* in which the child will demonstrate this skill. Typically, speech-language pathologists introduce skills along a hierarchy from easier to harder situations as a child's ability to use a skill grows. The steps along the hierarchy reflect the "objectives" or "benchmarks" that we achieve along the way toward an annual goal. With respect to the sample goal we are building, we could start with the following task and setting:

Task: *"…while reading a paragraph…"*

Setting: *"…in the therapy room…"*

We would then use different asks and settings as the child develops his skills.

Of course, **goals have to be measurable, and we have to specify how we will measure them**. We must therefore add our *criterion level*, *measurement strategy*, and *time frame* to this foundation. Criteria reflect how far along a child is in the process of achieving goals: initially, the child may only be able to perform a desired task a small number of times, but as he moves through therapy, he will be able to perform the task more frequently. The measurement strategy describes our process for assessing the child's progress, either through our own observations or the reports of the child, teacher, or parents. The time frame reflects when we expect the child to demonstrate his attainment of our goal.

For the sample goal that we are building, we can add phrases such as the following (the specific phrases will vary depending upon where the child is in therapy):

Criterion Level: *"…by using 5 easy starts…"*

Measurement Strategy: *"…as observed by the clinician…"*

Time frame: *"…within 3 consecutive sessions…"*

Finally, **it is helpful for goals to also reflect the amount of *support* a child will have in achieving his goal**. At first, students will need a lot of support, in the form of the clinician's model or feedback; later in therapy, students will be able to perform the desired tasks more independently. Again, this is part of the hierarchy that students move through as they develop and practice new skills in and out of therapy. For example:

Support: *"…with prompts from the clinician…"*

When we put it all together, we might end up with a goal that reads like this:

The student will demonstrate the ability to use easy starts to enhance his speech fluency by using 5 easy starts while reading a paragraph, with prompts from the clinician, as measured by clinician observation, for 3 consecutive sessions

At a later point in therapy, we might select different values for task, setting, criterion, measurement strategy, and level of support, even while we are working on the same strategies. Then, our goal might look like this:

The student will demonstrate the ability to use easy starts to enhance his speech fluency by using 10 easy starts while talking with another student in his therapy group, independently, as measured by the student's report (and verified by the clinician), for 5 separate sessions within the marking period.

Note that the specific order in which we include the various components can vary. Also, different school districts have different requirements about the components that need to be included. Still, these fundamental principles apply, and goals that are written in this way meet several key criteria: they are well-formed, they are objective and measurable, they are consistent with federal and state regulations, and they reflect exactly what we do in therapy.

Once we are comfortable using this type of goal structure for speech fluency strategies, we will find the exact same types of goals can be written for other aspects of speech therapy, including strategies for reducing negative reactions, increasing communication, and minimizing the adverse impact of stuttering on the child's quality of life.

For example, if we have a child who is working on reducing negative reactions to stuttering, we start by thinking about exactly what we do in therapy to help him achieve that goal. For many children, reducing negative reactions involves strategies such as learning more about stuttering, using desensitization exercises such as pseudostuttering to reduce fear, and educating others about stuttering. Our goals for these activities might read something like this:

The student will demonstrate his knowledge about stuttering by independently teaching 5 key facts of his choosing to his parents, at home, as confirmed by parental report, within 2 weeks.

The student will demonstrate his ability to stutter with less physical tension by using 10 easy pseudostutters in the therapy room with the other children in his therapy group, as documented by clinician observation, for 2 consecutive sessions.

The student will demonstrate increased acceptance of stuttering by talking openly about stuttering, with the clinician's support, with 1 new friend each week, as measured by the student's report (and the friends' confirmation).

The student will demonstrate his increased acceptance of stuttering by pseudostuttering 2 times while reading aloud in class, as measured by the student's report.

Likewise, goals for improving functional communication might include:

The student will demonstrate his reduced avoidance of speaking by independently volunteering to answer questions in class 5 times each week as verified by the teacher's report.

The possibilities are endless! Once we recognize that goals can reflect the ways that we work to address the child's needs in therapy, we find that it is much easier to write comprehensive, measurable, and objective goals that reflect the many ways in which we help children overcome the burden of stuttering.

Of course, there is much more to say about this issue (such as why our goals do not use percentages or specify a set level for how fluent a child must be). These topics, along with many more sample treatment goals, can be found in *School-Age Stuttering Stuttering Therapy: A Practical Guide* at www.StutteringTherapyResources.com.