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Pre-School Aged Children Who Stutter: A Focus on Assessment and an Indirect Treatment Approach

Brooke Leiman, MA, CCC-SLP, BCS-F

Moderated by:
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Pre-School Aged Children Who Stutter: A Focus on Assessment and an Indirect Treatment Approach

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Learning Outcomes

After this course, participants will be able to:

- Identify the components of a stuttering assessment of a pre-school aged child.
- Provide at least 2 examples of questions to ask the parent, child and teachers during the assessment.
- Explain the importance of parent participation in stuttering therapy of a pre-school aged child.
- Identify 2-3 interaction strategies that may enhance fluency and are beneficial to communication for a pre-school aged child who stutters.
- Identify 2-3 strategies that aim to improve attitudes towards speaking and reduce negative reactions to stuttering.

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Childhood Onset Stuttering

- Childhood onset stuttering is...
  - A disruption in the flow of speech characterized by repetitions, prolongations and blocks (but there’s more...)
  - Stuttering-like disfluencies occurs in 3% or more of syllables spoken; 10% or more when counting nonstuttered disfluencies (Take frequency count with a grain of salt due to variability)

<table>
<thead>
<tr>
<th>Stuttering-like Disfluencies</th>
<th>Nonstuttered Disfluencies</th>
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</thead>
<tbody>
<tr>
<td>Monosyllabic whole word repetitions</td>
<td>Multisyllabic whole word repetitions</td>
</tr>
<tr>
<td>Sound/syllable repetitions</td>
<td>Interjections</td>
</tr>
<tr>
<td>Prolongations</td>
<td>Phrase repetitions</td>
</tr>
<tr>
<td>Blocks</td>
<td>Phrase revisions/abandoned utterances</td>
</tr>
</tbody>
</table>
Childhood onset stuttering

- May occur with:
  - Physical tension/struggle
  - Secondary behaviors (i.e. blinking, tongue clicking)
  - *Avoidance of words/situations
  - *Negative reactions (affective, cognitive, behavioral)

*Some components of stuttering are observable and some are not—we need to consider both!!

Assessment of Pre-school Aged Children

- Formal analysis of speech/language samples
- Parent Interview
- Questionnaires (teacher, day care provider, other SLP)
- Client interview if possible
- Other testing: receptive/expressive language, articulation, pragmatics, etc.
Assessment: Formal Analysis

- How does this help:
  - Frequency and type of stuttering like disfluencies
  - Frequency and type of nonstuttered disfluencies
  - Duration of disfluencies
  - Occurrence of secondary behaviors/physical tension

- Examples include SSI-4 and TOCS

- Ambrose & Yairi’s equation (Ambrose & Yairi, 1999)
  - \[\left(\text{part word repetitions per 100 syllables} + \text{single syllable repetitions}\right) \times \text{mean number of repetition units} + (2 \times \text{disrhythmic phonation})\]
  - Scores between:
    - 4.00-9.99 = mild stuttering
    - 10.00-29.99 = moderate stuttering
    - above 30.00 = severe stuttering.

Assessment: The Parent Interview

How does this help:

- Set expectations
  - This is a team approach
  - The presence of BOTH parents

- Uses parents as a resource
  - Provides you with background information
  - Compares what you are seeing/hearing during the assessment with what may be occurring in other environments
  - Gives you information about how the parent is responding to the child’s speech
Assessment: The Parent Interview

Sample questions:

- **Risk factor questions:**
  - Age of onset?
  - Time since onset?
  - Family history? Does family member still stutter?
  - Does your child have any other diagnoses?

- **The basics:**
  - What does your child’s stuttering sound like?
  - Does your child do anything with his body while he’s stuttering?
  - When your child started stuttering did it occur suddenly or gradually?
  - Did your child’s stuttering onset coincide with a big change or traumatic event?
  - Has your child’s stuttering changed over time?

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Child’s Reaction Questions:

- Do you believe your child is aware of his stuttering? What does your child do when he stutters to show you that he is aware or unaware of his stuttering?
- What does your child do to help himself when he stutters?
- Has your child brought up stuttering with you? What did that conversation look like?

Parents’/Family’s Reaction Questions:

- On a scale of 1-10 with 10 being very worried, how worried are you about your child stuttering (separate ratings for each parent). Has your rating changed since you first started noticing stuttering?
- How do you respond to your child when he stutters?
- How does your child’s siblings respond when he stutters?
- How do other family members respond when he stutters?
- If your child continues to stutter, what would you like his life to be like in 5 years?
Assessment: The Parent Interview

- **Environmental Questions:**
  - What makes your child stutter more? Less?
  - How do you think stuttering impacts your child at school?
  - How do you think stuttering impacts your child socially?
  - Describe what a typical family conversation looks like.
  - Describe what a typical interaction looks like when you’re observing your child with his friends.

- **Temperament Questions:**
  - How would you describe your child’s personality?
  - What happens when your child makes a mistake or gets something wrong?
  - What happens when your child thinks you’re upset or mad with him?

- **Past therapy Questions:**
  - What did you and your child learn with your past clinician?
  - What has worked before? What hasn’t?

Assessment: Questionnaires

- **How does this help:**
  - Provides information about the child’s speaking abilities in different environments
  - Provides information about how certain key people are responding to stuttering
  - Free resources:
    - [www.stutteringacademy.com/printables](http://www.stutteringacademy.com/printables)
    - [www.asha.org/uploadedFiles/Pediatric-Stuttering-Assessment-Template.pdf](http://www.asha.org/uploadedFiles/Pediatric-Stuttering-Assessment-Template.pdf)
Assessment: Questionnaires

- Sample teacher questionnaire
  - What does the child’s stuttering sound like?
  - How often does the child exhibit physical tension or secondary behaviors when stuttering? (ex. eye blinks, tremors of the lips or face, head movements, irregular breathing, fist clenching, foot stomping, etc.)
  - How often does the child have negative reactions to his or her stuttering? (ex. show frustration, switch words, give up on words, avoid situations etc.)
  - How comfortable is the child when speaking with teachers?
  - How comfortable is the child when speaking with peers?
  - How would you describe the child’s participation in the classroom?
  - How often does stuttering impact the student’s educational performance?
  - How often do other children ask questions or tease the child’s speech?

- Sample SLP questionnaire
  - Please describe the frequency and format of therapy with this child (If seen in a group, please describe what the other children are being seen for)
  - Please describe the goals and objectives you are currently addressing.
  - What does the child’s stuttering sound like?
  - How often does the child exhibit physical tension or secondary behaviors when stuttering? (ex. eye blinks, tremors of the lips or face, head movements, irregular breathing, fist clenching, foot stomping, etc.)
  - How often does the child have negative reactions to his or her stuttering? (ex. show frustration, switch words, give up on words, avoid situations etc.)
  - How comfortable is the child when speaking in the school setting?
  - What is child’s knowledge and understanding of stuttering?
  - How comfortable is the child when talking about stuttering?
  - How comfortable is the child with the idea of speech therapy?
  - Rate the severity level of the child’s stuttering.
Assessment: Child Interview

- How does this help:
  - Gives you information on the child’s awareness
  - Gives you information on the impact stuttering may be having on the child in different environments
  - Gives you information on how the child is responding to their stuttering and how they perceive others are responding
  - Gives you information on the child’s ability and comfort level with talking about their speech.

- Sample questions:
  - How is talking going?
  - Where is talking easiest? Where is talking hardest? Where is talking the scariest?
  - Does anything help make talking easier?
Treatment

- Indirect Approach
- Direct Approach
- Operant Approach (ex. Lidcombe Program)
- Combination Approach

What do all of these approaches have in common?
Parent Participation!

“Charlie”

- “Charlie” is being seen at his home school
- Information gathered during parent interview, client interview, daycare provider questionnaire and language sample
  - 3.5 years old
  - Receptive/expressive language skills and articulation are typical for his age
  - Mother’s brother stutters and continues to stutter now that he is an adult
  - Stuttering onset 1.5 year ago; when he was 2 years of age
  - Demonstrates part word repetitions and blocks
  - Loss of eye contact and tension in his lips
  - Never gives up on message or demonstrates frustration
  - Does not seem aware of stuttering; has never talked about it
  - Parents have not brought stuttering up with Charlie but will stop him and ask him to say the word over again when he stutters
  - Parents are very worried and mother became teary during the assessment; feels like it’s her fault
“Charlie”

Recommendation:
- Provide indirect therapy with parent present for first 15 minutes of session and provide direct therapy for 15 minutes during group therapy.

Why?
- Charlie is diagnosed with childhood onset stuttering due to the types of disfluencies he is demonstrating and the physical concomitant behaviors observed.
- He is at increased risk for stuttering to persist due to his gender, family history and time since onset exceeding 1 year.
- Indirect therapy was chosen due to:
  - Age
  - Family history of stuttering
  - Lack of awareness or frustration
  - His parents reactions to stuttering
- Direct therapy was chosen due to:
  - Scheduling: mother is only able to be present for 15 minutes due to caseload management. Child has to be grouped with another pre-school student after the first 15 minutes of the session. During those 15 minutes he will be introduced to a more direct approach.

Treatment: Parent participation

There is a robust evidence base that suggests the importance of parent participation, especially for pre-school aged children (Yaruss, Coleman & Hammer, 2006; Millard SK et. al, 2008).

Why is parent participation such an integral part of the therapy process??

1. Parents are a source of information
2. Parents’ reactions have an impact on their child
3. The therapeutic alliance plays a role in treatment outcomes
Treatment: Parent Participation

1. Parents are a resource…use them!

- We know a lot about stuttering and they know a lot about their children.
- They can provide us with information that may help us reach our goals in a shorter period of time!
- They can let us know how the child is progressing in other environments
- They can help support the generalization of skills outside of the therapy room

2. The role of reactions

- Parents do NOT cause stuttering
- However, the way parents respond to stuttering can influence how a child thinks, feels and reacts to stuttering and play a role in how stuttering impacts their quality of life.
Treatment: Parent Participation

3. The power of the therapeutic alliance:

- Common Factors Model: The strength of the relationship between the clinician and the client (child and their family) has been shown to contribute more to treatment outcome than the chosen technique/approach.

- Hope and expectancy (15%)
- Therapeutic Alliance (30%)
- Technique/approach (15%)
- Extra-therapeutic factors (40%)

Obstacles:

1. Being seen in the school setting
2. Parents work full time
3. Parents’ expectation is that the therapist “gives” the therapy

- What can you do?
  - Educate parents on stuttering during that initial meeting for buy-in
  - Schedule pre-school stuttering clients together and create a parent group (may need written permission from school administration and parents to have parents in a group session)
  - Include parent in scheduling of child in the schools (easier said than done)
  - Suggest another family member who is active in the child’s life be present (grandparent, aunt, nanny, etc.)
  - Provide direct therapy but send home indirect strategies each week/month in form of handouts, journal entries or schedule time over the phone.
Indirect Approach: Reducing “rapid fire” questions

- You can reduce questions by:
  - Narrating or commenting while in play/conversation (ex. “I’m going to put the pig in the mud”)
  - Providing information about yourself that will elicit your child to provide the same information about him/herself (ex. I ate a turkey sandwich for lunch.....)
  - Use indirect requests like “I wonder....” “I think....”

- When you reduce the number of questions you ask, your child:
  - Can share information when they are ready
  - Will feel less time pressure
  - Receive a strong language model

Indirect Approach: Adding Pauses/slowing pace

- You can reduce your pace by:
  - Adding pauses between thoughts or phrases
  - Adding a pause before responding to your child
  *Try to maintain your natural intonation

- When you slow your pace, your child:
  - Can understand you better
  - Will feel less time pressure
  - Will have more time to plan what they are going to say
  - Will often slow down their own pace of speech
Indirect Approach: Following child’s lead while in play

- You can follow your child’s lead in play by:
  - Sitting back and watching at first
  - Repeating what they are saying so they know you’re listening
  - Commenting on what they are doing or what they are saying

- When you follow your child’s lead, your child:
  - Will demonstrate how to play at their level and at their pace
  - Will feel less time pressure
  - Will be talking about what they are concentrating on
  - Will develop play skills, problem solving skills, and improve confidence

Indirect Approach: Following child’s lead in language complexity

- You can follow your child’s lead in language by:
  - Paying attention to how long your child’s sentences are
  - Paying attention to the structure of your child’s sentence
  - Using sentences that are similar to your child but may add a little length or complexity

- When you follow your child’s lead in language, your child:
  - Has an easier time understanding you
  - Is more likely to use sentences that do not put as much strain on their language system and their fluency
Indirect Approach: Maintaining eye contact

- You can maintain eye contact by:
  - Following the same rules for eye contact as you would any child

- When you maintain eye contact with your child, your child:
  - Will receive a good model of how to use appropriate eye contact
  - Will know you are listening and feel less pressure to “hold the floor”
  - Will be less likely to think that stuttering is shameful (something to look away from)

Indirect Approach: Responding to Stuttering Moments

- You can respond to your child’s stuttering moments by:
  - Acknowledging that it happened (ex. That word got a little bumpy, that word was hard to get out)
  - Praising for something the child is in “control over” such as the content or their perseverance (ex. I’m so proud of you for sticking with it even when it’s hard, I’m so happy you shared that funny story)

- When I respond to my child stuttering moments in this way, my child:
  - Develops vocabulary to talk about stuttering if they want to bring it up
  - Sees that it is okay to talk about stuttering; it’s not shameful
  - Sees that there are other aspects of communication that come easy to them (ex. the content), it’s not all about fluency
Indirect Approach: Reducing interruptions

- You can reduce interruptions by:
  - Not trying to guess or fill in words when a child is stuttering; give them extra time to get the words out on their own
  - Pausing after the child finishes their sentence to ensure they don’t have more to say before you begin your talking turn
  - Creating a family incentive chart to reward family members for giving everyone space to jump into the conversation or finish their talking turn

- When you reduce interruptions, your child:
  - Will feel less time pressure
  - Will increase confidence in their ability to communicate on their own
  - Will not have to correct people if they fill in the incorrect word

Indirect Approach: Building confidence

- You can build a child’s confidence by:
  - Noticing the child’s strengths or something they do well
  - Explaining what you noticed (ex. I noticed you explained the directions to that game to your little brother)
  - Giving the child an adjective to describe this attribute (ex. smart, kind, creative, strong, etc.)

- When you build a child’s confidence, your child:
  - Increase resilience, especially in the face of bullying/teasing
  - Identify that they can be effective, confident communicators, whether or not they continue to stutter
  - Increase the likelihood that they say all of what they want to say, whether or not they stutter
What’s Next?

- When parent training is complete, the next steps could be:
  - Continue with environmental changes at home and monitor child’s stuttering; set up a follow-up appointment
  - Begin direct treatment

- Consider the following:
  - Does the parent appear to have increased their knowledge and understanding of stuttering?
  - Has the parent mastered the environmental modifications?
  - Has the parent decreased their anxiety related to their child stuttering?
  - How is the child responding to their stuttering moments now?

Any Questions

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References