CALMS Rating Scale for School-Age Children Who Stutter

This rating scale is designed to evaluate cognitive, affective, linguistic, motor, and social (CALMS) components that are related to stuttering. It is recommended that clinicians base their clinical judgment on deriving a score for each item using scores and/or data from scales, tests, as well as documented evidence about the child being evaluated. Take the scores for each rated item and divide by the total number of items scored within each component to obtain an average score for each component. The average component scores become the data points for plotting the CALMS profile.

**COGNITIVE:** (Rating scale: 1 = Normal, No Concern, High Ability  2 = Borderline, Slight Concern, Good Ability  3 = Mild Impairment, Some Concern, Variable Ability  4 = Moderate Impairment, Significant Concern, Poor Ability  5 = Severe Impairment, Extreme Concern, Very Poor Ability)

**Recommended items to be rated:**

1. Child’s ability to identify moments stuttering
   
   **Measure:** % of moments identified from a reading passage and/or spontaneous speech sample

2. Child’s thoughts and concerns about being person who stutters
   
   **Measure:** Rate responses to questions such as “How concerned are you about your sp?” “How much do you think about your stuttering each day?” “What happens when you stutter?” “How often does it happen?” “Are there any tricks you use to talk easier?”

3. Child’s reactions about how others view his/her stuttering
   
   **Measure:** Rate the degree of concern the child has about reactions from his family, peers, or teachers have to his stuttering

4. Child’s knowledge and understanding of stuttering and/or Tx techniques
   
   **Measure:** “Here’s What I Think” (C & R workbook) and explanations, drawings, demonstrations of techniques as well as information about basic facts about stuttering (e.g. male/female ratio, prevalence of stuttering, etc.)

Average Cognitive Component Score: __________

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*a* When evaluating thoughts and perceptions, a rating of “1” refers to positive thoughts/no concerns about being a person who stutters and positive perceptions of how others view stuttering. A rating of “5” reflects extremely negative thoughts, reactions or perceptions. Use ratings 2-4 to reflect varying degrees of positive/negative thoughts and reactions. “What’s True For You” is one of several paper-pencil tasks suggested by Kristin Chmela and Nina Reardon (2001) *The School-Age Child Who Stutters: Working Effectively With Attitudes and Emotions...A Workbook* (pp. 22-86). Other paper and pencil tests from this book will be cited in other factors within this rating scale. This workbook is published by the Stuttering Foundation of America (1-800-992-9392). Child Client Forms in *Crowe’s Protocols* (T. Crowe, A, Di Lollo, & B. Crowe (2000) The Psychological Corporation) also can be used.
AFFECTIVE: (Rating scale: 1= Normal, No Concern, High Ability 2= Borderline, Slight Concern, Good Ability 3 = Mild Impairment, Some Concern, Variable Ability 4= Moderate Impairment, Significant Concern, Poor Ability 5 = Severe Impairment, Extreme Concern, Very Poor Ability)

Recommended items to be rated:

1. Level of child’s positive/negative attributes of self
   Measure: “Important Stuff About Me” (C & R workbook)
   Note percentage of positive and negative words used to describe him/herself
   A greater number of negative comments about self contributes to a higher rating.

2. Child’s attitudes and feelings about communication
   Measure: Communication Attitudes Test (CAT or CAT-R)…record score and compare to norms.

3. Affective features of the child’s stuttering
   • Labels child uses for attitudes/feelings about stuttering
     Measure: “Framing My Speech” (C & R workbook)…this form could be used to count the number and types of words used to describe stuttering
   • Child’s feelings about stuttering
     Measure: “What Pops” and/or “What’s True For You?” (C & R workbook)
     “What Pops” could be used to determine the % of the 20 items that relate to negative comments about stuttering. “What’s True…could rate this item based on child’s scores on all questions.
   • Child’s feelings about others’ reactions to stuttering
     (e.g., reactions to parent and peer comments, teasing, etc.)
     Measure: Rate whether the child’s reactions to stuttering are positive or negative….the greater the number of negative comments, the higher the rating.

Average Affective Component Score:

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a Use of the Communication Attitudes Test (CAT or CAT-R) and/or A-19 scales requires comparison of child’s score with normative data supplied with each measure. We recommend that if the child who stutters (CWS) has a score that equals the mean for CWS, then that score would be rated at least a “3” on the CALMS rating scale. [For CWS the CAT Mean=17.3, SD=7.7 and A-19 Mean=9.07, SD=2.44]. Scores between 1 & 2 standard deviations from the mean score for CWS would be rated a “4” and a score of more than 2 standard deviations would be rated a “5.”

b Child Client Forms in Crowe’s Protocols (T. Crowe, A, Di Lollo, & B. Crowe (2000) The Psychological Corporation) also can be used
LINGUISTIC: (Rating scale: 1= Normal, No Concern, High Ability  2= Borderline, Slight Concern, Good Ability  3 = Mild Impairment, Some Concern, Variable Ability   4= Moderate Impairment, Significant Concern, Poor Ability  5 = Severe Impairment, Extreme Concern, Very Poor Ability)

Recommended items to be rated:

1. Overall relationship between stuttering and the length and complexity of utterances:
   Measure: Assess level of fluency/stuttering during simple oral reading, naming, sentence repetition, picture description, and story retelling.  
   1 2 3 4 5

2. Overall language ability
   Measure: Informal or formal assessment)  
   1 2 3 4 5

3. Articulation and/or Phonological ability
   Measure: Informal or formal assessment)  
   1 2 3 4 5

4. Word finding/expressive/receptive vocabulary ability
   Measure: Informal or formal assessment)  
   1 2 3 4 5

Average Linguistic Component Score: _____

\textsuperscript{a} The Stocker Probe (Stocker, 1995) could be used to rate performance in this category. (The Stoker Probe is published by The Speech Bin). Or, go to www.unl.edu/fluency for list of simple to complex, contextualized and decontextualized speech tasks. The rating for this item will depend on the level of linguistic length and complexity where fluency disruptions occur consistently (e.g., a rating of “1” would indicate that stuttering only occurs at the highest level of linguistic difficulty and a “5” would be a rating for stuttering consistently at simple linguistic levels or where the child needs considerable contextual support).

\textsuperscript{b} Select formal language tests for this section. Rate level of impairment.

\textsuperscript{c} Select a formal test for articulation/phonological process analysis. Rate level of impairment

\textsuperscript{d} Suggested formal tests for this category include EOWPVT, PPVT-3. Rate level of impairment
MOTOR: (Rating scale:  1= Normal, No Concern, High Ability  2= Borderline, Slight Concern, Good Ability  3 = Mild Impairment, Some Concern, Variable Ability  4= Moderate Impairment, Significant Concern, Poor Ability  5 = Severe Impairment, Extreme Concern, Very Poor Ability)

Recommend Items to be rated:

1. Characteristics of the child’s stuttering
   **Measure:** Document number of units per repetition, duration of typical prolongation, etc.
   **Measure:** Degree of struggle, effort, tension produced during stuttered moments

2. Frequency of stuttering with various communicative partners
   **Measure:** Sample with classroom teacher
   **Measure:** Sample with peers
   **Measure:** Sample with clinician

3. Presence of Secondary Coping Behaviors
   **Measure:** Number and type of behaviors, plus subjective rating of severity of these behaviors

4. Frequency of stuttering:
   **Measure:** Oral reading and spontaneous speech sample
   **Note:** (Ratings for SSI-3)

5. Duration of disfluent moments
   **Measure:** Average of three longest stuttering events

6. Clinical impression of overall speech motor control
   **Measure:** Speech rate and/or diadochokinetic rates

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Average Motor Component Score: ______

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*a Frequency and duration of stuttering are measured in the SSI-3 (Stuttering Severity Instrument-3). If the SSI-3 is used, do not rate frequency and duration of stuttering items on this part of the CLAMS rating scale. Use the following ratings to reflect the total SSI-3 score:  (1= 0-5)  (2= 6-10)  (3=11-20)  (4=21-27)  (5= 28+).

*b The OMAS by Riley and Riley (1985) could be used to rate this category.
SOCIAL: (Rating scale:  1= Normal, No Concern, High Ability  2= Borderline, Slight Concern, Good Ability   3 = Mild Impairment, Some Concern, Variable Ability   4= Moderate Impairment, Significant Concern, Poor Ability  5 = Severe Impairment, Extreme Concern, Very Poor Ability)

**Recommended items to be rated:**

1. Reported avoidance of speaking situations
   **Measure:** Reports from child, parent, teachers about number and severity of avoidance of words, people, and speaking situations

2. Frequency of stuttering in curricular and extracurricular activities:
   **Measure:** Reports of the frequency of stuttering:
   - In academic subjects (math, science, language arts)
   - In non-academic subjects (music, band, PE)
   - In extracurricular activities (e.g., clubs, sports, dance, etc)

3. Child’s ability to meet district curriculum objectives related to oral performance
   **Measure:** Reports from child’s teachers

4. Impact of stuttering on peer relationships
   **Measure:** Report from child and parent about how much the child’s stuttering is affecting the friendships or interaction with peers.

Average Social Component Score: ________
Quantification of 1-5 Value for the CALMS Rating Scale

1 = Normal: Function is considered within normal limits in terms of behavior, performance, ability, attitude or perception. There are no concerns about function or performance. Test data are well within normal limits.

2 = Borderline: Slight variation or some concern about behaviors, performances, abilities, attitudes or perceptions. Test data show standard score of .5 to 1.4 SD below normal level

3 = Mild Impairment: Clinical judgment suggests a “mild” degree of difficulty or deficit in certain functions. Also suggests that behaviors, performances, abilities, attitudes or perceptions are just below expected levels of function. Mild concern about function or performance. Test data show standard score of 1.5 - 1.9 SD below normal level.

4 = Moderate Impairment: Clinical judgment suggests a “moderate” degree of difficulty in certain functions. Also suggests that behaviors, performances, abilities, attitudes or perceptions are consistently below expected levels of function. Test data show standard score of 2.0 – 2.4 SD below normal level. Significant concern about function and performance.

5 = Severe Impairment: Clinical judgment suggests a “severe” degree of difficulty in certain functions. Also suggests that behaviors, performances, abilities, attitudes or perceptions are substantially below expected levels of function. Exceptional concern about function or performance. Test data show standard score of > 2.5 SD below normal level.
### C.A.L.M.S. Profile

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
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<tbody>
<tr>
<td>Cognitive</td>
<td>______</td>
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<tr>
<td>Affective</td>
<td>______</td>
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<tr>
<td>Linguistic</td>
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<td>Motor</td>
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<tr>
<td>Social</td>
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**Client:**

**Scores:** Cognitive: _______

**Age:**

Affective: _______

**Date of Profile:**

Linguistic: _______

Motor: _______

Social: _______