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CHILDREN'S LITERATURE ABOUT STUTTERING: A CONTENT ANALYSIS

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ABSTRACT

Children's literature can create a welcoming atmosphere to learn and reflect. This study views children's books about stuttering as accessible tools for clinical and home environments. Previous research investigated the content of books about stuttering and found that many books are comprised of features that make them sufficient for use as instructional tools. This study uses content analysis to look at how children's books (n=17) fulfill a series of seven factor requirements. Factors have a maximum of three points and are based on possible treatment methods and experiences of someone who stutters. The books are ranked from highest to lowest scores, depending on their degree of inclusion of all factors. This study also looks at the difference between average scores of books written prior to 2010 and books written during or after 2010. The analysis provided a wide range of results, with book scores ranging from 90% to 14%. The difference between average scores of books written before and after 2010 was 1.67%. Inclusion of some factors, like *Mental Health* and *Self-Advocacy and Active Problem Resolution*, was more successful, and the inclusion of other factors, like *Evaluation and Treatment* and *Diversity of Individuals*, requires improvement. This research provides a framework for writers creating new content regarding children's stuttering and identifies areas where books have been previously successful and unsuccessful. The findings can be applied during the creation of new works for children who stutter and will hopefully benefit children in their experience with stuttering.

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Chapter I. Introduction

Background

Verbal speech is a primary form of communication for most people, but the complexity of speech is often overlooked. The intricacies of the physiological and psychological systems have significant power over how humans communicate and present ideas to others. When individuals first begin speaking, most starting in infancy, there are different phonological processes that are typical and represent developmental milestones of speech and language understanding. Phonological processes are ways that children simplify adult speech for ease of production. For example, substituting difficult speech sounds with simpler speech sounds, or changing the syllable structure of a word (American Speech-Language-Hearing Association [ASHA], n.d.). Sometimes a stutter (a speech disfluency) may occur when a child is first learning how to speak.

Developmental stuttering, a childhood condition that involves speech disfluencies such as repeating or prolonging sounds and words, may be diagnosed if symptoms last between three to six months. Other forms of stuttering, such as neurogenic (often related to brain injury and impacted physiological functions) and psychogenic (often related to social-emotional trauma or elements of executive function) are less common but often require treatment. The true cause of stuttering is still largely unclear, but some risk factors include the presence of other speech or language disorders, having a family history of stuttering, or other various health conditions (Stanford Children's Health, n.d.).

While there is no 'cure' for childhood stuttering, Stanford Children's Health (n.d.) explains that early intervention and treatment of stuttering can help address symptoms and

prevent stuttering from continuing into adulthood. Stanford Children's Health also provides a list of complications that may be present in an affected child's life: "limited participation in some activities, lower self-esteem, poor school performance, [and] social problems" (Stanford Children's Health, n.d., para. 7). Stanford Children's Health (n.d.) also gives advice for management, such as parents creating relaxed spaces, engaging the child in favorite conversation topics, speaking slowly, and attending speech therapy sessions (para. 8). It is important for children with stuttering to feel supported and engaged during evaluations and treatment. Speech-language pathologists (SLPs) often work with children who stutter, along with the children's parents and an interdisciplinary support team.

Children's Literature and Stuttering

Bridging the gap between the clinical and home experiences through resources such as children's literature benefits the evaluation and treatment process by creating an atmosphere that welcomes the participation of everyone involved. In addition, children's literature can reveal relatable characters and informative content in a friendly, non-threatening way. Children can enjoy books in the comfort of home and carry a new sense of confidence about discussing their disfluencies in clinical treatment sessions, as well as other environments (academic, social, etc.).

Ideally, children's literature about stuttering is an effective, accessible tool for clinical and home environments. However, it is important to determine if children's books about stuttering (aimed at developmental ages of early childhood to approximately eight years old) provide sufficient, quality content based on a series of factors regarding child wellness and treatment. Factors include: *Treatment and Evaluation*, *Caregiver Involvement*, *Mental Health*, *Bullying/Friendship* (social relationships), *Self-Advocacy and Active Problem Resolution*,

Inspirational Outlets, and Diversity of Individuals. This paper examines how a sample of books compare to one another to determine which factors are sufficiently and frequently included, as well as which factors are lacking. It also considers whether children's books written in the last decade include more of these desirable factors, as research and treatment have advanced.

Purpose and Predictions

This content analysis of children's literature about stuttering involves deducing a series of seven factors that have been deemed important in stuttering treatment and client wellness. These factors are used to rank a selection of children's books about stuttering to find qualities that have been effectively applied throughout each text. The factors will be ranked on a scale ranging from no inclusion of a specific feature to maximal inclusion of the feature, with seemingly clear intention from the author, illustrator, or publishing team. The factors used for ranking the books were chosen based on a review of the literature and existing information regarding stuttering in children.

In determining which factors are present in children's books about stuttering and which are lacking, a better understanding can be gained of what authors have accomplished and what can be improved upon by authors in the future. It is important for authors to understand the physical, psychological, emotional, and social implications of stuttering in children when creating a resource that supports children's experience and development.

The following hypotheses were made regarding the results of a sampling of children's books about stuttering:

1. Children's books will cover many of the seven desirable factors identified, but it is unlikely that one singular book will present sufficient evidence of all desired features (a perfect score of 100%).
2. Books written during and after 2010 will receive a higher average score than books written prior to 2010 due to modern shifts in knowledge and understanding of stuttering and stuttering treatment.
3. The topic of peer relations, such as bullying and friendship, will be more widely included in the sampling of books, due to its continued prevalence across decades.
4. Inclusion of diversity (of all types: ability, racial/ethnic, socio-economic, religious, etc.) may be lacking, particularly in books written before a modern shift towards inclusivity in literature.

Hopefully, the book with the highest score will provide a framework for writers with similar intentions. This project will describe where books have been successful in regard to the selected factors and where there is room for improvement. In doing so, a foundation may be formed for the creation of new works for children who stutter.

Chapter II. Literature Review

Purpose of Performing a Content Analysis

Content analysis, rooted in the 4,000-year-old rhetorical analysis, can be described as “a flexible research method for analyzing texts and describing and interpreting the written artifacts of society” (Hoffman, Wilson, Martinez, & Sailors, 2011, p. 29). It involves looking for patterns in texts and using various reasoning to analyze different components, revealing the “more subtle messages imbedded in a text” (Hoffman et al., 2011, p. 28). Contextual analysis and inferencing allow researchers to examine these patterns and determine their functions within their written environment. Researchers can then compare the results of the analyses to real-world environments or situations, noticing where various components have been successful or lacking.

Hoffman et al. (2011) describe content analysis:

Content analysis, as a research tool in the context of curriculum materials, typically focuses on the presence of certain words or concepts within the texts or sets of texts. Researchers quantify and analyze the presence, meanings, and relationships of such words and concepts, and then make inferences about the messages within the texts, the writers, the audience, and even the culture and time of which these are a part. (p. 31)

This study adopts a content analysis approach as a flexible way to analyze children’s literature about stuttering. This approach allows for consideration of the possible real-life contextual elements of a child living with a stutter.

Treatment and Evaluation

According to the American Speech and Hearing Association (n.d.a), individuals who stutter may experience the following types of disfluencies:

- Blocks. This happens when you have a hard time getting a word out. You may pause for a long time or not be able to make a sound. For example, "I want a cookie."
- Prolongations. You may stretch a sound out for a long time, like cooooooooooooookie.

- Repetitions. You may repeat parts of words, like co-co-co-cookie. (American Speech and Hearing Association, n.d.a)

Some levels of disfluency are typical and are not stuttering, such as adding the occasional “um” or “uh,” or perhaps changing thoughts mid-sentence, or the occasional repetition of a phrase (American Speech and Hearing Association, n.d.a).

Along with the physical aspects, individuals may experience fear, anxiety, and discomfort with speech and stuttering. Counseling provided by SLPs, or an interdisciplinary team, helps children build a strong base for communication and minimize common stressors (American Speech and Hearing Association, n.d.b). Understanding the therapeutic process is important for children because it allows them to be a part of their treatment and see value in time spent working on improvement.

Children may receive direct and indirect treatment. With direct treatment, the clinician focuses on speech modification. Evident by its name, speech modification involves altering the way a child speaks to enhance fluency. Strategies may include rate control, prolonged syllables, easy onset, and appropriate pausing. Children may be encouraged to gain better body awareness, self-monitoring, and decrease the tension they feel during speech production. Other aspects of treatment may include desensitization to one’s stutter, restructuring and overcoming negative attitudes, self-disclosure as someone who stutters, as well as finding support systems or stuttering groups. Children choosing to disclose their diagnoses with others and learning how to advocate for themselves is encouraged and may be helpful down the line (American Speech and Hearing Association, n.d.b).

With indirect treatment, the clinician works on children's environments, with a greater focus on the accompanying social-emotional-psychological factors. Treatment programs may include operant conditioning strategies where parents use response contingencies to encourage

stutter-free speech (American Speech and Hearing Association, n.d.b). Two specific stuttering treatment programs include multifactorial treatment and the Lidcombe Program (Blomgren, 2013). Contemporary treatment methods often involve a significant degree of caregiver involvement.

Both types of stuttering treatments are used by SLPs and caretakers to best help children who stutter. Sometimes elements of each type of treatment are combined because treatment should be individualized and take into account all the specifics of the child and the child's situation (Blomgren, 2013). The linguistic and cultural background of the child and family should be considered, and treatment can be modified to work for bilingual children and children of various backgrounds through the use of accessible materials and activities (American Speech and Hearing Association, n.d.b). Older individuals use different techniques to treat their stuttering, which include a more direct focus on mental health, confidence, and understanding (Blomgren, 2013).

Caregiver Involvement

Stuttering treatment can give way to strong outcomes when combined with caregiver and family involvement. Multifactorial treatment and the Lidcombe Program both depend on caregiver involvement as part of a child's treatment. The central idea of multifactorial treatment is that a child stutters when their own language demands are higher than their capacity for speech. Reasons could include motor or psychological capacities, or overwhelming and demanding environments (familial, educational, etc.). There is a large focus on caregiver involvement in treatment, where caregivers attend treatment sessions and adjust their communication, habits, and behaviors to best support the child. Sessions include "education and

counseling, communication modification training, and review and reassessment" (Blomgren, 2013, para. 16). Caregivers may also feel anxiety when it comes to their child's stutter. Treatment sessions with a speech-language pathologist can ease concerns and help adjust caregiver perspectives so they can best help the child at home. The caregivers are involved in creating the treatment plan and identifying important information regarding the child's personality and potential stressors. Finding engaging activities to integrate into treatment may help a child with anxiety, negative attitudes or difficult emotions. Family involvement and individualized planning make multifactorial treatment an effective way to reduce stuttering in children (Blomgren, 2013).

The Lidcombe Program is an almost entirely caregiver-based treatment that aims to reduce stuttering through the use of verbal contingencies and operant conditioning (Blomgren, 2013). Following the psychology teachings of B.F. Skinner in 1938, "Operant conditioning is a method of learning that occurs through rewards and punishments for behavior. Through operant conditioning, an individual makes an association between a particular behavior and a consequence" (McLeod, 2018, para. 1). Verbal contingencies are described as "comments made by the parents after moments of the child's stutter-free speech or unambiguous stuttering, the aim of both being to reduce the frequency of stuttering" (Swift, Jones, O'Brian, Onslow, Packman, & Menzies, 2016). Parents can praise their child's speech when appropriate or ask the child for a reflection on speech to encourage self-correction or recognition of smooth speech. There are two stages in the Lidcombe Program. The first stage involves parent training for noticing stutters and stuttering behavior and filling out a rating scale for the severity. The second stage involves longer-term check-ins to detect relapses and to ensure the continuation of smooth speech. This

more free-form approach to stuttering treatment has proven to be very effective for young children (Blomgren, 2013).

Mental Health

Stuttering has been described as a "multidimensional disorder" and a condition in which "the forward flow of speech is interrupted by repetitions of sounds, words and/or the prolongation of sounds" (Blomgren, 2013, para. 1 & 2). Stuttering is multidimensional in that there are additional behavioral and psychological components that may or may not accompany a stutter. For example, someone who stutters may avoid certain social situations or words that have been previously problematic (Blomgren, 2013). Stuttering can be very mild or quite severe. In more severe cases, personal relationships can be affected by the disorder. For example, finding support and acceptance among peers can be challenging for someone who stutters. Speech-language pathologists can assess the degree of stuttering and create a treatment plan collaboratively with the client and/or their family. It is important that stuttering treatment cares for the whole person, not just the stuttering element of communication. This may include recognition and care for the mind, attitudes, daily activities, spoken or signed languages, personal relationships, and other qualities of the individual that is seeking treatment. One might experience a range of emotions about their stuttering and it is important for clinicians to recognize any potential resistance or frustration the client may feel during the clinical process. For example, a client may experience "feelings of loss of control, decreased mood, and increased anxiety" (Blomgren, 2013, para. 4) and the responsibility may fall on clinicians to ease their client's stress by providing appropriate tools and guidance. In essence, since stuttering can be a

multidimensional disorder, clinicians should consider all aspects of an individual receiving treatment.

Social Relationships

Children who stutter may face issues in peer relationships and deal with challenges like bullying and rejection. In a study from 2002, researchers conducted interviews with classroom students to observe the social status and behavioral categorization of children who stutter as determined by peer relationships (Davis, Howell, & Cooke, 2002). The data collected in the study "indicate that children who stutter predominate in the vulnerable behavioural categories of *seek help* and *bully victim* and are under-represented in the more positive category of *leader*" (Davis et al., 2002, para. 22). In their review of prior literature, the authors note that the topic of intolerant behaviors of those with speech disorders was discussed in work from 1930, the prevalence of bullying for a child who stutters was discussed in work from 1971, and the impact of stuttering on social groups was discussed in work from 1982 (Davis et al., 2002). Children's literature about stuttering may include significant inclusion of themes such as bullying, inclusion, and friendship, as these topics have been included in research for almost a century.

Self-Advocacy and Active Problem Resolution

Many books that include characters with disabilities do not focus on the characters' similarities, but rather focus on characters' differences. Characters with disabilities are also less likely to be the main characters and are portrayed as observers, instead of active problem-solvers (Price, Ostrosky, & Santos, 2016). In order to foster a positive perception of children with disabilities, as individuals with unique challenges and strengths, there needs to be an active

representation of “characters of all abilities actively involved in resolving problems that occur in a story” (Price et al., 2016, p. 32). It is important to determine the roles of children with disabilities in children's books. Are they problem-solvers and leaders or are they not contributing and fading into the background? The story may have a central message about a character's disability, but a more successful story will include the valuable contributions of the character and perhaps their growth throughout the story. Accurate and positive portrayal of contribution and involvement are powerful ways to show that children with disabilities can have “a sense of belonging and peer acceptance in inclusive settings” (Price et al., 2016, p. 32). As is adequately summarized in the article, “When characters with disabilities are actively involved in activities similar to those of characters without disabilities, including resolving problems, they are more likely to be seen as equal to their peers, thus encouraging children to embrace and accept differences” (Price et al., 2016, p. 32).

Inspirational Outlets

Along with portraying characters with disabilities as active and involved in resolving problems in a story, it is important that the author highlights the things a child with a disability can do. Instead of exaggerating differences and reinforcing stereotypes, it is important to portray the abilities and uniqueness of each character (Price et al., 2016). Regardless of ability, all people have interests and activities that they enjoy. One way to promote acceptance, connection, and understanding is through the inclusion of the favorite activities and interests of characters with disabilities. This helps counteract negative stereotypes that exist around disabilities and promotes self-esteem and connection. Positive portrayal of disability in literature is important for children who stutter, as they may benefit from such representation.

Diversity of Individuals

Children's literature with the portrayal of diverse individuals has been historically minimal. Out of 500 award-winning children's books from 1987 to 1991, only 10 books included characters with disabilities in some way (Blaska, 2004). In terms of racial/ethnic diversity, an infographic with the distribution of representation in 3,134 books (all published in 2018) showed that 50% of characters were depicted as white and 27% of characters were depicted as animals. The other 23% of characters were divided among American Indian/First Nation, Latinx, Asian Pacific Islander/Asian Pacific American, and African/African American (SLF Staff, 2019). When the same research was conducted three years prior, 73.3% of characters were depicted as white, demonstrating even less diversity in characters (SLF Staff, 2019). Although representation of various types of diversity seem to be lacking in children's books, there does appear to be a trend toward improvement. For example, organizations such as We Need Diverse Books are working hard to stress the importance of representation in content for children and to advocate for improvement in the publishing industry. The organization recognizes all types of diversity, some of which include gender, ethnic, cultural, religious, and ability (We Need Diverse Books, 2020). Important work is being done to improve representation, but diversity may still be largely lacking in modern children's literature.

Disability Inclusion and Stuttering in Literature

Popular culture and media do not always accurately portray disability and can often create negative attitudes towards disability, which influence children's perception of ability/disability. *Reflecting on Books That Include Characters with Disabilities* (Price et al., 2016) provides an excellent list of book evaluation factors to determine if books are appropriate

for children with and without disabilities. It is important that children of all abilities are exposed to "positive images of individuals who have disabilities," both for individual acceptance and the acceptance of others (Price et al., 2016, p. 31).

One study by Logan, Mullins, and Jones (2008) looked at 29 books that included characters who stutter for the juvenile age range. The researchers looked at stuttering-related content and found that many characters showed improvement in communication skills and characteristics that allowed them to counteract their communication differences, as well as the depiction of negative responses to stuttering such as teasing and bullying. The stories rarely showed stuttering improvement with the inclusion of professional intervention and some books conveyed inaccuracies about stuttering symptoms and causes. The gender balance was also slightly off and the severity of stuttering was exaggerated. Although the books showed twice as many boys stuttering than girls, the difference is actually even larger, with boys stuttering closer to three or four times more than girls (Yairi, 2005). The portrayal of stuttering was found to be more severe than is common in real life. However, the results of the study revealed that "most portrayals of stuttering seemed sufficient for the books to be considered for use as an instructional tool in certain education and intervention activities" (Logan, Mullins, & Jones, 2008, p. 1).

Certified speech-language pathologists Kelly Jones and Kenneth Logan (2010) also looked at the depiction of stuttering in children's literature and how it can function in a treatment program. As these authors reflected on the benefits of bibliography in general, they mentioned its strengths in "promoting exploration of personal attitudes, feelings, and emotions with other populations of children, including adopted children, children of divorce, and children with a diminished self-concept" (Jones & Logan, 2010, para. 2). The authors reviewed 16 juvenile

fiction books, finding that "generally, the books are successful at promoting hopefulness in the reader, as each of the characters makes some type of positive change (though not necessarily improved speech fluency) during the course of the story" (Jones & Logan, 2010, para. 6). In their summary of character attributes and character development among the 16 books, they marked the sex and age of the character, improvement of fluency, participation, and other improvements or changes, as well as any mechanisms for improvement. The comprehensive list of books and factors can be found in Table I of their work. Jones and Logan (2010) conclude that fictional children's literature and related activities account for one potentially powerful component of stuttering treatment and can be a useful tool for clinicians when they consider various strategies and approaches to individual treatment.

Historical Understanding of Stuttering and Treatment

Treatment and understanding of stuttering has developed significantly over the years. In 1927, indirect therapy and stuttering modification therapy were started at the University of Iowa Speech Clinic (Casa Futura Technologies [CFT], 2013). These therapies were more modern and based on parental involvement, reduction of anxiety about stuttering, and ways to improve communication despite speech disfluencies. Following this shift towards modern treatment, Israel Goldiamond started a more direct approach to treatment in 1965 (CFT, 2013). His approach used delayed auditory feedback, which "induces stutterers to speak slowly and fluently" (CFT, 2013, para. 5). This led to a therapy known as fluency shaping in the 1970s, which does not address the multidimensional aspect of stuttering, and focuses intently on speech training. In the 1990s, treatment methods continued to shift when researchers looked for neurological differences in the brains of individuals who stuttered and new medicines were

created to counteract abnormalities found in levels of dopamine (CFT, 2013). In 2005, it was suggested that different rates of development in children's speech and language areas of the brain may have an influence on stuttering (CFT, 2013). In the past 10 years, it has been suggested that "successful treatment of adult stuttering requires combining ideas from all three eras" (CFT, 2013, para. 16). As knowledge of stuttering and treatment improve, children's literature about stuttering may also demonstrate these shifts.

Chapter III. Methods

Design

This study is in the format of content analysis and will look for the top-scoring book (closest to 100%), the difference between average scores of books written before 2010 versus during and after 2010, the most successful factors among the sample (maximal inclusion of a factor with 3 points for the greatest number of books), and the least successful factors among the sample of books (zero inclusion of a factor with zero points for the greatest number of books).

Sample

The sample used in this research were children's books regarding stuttering, aimed at developmental ages of early childhood to approximately eight years old. Books were selected based on perceived relevance to children's stuttering, though this sample is not exhaustive. A number of books were chosen from various locations, such as books published by the Stuttering Foundation of America, independently published books, books with authors who stutter, and books written by speech-language pathologists. The sample included 5 books written prior to 2010 and 12 books written during or after 2010 (n=17). This sample was chosen to look at performance among books written over the course of recent history, as knowledge about and treatment for stuttering improves and more literature is written for and about children with disabilities. The following books were selected:

- *A Boy and a Jaguar* (written by Alan Rabinowitz, 2014)
- *Adventures of a Stuttering Superhero* (written by Kim Block, 2016)
- *Ben Has Something to Say: A story about stuttering* (written by Laurie Lears, 2000)

- *Emily Umily* (written by Kathy Corrigan, 1984)
- *Finding Little Bear* (written by Amanda Pitchford, 1997)
- *Glue Fingers* (written by Matt Christopher, 1975)
- *Jeremy and the Hippo: A Boy's Struggle with Stuttering* (written by Gail Wilson Lew, 2015)
- *Katie: The Little Girl Who Stuttered and Then Learned to Talk Fluently* (written by Ronald L. Webster, 2019)
- *Something to Say about Stuttering* (written by Eden Molineux, 2016)
- *Sometimes I Just Stutter* (written by Eelco de Geus, 2011)
- *Steggie's Stutter* (written by Jack Hughes, 2015)
- *Stuttering Stan Takes a Stand* (written by Artie Knapp, 2010)
- *The Girl Who Stutters* (written by Mia Johnson, Rebecca Dunn, & Casey Watson, 2016)
- *The Stuttering Little Ballet Boy* (written by Soheli Bagai, 2017)
- *The Teacher Who Made a Difference* (written by Corinne Litzenberg, 2013 [1st Ed.], 2020 [2nd Ed.])
- *Trouble at Recess* (written by Julie Gasway & Jamie, 2008)
- *When Oliver Speaks!* (written by Kimberly Garvin & Saadiq Wicks, 2017)

Measures

Each book was referenced against a list of important factors in the treatment and experience of children who stutter. Current knowledge of treatment and intervention provided the background information used for ranking children's books about stuttering. Based on factors identified in the review of literature, the following seven factors were used for ranking the books.

Gender was not included as a factor due to the shifting cultural attitudes toward gender identity but is sometimes noted in the Appendix.

1. **Evaluation and Treatment:** Understanding the therapeutic process is important for children because it allows them to be a part of their treatment and see value in time spent working on improvement. This factor includes the presence of clinicians, mentions of speech-language pathology, clinical tools, etc.
2. **Mental Health:** Since stuttering can be a multidimensional disorder, clinicians should consider all aspects of an individual receiving treatment. This factor looks for themes such as anxiety, confidence, and acceptance and how they exemplify the multidimensional aspect of stuttering treatment.
3. **Caregiver Involvement:** Many contemporary treatment methods involve a significant degree of caregiver involvement. This factor looks for inclusion of caregiver involvement to accurately depict modern stuttering treatment for children. Supportive adults who are significantly involved in a child's progress (other than a speech-language pathologist) may also help fill this role.
4. **Bullying/Friendship:** Finding support and acceptance among peers can be challenging for someone who stutters. Themes like overcoming bullying, building friendships, and joining support groups, may help children who experience adversity among peers. This factor looks for the presence of these positive and negative themes in social relationships, both of which open the opportunity for discussion with a supportive adult.
5. **Self-advocacy and Active Problem Resolution:** Self-advocacy skills may be taught during treatment. Children choosing to disclose their diagnoses with others and learning how to advocate for themselves is encouraged and may be helpful down the line. This factor looks

for characters with a stutter actively resolving problems and advocating for themselves.

Children's books should highlight ability instead of reinforcing negative stereotypes (Price, Ostrosky, & Santos, 2016).

6. **Inspirational Outlets:** Inspirational outlets are ways that characters work towards improvement through things that they pursue and love, such as music or animals. Overcoming negative attitudes and emotions through engaging activities could benefit a child who stutters. This factor looks for ways that characters are engaged in activities that they enjoy.
7. **Diversity of Individuals:** Modern texts should include the diversity that older generations of children's literature were lacking. Today's world has an increased focus on inclusivity and the importance of representation in media (sexuality, gender, ethnicity, ability, etc.). As a socially appropriate tool for clinician and family use, the ideal children's book would offer diversity in its characters and components. Stuttering will not be included as a point for diversity since it is found in every book. This factor looks for examples of written or illustrated diversity.

Each factor can receive a minimum score of zero and a maximum score of three. The total number of points possible for each book was 21 (seven factors, each with a maximum of three points). Results include the individual scores and rankings of the books, specific factor inclusion, and distribution of scores. Short subjective opinions about each book can be found in the Appendix.

The following scale was used to determine the presence of a factor in a book:

0= feature is not incorporated (not mentioned, pictured, or readily inferred)
1= feature is minimally incorporated (mentioned, pictured, or readily inferred once)
2= feature is moderately incorporated (mentioned, pictured, or readily inferred twice)
3= feature is maximally incorporated (mentioned, pictured, or readily inferred three or more times)

Procedure

Each book was critically evaluated for the presence or absence of each important factor. If the factor was present, the degree of incorporation was determined by referring to the factor scale (ultimately receiving a score between 1/3 and 3/3). After each book received a score for each factor, it was ranked among all samples based on its total percentage. The total percentage was determined by taking the sum of the scored points and dividing by the total number of possible points. The score was rounded to the nearest whole number. If multiple books received the same total percentage, they were listed alphabetically and shared the place ranking.

Analysis

After the books received a score per factor and a total percentage, they were ranked by their total percentages, from best to worst. The results were compared with the hypotheses made in Chapter I and the research literature. Overall impressions of the books, along with the final ranked list, are included in the Appendix.

Chapter IV. Results

Scores and Ranking of Sampled Children’s Books

The 17 sampled children’s books were evaluated on the seven factors and received a total percentage. The following figure shows books published between 1975 and 2020. They are ranked in order of percentage, with the top-scoring books at the top (19 points out of 21 total points= 90%) and the lowest scoring book at the bottom (three points out of 21 points total= 14%). None of the books received maximum points in every factor and therefore did not receive a total of 100%.

Table 1: Scores and ranking of sampled children’s books

Book Title	Year Published	Evaluation & Treatment (0-3 points)	Mental Health (0-3 points)	Caregiver Involvement (0-3 points)	Bullying/Friendship (0-3 points)	Self-advocacy and Active Problem Resolution (0-3 points)	Inspirational Outlets (0-3 points)	Diversity of Individuals (0-3 points)	Total (%)	Rank (#)
Katie: The Little Girl Who Stuttered and Then Learned to Talk Fluently	2019	3	3	3	3	3	2	2	19/21= 90%	1
Trouble at Recess	2008	3	3	3	3	3	3	1	19/21= 90%	1
Something to Say about Stuttering	2016	3	3	2	3	3	3	1	18/21= 86%	2
Sometimes I Just Stutter	2011	3	3	3	3	3	3	0	18/21= 86%	2
The Teacher Who Made a Difference	2020	3	3	3	3	3	3	0	18/21= 86%	2

Adventures of a Stuttering Superhero	2016	0	3	2	3	3	2	3	16/21=76%	3
The Girl Who Stutters	2016	3	3	2	2	2	3	0	15/21=71%	4
Ben Has Something to Say: A story about stuttering	2000	1	2	3	2	3	3	0	14/21=67%	5
Glue Fingers	1975	0	3	1	3	2	3	1	13/21=62%	6
The Stuttering Little Ballet Boy	2017	0	3	0	2	3	3	2	13/21=62%	6
Stuttering Stan Takes a Stand	2010	0	3	1	3	3	1	1	12/21=57%	7
When Oliver Speaks!	2017	0	3	3	0	1	3	2	12/21=57%	7
A Boy and a Jaguar	2014	1	3	2	1	1	3	0	11/21=52%	8
Finding Little Bear	1997	0	3	0	3	3	2	0	11/21=52%	8
Emily Umily	1984	0	3	1	3	1	1	1	10/21=48%	9
Steggie's Stutter	2015	1	1	0	2	3	2	1	10/21=48%	9
Jeremy and the Hippo: A Boy's Struggle with Stuttering	2015	1	1	0	1	0	0	0	3/21=14%	10

Average Book Scores

To compare books published prior to and during or after 2010, averages were taken from each group and compared. The following figure shows the average book scores from books written prior to 2010, during and after 2010, and all books sampled. There was a very small difference of 1.67% between books written before and after 2010 ($65.48\% - 63.81\% = 1.67\%$). The books written prior to 2010 received a slightly lower average, but the difference was not drastic. Some books written after 2010 negatively affected the average, such as *Jeremy and the Hippo: A Boy's Struggle with Stuttering*, which received a total of 14% and was written in 2015. These findings do not suggest a large difference in quality among books grouped by decade.

Table 2: Average book scores

	Average Score
Books written prior to 2010 (5 books total)	$67/105 = 63.81\%$
Books written during or after 2010 (12 books total)	$165/252 = 65.48\%$
All Books (17 total)	$232/357 = 64.99\%$

Distribution of Books per Score per Factor

The following figures depict the distribution of books per score per factor, demonstrating how the books performed within each category and among other books. Figure 1 shows the number of books that received each score within the seven factors. Each factor shows the distribution of the entire sample (17 books). Inclusion of the factors *Mental Health* and *Self-Advocacy and Active Problem Resolution* was strong, as the most books scored maximum points. In addition, for these two factors, zero books scored zero points for *Mental Health* and only one book scored zero points for *Self-Advocacy and Active Problem Resolution*. In contrast, many books scored zero points for *Evaluation and Treatment* and *Diversity of Individuals*. For *Diversity of Individuals*, only one book scored the maximum of three points. Besides *Evaluation and Treatment* and *Diversity of Individuals*, the largest number of books per possible factor score received maximum points.

Figure 1: Distribution of books per score per factor

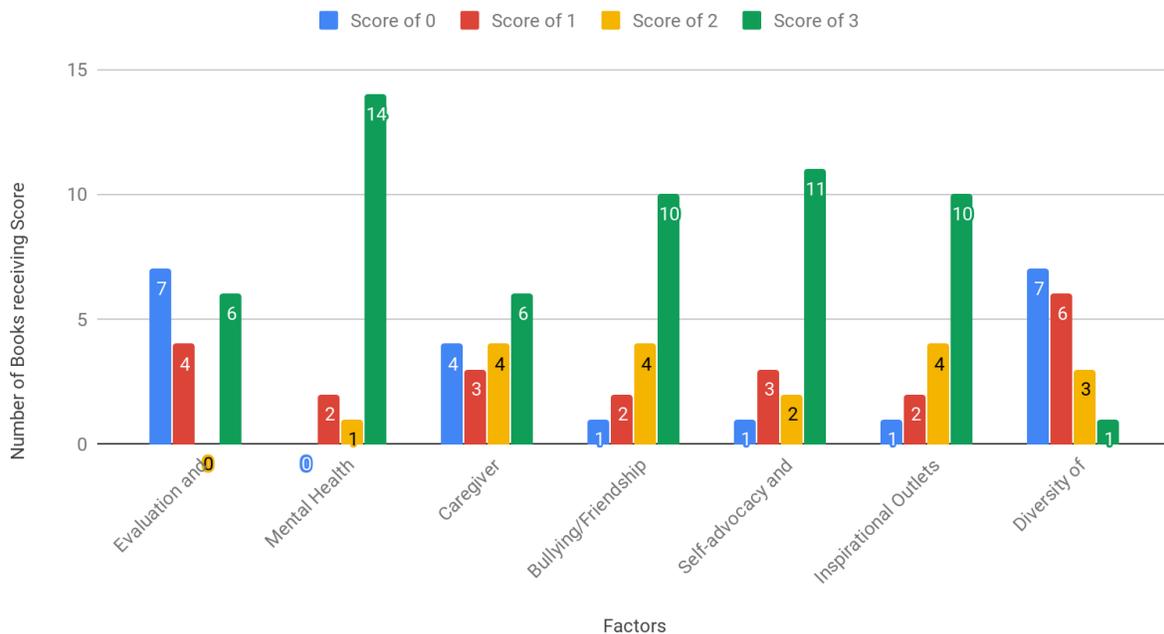


Figure 2 shows the percentage of books that received a score of three for each factor. Out of 100% of the books, 82.35% scored three points for *Mental Health*, making it the most successful factor. *Diversity of Individuals* was poorly included, since only 5.88% of books scored three points, meaning that 94.12% of books had a lower score of zero, one, or two.

Figure 2: Percentage of books scoring three points per factor

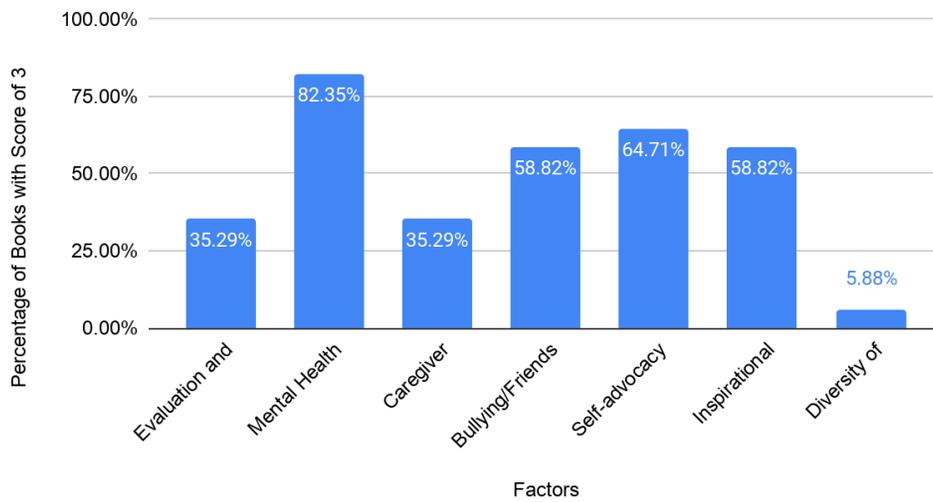


Figure 3 shows the percentage of books that scored two points in each factor. No books received two points for *Evaluation and Treatment*, while 23.53% of books received two points among three separate categories. The percentage of books with two points for *Diversity of Individuals* increased in comparison to the percentage scoring three points. This means that some degree of diversity was found, though it was not maximally incorporated, in 17.65% of books. All factors, with the exception of *Diversity of Individuals*, have a larger percentage of books receiving three points than two points.

Figure 3: Percentage of books scoring two points per factor

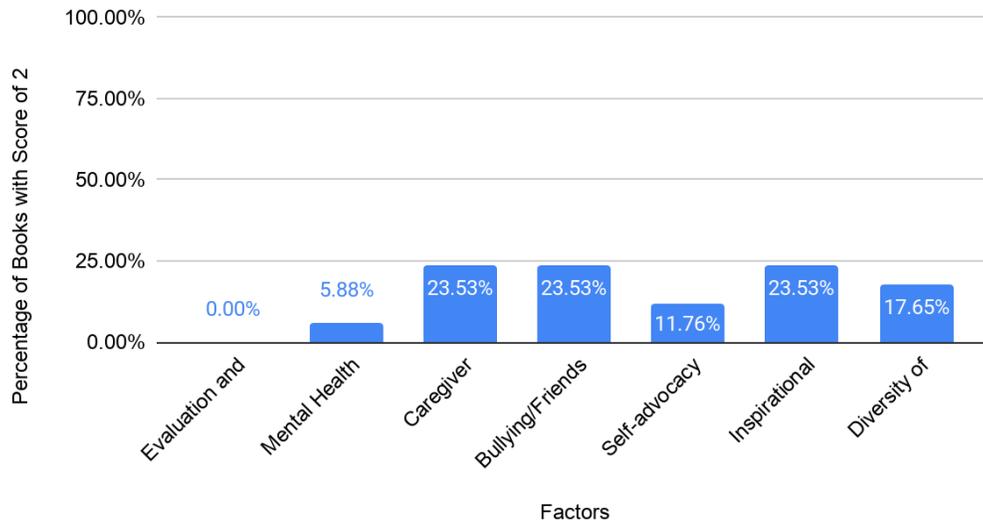


Figure 4 shows the percentage of books that scored one point in each factor. Of the seven factors, the largest percentage of books that scored one point can be found in *Diversity of Individuals*, at 35.29% of all sampled books. The percentage increased from the number of books scoring three or two points for this factor, demonstrating a larger percentage of books having minimal incorporation of diversity. More books received one point for *Evaluation and Treatment* than two points, signifying a larger degree of minimal incorporation of this factor in the sample.

Figure 4: Percentage of books scoring one point per factor

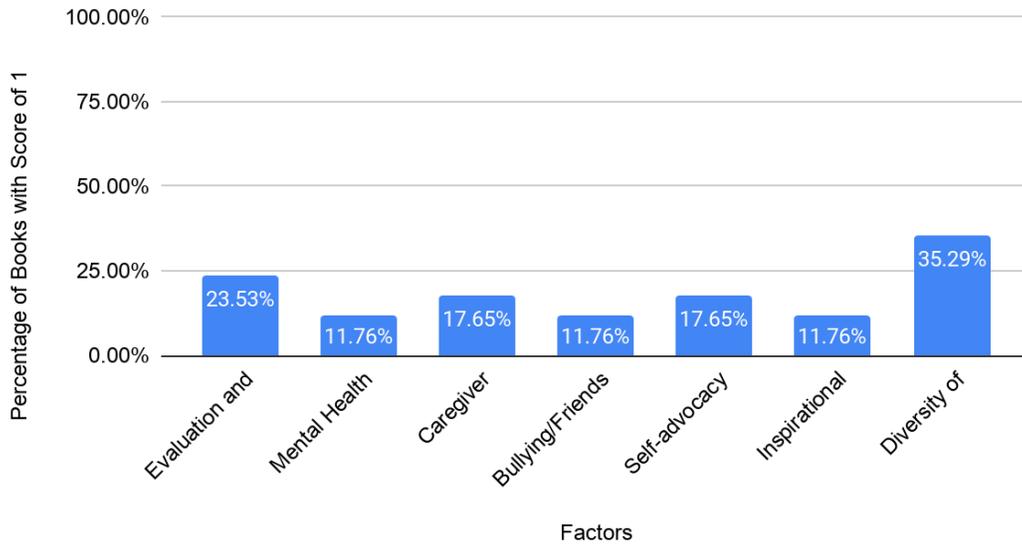
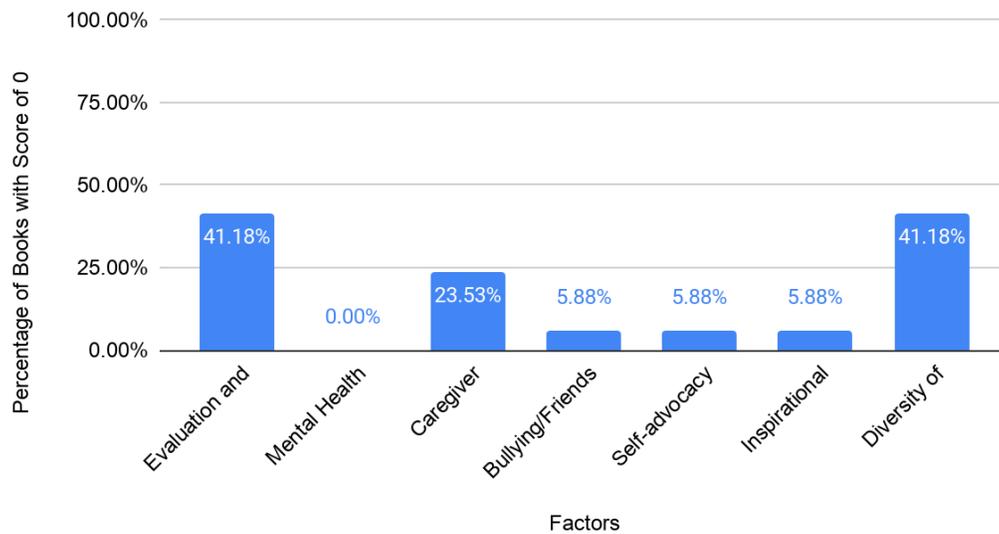


Figure 5 shows the percentage of books that scored zero points within each factor. The two factors with the largest percentage of books scoring zero points are *Evaluation and Treatment* and *Diversity of Individuals*, both with 41.18% of all books. The incorporation of *Diversity of Individuals* was the most lacking in the sample, as the smallest percentage of books scored three points, less books scored two points, more books scored one point, and the largest amount of books scored zero points. For *Evaluation and Treatment*, the majority of books scored either three points or zero points (76.47%), signifying that this factor tended to be either maximally included or not included at all (only 23.53% of books scored one or two points).

Figure 5: Percentage of books scoring zero points per factor



Chapter V. Discussion and Recommendations

Discussion

The scoring of 17 children's books about stuttering provided a wide range of results, with the top books receiving scores of 90% and the least successful book scoring only 14%. It was predicted that the sample would cover many important factors, but it would be unlikely that one singular book would present sufficient evidence of all desired features (a perfect score of 100%). This hypothesis was correct since none of the books received a perfect score. The books with the top scores received 19/21, or 90% of the total possible points. In *Katie: The Little Girl Who Stuttered and Then Learned to Talk Fluently*, maximum points were given in all categories except *Inspirational Outlets* and *Diversity of Individuals*, where only two out of three points were received respectively. In the other top-scoring book, *Trouble at Recess*, two points were lost when the book only scored one point for *Diversity of Individuals*, although all other categories received maximum points.

It was also predicted that books written during and after 2010 would receive a higher average score than books written prior to 2010. This prediction was based on evolving research over the past several decades. A large difference between average scores was not found, so this hypothesis was incorrect. The difference between the average scores was 1.67% between books written before and after 2010 ($65.48\% - 63.81\% = 1.67\%$). One possible reason that the difference is so minimal is that some books in the sample pulled the average score of books written in the past decade way down. For example, *Jeremy and the Hippo: A Boy's Struggle with Stuttering* was published in 2015 but only received a score of 14%.

It was hypothesized that the topic of social relationships, such as bullying and friendship, would be more widely included in the sampling of books, due to its continued prevalence across decades. *The depiction of stuttering in contemporary juvenile fiction: Implications for clinical practice* by Logan, Mullins, and Jones (2008), found depictions of negative responses to stuttering, such as teasing and bullying, in their sample of 28 juvenile fiction books. In this study, for the factor of *Bullying/Friendship*, 58.82% of the sampled books scored three points, 23.53% of books scored two points, 11.76% of books scored one point, and 5.88% of books scored zero points. With 94.12% of books depicting themes of social interaction—and most books scoring maximum points—the sample offers strong inclusion of this factor. Inclusion of this factor can open up opportunities for discussion between children and supportive adults, which is particularly important if there are reported difficulties with peer relationships in school or other social environments. The hypothesis that there would be strong inclusion of this factor was correct.

It was also predicted that inclusion of diversity (including diversity in ability, racial/ethnic identity, socio-economic status, religious practice, etc.) would be lacking, particularly in books written before a modern shift towards inclusivity in literature. This prediction was accurate, unfortunately, as 41.18% of books received zero points, 35.29% of books received one point, 17.65% of books received two points, and 5.88% of books received three points. While the majority of the books had some inclusion of *Diversity of Individuals* (58.82%), more books received zero points for this factor than any other score. With 41.18% of books receiving zero points and only 5.88% of books receiving three points, strong inclusion of *Diversity of Individuals* was lacking within the sample. This is likely due to a continuing issue of underrepresentation of minority groups in various types of media.

Logan, Mullins, and Jones (2008) also found that many characters in their sample had characteristics that allowed them to counteract their communication differences. Similarly, the results for *Self-Advocacy and Active Problem Resolution* suggest that characters are shown problem-solving and demonstrating positive behaviors. Out of the possible scores, the largest percentage of books received maximum points for this factor: 64.71% of books received three points, 23.53% of books received two points, 17.65% of books received one point, and 5.88% of books received zero points. This means that 94.12% of books had at least some inclusion of self-advocacy and problem resolution skills of the main character. As found in the 2008 study, these types of characteristics aid in character development in the stories, often relieving negative attitudes or challenges due to communication differences or poor emotional health.

Logan, Mullins, and Jones (2008) also found that the stories rarely showed professional intervention and sometimes conveyed an inaccurate portrayal of stuttering symptoms and causes. In this research, some books included elements of evaluation and treatment (particularly with a speech-language pathologist and supportive services) and others excluded intervention entirely. Within the factor of Evaluation and Treatment, 41.18% of books scored zero points, 23.53% of books scored one point, 0.00% of books scored two points, and 35.29% of books scored three points. For some books, the evaluation and treatment process was brought up briefly but not expanded upon, though this only occurred for 23.53% of the sample. Although more books in the sample had some degree of inclusion (58.82%), the majority of books received zero points out of the possible scores (41.18% at zero points). As for inaccuracies in the portrayal of stuttering symptoms and causes, it was sometimes difficult to determine the degree of accuracy since the sampled children's books were mostly fictional and the experience of stuttering is largely subjective. Some books included the use of filler words, first syllable repetition, full word

repetition, prolongations, and other forms of stuttering. Characters varied in their symptoms and attitudes, none of which stood out as inaccurate due to their subjectivity. Even therapy and tools for helping someone who stutters can vary significantly depending on the person. If something worked or did not work for a character, it is important to understand that the same may not be true for the reader.

Kelly Jones and Kenneth Logan (2010) found that their sample of juvenile fiction books was successful at promoting hopefulness and portraying positive change in the characters (aligning with the factors of *Mental Health* and *Self-Advocacy and Active Problem Resolution*). The results for this factor showed that 82.35% of books received three points for *Mental Health*, and 100% of the books included at least some degree of inclusion of mental health and emotional experience (0.00% of books received zero points). The literature was successful in this regard, as the majority of books received maximum points for this factor. As mentioned above, positive results for *Self-Advocacy and Active Problem Resolution* were also found, with 64.71% of books receiving maximum points.

When looking at the percentage of books that scored zero points per factor, *Evaluation and Treatment* and *Diversity of Individuals* had the highest percentages. These factors were included the least and had the greatest need for improvement. When looking at the percentage of books that scored three points per factor, *Mental Health* and *Self-Advocacy and Active Problem Resolution* were the most strongly included factors. There was successful inclusion of these concepts, which should be continued in new content written for children.

Limitations

There were several limitations to this research. For example, although all scoring and analyses were performed independently which decreased the likelihood of variation among scorers, this created a limitation in the internal reliability of the research. Ideally, the sample of children's books would be reviewed by a research team in order to strengthen the reliability of the results. Since only one person reviewed the sample, there is potential for bias in what is considered minimally versus maximally included factors (a score of one versus two versus three).

The factors created for scoring were minimal in number (seven total) and could be expanded significantly. They do not offer an exhaustive list of everything that will always be desirable in a children's book about stuttering. For example, although none of the books in the sample use rhyming text, rhyming may contribute to speech development in early childhood. In *Nursery Rhymes Can Play a Role*, an article written by Dr. Henny Bijleveld (2013), the author discusses the role of rhyming in language learning, claiming its efficacy in speech therapy. He explains that "the fundamental aspects of nursery rhymes and counting rhymes are the rhythm and the typical phrase melody of a specific language, the repetition of rhymes, of sounds and consonants, the alternation of stressed and unstressed syllables" (para. 3). He further notes that accent and intonation in rhymes help children follow syllables and remember speech sounds. The playfulness of rhyming decreases stress levels for children who stutter by relieving some of the "linguistic burden of the speech output" (Bijleveld, 2013, para. 7). As researchers, clinicians, and authors learn more about stuttering and gain more insight from children who stutter, the factors are likely going to shift and change. In further research, the factors selected could be validated by

a team from the field of Communication Sciences and Disorders with significant knowledge about stuttering.

The factors were not ordered by importance since the order of importance would be very subjective. For a child having difficulty with peers, a strong theme of bullying and friendship might be more desirable than a book that includes a larger focus on speech-language pathology. However, for a child that has anxiety about starting therapy, a book that includes a speech-language pathologist might be preferred. That being said, there may be concerns about not ordering the factors by importance. There are cases where a book can be an excellent tool for a child's support team to use with the child, even though the book does not include one or more of the factors. This is a limitation because people may value each factor differently, depending on their perspectives or needs.

Although literature for children about stuttering is limited, a relatively small sample of books was used. The sample only included books that are written in or translated to English and that can be found in the United States. In addition, books were chosen from various locations, such as books published by the Stuttering Foundation of America, independently published books, books with authors that stutter, and books written by speech-language pathologists. In an effort to get a sample that includes many types of authors, the full population of children's books about stuttering was not included. Results may vary when other books are introduced.

More books may be needed to find an accurate difference between the levels of factor inclusion in literature across decades. A small difference was found between the average scores of books written prior to 2010 and books written during or after 2010. With a larger sample of books, this data may have changed.

Recommendations

Further research may include a team of approved reviewers that may ensure reliability in the scoring of the books. In addition, a team from the field of Communication Sciences and Disorders with significant knowledge about stuttering may select the factors for scoring the books, especially as knowledge and methods for treating stuttering improve over time. An important element of this type of research is noticing the development that takes place in literature as knowledge of topics expands, as well as how attention can shift to different factors over time. Since only around a third of the books used in this research were published before 2010, a bigger sample may have shown a larger difference in averages, due to shifts in understanding and awareness of stuttering.

It would be interesting to see the perspectives of adults and children who stutter about the selected group of books. Further research may compare the researchers' analysis of the books with the perceptions of families using the literature for its benefits. The same format of scoring could take place, or this could be performed as a qualitative study where general thoughts are recorded.

Implications and Practical Applications

The analysis of children's books about stuttering provided valuable information about factors that have been successful and factors that need better inclusion. Factors such as *Mental Health* and *Self-Advocacy and Active Problem Resolution* were frequently included, while *Evaluation and Treatment* and *Diversity of Individuals* would ideally be improved in future writing. Stuttering is a multidimensional disorder that many children face: the tools involved in their treatment should be well-rounded and insightful. The ranking of books may be

used as a guide for clinicians when recommending a variety of resources to children and families. Representation of stuttering and other disabilities in children's literature may aid in self-acceptance and improve the understanding of others. This research analyzes the performance of the existing literature and provides a framework for writers that intend on creating new works for children who stutter.

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Appendix. Subjective Review

The following subjective review offers some of my insight into each book from an entirely subjective standpoint. These are my own thoughts and should not be considered factual. The books are listed in the order they were ranked and alphabetically within each ranking.

#1 (tie): *Katie: The Little Girl Who Stuttered and Then Learned to Talk Fluently* (written by Ronald L. Webster, published in 2019): This book has an excellent incorporation of parent involvement, diagnosis and therapy, therapeutic techniques, feelings about stuttering, bullying and friendship, personal growth, and enjoyment of activities post-treatment. Inspirational outlets were included but could have been stronger (there was more focus on therapy than personal activities). There was some racial/ethnic diversity pictured. Additional resources are included in the back of the book.

#1 (tie): *Trouble at Recess* (written by Julie Gasway & Jamie, published in 2008): This book was published by the Stuttering Foundation of America and was written by an SLP and a child stutterer (age eight). The story had excellent incorporation of most factors but lost a couple points for diversity. This book did receive one point for diversity because the main character's best friend wears hearing aids. This story includes important concepts related to stuttering in child-friendly language, as well as the involvement of several supportive adults (counselors, teachers, parents, speech-language pathologists). This book is an excellent tool for supporting a child's work on their stutter and attitudes about stuttering. It is also a wonderful resource for educating others about stuttering.

#2 (tie): *Something to Say about Stuttering* (written by Eden Molineux, published in 2016): This book has a nice inclusion of inspirational outlets and supportive adults. The main character, Alex, notices his feelings and learns to advocate for himself and his communication needs. Very little diversity is portrayed (one character is shown with visual impairment/wearing glasses). No additional resources are included in the book. This book is written by a speech-language pathologist that has worked in preschool and elementary school settings.

#2 (tie): *Sometimes I Just Stutter* (written by Eelco de Geus, published in 2011): This book, published by the Stuttering Foundation, is the most involved and thorough book about stuttering written for children (age 7-12, but could be introduced at a younger age). A PDF form can be found on the Stuttering Foundation webpage. It is written in an informational style (for example, content includes real-life children facing different issues and sharing their experiences with stuttering). It is interactive and engaging, with opportunities for children to complete activities and self-reflect. There are letters to groups of family members and teachers explaining stuttering and how to be supportive, which can be used by families of a child who stutters. The book includes a short fairytale about a boy named Tim, who stutters. The book also has a list of myths about stuttering with the correct information below each point. While not receiving a perfect score (for inspirational outlets and diversity), this is the first resource I would turn to for attitudes about stuttering. Dr. Barry Guitar, a retired professor from the University of Vermont and a world-renowned stuttering expert, explains that "...counseling children to accept their stuttering is a means of working directly on stuttered speech. Because if a child is encouraged to go ahead

and stutter, they then can change it. But if a child is encouraged to not stutter, this perpetuates the negative reaction" (The Stuttering Foundation, n.d.).

#2 (tie): *The Teacher Who Made a Difference* (written by Corinne Litzenberg, first published in 2013, second published in 2020): This book was published by the Stuttering Foundation.

Receiving top scores for all factors except diversity, this book provides a nice look at a child's feelings, thoughts, and experiences at home and at school. The main character's school teacher takes on a caring and supportive role, advocating for her and demonstrating strong conversational skills. She is based on a real-life teacher who made a difference. This book includes tips to help and support students who stutter, as well as corrections to common myths about stuttering.

#3: *Adventures of a Stuttering Superhero* (written by Kim Block, published in 2016): This book does not mention speech-language pathology or treatment. However, the young female superhero of the story is an active problem-solver, an engaged student, and a pleasure to read about. She turns to authority figures for advice and eventually has a conversation with her mother, who supports her ideas. There is excellent inclusion of diversity in this story, including racial/ethnic, visual impairment, physical impairment, and gender (female-presenting doctor and police officer). Overall, an excellent, lighthearted story with an active, female main character. There are no additional resources for clinicians or family members in this book.

#4: *The Girl Who Stutters* (written by Mia Johnson, Rebecca Dunn, & Casey Watson, published in 2016): This book has a very sweet story that emphasizes the qualities of the main character,

besides her stutter. She attends speech-language pathology sessions, which is written in a successful way. There are also frequent accounts of her emotions and the process of learning about and managing a stutter. The main character is based on one of the authors, who is helped by two speech-language pathology graduate students in creating this book. The story features real photographs with lots of expression! This story is available from the Stuttering Foundation website.

#5: *Ben Has Something to Say: A story about stuttering* (written by Laurie Lears, published in 2000): This book mentions a speech-language pathologist but no specific details about treatment. There is parental support from Ben's father, who does not enable Ben's fears and helps him grow. Some frustration and anxiety is demonstrated in Ben's character, which eventually leads him to action. While not directly bullying, one character makes assumptions that Ben wanted to correct but he has difficulty speaking. There is a strong inspirational outlet present (Ben wants to save a dog named Spike). There is no clear representation of diversity. There are additional resources available, including tips, advice, links, and information for parents and teachers of children who stutter.

#6 (tie): *Glue Fingers* (written by Matt Christopher, published in 1975): This book nicely incorporates the changing of negative attitudes and emotions, as well as an active and detailed inspirational outlet. The book does not include information about treatment or caregiver involvement regarding stuttering in particular, but the main character receives support from his family and football coach as he finds confidence and does what he loves to do. I would

recommend this book for a child who lacks self-confidence in groups, loves sports, and is looking for a relatable character.

#6 (tie): *The Stuttering Little Ballet Boy* (written by Sohel Bagai, published in 2017): This book has a sweet story about a boy finding his passion in dance and having confidence in his performance and identity. There is a clear presence of an inspirational outlet, self-advocacy and motivation, and themes of loneliness, bullying, and friendship. The boy's mother is hesitant to allow her son to do ballet with a class of only girls, but eventually lets him dance and he instantly flourishes. There is no inclusion of parental support regarding stuttering, nor professional intervention.

#7 (tie): *Stuttering Stan Takes a Stand* (written by Artie Knapp, published in 2010): This book has a very sweet main character, a squirrel named Stan, who confronts bullying and finds new friends. There are themes of loneliness, friendship, sharing, and more. There is also strong self-advocacy in this story: "I want to share my candy with everyone, but making fun of my stuttering hurts my feelings. Ple..Please don't do that anymore." This is a good book for animal lovers and children dealing with teasing. It also features very cute and colorful illustrations.

7 (tie): *When Oliver Speaks!* (written by Kimberly Garvin & Saadiq Wicks, published in 2017): Oliver is a sweet young boy with many interests and qualities, one of which is his stutter. He avoids speaking situations but eventually becomes brave and owns his identity as someone who stutters. There is a nice inclusion of caregiver involvement when Oliver speaks with his mom about his anxiety and school presentation. The mother is supportive and explains how his stutter

is a part of who he is. I was surprised that this story did not include concepts like bullying and friendship since it could have been easily added to one of the classroom scenes. Overall, the main character overcomes fear and anxiety and accepts his identity, making for a happy ending. There is no inclusion of speech therapy, though some concepts from therapy methods arise.

#8 (tie): *A Boy and a Jaguar* (written by Alan Rabinowitz, published in 2014): This book shows the main character having a negative experience with his stutter until he gets to college. I disliked how this book says "disturbed class," presumably in reference to a classroom for students that need additional accessibility services. The character grows up in this story, becoming a college student and adult. There is good inclusion of the emotional journey of the main character and a strong inspirational outlet (animals and preservation). There is a strong message of animal justice and preserving species and their environments, as well as a theme of "wholeness" of the main character and wild animals.

#8 (tie): *Finding Little Bear* (written by Amanda Pitchford, published in 1997): This book is on the older side and does not include illustrations or pictures (text only). Although the main character (female) finds a way to cope with her stuttering, there is no mention of formal evaluation or treatment. There is successful inclusion of emotions and mental health throughout the story about stuttering. The main character's mother is present in the story, but she does not actively assist in promoting positive attitudes or stuttering treatment. There are also themes of bullying and friendship. There are also several moments where the main character advocates for herself and engages in activities that she enjoys. There is no evidence of diversity or additional

resources. This story was written as part of the author's class assignment and lacks the polished quality of some of the other stories.

#9 (tie): *Emily Umily* (written by Kathy Corrigan, published in 1984): The main character in this story is only shown using the filler phrase "um" and no other vocal examples of stuttering or cluttering are included. The resolution/inspirational outlet, in the end, is a yoga meditation chant. There is no inclusion of formal therapy and minimal caregiver involvement. The examples of bullying/friendship are largely negative and the child spends most of the story in a negative mindset.

#9 (tie): *Steggie's Stutter* (written by Jack Hughes, published in 2015): The only mention of Steggie's stutter is that she sometimes finds it hard to speak. There is no further discussion specific to her stutter and her experience with the condition. The only emotional elements were some hints at frustration and anxiety ("Steggie felt a little bit scared"). There is absolutely no adult presence in the book. Steggie's friends learn to appreciate what Steggie says, but the book largely shows her friends not listening to her until she helps them each individually and they learn their lesson. This plays into a nice theme of resolution of problems by the main character, but it seems aimed towards teaching children to not ignore a peer with a stutter (instead of normalizing disability and focusing on Steggie's success). Different types of dinosaurs (one with glasses, one with a hearing aid) are pictured, but neither disability is discussed, so it scored only one point for diversity. Two additional resources related to stuttering can be found in the back of the book. This book is part of a book series that includes Dachy's Deaf, Emmy's Eczema, Rex's Specs, and Steggie's Stutter. The illustrations are very bright and appealing.

#10: *Jeremy and the Hippo: A Boy's Struggle with Stuttering* (written by Gail Wilson Lew, published in 2015): This book has a unique way of approaching the topic of stuttering. The hippo is a metaphor for stuttering, which is not revealed until later in the story. The hippo grows whenever Jeremy, the main character, stutters, which greatly inconveniences Jeremy. Towards the end of the story, the hippo teaches Jeremy some techniques to help with his speech and the two become friends. Be warned, this book has a very low score and includes several spelling errors. The illustrations are nice but the overall product seems unprofessional.