



Stuttering Center of Western Pennsylvania

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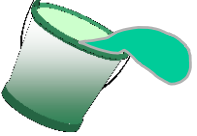
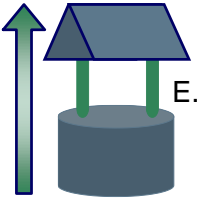
A Parent-Child Training Program for Preschool Children Who Stutter General Overview

- I. Purpose: To present a model for teaching parents to facilitate their children's development of normal fluency**
 - A. Based on reductions in interpersonal stressors and communicative stressors
 - B. Takes into account various aspects of the *child's personality* that may contribute to disfluency or stuttering
 - C. Can be adapted to a variety of settings

- II. Goals and Rationale for Treatment Program**
 - A. Overall goal of treatment for preschool children who stutter is to eliminate stuttering while supporting the child's language development
 - B. This treatment program focuses on one component of this overall goal... *parental facilitation and support of the child's speech fluency* in real-world situations
 - C. Therapy is based on common assumptions about factors that affect children's fluency
 1. Modifying aspects of the child's daily interactions will help the child achieve fluent speech in that speaking situation
 2. The more time a child spends speaking fluently, the less likely it is that the child will develop a chronic stuttering disorder

- III. General Structure of Treatment**
 - A. Treatment consists of:
 1. Two (to four) parent-only sessions for parental counseling and overview of treatment
 2. (Approximately) Four parent/child modeling sessions when parents learn modifications
 - B. Session numbers in this handout are just guidelines and can be adjusted as needed
 - C. Sessions can be scheduled weekly or every other week as appropriate for family
 - D. Treatment is administered by itself or prior to more direct intervention with the child or family

- IV. Session #1: Overview of Stuttering / Interpersonal Stressors**
 - A. Goals for Session #1
 1. Help parents understand the nature of stuttering and factors that affect their child's fluency
 2. Provide an overview of the treatment process and outlook for the future
 3. Begin the process of identifying *interpersonal stressors*

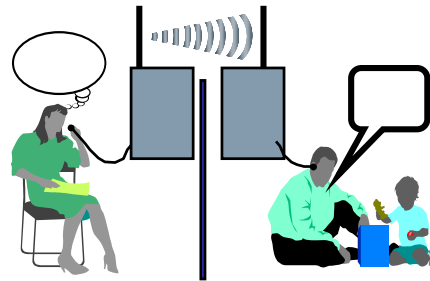
- B. **Stressor Inventory** Handout: Prior to discussion about modifying stressors, parents complete a stressor inventory that
1. Provides background about stressors within the child and within the child's environment that may contribute to the child's stuttering
 2. Allows parents to see how they compare in their view of the child
- C. **Bucket Analogy** Handout: Identifies factors that may be associated with stuttering
1. Purpose: Helps parents understand the multifactorial nature of stuttering
 2. Guidelines:
 - a) Note that factors interact
 - b) Begin at the bottom and work up
 - c) Identify factors we have *more* control over and factors we have *less* control over
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- D. Examining Stressors (can be completed during discussion of bucket analogy handout)
1. Compare inventories completed by both parents (may view situations differently)
 2. Focus on interpersonal stressors first (Establish need for additional counseling)
 3. Discuss ways to modify stressors (Parents take the lead in finding solutions)
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- E. **Communication "Wellness" Analogy** Handout
1. Purpose: Describes structure & flow of treatment
 2. Guidelines: Begin at the bottom and work up; Not all steps may be necessary
- F. **Types of Disfluencies** Handout
1. Helps parents learn to distinguish between different disfluency types
 2. Helps parents understand how to view progress during treatment
 3. Reduces misconception that stuttering is just repetitions and that prolongations are "better" than repetitions
- G. **Home Charting** Handout
1. Purpose: Increase parents' awareness of situational factors that affect fluency and their reactions to their child's stuttering
 - a) Helps parents focus their energy on helping the child rather than worrying
 - b) Gives opportunity to assess parents' commitment to treatment early in therapeutic process
 2. Guidelines (No "Aha!" moment expected—this is designed to help parents learn to listen)
 - a) Provide examples of successful charting (*see handout*)
 - b) Parents should bring completed chart to next treatment session
- H. Provide Supporting Literature
1. Rationale
 - a) Reassures parents that other parents have had similar concerns and questions
 - b) Provides concrete examples of ways parents can help their children
 - c) Gives additional opportunity to assess parents' commitment to treatment process
 2. Examples of supporting literature
 - a) Stuttering Foundation of America (SFA) (www.StutteringHelp.org)
 - (1) *Stuttering and Your Child: Questions & Answers*
 - (2) *If Your Child Stutters: A Guide for Parents*
 - b) National Stuttering Association (NSA) (www.WeStutter.org)
 - (1) *Young Children Who Stutter: Information and Support for Parents*
 - c) Stuttering Center of Western Pennsylvania (www.StutteringCenter.org)
 - (1) *Information for Parents of Young Children Who Stutter*
 - (2) *Suggestions for Families of Young Children Who Stutter*
 - (3) *Helping Children Who Stutter Develop Healthy Communication Attitudes*

V. Session #2: Overview of Fluency Enhancing Strategies

- A. Goals for Session #2
 1. Additional opportunity for counseling to address parents' concerns
 2. Further explore interpersonal stressors (when applicable)
 3. Begin the process of modifying communicative stressors
 4. Introduce next phase of treatment: parent/child modeling
- B. Guidelines for Session #2
 1. First, Review Info from Session 1 (e.g., home charting results)
 - a) Answer questions about booklets and supporting literature
 - b) Address parents' concerns about treatment and child's fluency
 2. Continue discussion of interpersonal stressors and modifications
- C. Next, introduce examples of strategies parents can use to enhance children's fluency and explain that strategies will be introduced *as needed* in the next 3 sessions
 1. Reducing their own speaking rates
 2. Reducing time pressures
 3. Reducing demand for talking
 4. Modifying questioning
 5. Reframing or reflecting and expanding the child's utterances
 6. Providing a supportive communicative environment

VI. Prepare for Parent-Child Modeling Sessions (Sessions 3-5)

- A. Provide overview of session flow (modeling, practice, feedback)
- B. Familiarize parents with wireless microphone system (if available)
- C. Briefly introduce **Easy Talking** as the first strategy to be addressed



VII. Easy Talking

- A. Goal: Help parents learn to use **Easy Talking**
 1. Slower than parents' habitual rate, but not *too* slow, choppy, or robot-like
 2. Introduce *phrased speech* as a preferred way to reduce speaking rate
 3. Explain that the goal for the parents' speaking rate is *somewhere in between* the rate they will practice in treatment and the rate they used before treatment
- B. Procedure: Model and Practice *Easy Talking*
 1. Clinician models **Easy Talking** with the child while parents observe
 2. One parent interacts with child while receiving real-time feedback
 3. If appropriate, other parent(s)/caregiver(s) practice while receiving real-time feedback
 4. Practice (modeling and feedback cycle) continues until caregivers express comfort using Easy Talking in the therapy setting
 5. During observations or following session, give parents **Easy Talking** handout and tips about what to watch for
- C. Prepare for next session
 1. Discuss upcoming session's focus on **Modified Questioning**
 2. Encourage parents to focus on child's overall communication success, not just fluency

VIII. **Reducing Time Pressure**

- A. Goal: Help parents become more aware of time pressures the child may experience when planning and producing speech
- B. Teach parents to limit verbal interruptions (see **Limiting Verbal Interruptions** handout) by listening to the child and introducing **brief pauses** following the child's utterances
- C. Model and practice limiting verbal interruptions

IX. **Modified Questioning**

- A. Goal: Help parents learn to modify questions to reduce demands on child
 - 1. Reduce number of direct questions in favor of more indirect comments
 - 2. Parents cannot (*and should not*) eliminate questions completely
 - a) Provide "cheat sheet" for various non-questioning starters
 - 3. "Non-Question Starters" (see **Modified Questioning** Handout)

a) I wonder...	c) I bet...	e) Maybe...
b) I think...	d) I guess	f) It looks like...
- B. Model & Practice Modified Questioning
 - 1. Clinician models **Modified Questioning** with the child while parents observe
 - 2. One parent interacts with child while receiving real-time feedback
 - 3. Second parent/caregiver interacts with child while receiving real-time feedback



X. **Reduplication and Rephrasing**

- A. Goal: Help parents learn to use the reduplication/ rephrasing strategy
 - 1. Child can hear what he or she said in an easier, more relaxed way
 - 2. Child knows that parents have heard what he or she said
 - 3. Gives parents the opportunity to provide a beneficial language/articulation model
- B. Ensure that parents reflect both fluent and disfluent utterances so child does not feel corrected only on utterances that contain stuttering

XI. **Session 6: Review All Strategies**

- A. Help parents incorporate all strategies into their interactions with child
 - 1. Provide a summary of all techniques used in treatment thus far
 - 2. Discuss need to follow through with techniques in home practice
 - 3. Discuss plan for future treatment as necessary
- B. Use **refresher** handout to help parents remember key strategies
 - 1. Use **Easy Talking** at slowed rate...use **phrased talking** to keep it natural
 - 2. **Delay Responding**. Pause before answering to reduce time pressures
 - 3. **Modify Questions**. Try "I wonder..." "Maybe..." "I think..." to minimize demand
 - 4. **Repeat and Rephrase** both fluent and disfluent speech to provide a beneficial communication model and let child know you are listening

XII. **Follow-up and assess the need for additional therapy**

- A. Use phone contacts to monitor parents' use of strategies, child's response to strategies, and changes in child's fluency
- B. Wait a maximum 3 months before reassessing to see if further treatment is needed
- C. Parents may opt for refresher sessions prior to three-month timeframe
- D. Child may start individual or group therapy at any point if treatment is not sufficient