



SUPPORTING GRADUATE CLINICIANS WHO STUTTER

A GUIDE FOR CLINICAL EDUCATORS

Based on the lived experiences
of speech-language
pathologists who stutter

INTRODUCTION

This guide is built from the voices of speech-language pathologists who stutter, reflecting their graduate school experiences and insights for supervisors. Their collective wisdom points to one central truth: effective supervision of graduate clinicians who stutter requires seeing the whole person, not just their speech.

"The point of graduate school is not therapy for my stuttering. You're teaching me how to be a good clinician. You do not need to teach me how to stutter better. That is beyond graduate school."

FIVE GUIDING PRINCIPLES

1 RECOGNIZE THE DYNAMIC, INDIVIDUAL NATURE OF STUTTERING

Stuttering is not a static condition; it shifts moment to moment, day to day, and across situations. Stuttering is more than what you hear. It also includes emotional and attitudinal dimensions that may not be visible. How a person relates to their stuttering is also dynamic and unfolds gradually and non-linearly. “Strategies” don’t always work consistently, and past fluency in a situation doesn’t guarantee future fluency.

Stuttering is variable.

What supervisors should understand:

- Variability is the norm—a student may be more fluent in therapy but stutter significantly when speaking with parents afterward.
- The internal experience is also variable and may include fear, anxiety, intrusive thoughts, avoidance, negative self-perceptions, shame, and anticipation of difficulty that may impact everyday choices.
- Stress, observation, and unfamiliar situations can increase stuttering—this is expected, not a sign of regression.

“You’ve done it before, you can do it again’ is not helpful—fluency in one moment doesn’t mean fluency is available in another.”

Students’ communication, and their relationship with stuttering, is likely to improve over time, and change will continue beyond graduate school.

What supervisors should understand:

- A student in a graduate CSD program is well equipped to make meaningful, positive change in how they experience and manage their stuttering.
- Change does not happen on a fixed timeline, nor does it need to. Growth in communication is a lifelong process, one without a true endpoint or a finish line at graduation.
- Supervisors should resist framing student progress through the lens of a program’s duration, and instead recognize that the work begun in graduate school is the beginning of an ongoing, evolving journey.

“How I am stuttering now is not set in stone. I am making progress and I do not need to master that progress over the course of this one placement, or even over the course of my master’s degree. Do not judge me on my stutter, that will change.”

“It’s not just about getting words out, but also about managing not being judged, interrupted, or misunderstood. I wish my supervisors acknowledged how those secondary effects shape how we speak, our confidence, and sense of self.”

2 SEE THE WHOLE PERSON, NOT JUST THE STUTTERING

Evaluate and support students as developing clinicians, not through a lens of fluency alone. The content and quality of their clinical work should never be minimized because of how it’s delivered.

What supervisors should understand:

- Progress should be measured by growth in clinical skills, critical thinking, and therapeutic presence—never by the absence of stuttering.
- Grading or evaluating students based on fluency is entirely inappropriate.
- Graduate clinicians who stutter want and need the same supervisory support as any other developing clinician, including guidance on clinical tasks, problem solving, responsiveness to feedback, and building the willingness to try new approaches in the clinical setting.

“Competency is about whether they have the knowledge and the skill to carry out the clinical interaction, not the manner of delivery.”

“How I stutter does not necessarily reflect my confidence, surgency, or willingness to engage. Judge me on my clinical thinking, my problem solving, and my willingness to try things and take feedback. Those are the most important qualities for a student clinician.”

FIVE GUIDING PRINCIPLES

3 CREATE SAFETY THROUGH OPENNESS AND CURIOSITY

Foster an environment where students feel safe discussing their experiences and challenges without judgment. Lead with curiosity rather than arriving with predetermined answers. Your openness to learning alongside your student matters more than prior expertise in stuttering.

What supervisors should understand:

- Your willingness to initiate conversations about stuttering signals safety.
- The supervisor—in the position of power—opening the conversation makes students feel like you're their ally.
- Shame manifests around things people don't or won't talk about—open discussion reduces shame.

"Approach the situation with compassion and curiosity rather than fear and judgment."

"Just because you're feeling uncomfortable with stuttering doesn't mean the problem is the stuttering..."

4 HONOR AUTONOMY AND THE POWER OF CHOICE

Empower students to set their own goals and make their own decisions about disclosure, accommodations, and how they navigate their stuttering. Present options rather than directives—the power of choices/agency comes from the student making them freely.

What supervisors should understand:

- Create space for experimentation, including the freedom to try things that don't work.
- Normalize the idea of supports and use of accommodations when needed.
- The question is "What types of supports are going to be helpful to you?" not whether support is needed.
- It is appropriate, and often helpful, to gently bring observations of a student's communication to the table for open dialogue. Framing these conversations with curiosity rather than concern can open a door to meaningful collaboration ("I noticed that ___ seems challenging/hard for you, how do you feel about ___?").
- Facilitating meaningful dialogue creates safety and

trust, and may lead to practical, student-led solutions, for example, a student asking the supervisor to handle initial introductions with a family until they feel ready.

- The goal of these conversations is not to fix or direct but to understand and let the student lead.

"Perfection isn't the goal, it's growth."

"The best supervisors, stuttering aside, let me try things and make mistakes and did not lambast me for it... Now, stuttering IS NOT FAILURE, but the experience of stuttering and effective communication can be exacerbated by a pressure to 'perform perfectly.'"

5 MODEL VULNERABILITY AND OFFER PRESENCE, NOT PROTECTION

Having a student's back doesn't mean shielding them from difficult experiences or uncomfortable emotions. It means walking alongside them as they process challenges, problem-solve collaboratively, and develop healthier ways of relating to stuttering.

What supervisors should understand:

- You can normalize vulnerability by modeling it yourself.
- Neither you nor the student needs to have all the answers—what matters is open dialogue.
- Help students process and problem-solve rather than protecting them from challenges.

"Vulnerability is the doorway to relationship."

"No matter how proactive you might be in talking with students...there may be a situation that arises that is highly unexpected. You don't need to know all the answers as the supervisor. And the person who stutters, that student, might not know the answers or what's best in that situation, and that's okay. That's the reality sometimes of navigating this world as a person who stutters. What's really important is that there can be a reactive discussion and dialogue to talk about it and to process it with the student."

UNDERSTANDING STUDENT SILENCE

Students may not disclose which clinical tasks are difficult or share stuttering-related concerns because:

- They don't want to appear incapable
- They're unsure if accommodations are appropriate
- They fear it will affect their evaluation
- They're still figuring out their own speech patterns
- They're unsure how to have open dialogue about these challenges
- They're concerned about professional credibility
- The supervisor hasn't created space for these conversations

"The internal struggle shaped how I moved through life during grad school, as someone who felt deeply insecure, afraid, uneasy, anxious, and constantly ashamed. I often felt like I wasn't enough, like something was inherently lacking in me because of my stuttering. In trying so hard to hide it, I avoided communication, leadership, and opportunities for growth. This avoidance was frequently reflected in my feedback: comments about lacking confidence, not showing enough initiative, or needing to improve fluency, without recognizing the underlying reasons or offering affirming support."

PRACTICAL GUIDANCE FOR SUPERVISORS

Starting the Supervisory Relationship

How you begin sets the tone for the entire placement. Many contributors emphasized that the supervisor—as the person in the position of power—initiating conversation about stuttering made them feel like they had an ally.

Questions to ask early:

- "How can I best support you as a student clinician?" or "I'm wondering how I can best support you..."
- "Do you have any concerns about stuttering in this placement that I can help you navigate?"
- "How can I support you with any challenges you may face?"
- "What potential challenging situations might come up, and how would you like to handle them?"

sessions, time-pressured situations, fast-paced environments, higher overall speaking load, no recovery time between high-communication demands, facilitating IEP meetings, parent conferences, presentations, performance pressure).

- Contingency plans for unexpected situations.
- How the student would like you to respond if difficult moments arise.

Have proactive discussions about:

- Disclosure decisions—whether, when, and how to disclose to clients, families, and colleagues.
- Specific clinical tasks that might feel challenging (e.g., introductions, making phone calls to schedule sessions, reading aloud, saying stimulus items verbatim, administering standardized assessment prompts or scripted language, explaining a home program, addressing behavioral issues, engaging in high-trial

"An atmosphere of open, honest, and direct communication, and knowing that stuttering would not penalize me in any way would have been helpful."

"What really helped was having a supervisor who reminded me that my stuttering doesn't take away from my professionalism or my ability to show my skills as a speech pathologist."

What to Avoid

Contributors shared several supervisor behaviors that were unhelpful:

- **Don't suggest fluency strategies**—Comments like “try to use your fluency strategies more” or “use easy onsets” miss the point entirely. You're teaching clinical skills, not providing speech therapy.
- **Don't intervene publicly during sessions**—One contributor described a supervisor interrupting during an assessment and taking over a subtest in front of the family and diagnostic team. This was described as “humiliating.”
- **Don't evaluate based on fluency**—Writing comments about using strategies or noting that disfluencies affect performance sends the message that stuttering is a problem to be fixed.
- **Don't require speech screenings that pathologize stuttering**—Requiring students who stutter to “pass” a speech screener or participate in speech therapy creates an environment that is not stutter-friendly.
- **Don't assume silence means everything is fine**—Students may not disclose challenges because they don't want to appear incapable, fear it will affect their evaluation, or are still figuring out their own speech patterns.

Navigating Difficult Moments

When students experience increased tension, secondary behaviors, or communication apprehension, supervisors can help by:

- **Checking in privately**—If a student clearly struggled or seems defeated after a session, check in with them. Open space for processing and reflection.
- **Helping reframe experiences**—Help students “memorialize clinical experiences in a more positive or neutral way.” Point out what went well alongside areas for growth.
- **Reducing time pressure when possible**—Framing things as “we have time” rather than “we need to get through this” can significantly reduce pressure.
- **Discussing accommodations collaboratively**—Potential options should be discussed and co-created based on the student's needs.
- **Validating the experience**—Acknowledge that being observed can trigger performance anxiety and impact communication. One contributor noted stuttering increased significantly when being supervised versus working alone with children, which speaks to the variability of stuttering previously discussed.

“The most important accommodation is listening. Plain and simple. An understanding that, in spite of the bustle and hustle of a clinical setting, space to listen is essential. This may look like setting specific time set aside in the day for feedback and discussion, not just ‘on the fly’ conversations, based on time demands.”

When Clients, Families, or Colleagues Comment on Stuttering

Have proactive discussions about how to handle these situations. The most helpful response comes from knowing what the student would find helpful in that moment.

Prepare together:

- Explore potential situations and possible responses that feel right to the student.
- Proactively discuss what the supervisor will do if someone responds negatively to the student's stuttering. This kind of conversation creates real safety, and the student knowing their supervisor is a reliable source of support can make a meaningful difference.
- Practice responding to questions confidently.
- Emphasize that the student has the right not to respond at all.

After incidents:

- Provide opportunity to talk and validate emotions.
- Make decisions about future responses together, eliciting the student's input.
- Demonstrate confidence in the student's developing skills when talking to families.

“I think knowing they had my back and wanted to help support me, allowed me to be receptive to some hard hitting and very helpful questions we thought through together. ‘How are you going to navigate it if a parent asks you about stuttering?’ ‘What are you going to do if a client or parent says they don't feel comfortable working with you because you stutter?’ and ‘How can I support you best in navigating these potential situations?’”

When Students Who Stutter Work with Clients Who Stutter

This can be a powerful opportunity for connection, but requires thoughtful support.

- Encourage students to approach each client with curiosity—while shared experience can foster connection, each client’s journey with stuttering is uniquely their own.
- Acknowledge that some families might have questions about a person who stutters providing stuttering therapy.
- Give students time to reflect on their own feelings, as sessions may trigger different memories.
- While personal experience can inform (not direct) therapy, help maintain focus on the client’s needs and goals.

“Use stuttering as a strength. These clinicians have the unique ability to empathize with all sorts of clients because they understand the frustration of not being able to say what you want to say. Use them as role models for younger kids and teens to show that you can have a speech or language difference and still be successful in life!”

Supporting Disclosure Decisions

Disclosure is deeply personal. Your role is to support whatever decision the student makes—not to encourage or discourage disclosure.

What contributors shared about disclosure:

- Many found disclosure helpful—it removed pressure to “fake fluency” and allowed them to be more present with clients.
- Disclosure to external supervisors often resulted in genuine support and appreciation.
- Some wished they had disclosed more during graduate school.
- Client questions about stuttering became “positive opportunities for openness and education.”

“It would have been helpful to have had a problem solving plan meeting with an action plan in place with my supervisor. Advance notice of specific communication tasks and choices for self-disclosure when I felt appropriate would have been helpful.”

Supervisor role:

- Emphasize that disclosure is entirely the student’s decision.
- Have proactive discussions about when and how disclosure might happen.
- Let students know you “have their back” whatever they decide.

Connecting Students to Community and Resources

Several contributors emphasized the transformative power of connecting with other people who stutter and the stuttering community.

Consider connecting students to:

- Other SLPs who stutter (locally or through professional networks).
- Stuttering-affirming and neuro-affirming resources.
- Organizations that provide training opportunities, social and support networks, and public awareness and advocacy initiatives (e.g., Spero Stuttering, FRIENDS: The National Association of Young People Who Stutter, Stuttering Association for the Young, National Stuttering Association, SPACE Community & Arts, Stuttering Foundation, etc.).

“There’s so much I didn’t know about my own stuttering experience, it would have been so beautiful if someone would have planted those seeds...put me in touch with another person who stutters, told me about Friends and NSA during that period, so then I could meet myself with more kindness and love and curiosity to then face the challenges and the rigor of grad school instead of further affirming the stigma and struggle around my stuttering.”

SUMMARY OF QUALITIES OF EFFECTIVE CLINICAL EDUCATORS

If we were to distill the insights shared throughout this guide, twelve qualities characterize effective clinical educators, organized into four themes:

Relational Foundation

Relationship • Listening • Presence

Build a genuine connection, listen to understand, and be fully present with your student.

Creating Safety

Vulnerability • Patience • Safety

Model vulnerability to invite honesty, allow time for growth and processing, and foster an environment where students feel safe to share struggles.

Stance Toward Learning

Curiosity • Teachability • Openness

Approach each student with genuine curiosity, remain open to learning alongside them, and resist the urge to arrive with all the answers.

Empowering Students

Choice • Problem-Solving • Brainstorming

Honor student autonomy, collaborate on solutions rather than prescribing them, and explore possibilities together.

FINAL THOUGHTS

The contributors to this guide represent diverse experiences and perspectives on stuttering. What unites their insights is a call for supervisors to approach students who stutter with curiosity, respect, and recognition of their full humanity and clinical potential.

Your willingness to read this guide suggests you're already committed to supporting these students well. Trust that commitment, stay curious, and remember: the relationship you build and the space you create matters more than having all the answers.

"There's a tremendous amount of freedom in not having the answers."



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ACKNOWLEDGMENTS & RESOURCES

A special thank you to the following SLPs who generously contributed their stories and experiences: Angelica Bernabe, Erin Bodner, Thomas Chang, Chris Constantino, Kate Church, Derek Daniels, Jack Henderson, Courtney Luckman, Randy Panzarino, Kyle Pelkey, Shelby Potts, Mandy Rodstrom, and Lauren Schlemmer.

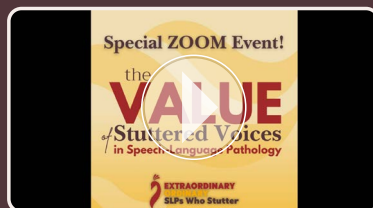
This resource was developed by Ana Paula Mumy and Mandy Rodstrom, who compiled and organized survey and panel discussion responses.

VIDEO DISCUSSION:

**Clinical Supervisors:
How to Support Graduate
Students Who Stutter |
SLP Panel Conversation**



**The Value of Stuttered
Voices in Speech-
Language Pathology**



SPERO RESOURCES

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