Early Childhood Stuttering Therapy: A Practical Approach

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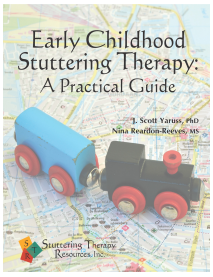

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Introduction

I. My goal for the day is that you will learn:

A. What to do to help preschool children who stutter and their families
B. How do to it (and do it well)
C. Why to do it (always think of the rationale)

II. Overview

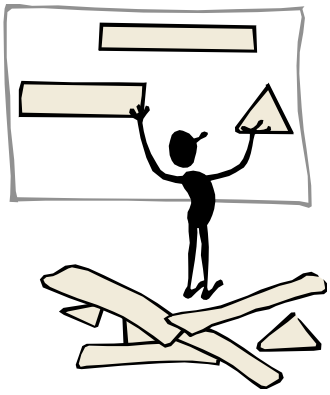
A. Preschool Stuttering 101
B. Making the Most of the Initial Contact
C. Getting Ready for Treatment
D. A Family-Focused Treatment Approach for Preschool Children Who Stutter
   1. Parent-Focused Treatment
   2. Parent-and-Child Focused Treatment for Health Communication Attitudes
   3. Child-Focused Treatment

Part I: Stuttering 101

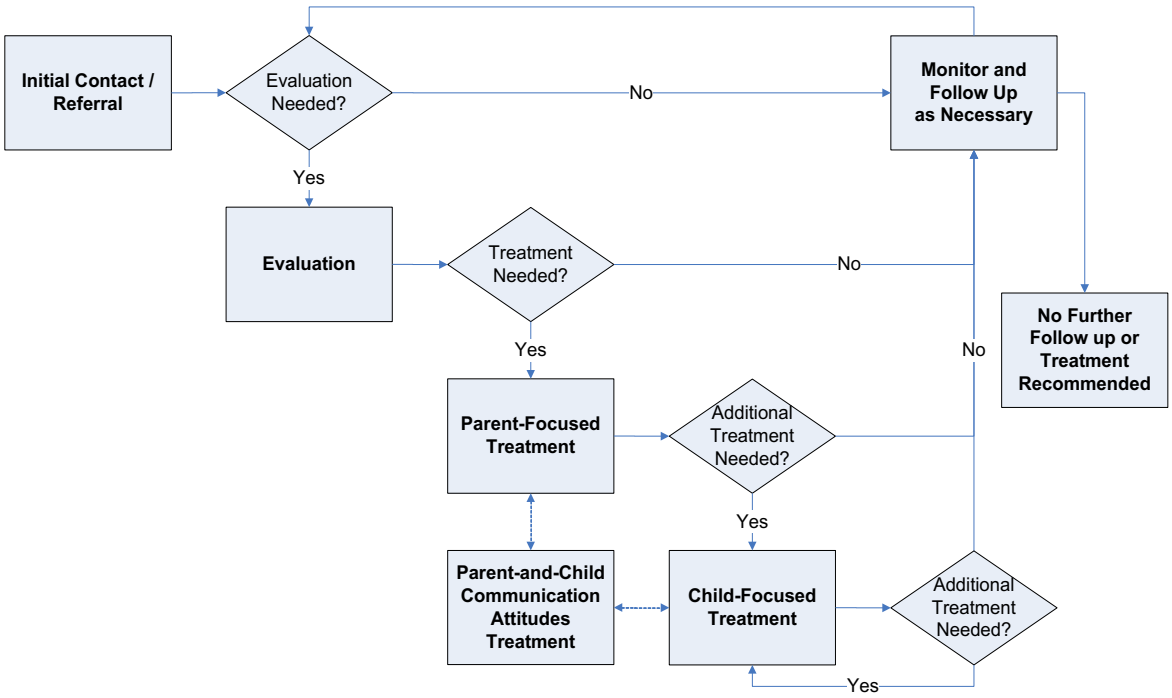
("Where do Preschool Children Who Stutter Come From?")

I. The Clinical Process for Preschool Children Who Stutter

A. Initial Contact or Referral
B. Diagnostic Evaluation
C. Parent-Focused Treatment (if necessary)
D. Re-evaluation / Follow-up
E. Child-Focused Treatment (if necessary)
F. Re-evaluation / Follow-up
G. Further Treatment (if necessary)
H. Dismissal



II. A Clinical Process Flowchart



III. Where Do Preschool Children Who Stutter Come From?

A. All Clients Come From Somewhere

1. Typically, we "inherit" our school-age clients from other clinicians…
   a) We inherit their evaluation data.
   b) We inherit their treatment goals.
   c) We inherit their treatment activities (e.g., what the child is familiar with or comfortable doing).
   d) We inherit the knowledge the child has about stuttering (or lack thereof).
   e) We inherit their baggage, and this can affect their readiness to participate in treatment.

2. Preschoolers Are Different…WE are often the first SLPs to see them.
   a) The initial contact comes from a parent or, occasionally, referral from another professional.
   b) As a result, we sometimes think of preschool children as coming to us "fresh," or without significant baggage.
   c) Unfortunately, this is not entirely true.

B. Preschoolers Have Baggage, Too

1. Even though preschoolers may not have specific experiences associated with prior treatment, they still come to us with a history of experiences that affects them—and their readiness for treatment.
2. Just as importantly, the ***parents*** come to us with a history of experiences that we must take into account when determining how to approach the child and family.

IV. The Onset of Stuttering

A. Stuttering typically arises during the preschool years – between the ages of about 2½ and 4 This is a time of rapid expansion and growth of many aspects of the child's overall development.

B. During this time, many (all?) children produce frequent disruptions in their speech (disfluencies). These disfluencies can be confusing for parents, for they do not know if the behaviors indicate a problem with the child's speech development.

C. Often, children start to stutter after a period of otherwise average, or even above-average, speech/language development.

1. Many times, parents say that their children were talking "so well" before they suddenly and unexpectedly began to have difficulty speaking.
2. Other times, we see children who seem to have had trouble putting words or sentences together from the very beginning of their language learning and development.

V. What Has the CHILD Experienced?

A. We have traditionally assumed that preschool children are fairly oblivious to their stuttering. (Early researchers suggested that preschool children weren't even aware of stuttering.)

B. One theory warned of significant negative consequences if the child became aware of stuttering. (The "diagnosogenic" theory stated that the child's awareness of stuttering was part of what turned normal disfluencies into true stuttering!)

C. The Child's Awareness and the **Diagnostic Process**

1. As a result, for many years, clinicians tried to prevent children from becoming "aware."
   a) They avoided using the term "stuttering," preferring euphemisms such as "non-fluent." (Some have just not have talked about it at all!)
   b) They tried to prevent the child from knowing why he was attending an evaluation for fear of "creating awareness." (Some put off evaluating the child for fear of making the problem worse!)

D. The Child's Awareness and the **Treatment Process**

1. Many clinicians have tried to prevent awareness in treatment, too!
   a) Many have delayed treatment, hoping the child would outgrow the stuttering.
   b) Many have used only ***indirect*** approaches hoping the child would not know he was in treatment.
2. Unfortunately, the efficacy of these approaches is severely in doubt, and <u>there is very little evidence that purely indirect treatment works!</u>

E. The Child's Awareness and **Reality**

1. More recent research has shown that many preschoolers are aware – at some level – that they are having difficulties with their speech.
   a) Some may be acutely aware…and they may be temperamentally predisposed to be that way. (More on this later…)
2. Acknowledging that the child IS aware of stuttering has consequences, but not what we feared.

F. Consequences of Awareness for **SLPs**

1. Rather than postponing an evaluation, fearing that we might create awareness, we can proceed with the evaluation now so the child gets the help he needs sooner!
2. Rather than using indirect approaches that have questionable validity, we can use more direct approaches that have proven efficacy!
3. ***Recognizing the reality of the child's awareness frees us to do our jobs!***

G. Consequences of Awareness for the Child

1. If the child is aware of stuttering, he may do things to try to "fix" his speech.
   a) Tensing the muscles in his mouth to "push" words out, tapping his mouth with his hand, simply giving up and not talking at all.

2. These behaviors (which vary from child to child) are part of the child's stuttering pattern.
   a) By observing the child's stuttering patterns, we can learn something about his level of awareness.

VI. What about the Parents?

A. Stuttering Does Not Occur in a Vacuum

1. The parents have probably received advice from other parents, family members, and professionals. (A simple internet search for "stuttering" reveals countless websites, opinions, and warnings…)
2. What's the most common advice that the parents receives? Don't draw attention to stuttering, don't talk about it, don't do anything to make the child aware of the fact that he is stuttering…

B. What Has the PARENT Experienced? In a word? Fear!

1. Fear that she might have done something wrong to cause the child to start stuttering.
2. Fear that she might have done something wrong to make the child's stuttering more severe.
3. Fear that she might make the problem worse by drawing attention to it.
4. Fear that she might make the wrong decision about the child's treatment, given how many treatment options there are…

C. And That's Not All…she has other fears too…

1. Fear that the child will never talk correctly.
2. Fear that other children will bully or tease the child when he gets into school.
3. Fear that the child will never be able to get into college, get a job, get married, etc.

D. **This fear can be paralyzing…especially when combined with the threat that she might make things worse by taking action.**

VII. It All Starts with the Initial Contact…

A. The Initial Contact for Preschool Children Who Stutter

1. Generally, our goal during an initial contact is to determine if a full evaluation is warranted.
   a) Sometimes, the initial contact is a routine screening (or the result of one) or a referral.
   b) More often, the initial contact occurs when parents call us for help.
2. Either way, we are not typically consulted until after the parent has already become very concerned about the child's speech.

B. When Do They Call Us?

1. On average, parents don't contact SLPs until the child has already been stuttering for approximately 6 months!
   a) Of course, sometimes we get parents who call the same week or the same day the stuttering starts, but that is not the norm…
2. In general, by the time we talk to the parent, she is already filled with fear…
   a) To compound this fear, she is now wondering if she might have already waited too long!

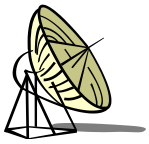
C. Why Do They Wait So Long?

1. SLPs are generally not the first professionals the parents contact about a stuttering child.
   a) Typically, the first point of contact for parents of children who stutter is the pediatrician.
2. More often than not, pediatricians advise parents of children who stutter to "wait and see" if the child will outgrow stuttering before seeking an evaluation or treatment with a speech-language pathologist.

D. Why Does the Pediatrician Say That?!?

1. Most children outgrow stuttering, so statistically speaking, the pediatrician is right – approximately 75% of preschool children who stutter will recover from stuttering!
   a) Three times out of four, the pediatrician is reinforced for giving this advice…even though she probably didn't even listen to the child's speech before making her prediction.
2. Still, it's the wrong advice to give, for we have no way of knowing which children will recover and which children will not!

E. Most Children Who Stutter Are "Below the SLP's Radar"



1. The children who recover are not the ones we typically see…
   a) Recall that parents do not generally contact SLPs until the child has been stuttering for 6 months.
   b) Research also shows that most of the recovery happens within those first 6 months!
2. Thus, three times out of four, the pediatrician tells the parent to wait, the parent waits, and the child recovers – everything is okay. *Most children who recover are below our radar.*

F. What about the Others?

1. By the time the parent contacts an SLP, three things have occurred:
   a) The child has become aware of his stuttering.
   b) The parents' fears have increased.
   c) The likelihood that the child will be one of those who recover naturally has decreased.
2. (Again, some parents contact SLPs right away, but unfortunately, this is not typical.)

G. What Does This Mean For Us?

1. More often than not, the result of the initial contact will be a recommendation for a full evaluation of the child's speech fluency.
   a) There may be some situations where the child is not ready for a full evaluation (if the parent contacts you the same day the stuttering starts)
   b) Generally, we will proceed to a full evaluation.
2. This makes our initial contact decision easier, but I often wish I had seen the child sooner!

H. Definite Evaluation Triggers: I definitely recommend an evaluation if:

1. …the child is aware of stuttering.
2. …the parent is concerned about stuttering.
3. ...the stuttering has continued for more than 2 or 3 months.
    a) Although some of these children may still recover on their own, we can actually increase the likelihood of recovery through education and treatment.
4. …there is a family history of stuttering.
    a) If there is family history, then I don't really care how long the child has been stuttering!

I. Questionable Evaluation Triggers: I might not recommend an evaluation yet if:

1. …the child has only been stuttering for a few days or weeks and there is no family history.
    a) In such cases, the parent is probably very concerned or she wouldn't have called.
    b) So, I might recommend the evaluation anyway so I can help set the parent's fears at ease.
2. …there is minimal concern on the part of the parents or the child.
    a) This is rare – if the parent hadn't been concerned, she probably wouldn't have contacted us!

J. Notice what's missing…

1. Nowhere in my decision-making did I ask "how much" the child is stuttering…
2. Surface behavior won't play much of a role in determining treatment recommendations either…

K. The actual frequency of stuttering tells us little about whether the child needs treatment.

1. Of course, it affects the child's (and parents') experience of the disorder.
2. And, the surface behavior gives us insights into how the child is reacting…

L. The Ultimate Value of the Initial Contact: Regardless of whether I recommend a full evaluation after the initial contact, I still provide the parents with information.

1. Depending upon your setting, you may do this during the initial contact or at the time of the evaluation itself.
2. Either way, the parents have questions about stuttering and we have answers.
3. The more the parent knows about stuttering, the better it is for the child.

Part II: Making the Most of the Initial Contact

("We have a lot to do before we're ready for the diagnostic evaluation!")

I. What Kinds of Questions Do Parents Ask?

A. Parents Have Big Questions

1. Is my child really stuttering?
   a) What's the difference between stuttering and "normal" disfluency?
2. Will my child "outgrow" stuttering?
   a) When is it "too late" for my child to recover?
3. What caused my child to stutter?
   a) Did I do something wrong?
4. What can I do to help?
   a) Does my child need therapy?

B. Many Parents Have Even Bigger Questions

1. "Should we hold her back from starting kindergarten next year?"
2. "Should we stop teaching a second language?"
3. "Should we get an MRI or neurological exam?"
4. "Is this a sign of a psychological problem?"
5. "Is he going to get teased in school?"
6. "Will she be able to go to college?" "…get a job?" "…get married?"

II. Responding to Parents' Fears I: General Principles

A. First, Acknowledge Their Fears -- One of the best things you can do to help parents come to terms with stuttering is to acknowledge that their questions and fears are understandable and normal responses to their uncertainty about their child's speech.

1. It is natural for parents to worry and wonder about what might happen to their child.
2. Although this may seem obvious, parents are often uncertain about whether they should be concerned…this just adds to their uncertainty!

B. Second, Let Them Talk

1. Give the parents ample opportunity to share their concerns. Until they get the chance to talk about their fears, they may not be ready to hear about solutions.
2. Sometimes, SLPs are surprised by the questions that parents raise, but really listening to the parents' fears is the best way to help them overcome those fears.

C. Third, Provide Perspective

1. When people worry, we tend to envision the worst possible scenarios…We often have trouble keeping a balance between bad outcomes (which are easy to foretell) and good outcomes (which we may be afraid to hope for).
2. This is particularly true when parents are worried about their children – and when they are uncertain about the future.

D. Give them a Balanced View

1. Help parents see that their child is likely to have both good and bad experiences because of stuttering. (This is true for all things, not just those that we view as problems.)
2. By helping parents focus on more than just the bad things that may–or may not–happen, we can help them view stuttering in a more balanced fashion.

E. Fourth, Remind Them That Help Is Available

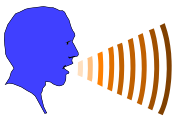
1. Worried parents may forget a most basic fact about childhood stuttering: help is available.
2. You can help parents reduce their fear by providing them with an overview of the services that are available to them.
   a) Speech Therapy b) Self-Help and Support c) Trusted Literature and Online Resources
3. ***They are not alone in facing stuttering.***

F. Finally…Don't Forget Yourself

1. Sometimes, we get caught up in our own fears and uncertainties about stuttering.
   a) Even skilled clinicians may forget that there are many resources available for helping children learn to speak more fluently, while becoming more comfortable with their speech and more confident in their ability to communicate.
2. Our skills for helping parents are rooted in our skills for helping ourselves…

III. Responding to Parents' Fears II: Specific Answers (Keep in mind… these are just "talking points" – the actual words you use will depend upon the parents, the child, and the situation.)

A. *"Is my child really stuttering?"*



1. Stuttering is typically defined as certain types of disruptions in the forward flow of speech.
   a) These disruptions typically consist of repetitions of parts of words ("li-li-like this"), prolongations ("llllike this") or blocks ("l---ike this").
2. If the child is exhibiting these speech behaviors, then yes, the child is stuttering.
   a) Importantly, that does not mean that the child will always stutter – it just means that he is stuttering right now.

B. *"What's the difference between disfluency and stuttering?"*

1. Many children exhibit disruptions in their speech as they are learning to talk. We call these disruptions "speech disfluencies."
   a) Not all of these disfluencies are "stuttering."
   b) Most of these are just the by-product of a simple mistake in the child's planning or production of words – we call these "normal" disfluencies."
2. Stuttered disfluencies involve an involuntary disruption in the planning or production process – moments when the child knows what he wants to say, but is unable to say it.

3. Not all disfluencies are stuttered

   a) "Typical" or "normal" speech disfluencies

      (1) Phrase Repetitions: "I want- I want that"

      (2) Interjections "I want…uh…that"

      (3) Revisions "I want- I need that"

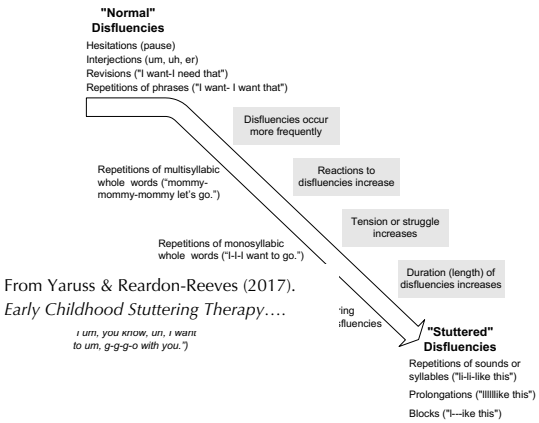
   b) Atypical or "stuttered" speech disfluencies

      (1) Part-word repetitions "I w-w-want that"

      (2) Whole word repetitions "I-I-I-I want that"

      (3) Prolongations "I wwwwwant that"

      (4) Blocks "I w----ant that"



From Yaruss & Reardon-Reeves (2017). *Early Childhood Stuttering Therapy….*

4. Different types of disfluencies

C. *"Will my child 'outgrow' stuttering?"*

1. Most preschool children who stutter actually outgrow their stuttering – they stutter for a period of time and then they stop.

2. We cannot tell for certain which children will continue stuttering – one of the key goals of the diagnostic evaluation is to predict who is more at risk for continuing to stutter.

   a) If your child appears to be at risk, then we will recommend therapy to increase the likelihood that he will recover.

D. *"When is it 'too late' for recovery?"*

1. In general, the longer the child stutters, the more concerned we are that stuttering may persist.

   a) There is no set age at which the child must recover or it is "too late" – though many people say that after approximately at 7 (or so), the chances of a complete recovery diminish.

2. Still, recovery can be seen into the early teenage years, so there is no point at which we "give up" on a young child who stutters!

E. *"What caused my child to stutter?"*

1. The cause(s) of stuttering are not yet fully understood, though research is ongoing.

   a) Most researchers believe that stuttering arises due to an interaction among several related aspects of the child's development.

2. There is no single cause of stuttering – no one factor or event made your child start stuttering.

   a) Stuttering is very rarely, if ever, caused by a single event in a child's life.

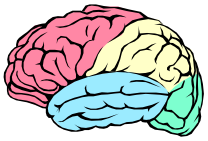
   b) Some parents worry about a specific event, such as a fall, a move to a new house, or a traumatic experience, such as the loss of a pet or the death of a family member.

   c) Such events can have a profound impact on children's lives; however, it is not likely that these events can actually cause stuttering.

F. *"But he didn't stutter at all before we moved/had another child/etc…"*

1. Perhaps, for a child who had a predisposition to stutter anyway, such experiences provide a "trigger" that caused the child to show the difficulties that were just "under the surface."
2. Such events may also cause very mild stuttering to become more apparent so it seemed that the event caused the stuttering.
3. It is also possible that the stuttering would have started anyway, even if the "triggering" event had not occurred.

G. *"Tell me which factors are involved!"*



1. The factors that are frequently implicated in current theories about stuttering include:
   a) The child's language abilities (for planning what he wants to say)
   b) The child's motor abilities (for producing messages)
   c) The child's temperament (for reacting to and regulating any difficulties that arise)
2. It is an interaction among these factors that causes the child to produce disfluencies and react negatively to them.

H. *"Why MY Child?"*

1. The bottom line is, "we don't actually know."
   a) Even though researchers have learned valuable information about the possible causes of stuttering, we still cannot determine with certainty why a particular child starts to stutter.
2. The factors listed above combine in different ways in different children.
   a) This is one reason that stuttering is so variable.
   b) This is also why it is so frustrating for parents – they never know exactly what caused it.

I. *"Did I do something wrong?"*

1. It is normal for parents to wonder what they might have done to cause the stuttering.
2. Although we do not fully understand the varied causes of stuttering, we do know that it is not caused by parents.
3. Many years of research have examined the role that parents might have played in the onset of stuttering. The results show that parents are not to blame.

J. *"But I heard about this study…"*

1. One of the predominant theories in the field of fluency disorders suggested that you could actually cause stuttering by misdiagnosing a child's normal disfluencies as stuttering. (This is the so-called "diagnosogenic" theory.)
2. Today, we know that this is not the case – you cannot cause somebody to stutter by simply telling them that there is something wrong with their speech.

K. *"How do you know for sure?"*

1. Stuttering is largely a genetic disorder.

a) Researchers have long known that stuttering runs in families, but now the research is focusing on specific chromosomes where stuttering genes might be located!

b) More simply, if you have one person in a family who stutters, chances are 60-70% that you will find another person in the immediate family who stutters.

2. So, to the extent that parents contribute genetic material, they did cause stuttering… but there is nothing that they did wrong to make it happen.

L. *"Why do more boys stutter than girls?"*

1. Boys do stutter more than girls - the reason is probably linked to the genetics of stuttering. (This is true for most speech/language disorders.)

2. The sex ratio tells us something interesting about the development of stuttering.
   a) In adults, the ratio is approximately 4 to 1.
   b) In young children, however, the ratio is closer to 2:1 or maybe even 1:1!
   c) This tells us that young girls are more likely to recover than young boys!

M. *"What can I do to help?"* (This is the most important question of all!)

1. Even though parents did not cause stuttering, there is still much that they can do to help their children overcome stuttering.

2. The early stages of therapy involves teaching parents to make changes in the communication environment that facilitate his development of more fluent speech and help him stop stuttering.

N. *"Does my child need therapy?"*

1. The answer is related to the question of whether the child is likely to continue stuttering.
2. If he is at risk for continuing to stutter, then we will recommend therapy.
3. So, we don't know the answer just yet… during the evaluation we will try to determine whether he is at risk for continuing to stutter and, as a result, if he needs therapy.

O. Answering the Parents' Concerns

1. By providing reasonable, data-based answers to parent's questions, you can help them overcome fears that may prevent them from benefiting from an evaluation or treatment.
2. As always, you should use you best counseling skills and not discount the parents feelings.
3. Listen to them, validate them, educate them, and provide hope so they can be helpful partners in the therapeutic process.

IV. What Do We Know So Far? A Review of Some Key Facts

A. **Stuttering starts in early childhood.** (Most children start between the ages of 2½ and 4.)

B. **Stuttering is largely genetic.**.
   1. Stuttering runs in families (approx 70-80%!)
   2. Boys are more likely to stutter than girls (Probably because girls are more likely to recover.)

C. **Stuttering is a neurologic disorder.** There are clear differences in brain structure and function seen in people who stutter.

D. **The diagnosogenic theory was wrong.** The environment does not cause stuttering.

V. What's the bottom line for the Initial Contact?

A. During the initial contact, your primary job is to determine whether a full evaluation is warranted.
   1. Generally, it is warranted if the child or parents are concerned or if there is family history.
   2. The only time it's not warranted is if the child hasn't been stuttering long enough to make any type of determination or if the parents just aren't concerned.

B. This is also an important opportunity to answer the parents' questions and to begin the process of educating them about stuttering.

Part III: Getting Ready for Treatment

(Before we can decide if treatment is necessary, we need to collect some data!

I. What is the purpose of the diagnostic evaluation? To determine whether the child is at risk for continuing to stutter and, therefore, whether he needs treatment!

II. Where Do We Start?

A. If the purpose of the evaluation is to see if the child needs treatment (based on his presumed risk for continuing to stutter), then we need to determine his risk for continuing to stutter!

B. Everything we do in the diagnostic evaluation is geared toward trying to determine whether or not the child is likely to continue stuttering.
   1. If he is at risk for continuing to stutter, then he is definitely in need of treatment.
   2. If he is not at risk, then perhaps treatment can wait.

III. Assessing Risk Factors

A. Research over more than 20 years has sought to identify factors that make it more or less likely that a child will recover from stuttering.

B. Unfortunately, there is no single factor that necessarily differentiates children who will continue to stutter from those who will recover.
   1. This makes sense, given that stuttering is presumed to have multiple, interacting causes, but it makes our diagnostic task more difficult.
   2. What we can do is assess risk factors…

IV. And What Are Those Risk Factors? Let's look at what we already know about stuttering.

A. **Stuttering Is Neurological**: The brains of people who stutter are different from the brains of people who do not stutter.

   1. Some of these differences may reflect the underlying cause of stuttering, and some of these differences may reflect the consequences of living with stuttering
   2. Overall, these results suggest that we should look at children's overall development when seeking to understand the underlying cause(s) of stuttering.

B. Which Aspects of a Child's Development Should We Consider?

1. Research has highlight three key aspects of a child's development that may be involved in the onset and development of stuttering:
   a) Language abilities (for planning messages)
   b) Motor abilities (for producing messages)
   c) Temperament (for reacting to and regulating any difficulties that arise)

2. Why these aspects? The answer comes from the way disfluencies arise in communication.

C. Planning and Producing Utterances Is Complicated

1. Most theories describe a set of related modules or stages where messages are built up through a series of interacting processes.
   a) First, we plan the content of our message.
   b) Then, we select words for that content (semantics).
   c) Then, we build those words out of their component parts (morphology).
   d) Then, we put the words in the right order (syntax).
   e) And so on…

2. Mistakes Sometimes Happen

   a) These steps can be viewed as stages along a complicated assembly line, where each stages is dependent upon the correct execution of all of the prior stages.
   b) If there is a mistake in one stage, it will affect every other stage down the line, and ultimately, the output will be disrupted.
   c) In fact, we even have monitors built in to the system to check to see if errors are occurring and to correct them when they do.

3. Speech disfluencies represent disruptions in the planning or production process – that is, mistakes we make when building messages.

   a) If a monitor notices a mistake, it stops the assembly line so the error can be corrected.
   b) Sometimes, errors may take the form of a "delay" – a moment when the speaker knows what he wants to say (concept), but isn't ready to actually say it yet.
   c) Either way, the result is a speech disfluency.

4. Add in the Child's Temperament: Current studies show that at least some children who stutter may be different from other children in terms of their temperament.
   a) They may be more likely to react to any difficulties they experience with fluency.
   b) They may have more difficulty regulating their emotional reactions.
   c) As a result, when they produce disfluencies, they are more likely to react negatively!

D. So remind me… What Causes Stuttering? Stuttering arises due to an interaction among several factors that are affected by both the child's genes and the child's environment

1. Language Skills for formulating messages
2. Motor Skills for producing rapid and precise speech
3. Temperament for reacting to/regulating disruptions
4. An interaction among these factors contributes to the likelihood that the child will produce speech disfluencies and react to them

E. How Do These Factors Relate to the Diagnostic Evaluation?

1. During our evaluation, we will assess the child's language skills, motor skills, and temperament to see if these factors are contributing to the production of disfluencies
   a) You already know how to assess language skills, motor skills, speech sound development, etc.
   b) Even if you have not used formal tests of temperament before, you can still assess reactivity and regulation ability through observation and parent interview

2. What are we looking for in the child?

   a) A mismatch between Language Skills and Motor Skills (any type of mismatch)
      (1) Advanced language skills & typical/lower motor skills
      (2) Advanced motor skills & typical/lower language skills
      (3) And…anything in between
      If you see a mismatch in the child's language and motor skills, this counts as a risk factor.

   b) A sensitive or highly reactive Temperament.
      If the child is reactive or has difficulty regulating emotions, this counts as a risk factor

V. What about other risk factors?

A. Stuttering Is Genetic

1. Stuttering runs in families – if you have one person in a family who stutters, chances are 60-70% that you will find another person in the family who also stutters.
   a) **If the child has a positive family history of stuttering, this counts as a risk factor!**

2. Girls are more likely to recover than boys.
   a) **If the child is a boy, he is more likely to continue stuttering and this counts as a risk factor!**

B. The Environment Still Plays a Role.

1. The diagnosogenic theory suggested that parents caused stuttering, but we know today that this is not true. The child's environment does not count as a risk factor…
   a) Still, the environment does play a role in the child's experience of stuttering!
   b) We can still look toward the environment as contributing to a possible increase in stuttering.

2. What are we looking for in the environment? An advanced communication model.

   a) This does not cause stuttering, but it can make it harder for the child to communicate successfully, so **this counts as a risk factor.**
   b) Children are more likely to stutter on longer, more complicated utterances (adult language model)
   c) Severity is related to dyadic speaking rate (the difference between the parent's and child's rate)

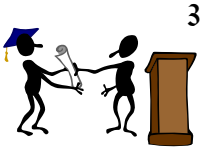
3. We are also looking for strong (fearful, anxious) reactions to stuttering by the parents or others
   a) This does not cause stuttering, but it may convey that stuttering should be feared **(Thus, it counts as a risk factor).**

C. Most Children Recover…But Not All (Approximately 75% of children who stutter recover!)

1. Most do so within the first 6 to 12 months. After that, even though some can recover 2, 3, or even 4 years post-onset, the chances of recovery diminish.
2. The longer the child stutters (i.e., the greater the time since the onset of stuttering), the less likely his is to completely recover.
3. **Longer time since onset counts as a risk factor.** (Longer than what? The field does not agree.)

VI. Summary of Risk Factors

A. Positive family history of stuttering
B. Time since onset > X months (Exactly how long is still under debate – I use 6 months)
C. Child has language / motor mismatch.
D. Child has concomitant speech/language disorders (Indicates a fragile language or motor systems.)
E. Child is highly reactive to mistakes or disfluencies (Esp. if the child is concerned about stuttering)
F. Parental reactions are negative or fearful
G. Again, notice what's missing…
    1. I did not mention the frequency of speech disfluencies exhibited by the child.
    2. In fact, the frequency of disfluencies tell us relatively little about whether the child is likely to recover from stuttering
        a) Some children who stutter severely can still make a complete recovery, while others who stutter mildly may still be at risk for chronic stuttering!
        b) "Initial severity does not predict chronicity."
    3. Still, everybody will ask you how much the child stutters…



        a) So, you still need to make accurate and reliable counts of stuttering frequency and severity.
        b) I have a CE courses on measurement available online at www.MedBridgeEducation.com

VII. A Final Word on Risk Factors

A. Remember that these risk factors are not definite determiners of who will continue to stutter (or who will need treatment); they are simply predictions based on presumed likelihood.
    1. Even children with family history can recover!

B. Still, by considering these factors in our diagnostic evaluation, we can make a reasonable prediction about whether the child is likely to recover on his own – and if he is not, we can feel more confident recommending treatment.

C. To gain a full understanding of these risk factors, our evaluation will include:
    1. **Parent Interview**: Family history, temperament, parent's observations of stuttering in other settings, time since onset
    2. **Observation of Child**: Surface behaviors of stuttering in clinical setting, reactivity and regulation
    3. **Speech/Language/Motor/Temperament Testing**: Language/Motor Mismatch, Reactive Temperament Presence of Concomitant Disorders

VIII. Summary of the Diagnostic Evaluation

A. The purpose of the evaluation is to determine whether the child needs treatment, based on his presumed risk for continuing to stutter.

B. The more at risk the child is, the more likely he is to need treatment!

C. This does not mean that everybody receives the same treatment – we can scale our treatment based on the perceived level of risk!

Part IV: A Family-Focused Treatment Approach for Preschool Children Who Stutter

I. What's the Primary GOAL of Treatment for Preschool Children?

A. To Help Them Speak More Fluently! (i.e., to eliminate the stuttering)

B. How Do We Do That? "There's more than one way… …to skin a cat"

II. Treating Preschool Children Who Stutter – the OLD Way

A. Historically, treatment for preschool children who stutter has been indirect, based on the (incorrect) diagnosogenic theory

B. No specific instructions were provided to the child about how to modify his speech or improve his speech fluency

C. In fact, no mention of speech was made at all, for fear that the child would "get worse" or "become aware of his stuttering"

D. This is old news! Times have changed!

III. Treating Preschool Children Who Stutter – Some NEW Ways

A. Over the past 15 to 20 years, researchers and clinicians have moved toward providing direct treatment for preschool stuttering

1. Direct treatment of speech fluency through:
   a) Establishment of fluency-facilitating environment
   b) Direct discussion of stuttering to ensure development of healthy, appropriate communication attitudes
   c) Modification to the child's speech to enhance fluency
2. Operant correction of stuttered speech and praise for fluent speech (e.g., Lidcombe program)

B. This workshop presents the **Family-Focused Treatment** approach

1. For young children who stutter, the first goal of therapy is to improve their fluency
2. Still, our therapy is not focused entirely or exclusively on fluency
   a) We also work to ensure that children develop effective communication skills
   b) And, all along the way, we want to ensure that children develop appropriate attitudes toward their speaking and stuttering
3. Fortunately, we have several effective tools to help us accomplish these broad goals!

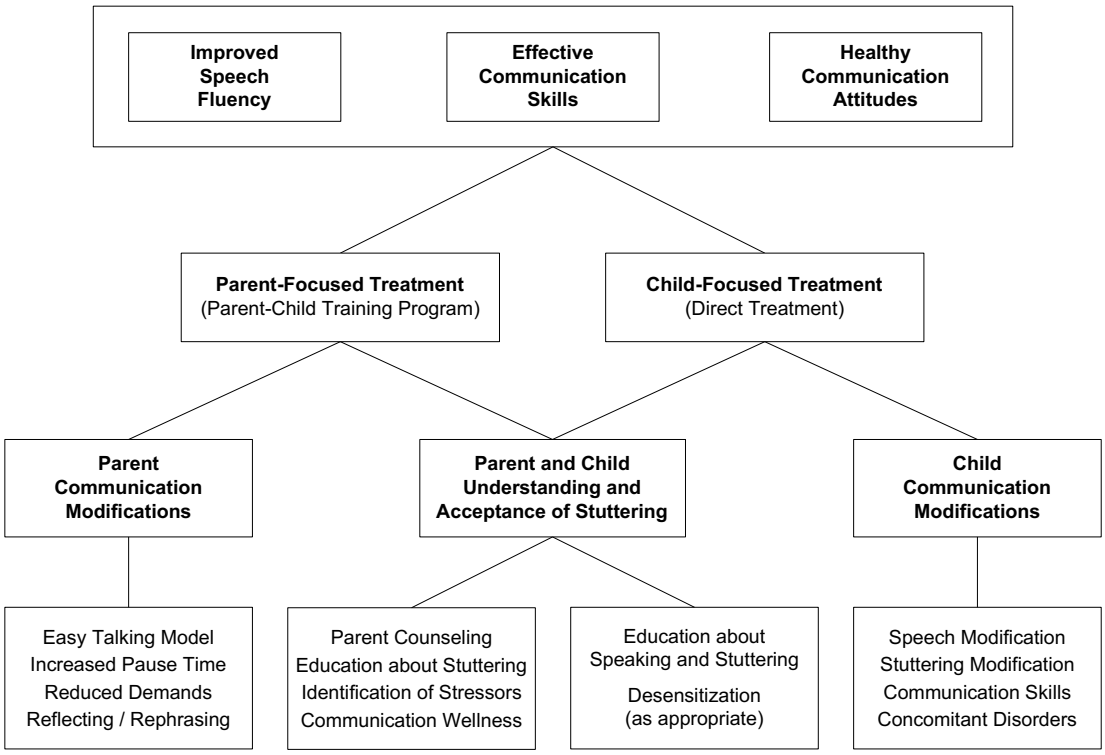
IV. Flexible Administration.

A. Components are described sequentially (i.e., parent-focused before child-focused)

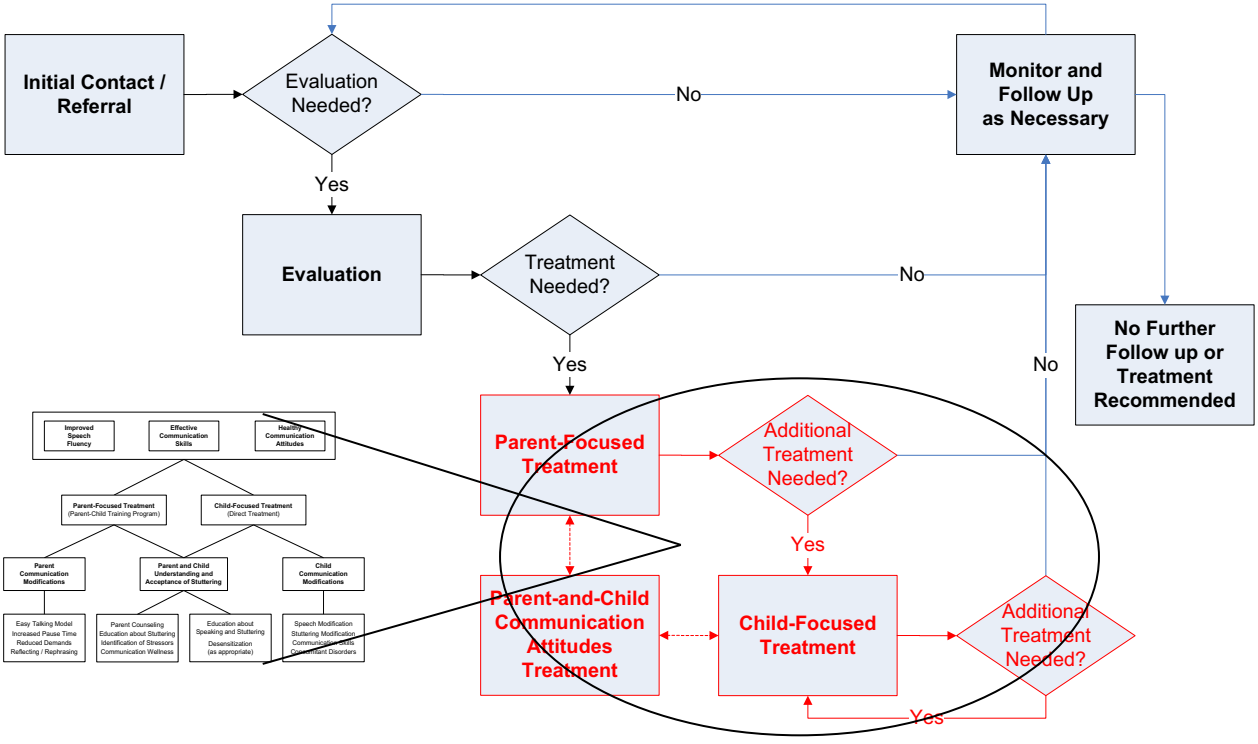
B. Still, the components can be administered in any order –even simultaneously – depending upon the needs of the child and family.

1. If you can, work with the family first because it helps for you to have an ally at home.
2. If you can't work with the family, skip that part and move right on to the child-focused treatment.

V. A Family-Focused Treatment Approach for Preschool Children Who Stutter (from Yaruss, Coleman, & Hammer, 2006)



VI. Family-Focused Treatment in the Context of our Flow Diagram



Part IVa: Parent-Focused Treatment

I. Treatment Goal #1: Educate the Parents

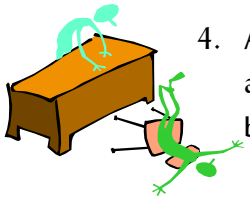
A. Goal: Parents will (continue to) receive provide information and support as they learn about stuttering and how they can help their child.

B. Procedure: The parents and clinician will…

1. continue discussions started at the initial contact or diagnostic evaluation so the parents will have a greater understanding of stuttering.
2. discuss information as needed so the parents are ready to assume the role of "home clinician."

C. Treatment Activity #1a: Meet the Parents

1. Meet with the parents (by phone, email, or in-person) to give them the opportunity to share their concerns about their child's speech.
2. Listen to them – use your best counseling skills and try not to simply provide information.
3. Provide the parents with information – as needed – about stuttering and stuttering therapy



4. Answer their questions but don't overwhelm them–too much information at once can be confusing.
   a) Remember that counseling ≠ informing, so watch out for too much informing
   b) We do need to provide information, but don't bowl them over with too many facts and try not to be too directive in treatment

D. Treatment Activity #1b: Educate the Parents

1. If parents are going to be helpful partners in therapy, they need to be able to listen – both to how the child is speaking and to what he is saying – and they need to know what to listen for.
2. Make sure the parents are aware of the differences between disfluency types.
3. Introduce a home charting exercise in which the parents listen to several aspects of the child's conversational speech (not just fluency).
4. The home charting exercise increases parents' awareness of situational factors that affect fluency and their reactions and the child's reactions to stuttering
   a) It also helps parents focus their energy on helping the child rather than worrying.
   b) And, it gives us the opportunity to assess parents' commitment to treatment early in the process.
   c) If parents don't complete the assignment, then we need to think about how much we can rely on them to make changes to their communication style.
   d) The purpose is NOT for the parents to simply keep track of how many times the child stutters

E. Treatment Activity #1c: Support the Parents

1. Give parents information about support organizations, such as the SFA, NSA, and Friends.
   a) We cannot always give parents as much time or support as we like or as they may need.
   b) Stuttering support organizations "expand our reach" and give the parents the help they need.
2. Prepare parents for their role as "home clinician" by explaining to them that they can help their child speak more fluently.

II. Treatment Goal #2: Identify Fluency Stressors

A. Goal: The parents will identify factors (fluency stressors) that make it more difficult for their child to maintain fluency.

B. Procedure: The parents will

1. Learn about the "bucket analogy" so they can understand the role of stressors.
2. Complete the "stressor inventories" so they will see what "adds water to the bucket"

C. Treatment Activity #2a: The Bucket Analogy

1. Introduce the bucket analogy to show parents that stuttering is affected by many factors (i.e., is "multifactorial" in nature).
   a) Explain that different factors add water to the child's bucket and if the bucket gets too full, then it is more likely that the child will stutter in that situation.
   b) Explain that the purpose of treatment (esp. in the early stages) is to reduce water in the bucket.
2. Help them think about what adds water to their child's bucket – and how it can be reduced.

D. Treatment Activity #2b: The Stressor Inventories

1. Possible Stressors In The Child
   a) Is sensitive (reacts strongly to life experiences) or has an "intense" personality.
   b) Tends to be a perfectionist or becomes easily frustrated/upset.
   c) Is highly competitive with others.
   d) Demonstrates performance anxiety or fears about speaking.
   e) Becomes more disfluent when tired or ill.
   f) Exhibits other speech/language or communication difficulties.
   g) Has family members or other relatives who have stuttered or who currently stutter. (Note: This item refers to the fact that stuttering runs in families, due to genetic factors)
   h) NOTE THAT THESE DO NOT CAUSE STUTTERING BUT THEY MAY CONTRIBUTE TO DISFLUENCY
2. Possible Stressors In Environment
   a) Experiences hectic daily routines at home or in other settings.
   b) Faces intense sibling rivalry or competition for talking time.
   c) Has limited opportunities for free time or quiet time.
   d) Shares communication environment with others who talk fast or interrupt frequently.
   e) Has experienced stressful life situations (divorce, death, etc.).
   f) Experiences high expectations imposed by others (family members, teachers, etc.)
   g) NOTE THAT THESE DO NOT CAUSE STUTTERING BUT THEY MAY CONTRIBUTE TO DISFLUENCY

E. Treatment Activity #2c: Interpreting Stressor Inventories

1. Help parents understand that the goal is not to change the child's personality, but to identify those factors that are contributing to the child's overall communication difficulty.
   a) Keep in mind…some parents may be reluctant to identify stressors in the environment.
2. Have both parents complete the inventories separately then compare them.
   a) Give parents the change to brainstorm ways to minimize personal and environmental stressors.

III. Treatment Goal #3: Introduce the Concept of a "Fluency-Facilitating Environment"

A. Goal: Parents will understand the value of making changes in their own communication style (a "fluency-facilitating environment") to help their child speak more fluently.

B. Procedure: Parents and clinicians will…

1. Review "stressor inventories" and bucket analogy to see what stressors can be diminished.
2. Consider changes to the parents' communication style that may enhance the child's fluency.

C. Treatment Activity #3a: Brainstorm about Stressor Reduction

1. Review the stressor inventories with the parents and ask if they think any of those stressors can be reduced.
   a) Emphasize that not all stressors can be reduced.
   b) More importantly, not all stressors need to be reduced.
2. Explain the rationale for treatment: If we can lower the water level in the bucket just a little bit, this may be enough to help the child increase his speech fluency.
3. Review the bucket analogy to show the parents that we have more control over some factors but less control over others.
   a) We can't easily change the genetic component of stuttering, temperament, family conflicts, etc…
   b) We can help the parents reduce time pressures the child experiences in key situations
4. Help the parents see that we are going to work on changing the things we can change.

D. Treatment Activity #3b: The Fluency-Facilitating Environment

1. Explain that children often speak more fluently when time pressures are reduced.
   a) Many of the factors that "add water to the bucket" are actually increases in time pressure.
   b) While time pressure does not create stuttering, it can make it harder to maintain fluency.
   c) If the parents can reduce time pressures, then the child may be able to speak more easily (and more fluently) in certain situations.
2. Identify specific aspects of the family's communication interaction that increase time pressure.
   a) Fast speaking rates
   b) Minimal pause times (response latencies)
   c) "Simultalk" (two people talking at once)
   d) Rapid-fire questioning
3. Show that if the family reduces these time pressures, it can increase the child's fluency.

E. Parents can change their speech patterns to help the child achieve more fluent speech, e.g.:

1. Slower speaking rate (n o t t o o s l o w!)
2. Easier interaction style (Increased pausing both within and between utterances)
3. Less hurried daily pace / lifestyle (*be careful with this one*)
   (Less hectic scheduling of daily life activities; one-on-one time with the child)

F. Remind the parents that the rationale for these changes is not because the parents caused stuttering by "talking too fast" or "putting too much pressure" on the child.

1. These are not causal factors –they are factors that make it harder for the child who already stutters to maintain fluency in certain situations.
2. To repeat: The parents are not the cause of stuttering!

G. Finally, explain that we do not expect the child to slow his rate – only to increase his fluency.

1. Focus On The Parents' Communication Style… and the Child's Fluency
   a) Children do not slow when parents slow, and they do not pause when the parents pause.
   b) Improvements in fluency are not related to changes in the child's speaking style…
   c) Children just tend to become more fluent when parents change their speaking style.
2. Why does it work? Nobody performs at their best when under pressure to act too quickly.

IV. Treatment Goal #4: Teach the Parents to Provide a "Fluency-Facilitating Environment"

A. Goal: Parents will learn how to provide a fluency-facilitating environment for their child.

B. Procedure: The clinician will…

1. Model communication changes for the parents
2. Give parents the opportunity to practice, both in the therapy room and outside the therapy room (at home and in other settings).

C. Structure of the Training Sessions

1. Model the target strategy with the child while the parents observe.
2. Give one parent the opportunity to interact with child using the target strategy.
3. Give feedback about the parents' use of strategies and the impact those strategies had on the child's fluency.
4. If possible, give the other parent the opportunity to practice and receive feedback.

D. "Don't overdo it."

1. Some parents feel desperate to help their children, so they approach these modifications with a little too much enthusiasm.
2. Others feel overwhelmed or uncertain about whether they can do what needs to be done.
3. Either way, you can help by telling them not to overuse these strategies.
4. They can begin by practicing 5 minutes per day, then move toward using strategies on an "as needed" basis (i.e., when the bucket overflows).

E. Examples of Communication Modifications

1. Reducing parents' speaking rates slightly (i.e., using an "Easy Talking" model)
2. Reducing time pressures (also called "delaying response" or, simply, "pausing")
3. Reducing demand for talking (if demand is high)
4. Modifying questioning (if and only if necessary)
5. Providing a supportive environment for both fluent and stuttered communication

F. Treatment Activity #4a: Easy Talking Model

1. Teach parents to use a slightly smoother, slightly slower speaking rate that allows them to reduce time pressures while still maintaining their speech naturalness.
2. Speech should be slower than the parents' habitual rate, but not too slow, choppy, or robot-like.
3. Introduce "phrased speech" and pausing as a preferred way to reduce speaking rate.
4. Phrased speech includes pauses at phrase breaks, rather than s t r e t c h i n g o u t s o u n d s .

G. Treatment Activity #4b: Reduce Time Pressure

1. Teach parents to consider the time pressures in their communication (and their lives as a whole).
2. Give them the chance to brainstorm about ways to minimize time pressures where possible.
   a) Explain that they cannot possibly eliminate all time pressures – and that the child will need to learn to cope with time pressure during his life.
   b) Be careful not to increase parental feelings of guilt!
   c) The goal is just to change what can be changed to see if this enhances the child's speech fluency.

H. Treatment Activity #4c: Reduce Speaking Demands

1. IF parents are requiring a child to speak in a certain way or at a certain time, explain that it is okay for the child to choose not to talk sometimes if he does not feel like it.
   a) Reciting speeches or nursery rhymes, saying please and thank-you, or sometimes, even saying hello, can put a lot of pressure on a child.
   b) The child will still learn these social niceties in time. In the meanwhile, parents can reduce demands by letting the child choose when and where he talks.
   c) (If the child were older, we would worry about avoidance… for now, that's less of an issue.)

I. Treatment Activity #4d: Modify Questioning

1. IF a parent uses frequent, rapid questions, and IF this cause problems for the child… THEN teach parents to to COMMENT rather than QUESTION
   a) "I wonder…" c. "I bet…" e. "Maybe…"
   b) "I think…" d. "I guess…" f. "It looks like…"
2. Teach parents that they should not simply eliminate all questioning

J. Treatment Activity #4e: Provide A Supportive Environment

1. Teach parents to reflect back to the child what they hear using their easy talking model.
   a) Gives child opportunity to hear what he or she said in an easier, more relaxed way .
   b) Gives parents the opportunity to provide an appropriate language/articulation model
2. (Note: This is similar to the "active listening" strategy that clinicians use in counseling.)
   a) Listener reflects and expands upon speaker's utterance, but adds modeling of easy talking.

V. How Can We Help Parents Do All These Things?? (and do them consistently)

A. "Parent-Child Training Program" -- A 6-to-8 session treatment program in which we address the 4 key goals presented thus far.

1. **2 to 4 parent-only sessions** for counseling and education (expanding upon the process started at the initial contact and covering Goals 1 and 2).
2. **3 parent-child sessions** when parents learn and practice fluency-facilitating communication modifications (covering Goals 3 and 4).
3. **1 to 2 review and problem-solving** sessions where the need for further treatment is assessed.

B. Flexibility Is the Key. Although the parent-child training program was developed around a 6-to-8 session model, it does not have to be administered that way.

1. The basic structure of counseling, training, and follow-up is the key – each component can take as many sessions as necessary, depending upon the family's needs and your work setting.
2. Regardless of how you administer treatment, make sure the parents know what strategies to use and how to use them so they can successfully implement treatment at home and in other settings.

Part IVb: Focusing on Parent and Child Acceptance

I. Is It REALLY Okay To Talk About Stuttering ?!?

A. YES! Talking about stuttering (in a supportive way) will not make stuttering worse.

One treatment approach (the Lidcombe Programme) even teaches parents to point out disfluencies in a child's speech and ask them to say the words again smoothly, without "bumps."

B. It's even okay to say the "S" word: "Always use the proper name for things. Fear of a name increases fear of the thing itself."

II. Treatment Goal #5: Talk to the Child about Talking

A. Goal: Parents will create an environment where stuttering is viewed in a straight-forward, matter-of-fact manner, so it is nothing to fear.

B. Procedure: The clinician help parents learn to…

1. Model appropriate attitudes toward the child's speaking abilities and stuttering behaviors
2. Respond to stuttering in a supportive manner
3. Talk directly to children about stuttering

C. Treatment Activity #5a: Model Appropriate Reactions

1. Help parents recognize that their reactions to stuttering – and the words they use to refer to stuttering – can affect how the child reacts.
   a) Do they say the child is "having a bad day" or is "terrible" when he is stuttering?
   b) Think about the message that sends to the child!
2. Encourage parents to use more descriptive (not judgmental) terms to refer to stuttering.
   a) "He stuttered a lot today."
   b) "Today is just a 'stutter-y' day."
   c) "Talking was a bit harder today than some times."

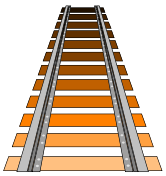
D. Treatment Activity #5b: Respond in a Supportive Manner

1. Help the parents see that their response to stuttering is probably different from their response to other "mistakes" the child makes
   a) Ask them to think about how they respond when he:
      (1) …colors outside the lines
      (2) …spills his milk or gets food on his shirt
      (3) …trips will going up and down the stairs
      (4) …Falls down while learning to ride his tricycle

   b) They probably do not try to "ignore it" for fear of drawing attention to the child's mistake!
2. Encourage the parents to respond to stuttering the same way they respond to any other difficulty the child is having.
3. What do they do when he colors outside the lines?
   a) They acknowledge the problem: "Yes, I see you colored outside the lines a little."
   b) They let the child know he is okay. "That's okay. Coloring outside the lines is part of learning."
   c) They refocus his attention on the task at hand: "I really like the picture you drew…"

E. <u>Treatment Activity #5c:</u> Talk to the Child about Stuttering

1. Give parents permission to talk about talking.
2. Introduce a vocabulary to help parents and children talk openly about stuttering.
   a) Use analogies to refer to different disfluency types
      (1) Repetition: "going over railroad"
      (2) Prolongation: "going over a bridge"
      (3) Block: "hitting a brick wall"



   b) Use analogies to refer to different speaking styles
      (1) Faster speech: "Rabbit speech"
      (2) Slower speech: "Turtle speech" or, perhaps better, just "Easy Talking"

F. <u>Treatment Activity #5d:</u> Again, don't overdo it

1. Remind parents that they don't talk about coloring outside the lines all the time.
   a) They simply acknowledge when it happens so the child will not become concerned.
   b) They should do the same with stuttering.
2. Explain that we only need to respond to the child's concerns.
   a) If he is completely unaware of and unconcerned about stuttering, there is no need to bring it up.
   b) If he is aware or concerned, we can help to prevent the development of fear.

III. <u>Treatment Goal #6:</u> Addressing More "Big Fears"

A. <u>Goal:</u> Parents will develop the tools they need to help their children overcome their own fears and concerns about stuttering.

B. <u>Procedure:</u> The clinician will…

1. Listen to the parents' concerns about how they should respond to their children's fears.
2. Give parents concrete suggestions about what they can say when their children express their fears.

IV. *"What do I do if my child gets really stuck on words?"*

A. Getting really stuck is one of the most difficult aspects of stuttering.
   1. It is hard for parents to watch children struggle
   2. It is hard for children to experience times when they can't get their mouth to do what they want it to do.

B. Some parents are reluctant to acknowledge their children's speaking difficulties because they are afraid to draw attention to the stuttering.

1. While these concerns are understandable, it is actually better to let the child know that you understand when he has had a difficult time getting a word out.

C. Occasionally Acknowledge the Child's Difficulty

1. It is better to acknowledge a tense moment of stuttering than to leave that awkward silence when the child may be wondering if anybody heard the stutter and worrying about what to do next.
2. This is particularly true if the child is aware of stuttering and is struggling to get his words out.
3. Tension and struggle are actually indicators that the child is aware of stuttering and trying to do something—anything—to get "un-stuck."

D. Acknowledge the Stuttering in a Supportive Way

1. Rather than allowing the embarrassment and uncertainty to grow, parents can acknowledge the difficulty by saying:
   a) "That was a hard one, wasn't it? I'm glad you said what you wanted to say anyway."
   b) "I am interested in what you are saying, and I'm glad you kept going even though it was hard."
2. Such statements acknowledge stuttering in a supportive way and help the child learn that it is okay to stutter -- communicating is more important than just being fluent.

E. Treat Stuttering Like Other Behaviors

1. Parents may be afraid to talk about stuttering for fear of making the child more sensitive.
   a) For some reason, the same does not seem to be true for other skills the child is learning.
2. Children often make mistakes when learning to color, to write, or to ride a tricycle.
   a) If a child colors outside the lines or falls down while learning to ride a tricycle, parents don't avoid commenting because they are afraid of drawing attention to a child's "mistake."

F. Help the Child Understand What Happened

1. Instead, they help the child understand what has happened so he can learn to accept it.
   a) "It's okay, I sometimes color outside the lines too"
   b) "When I was learning to ride, I fell down all the time."
2. This helps the child see that his experiences are normal and acceptable, and this reduces the likelihood that the child will develop unnecessary fears about riding, or coloring.
   a) Imagine what a child would think if he thought he always had to color inside the lines!

G. Don't Talk about Speech All the Time

1. This does not mean that parents should constantly be talking about stuttering or drawing attention to stuttering as a way of improving fluency.
2. Instead, parents should be sure that the loving, supportive environment they provide for their child's overall development also extends to their child's speech, language, and fluency.
   a) Help them view stuttering as "talking outside the lines" or "falling down while talking" – not something to be talked about constantly, but occasionally acknowledged and accepted.

V. *"What can I do if my child asks, 'Why can't I talk?'"*

A. Not surprisingly, children may wonder why they are having difficulty talking.

1. They may ask their parents why they can't talk or why their words get stuck sometimes.
2. This can be alarming for parents, who may assume their child must be very worried about speech if he brought it up.
3. While this may be true, it is not always the case – sometimes children ask about their speech simply out of curiosity rather than out of fear.

B. Stuttering Can Be Very Confusing

1. Stuttering can be confusing for a child–sometimes his speech works and other times it doesn't!
   a) *It is only natural for a child to wonder about this.*
2. Asking "why doesn't my speech work?" is like asking "why doesn't my shoelace stay tied?"
   a) Treat this like an observation more than a fear and respond in a matter-of-fact, accepting way.
   b) This gives the parents the chance to (a) educate the child about stuttering and (b) help him learn that stuttering is nothing to fear.

C. Say Something Like This

1. "Sometimes when children are learning to talk, the words might come out a little bumpy, 'like, like, like this.' It's okay when this happens, and you don't have to be afraid. It's just part of learning how to talk. When that happens, go ahead and say what you want to say, even if it is a little bumpy. I'm very interested in hearing what you have to say, and it's okay with me if there are some bumps in it."
2. Of course, they don't have to say all of this every time, but this is the message we want to convey.

D. Children May Ask Out of Fear

1. Sometimes, children will ask about their speech out of fear or frustration.
   a) As they get older, children may become increasingly aware of and concerned about their stuttering, and we must not brush these fears aside.
2. Help parents respond directly to the child's fears and offer hope for the future.
   a) "I know it can be hard to talk sometimes. That's just part of learning. Over time, it will get easier to talk. For now, just keep talking anyway because I'm interested in what you have to say."

VI. *"My Child Won't Talk!"*

1. Sometimes, children's concerns about their speech become so strong that they may refuse to talk.
2. In general, I prefer not to force a child to talk in a situation if that causes them fear.
   a) Increased speaking pressures can make it even harder for the child to communicate successfully.
3. Still, we don't want the child to learn that it's easier not to talk than to face fears about stuttering, so we want to approach this situation carefully.

B. Give the Child Time To Adjust

1. Help the parents remember that children's feelings about stuttering change over time.
    a) Just because a child may be afraid to talk in some situations right now does not mean that he will always have this fear.
2. By giving the child time to adjust to difficult new situations, we can reduce his immediate fears and let him know that he has a choice about communicating.

C. Find Out the Source of the Fear

1. Try to discover the source of the fear.
    a) Is it general shyness, or is the child specifically concerned about stuttering in that situation?
    b) If it is stuttering, help the child understand that it is okay to stutter, and that it is okay for some situations to be harder than others.
2. By acknowledging the child's feelings (rather than forcing him to talk when he is not ready) we can minimize the likelihood that he will develop even stronger negative reactions to stuttering.

VII. *"My Child Is Upset!"*

A. Understandably, it can be very troubling for parents when their child is upset.

B. They may feel like they need to "fix" the problem right away.
1. Help parents learn that it is normal for the child to feel upset about stuttering.
2. Reinforce for them that they do NOT have to fix the problem right away.
3. Sometimes, it is okay for the child to feel his feelings and learn how to deal with them over time.

C. Responding to the Child

1. If a child comes home upset about his speech, acknowledge his feelings and listen to his concerns. Let him know it is okay to be upset about things that bother him and that sometimes, we experience things in life that are difficult.
2. Keep in mind you don't have to solve his problems or make him feel better about speech right away. Instead, listen to his concerns. Let him know that you understand and that you accept and love him regardless of the stuttering.

D. Encourage Parents Not to Over-React

1. Finally, although we want to respect children's feelings and respond appropriately to them, it is also okay to remember that children do not feel things with the same depth as adults can.
    a) For children, things that seem devastating one day may be completely forgotten the next.
2. Help parents learn to respond (and not overreact) when their child is upset about speech.
    a) Acknowledge the child's feelings, then help him move on – there is no need to keep bringing it up.

VIII. *"What can I do if somebody says she talks 'weird?'"*

A. Although this sounds mean, it may just reflect the fact that the person doesn't know anything about stuttering.

1. When children (or adults) see or hear something that is different, they may react by thinking that it is weird or strange, rather than just different.
2. Teach the parents to respond as if the person used the word "different" instead of weird.
3. Then, they can use this as an opportunity to educate the other person about stuttering.

B. Educate People about Stuttering

1. Rather than reacting negatively or saying "don't call it weird," parents can say, in a matter-of-fact and straightforward way:

> *"Oh yes, did you notice that he stutters sometimes? Stuttering is just something that some young children do when they are learning to talk. We have been working with a speech therapist to help him learn to talk a little easier."*

2. This helps to defuse the situation and provides needed education about the nature of stuttering.

C. Provide Helpful Suggestions

1. Depending upon the age of the person who made the comment, parents can suggest better ways of responding to stuttering.
2. For example, they can say: "Sometimes when people stutter, they just need a little more time to get their words out. The best thing you can do to help is just give them the time they need."
3. Again, this provides needed education and helps to normalize the child's experiences while reducing negative reactions.

Part IVc: Child-Focused Treatment

I. First, Decide If It's Necessary

A. For many children, this is all you need to do.

1. 67% of the children in the Yaruss et al. (2006) study recovered completely following just the 6- to 8-session parent-child training program.
   a) This included the parent-focused treatment AND the attitudinal work described thus far.
2. The remaining 33% needed additional treatment. (Some just a few sessions; some more.)

B. So, the next step is to determine whether additional treatment is needed.

C. The Key Decision…How long should I try this before "giving up" and trying something else?

1. I *rarely* stay only with parent-focused aspects of treatment for more than **3 months** (6 sessions, every other week).
2. If the child isn't better by then, ***move on!***

D. Child-Focused Treatment: Improving Fluency Directly

1. If the child continues to stutter following the use of the parent-focused treatment (and attitudinal work), then it is time to begin direct child-focused treatment.

2. At this point, the goal of treatment is actually the same as it is for older children who stutter
   a) To improve the child's fluency through direct modification of the child's communication skills
   b) To ensure that the child develops and maintains healthy, appropriate communication attitudes

E. Take it Step-by-Step:

1. In order for the child to be able to make changes in his speech, he will have to understand more about talking.

2. The problem is, he is still young, so he probably hasn't thought very deeply about how to talk!

F. To prepare him for being able to make changes in his speech, we will have to spend quite a bit of time "laying the foundation" for his ultimate ability to enhance his fluency.

II. Treatment Goal #7: Prepare the Foundation

A. Goal: The child will learn about speaking and stuttering so he will be prepared to make changes in his speech.

B. Procedure: The child will learn more about…
   1. How people talk (in general).
   2. What stuttering is and what happens when people stutter.
   3. Differences in speech production.

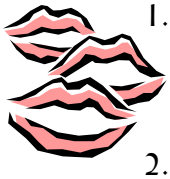
C. Treatment Activity #7a: Start with a Non-Speech Analogy

1. Ask the child "What parts of your body do you use when you walk?"
   a) H may not have an idea at first, but you can help him see that he needs his legs for walking.
   b) It is true that he needs other parts of his body, but for now, we can focus on just the legs.

2. Help the child learn that when he walks, he moves his legs around. Let him "play around" with moving his legs to move in different ways.

3. Show the parallel between moving his mouth for talking and moving his legs for walking.

D. Treatment Activity #7b: Teach the Child about Talking



1. Ask the child "What parts of your body do you use when you talk?"
   a) At first, he won't have an idea, but you can help him see that he needs his mouth for talking.
   b) It is true that he needs other parts of his body, but for now, we can focus on just the mouth.

2. Help the child learn that when he talks, he moves his mouth around.

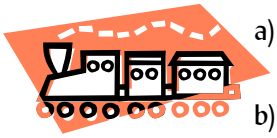
3. "Play around" with moving the mouth to make different sounds (even silly sounds) to show the role of the mouth in producing speech.

E. Treatment Activity #7c: Teach the Child about Stuttering

1. Say to the child, "Sometimes, when we're trying to talk, we might have trouble saying the sounds we want to say."
   a) You can also *ask* the child, "Do you ever have times when you have trouble getting words out?"
   b) Some children won't be able to answer this question, and if he says "no," you're stuck!
2. Instead, say, "Having trouble saying sounds or words is just a normal part of learning to talk."
   a) No need to go into more detail at this point – there will be time for more detail later.

F. Treatment Activity #7d: Explain **why** by introducing the **Train Analogy** and linking it to speaking

1. Explain the process of language planning and speech production to the child. Say:



   a) "Talking uses our brain is a lot of different ways – we have to think about what we want to say and how we want to say it, like what words we'll use.
   b) We also use our brains to figure out how to move our mouths so we can say the words we picked.
   c) There's so much going on in our brains that it's not surprising that sometimes we make mistakes.
   d) When that happens, our words might come out a little bumpy…it's just part of talking!"
2. All the parts of our brain that we use for talking are like the different parts of a train.
   a) In a train, each car has a job to do, but it needs all the cars to make it go.
      (1) The locomotive provides the power, the coal car provides the fuel, the passenger car holds people, etc.
      (2) If one part of train doesn't work just right, then the train won't be able to go – they'll have to slow the train down so that part can catch up!
   b) This is like our brain! When we talk, each part of our brain has a job to do, and we need all those parts in order to say what we want to say.
3. Explain that "sometimes, one of the parts of our brains that we use for speaking has a little more trouble than the other parts…"
   a) Maybe the part that needs to pick which words we're going to use needs a little extra time to pick the right words.
   b) When that happens, we may need to slow down our talking a little bit so that part can catch up!
   c) ***Note that we've just explained to the child the cause of stuttering and the reason for treatment!***

G. Treatment Activity #7e: Link Stuttering to Other Activities

1. Say, "Getting stuck when we're trying to talk is a lot like getting stuck when we're trying to walk!"

   a) Here, you can ask the child…
      (1) "Have you ever tripped when climbing the stairs?"
      (2) "Do you ever fall down when you're running?"

   b) Of course he does!
2. Say, "It's normal to trip sometimes when we're trying to walk. It's just part of learning."
   a) This helps the child make the link between difficulties with non-speech activities and difficulties with speaking.

H. Treatment Activity #7f: Explain that the Child CAN Change

1. Explain to the child that we can change the way we walk or talk or do anything.
   a) Ask him if he can run faster or slower sometimes…
   b) Ask him if he can talk louder or quieter sometimes…
   c) Ask him if he can talk faster or slower sometimes…
2. Introduce "too much, too little, just right"
   a) When a child runs, he doesn't just run "fast" or "slow" – he runs faster or slower.
   b) When a child talks, he doesn't just talk "fast" or "slow" – he talks faster or slower
   c) He can go "too fast," "too slow," or "just right"

I. Treatment Activity #7g: The Child Gets to Choose

1. Ask the child:
   a) When he is running, "who gets to choose" how fast he runs?
   b) When he is talking, "who gets to choose" how loud he talks? (at least when he is outside…)w
   c) When he is coloring, "who gets to choose" how fast he color?
   d) When he is talking, "who gets to choose" how fast he talks?
2. Help him that he gets to choose how he does things…not all things, but many things.
   a) Because he gets to choose, he also can make changes in things if he's having trouble with them.

III. Getting Ready to Use Techniques

A. Now that we've laid the foundation, we're ready to introduce techniques for enhancing fluency.

B. The problem is… the child is still very young!

1. There are a lot of different techniques and we don't want to confuse him with too much to do.
2. So, we need to think carefully about which techniques we'll use, why we'll use them, and how much we'll expect the child to do.

C. *Fortunately, most (all?) of the techniques for enhancing fluency involve changes to just two parameters:* ***timing*** *and* ***tension****.*

IV. Treatment Goal #8: Making Changes to Speech Timing

A. Goal: The child will demonstrate the ability to reduce his speaking rate to enhance his fluency.

B. Procedure: The child will:

1. Learn the difference between "too fast," "too slow," and "just right" speaking rate.
2. Practice using a speaking rate that is "just right" (i.e., slightly slower than his habitual rate).

C. Treatment Activity #8: Introduce "Just Right" Rate

1. Start with a nonspeech analogy and show the child how you can't perform as well if you try to go "too fast" or "too slowly."
   a) Running / walking / having a race / riding a bicycle
   b) Matchbox cars / Hotwheels
   c) Shooting baskets or throwing a frisbie
   d) Coloring or drawing or writing

2. Show the consequences of "too fast" or "too slow."
   a) If you try to run too fast, you're more likely to fall down.
   b) If you try to run too slowly, you won't win the race!
3. Show the child that all of these things can be done more easily if you use a rate that is "just right" – that is, somewhere in the middle.
4. Make it direct treatment by showing the child that he has the same difficulty if he tries to TALK too fast or too slowly.
   a) If he talks too fast or too slowly, he is more likely to have trouble saying what he wants to say.
   b) If he talks with a "just right" rate, it is much easier for him to say what he wants to say.
5. PRACTICE! Then Practice Some More…
   a) Learning to use a slightly slower rate (i.e., a rate that's "just right") takes a lot of practice.
   b) You will need to arrange many activities over time where the child can practice a slower rate.
   c) Use nonspeech analogies to reinforce the concept, then bring it back to speaking so he will understand the link between using the right rate and being able to do what you want to do.

V. Treatment Goal #9: Making Changes to Speech Tension

A. <u>Goal:</u> The child will demonstrate the ability to reduce physical tension in his speech mechanism in order to enhance his fluency.

B. <u>Procedure:</u> The child will:
   1. Learn the difference between "too tense," "too loose," and "just right."
   2. Practice using physical tension that is "just right" (i.e., slightly less tense than normal).

C. <u>Treatment Activity #9:</u> Introduce "Just Right" Tension

1. Start with a nonspeech analogy and show the child how you can't perform as well if you are "too tense" or "too loose."
   a) Running / walking / having a race / riding a bicycle
   b) Shooting baskets or throwing a frisbie
   c) Matchbox cars / Hotwheels
   d) Coloring or drawing or writing
2. Show consequences of "too tense" or "too loose."
   a) If you run with your muscles too tense, you're more likely to fall down (if you can move at all).
   b) If you run with your muscles too lose, you can't move!
3. Show the child that all of these things can be done more easily if you use tension that is "just right" – that is, somewhere in the middle.
4. Make it direct treatment by showing the child that he has the same difficulty if he tries to TALK too with too much or too little tension.
   a) If he talks with too much or too little tension, he will have trouble saying what he wants to say.
   b) If he talks with "just right" tension it is much easier for him to say what he wants to say.
5. PRACTICE! Then Practice Some More!
   a) Learning to use slightly less tension (i.e., tension that's "just right") takes a lot of practice.
   b) You will need to arrange many activities over time where the child can practice better tension.
   c) Use nonspeech analogies to reinforce the concept, then bring it back to speaking so he will understand the link between using the right amount of tension and doing what you want to do.

VI. Treatment Goal #10: Ensuring Healthy Attitudes

A. Goal: The child will (continue to) discuss stuttering in an open, matter-of-fact manner that reflects acceptance rather than fear.

B. Procedure: Even while talking about ways to enhance the child's fluency, the clinician will keep the child's and parent's focus on successful communication as the primary outcome of therapy.

C. Treatment Activity #10: Remember the Goal

1. When a child opens his mouth to talk, his goal is to communicate a message, not to be fluent. (The time may come when he starts to be more concerned about being fluent, but for now, we want to keep the child's focus on communication for as long as possible.
2. Help the parents create an environment in which the child is praised for his communication success (not just his fluency): ***What the child has to say is valuable and worthy – even if it sometimes comes out bumpy.***

D. Continue Monitoring and Follow Up as Necessary

VII. Summary of Family-Focused Treatment

A. **The Family-Focused Treatment Approach** help preschool children achieve and maintain normal speech fluency. Treatment involves parent-focused and child-focused that are designed to:
1. Help parents make communication modifications to indirectly facilitate children's fluent speech
2. Help parents and children develop and maintain healthy, appropriate communication attitudes
3. Help children make communication modifications to directly improve their speech fluency

VIII. Does it work?

A. Yaruss et al. (2006) present preliminary data
1. All 17 of the first 17 children enrolled in this program showed significant gains in fluency (and all but one reached normal fluency by the end of treatment)
2. Fluency improvements were maintained throughout long-term follow-up of more than 2 years

B. Many children (2/3) required only the parent-focused components of treatment
1. The other children also received child-focused treatment.
2. These programs ranged from just 3 sessions to a full year for one child.

C. Findings are similar to Millard et al.'s (2008) work on Parent-Child Interaction Therapy (PCIT)

IX. What if it doesn't work?

A. Stuttering can be very stubborn…sometimes children don't get better.

B. Fortunately, we still have many treatment options for school-age children.

X. Summary

A. The primary goal is to help preschool children eliminate their stuttering.
1. Although more needs to be done, there is at least preliminary evidence that this approach is effective

B. In addition to addressing fluency, treatment should ensure that the child develops appropriate communication attitudes so he does not struggle with his speech (and, in case he does continue stuttering and needs more advanced treatment)

Key Stuttering Organizations and Resources

I. Stuttering Foundation of America (SFA) - www.stutteringhelp.org -- (800) 992-9392
II. National Stuttering Association (NSA) - www.WeStutter.org -- (800) We Stutter (937 8888)
III. Friends: Association for Young People Who Stutter - www.friendswhostutter.org
IV. SAY: The Stuttering Association for the Young – www.say.org
V. American Board on Fluency and Fluency Disorders - www.StutteringSpecialists.org
VI. The Stuttering Home Page (www.stutteringhomepage.com)
VII. Stuttering Therapy Resources, Inc. (www.StutteringTherapyResources.com)

Some Helpful Resources and References

(This is just a selection. There are many resources available to help clinicians improve their confidence in helping people who stutter)

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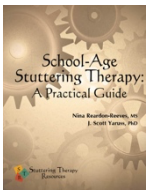

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