

Palin PCI

(Palin Parent-Child Interaction Therapy) Practical
Intervention for Early Childhood Stammering

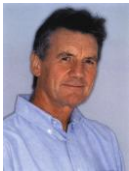
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Whittington Health 

The Michael Palin Centre for Stammering Children



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The Michael Palin Centre for Stammering Children

- Provides specialist assessment and therapy
- Assessments funded by Action for Stammering Children (ASC)
- Training programme for SLTs
- Research the nature of stammering and the effectiveness of therapy

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CPD for therapists

- MPC based courses for SLTs
- Training within health trusts/regions (whole team)
- Supervision – individual, paired or group
- Individual training – one week observation and training programme
- Intensive course group therapy training
- Helpline - advice/support
- Attendance at consultations/reviews/course of therapy
- Resources – website, SIP, dvds, books

1 to 5 day training Courses at MPC in London or for local teams in their location

- 1 day introduction to working with CWS (also open to student SLTs);
- 2 or 3 day Palin Parent-Child Interaction Therapy (for under 7s) also open to student SLTs;
- 1 day update on Palin PCI (for those already trained)
- Primary school children who stammer (7 – 14s);
- Secondary pupils who stammer (14 – 18s);
- A 3-day introduction to Cognitive Behaviour Therapy;
- 2-day training on using Solution Focused Brief Therapy with children, young people and parents; and
- A 5 day overview of working with CWS.

Clinical Supervision

- We offer individual and group supervision sessions to generalist and specialist therapists working with clients who stammer of all ages, including adults
- Frequency and timing of sessions can be arranged according to your needs and may include discussion of therapy approaches, video material and clinical cases.
- Group supervision will be arranged according to requests.
- Cost £65 per hour for individual supervision and £30 for one and a half hours of group supervision for up to 6 people (charitably subsidised).
- NB: sessions can be face to face, via telephone or via skype.

The Michael Palin Centre website:
www.stammeringcentre.org



Consultations

- Provided free of charge by MPC charity
- Referral through local SALT & GP.
- Parent enquiries are directed to local services in the first instance.
- Families attend with local SALT
- Half-day session with two therapists or two sessions with one therapist
- Recommendations, report, 6 month review also free of charge.

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Rate your confidence level in working
with this client group

On a scale from 0 to 10 where 0 is the lowest it has ever been and 10 is the highest it could possibly be



Day to day programme

Day One

- Theoretical overview (multifactorial framework; recovery & persistence; therapeutic style)
- Assessment (screening; vulnerability; child assessment: case history)
- Management (interaction strategies)

Day Two

- Management continued (family, child & other strategies)
- Care pathways

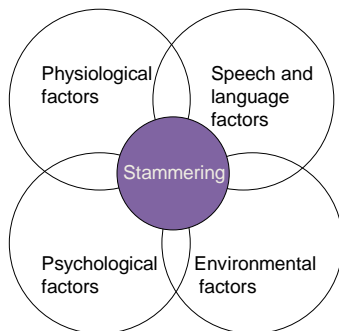
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Theoretical Overview

- Multifactorial framework
- Recovery and persistence
- Therapeutic style

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The Multifactorial Model



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A Multifactorial Framework

Predisposing physiological and linguistic factors may be significant in the onset and development of stammering

These predisposing factors interact with emotional and environmental aspects and contribute to severity, persistence and impact on child and family

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Multifactorial Framework

PHYSIOLOGICAL

- Neurology
- Genetics
- Speech motor skills
- Gender

LINGUISTIC

- Time of onset
- Delayed/advanced/uneven profile
- Phonological skills
- Interaction of motor and language skills
- Grammatical development
- Bilingualism

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PHYSIOLOGICAL FACTORS

- Structural and functional neurological differences
- Genetic predisposition
- Speech-motor skills
- Gender

Neurology of stammering

- Previous research mainly with AWS
- More research now possible with CWS
- Structural and functional differences

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Neurology - structure

Left frontal region:

- Structural differences in grey and white matter in CWS (Chang et al, 2008)
- Reduced integrity/connectivity of white matter
- Structural deficits in areas responsible for perception and coding of speech sounds

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Neurology - function

- Increased blood flow to right hemisphere
- Lack of activation preceding speech in left side of brain (language and auditory areas)
- Different hemispheric biases for CWS (Sato et al, 2011)

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Neurology - implications

- Brain more plastic than previously thought – ability to ‘re-map’, especially when younger but throughout life
- Therapy re-lateralises, re-organises speech processing
- More specific therapy approaches possible if able to identify region of brain affected?

Genetics

- Key predisposing factor
- 20-74% of PWS report at least one family member who stammers (Yairi and Ambrose, 1996)
- Stammering linked to a large group of genes on chromosome 18 (Shugart et al, 2004)
- Gene mutations linked to stammering (Kang & Drayna, 2012)

Genetics

- ‘Genome Wide Association Study’ or GWAS
- 10 significant candidate genes associated with persistent stammering
- Twin studies: high concordance for monozygotic twins but not 100%.
- Recovery / persistence also runs in families.

Genetics - implications

- Continued investigation into genes and genetic transmission of gene(s) linked to stammering
- Genes associated with persistent stammering also implicated in other SLT disorders (e.g. SLI, ADHD)

Speech motor skills

- 75% of studies show AWS have slower reaction times (de Nil, 1995)
- CWS may have reduced oro-motor skills and slower response times
- Less stable motor patterns for speech - reduced ability to link target to motor plan (Smith, 2008)

Gender

- Ratio at onset almost even (1:1 or 2:1 boys: girls)
- Ratio for older children is 4:1 or 5:1 boys:girls
- More girls recover than boys

LINGUISTIC FACTORS

- Time of onset
- Delayed, advanced or uneven profile
- Phonological factors
- Interaction of motor and language skills
- Grammatical factors
- Bilingualism

Time of onset

- Rapid language expansion
- Development of multiword utterances
- Transition from lexically to grammatically based system
- Increased complexity of vocabulary and syntax

Delayed, advanced or uneven skills?

- Findings vary: CWS do / do not have co-occurring speech / language difficulties
- Subgroup of children with less efficient, less well developed linguistic skills
- May be subtle, non-clinical, low-average or more pronounced (Ntourou et al, 2011)
- Mismatched skills (Coulter, Anderson & Conture, 2009)

Phonology

- High incidence of phonological problems and stammering. 40% of children (Conture, 1987)
- Review of literature by Nippold (2000) suggests 40% may slightly over-estimate but still significant.

Grammatical factors

Stammering is more likely to occur:

- at beginning of an utterance (Silverman, 1974)
- with increased length and complexity (Bernstein-Ratner, 1995, Melnick & Conture, 2000)
- at clause/sentence boundaries (Bernstein-Ratner, 1997)
- on function vs content words (Howell Au-Yeung & Sackin 1999)

Bilingualism

- Not a cause of stammering
- Should be viewed as an asset rather than a problem
- Limited research and mixed findings

NB. Child may change word order to follow grammatical rule of their stronger language or code-switch vocabulary, which may not necessarily be word avoidance

Linguistic factors - implications

- Specific difficulties such as word-retrieval and/or language formulation difficulties
- Stammer may mask language problems
- Always assess phonology and language
- Take a detailed language history (e.g. development and use of two languages)

Multifactorial Framework (continued)

ENVIRONMENTAL

- Interaction with physiological and linguistic factors
- Family interaction styles
- Daily life
- Environmental changes
- Nursery/ school

EMOTIONAL

- Temperament of children who stammer
- Impact of emotional arousal
- Speech related anxiety (parent / child)
- Emotional impact on behaviour (child and parent)

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ENVIRONMENTAL FACTORS

- Interaction with physiological and/or linguistic predisposition (Yairi, Ambrose & Cox, 1996; Kelman & Nicholas, 2008)
- CWS may find it harder to be fluent in context of typical adult-child interactions (Miles & Bernstein Ratner, 2001)
- Impact of daily life demands and environmental changes (home and nursery/school)
- Teasing and bullying (Langevin, 2009)

Environmental factors – implications

- Factors which are amenable to change
- Parents do not cause stammering but can be primary agents for change
- One change can have a significant impact ('ripple effect')
- Importance of liaison with nurseries/schools

EMOTIONAL FACTORS

- Recent studies suggest CWS are more reactive and less able to regulate their emotions (Karrass et al 2006; Anderson et al 2003)
- Impact of emotional arousal on speech e.g. excitability, anxiety.
- Speech related anxiety evident from young age and increases with age (Vanryckeghem et al 2005; Vanryckeghem and Brutten, 2007)
- Emotional impact of stammering on parents' behaviour and management style
- Emotional impact of stammering on child's behaviour e.g. avoidance, mood, friendships

Emotional factors – implications

- Understanding the impact of temperament and emotions on stammering
- Temperament is stable but can be amenable to change
- Increased emotional regulation with increased age
- Parents able to support children to regulate their emotions more effectively

Bucket Theory



Yaruss et al 2006

Factors associated with recovery and persistence

- Family history of stammering
- Gender
- Age at onset
- Length of time since onset
- Pattern of change in stammering over time
- Phonological skills
- Language skills
- Severity of stammering
- Parental/child concern

NB Severity and frequency of stammering symptoms do not correlate with risk of persistence

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Therapeutic Style

- Collaborative
- Role as facilitator and reinforcer
- Client is the expert
- Focus on what is working well
- Asking questions that identify strengths and explores them
- Facilitating what is already helping
- Not teaching instructing or telling

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Assessment

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Aims of assessment

- To determine the factors that contribute to the onset and development of stammering
- To identify the child's vulnerability to persistence
- To identify the appropriate care pathway



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Initial Screening Assessment

See Initial screening form (Appendix I)

- Clinic appointment, telephone call or postal questionnaire
- Half an hour
- One or both parents and child
- AIM: to determine whether further detailed assessment required

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 Warning Bells 

Responses to key questions will enable us to identify the child's vulnerability to persistence

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 Warning Bells 

- Is there a family history of stammering?
- If so, did the stammering persist into adulthood?
- Are the parents worried about the child's speech?
- Has the child been stammering for more than 12 months?
- Has the stammering stayed the same or become worse?

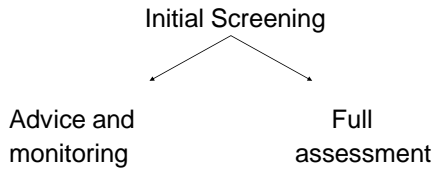
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 Warning Bells 

- Does the child have any other speech or language difficulties?
- Has he had any other speech and language difficulties in the past?
- Are his language skills advanced?
- Is the child aware of his stammering?
- Is the child worried about his speech?

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Care pathway



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Advice and Monitoring

- Information about stammering
(see "Information and advice for parents" handout Appendix II)
- Giving advice
(see parents' handouts Appendices XIV-XVII, XXII and XXIV-XXVI)
- Monitoring
 - 3 months, 6 months and 1 year following initial screening
 - clinic appointment or telephone call

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The Full Assessment

Focus is the child's profile of skills and how these affect their ability to be fluent within context of the family

- Assessment Session 1
 - Parent-child interaction video
 - Child assessment
- Assessment Session 2
 - Case history, formulation and recommendations

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Assessment Session 1

See Child assessment booklet (Appendix IV)

- 1 – 1½ hours
- One or both parents with child – no siblings
- Video recording of parent-child interaction
- Screening of child's speech, language and social communication skills
- Assessment of stammering

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Assessment session 1

(cont'd)

- Child's perspective
- Parents observe if possible
- 1 hour data analysis
- Completion of child assessment booklet and transfer of information on Summary Chart

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Video of Parent-Child Interaction

- Aim of video recording discussed
- Child and each parent videoed separately
- Child to choose activity
- Parents advised to interact as normally as possible
- Approx 5 minute recording

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Screening of speech, language & social communication skills

- Receptive & expressive language skills
- Phonology/speech sounds
- Word finding

Screen for

- advanced or delayed/disordered skills
- mismatches in skills
- 'subclinical' problems

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Assessment of stammering

See Assessment of stammering (Appendix V)

- Aim to establish severity of stammering in terms of frequency and type of stammering behaviours observed
- Audio or video recorded sample
- Two minute sample of child's speech/min 100 syllables
 - Approx 10 x "What's Wrong?" cards
 - Expressive language assessment eg RAPT
 - Parent-child interaction video

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Analysis of speech sample

- Step 1: Transcription
- Step 2: Identifying each episode of stammering
- Step 3: Calculate the percentage of stammered syllables
- Step 4: Description of the types of stammering behaviours observed
- Step 5: Establish severity of stammering

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What to count as an episode of stammering

- Single syllable whole word repetitions (WWR)
(eg but-but-but)
- Part word repetitions – sound or syllable (PWR)
(eg b-b-b-but; mu-mu-mu-mu-mummy)
- Sound prolongations
(eg m:ummy, mu:mmy)
- Blocking
(eg (b)all, (a)bout, po(t)ato)

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What not to count!

- Multi-syllabic words repeated in entirety
(eg “because-because”)
- Interjections (eg “she is um cooking with a hammer”; I like uh uh carrots”)
- Phrase repetitions (eg “I want, I want that one”)
- Revisions (eg “I go to sch - I go to nursery”)

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Calculating the percentage of stammered syllables

- Count the total number of stammered syllables
- Count the total number of syllables spoken in the sample
- Use the following formula:
$$\frac{\text{stammered syllables}}{\text{total syllables spoken}} \times 100$$

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Counting stammered syllables

- Underline stammered syllables
- You may have more than one stammering behaviour on one syllable
- “I’m go-go-going to n-n-n:nursery today”
= 2 stammered syllables

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Counting syllables spoken

- Count every syllable spoken in the sample apart from the repeated syllables in an episode of stammering.
- “I’m go-go-going to n-n-n:nursery today”
1 2 3 4 5 6 7 8 9
“But-but-but he went too”
1 2 3 4

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The exceptions

- Multisyllabic whole word repetitions
- Phrase repetitions
- For these count all syllables produced:
“Because-because it’s too big”
1 2 3 4 5 6 7
“I’m going, I’m going to nursery today”
1 2 3 4 5 6 7 8 9 10 11

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Description of stammering behaviours

- WWR, PWR, prolongations and blocking
- Number of reiterations
- Length of prolongations and blocking
- Other eg repeated use of interjections, insertion of additional sounds at the beginning of words, changes in pitch or loudness
- Facial tension/body movements
- Disrupted breathing
- Awareness
- Avoidance
- Speech rate

Record on Assessment of stammering form – page 3 of Child assessment booklet

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Frequency of stammering

- < 3% normal range
- 3 - 7% mild
- 7 –14% moderate
- 15% + severe

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Severity of stammering (cont'd)

- Stuttering Severity Rating Scale (Yairi & Ambrose, 2005)
- Eight point scale ranging from 0 = normal speech to 7 = very severe stammering.
- Numerical value calculated from
 - Percentage of stammered syllables
 - duration of 5 longest stammering episodes
 - presence of tension and secondary behaviours.

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Child's perspective

- Nursery/school
- Home/family
- Speech: *awareness, insight, cognitions, feelings, strategies*
- Concepts/significant life events

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Following assessment session 1

- Analyse speech and language assessments
- Transcribe and analyse fluency speech sample
- Summarise assessment findings on Child assessment synopsis (page 1 of CA booklet)
- Transfer information to top section of the Summary Chart (Appendix III)

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What does this child need?

What does this child need?
1
2
3

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Analysis of PCI video

See bottom section of Summary Chart

- Based on summary of findings from child assessment
- Consider what the child needs to help his fluency (Helpful)
- Identify what parents are already doing that is helpful ie instinctive responses (Evidence of)
- Identify what parents may need to be doing more of (Potential target)

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Interaction Strategies

Interaction Strategies	Helpful	Evidence of		Potential target
		Present	Absent	
Following child's lead in play				
Using child solve problems				
More comments than questions				
Complexity of questions at child's level				
Language is appropriate to child's level				
Language is semantically contingent on child's focus				
Repetition, expansion rephrasing				
Time to initiate, respond, finish				
Rate of input when compared to child's rate				
Use of pausing				
Using eye contact, position, touch, humour &/or surprise				
Praise and encouragement				

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Assessment session 2: case history

See Case history form (Appendix VIII)

- Approximately 2 hours
- Both parents (unless a single parent family) or
- Main carers
- No children!

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Palin Parent Rating Scales

Impact of stammering on parents of children who stammer (Dr Sharon Millard)

Measure perceived level of impact on child; impact on parents and perceived severity of stammering; parents knowledge and confidence in managing stammering

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Impact on parents

Exploring factors associated with parent ratings on Palin PRS (Wheeler, Fenton & Millard, in preparation)

Findings:

- greater impact on families of bilingual children,
- fathers less knowledgeable and confident,
- greater perceived impact on girls than boys

Parent rating scales

(Millard, Edwards and Cook, 2009)

How worried are you about your child's stammering?

0 _____ 10
as worried as not at all
I possibly could be

How worried is your child about his stammering?

0 _____ 10
as worried as not at all
he possibly could be

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Taking the case history

- Introduction to case history
 - Stammering is complex – no single cause, no simple cure
 - Parental anxiety: reassurance that they have not caused it
 - Parents the “experts” in their child
 - Many questions – no right or wrong answers, may have different opinions

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Taking the case history (cont'd)

- Introduction to case history
 - May choose not to answer certain questions
 - Format: case history-formulation-recommendations
 - Confidentiality
 - Child protection

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Taking the case history (cont'd)

- Parent-therapist relationship
- Understanding the rationale
- Noticing the words parents use
- Structure of the interview
- Waiting until formulation before giving advice/information

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Content of case history

- Presenting problem
- Communication
- Health and development
- Eating and sleeping
- Personality
- Child's relationships
- Family history
- Family relationships
- Schooling
- Behaviour management
- Developmental history

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Case history (cont'd)

SUMMARY OF ISSUES

- Physiological
- Speech and language
- Environmental
- Psychological

MANAGEMENT

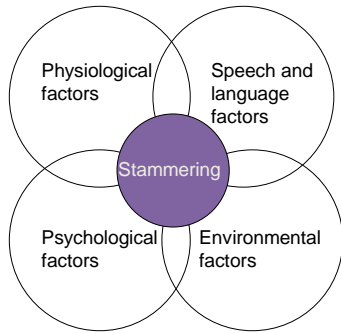
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Preparing for the Formulation

- Transfer information from case history onto top section of Summary Chart
- Review what the child needs
- Complete bottom section of Summary Chart - reviewing interaction strategies and considering family and child strategies

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The Multifactorial Model



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How to make the formulation accessible

- Use plain English
- Use parents' words
- Include positive information to get the balance right
- Check that you are making sense
- Encourage the parents to ask questions

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Format of the formulation

- General facts about stammering
- Feedback from child assessment
- Why some children stammer? - formulate links between theory and the findings from the full assessment
- Recommendations and management
- Clinical report

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Facts about stammering

- There is no single cause for stammering - and no simple solution.
- Parents do not cause stammering.
- Approximately 1% of the population stammers.
- Many famous people have stammered: King George V1, Winston Churchill, Rowan Atkinson and Bruce Willis.
- It is found in all groups throughout society.
- It is more common in boys than girls.
- It usually begins in childhood.
- It tends to run in families.
- Approximately 5% of children will stammer at some time. Most will overcome it, with or without help, but some continue to stammer into adulthood.

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Therapy

The Palin PCI therapy programme has 3 main strands:

- Interaction strategies
- Family strategies
- Child strategies

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Interaction Strategies

Interaction Strategies	Helpful	Evidence of		Potential target
		Master	Fluor	
Following child's lead in play				
Letting child solve problems				
More comments than questions				
Complacency of questions at child's level				
Language is appropriate to child's level				
Language is semantically contingent on child's focus				
Repetition, expansion rephrasing				
Time to initiate, respond, finish				
Rate of input when compared to child's rate				
Use of pausing				
Using eye contact, position, touch, humour. Also surprise				
Praise and encouragement				

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Interaction research

- Parents of CWS are viewed as interacting with their child in ways that support his fluency
- Parents of CWS are not regarded as being different from parents of CWNS in terms of their interaction style
- Parental interaction styles can be modified
- Changes in interaction style can increase fluency
- Stammering can influence parents' interaction style
- Underlying vulnerabilities that predispose a child to stammer make it more difficult for him to be fluent in the context of typical adult-child interactions

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Principles underlying Palin PCI

- Palin PCI focuses on parents' intuitive understanding and develops this in order to facilitate the child's natural fluency
- One change in interaction triggers others
- Stammering is heterogeneous, therapy needs to be individually tailored
- Interaction is a two way process
- Therapy is collaborative
- Therapist's role is one of facilitator and reinforcer
- Feedback focuses on strengths

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Overview of Palin PCI

- Six weeks PCI
- Once per week
- With both parents/carers and child
- One hour sessions
- Six weeks Consolidation Period
- Review session

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Session One

- Review assessment and recommendations/ discuss queries
- Treatment consent forms – description of therapy programme
- (Make a video if you need to but probably you will use the assessment video)
- Set up Special Times & negotiate number
See Special Times instruction sheet (Appendix XII)
- Give Special Times task sheet
See Special Times task sheet (Appendix XIII)

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What to remember about Special Times (ST)

- 5 minutes only
- Child chooses activity
- What to avoid: books, boisterous play, TV, computer
- After ST is completed, return to the activity if desired
- Offer ST to siblings

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Session Two

- Review of Special Times
- Discuss the child's abilities and vulnerabilities and what might help
- Watch PCI video
- Parent individually is invited to comment on the session for naturalness etc

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Session Two (continued)

See Questions for the SLT to ask in Palin PCI sessions (Appendix XIX)

- Parent is asked to notice what they are already doing to help their child's fluency
- Discuss how a particular strategy might be helping their child's fluency
- Agree a strategy that they will try to do more of
- Process is repeated for other parent – discourage comments on each other's video.
- Each has now identified a target and the rationale for this

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Session Two (continued)

- Set the Special Times target
- Give the Special Times task sheet to parents
- Give appropriate interaction strategies handout as required (see Appendices XIV – XVIII)

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Further sessions as follows:

- Review of homework
- Make PCI video of each parent
- Video feedback:
 - what they were pleased with
 - what is going well – positive effects
- Identify new target & rationale
- Set up ST targets and give task sheets
- Give appropriate interaction strategies handout as required
- Discuss family strategy
- Give appropriate family strategy handout for following week

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But what if.....?

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What parents have said

“In the therapy the use of cameras and feedback was fascinating and it was nice to hear about what we did that was positive, as well as what we could do to help Holly”.

(Mother of Holly, aged five)

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What parents have said

“From the outset the therapist gave us a very clear explanation of how the therapy was structured and what each step was designed to achieve. That approach gave us a level of understanding that enabled us to feel empowered and incredibly positive about the therapy”.

(Mother of Kai, aged seven)

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What therapists have said

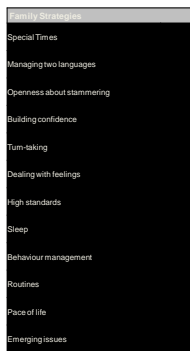
“I do lots of PCI work and now tend to focus on increasing what they are doing well rather than focusing on what is not going well”.

“I feel as if I listen to parents more and encourage them to come up with the targets therefore empowering them”.

“I am more aware of listening to parents and facilitating discussion rather than leading it”

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Family Strategies



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Managing two languages

- Bilingualism does not cause stammering
- Code-switching is fine
- Consistency might help some children

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Openness about stammering

(see handout 'Openess about stammering' Appendix XXII)

- How parents respond
- The conspiracy of silence
- It is fine to acknowledge it
- Helping parents to be more open about stammering:
 - Read handout
 - Discussion: why it is helpful to be open?
 - Brainstorm: what to say?
 - Discussion: how parents can help their child to see that we all make mistakes
 - Not giving advice

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Building confidence

(see Handout 'Building my child's confidence' Appendix XXI)

- Why is it necessary?
- Introduction of specific, descriptive praise model (Faber & Mazlish, 1980)
- The importance of sincerity and consistency
- Reactions to praise
- Helping parents to build up their child's confidence
 - Read handout
 - Feedback and discussion of handout
 - Set up praise task (see 'Praise log' Appendix XXIII)

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Specific Praise Model

- Describe what you see
eg "Well done ! I see that you have put your toys away"
- Sum up the behaviour with an adjective
eg "That was thoughtful / kind / generous / organised / helpful" etc)

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Turn-taking

(see handout 'Taking turns to talk' Appendix XXIV)

Turn taking & stammering

- Concern re stopping a child who stammers from talking
- If the child stammers when he interrupts, he may be more successful at getting a turn
- If the child is interrupted he may speed up in order to finish what he wants to say
- A child who stammers may not be taking a turn in conversation

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Turn-taking (cont'd)

Helping parents to improve turn-taking

- Read handout
- Feedback
- Brainstorm: why is turn-taking important in a conversation
- Discussion: turn-taking and stammering
- Play the 'Microphone Game'
- Turn-taking at home

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Dealing with feelings

(see handout 'Helping my child to deal with his feelings' Appendix XXV)

- Read handout
- Feedback
- Discussion: let it happen
- Watch and describe
- Accept that he feels that way – try not to contradict him
- Putting the feelings into words
- Find ways to help him vent his feelings

(based on Faber and Mazlish (1980))

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High standards

(see handout 'The child whose standards are too high' Appendix XXVI)

- High standards and stammering
- Helping parents to manage their child who has very high standards
 - Read handout
 - Feedback
 - Discussion: 'a model of imperfection'
 - Modelling reactions to mistakes

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Sleep

- The problems
- How is sleep relevant to stammering?
- Cultural considerations
- Helping parents to manage sleep
 - identifying the problems
 - agreeing and establishing a bedtime
 - the importance of routine
 - setting up a star chart reward system
 - methods of settling a crying child to sleep

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Behaviour management

(see handout 'Managing my child's behaviour' Appendix XXVII)

- Behaviour and stammering
- Helping parents to manage their child's behaviour:
 - Read handout
 - Feedback
 - Discussion: how to encourage a child to cooperate (use Faber and Mazlish (1980) model)
 - Problem-solving
 - A shift of focus – noticing what is going well
 - Setting up 'star charts'

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How to encourage a child to cooperate

- Describe the problem: "There's a wet towel on the bed"
- Give information: "That towel is making the bed wet"
- Say it with a word: "Towel"
- Talk about your feelings: "I don't like sleeping in a wet bed"
- Write a note: "Please put me back on the rail so that I can dry out" or draw a picture

Faber and Mazlish (1980)

Problem Solving

- Choose a problem
- Brainstorm a range of solutions
- Evaluate the ideas
- Rank the ideas
- Try it out!

Setting up 'star charts'

- Parents and child to agree target
- Keep the target specific
- Keep to one target at a time
- Help the child to feel involved
- Give reward as quickly as possible
- Be low-key if the target is not reached

Routines and Pace of life

- Routines and stammering
- Helping parents to establish a routine
- Pace of life and stammering
- Helping parents to slow the pace

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Emerging issues

- Periods of change and stammering
 - starting or changing nursery or school
 - holidays
 - moving home
 - separation and divorce
 - bereavement

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Consolidation Period

- 6 weeks with no clinic visits
- Parents continue Special Times & complete sheets
- Continue to praise & complete Praise Log
- Continue other family strategies e.g. turn taking, bedtimes, behaviour management
- Parents send in completed sheets to SLT
- SLT monitors and makes contact as necessary
- Predict possible relapse
- Parents encouraged to contact SLT if fluency gets worse
- Review appointment arranged at end of 6 weeks

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Review appointment

- At end of 6 week Consolidation Period
- Clinical outcome measures:
 - Assessment of stammering: %SS; changes in type of stammering behaviours: severity rating
 - Parents' rating scales
- Discussion with parents
- Decision making
 - Ongoing monitoring for at least 1 year
 - Parents encouraged to contact SLT if fluency worsens
 - Further input: child strategies
 - Specialist advice

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PCI efficacy research

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2 multiple single subject studies completed:

- Children at high risk of persistent stammering (stammering >12 months)
- Age 2 – 5 years at start of study
- No therapy in previous 6 months
- English as main language at home
- No identified learning difficulties, disorders or syndromes

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Design

- Percentage stammering data obtained through video recordings of child playing at home with parents
- Made once a week for 6 weeks prior to therapy and 12 weeks during therapy (clinic and home based)
- Study A (N=6) – recordings made once a month for 12 months post therapy
(Millard, Nicholas & Cook, 2008)
- Study B (N=6) – recordings made once a week for six weeks prior to 6 month review

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Results

- 8/12 participants significantly reduced stammering during the therapy phase
- Other 4 reduced stammering over the period of the studies
- 10/12 participants discharged having only received indirect component of Palin PCI (interaction and family strategies)
- Children with advanced language skills reduced expressive language scores (RDLS-3) to within normal limits (Study B)

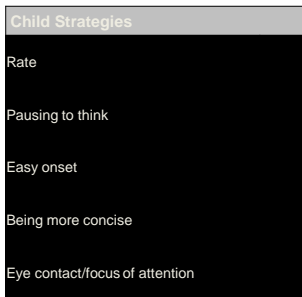
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Results continued.....

- There was no change in receptive language scores (Study B)
- Parents made changes to conversational style and maintained these for a minimum of 3 months (Study A: Nicholas, Millard and Cook, 2003)
- Parents of children who received treatment rated themselves as being less worried and anxious about stuttering, and more knowledgeable and confident in managing stuttering (Study B)

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Child Strategies



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Clinical decision making direct or indirect?

Child factors

- Age
- Awareness & insight
- Attention levels
- Cognitive ability
- Sensitivity

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Clinical decision making direct or indirect?

continued

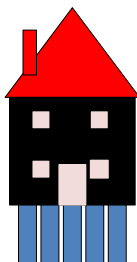
Family factors

- Level of parental anxiety
- Focus on fluency

'What first?' rather than 'either/or'
Clinical perspective

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Fluency House



Speech modification

Strategies:

- Tortoise talking – rate reduction (based on Meyers & Woodford, 1992)
- Bus talking – pausing to think
- Aeroplane talking – use of gradual onset to speech



Equipment

- Toys or puppets of tortoise and race horse / bus and racing car/ aeroplane
- Stickers
- Picture sheets to stick stickers on
- Plain paper for the child to draw 'something else that goes slow'
- Laminated picture sheet to tick
- Picture cards
- Black sheep resources
- Picture books

Format of sessions

- Introduce the concept
- Introduce the characters in a story
- Identification activity
- Production of strategy at single word level
- Increase length of sentence
- Make the strategies explicit, elicit from the child what they think they are doing that is helpful
- Practice in free play or general conversation

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Generalisation

- Generalisation and reinforcement-involve parent in session and at home
- Home practice (see practice chart Appendix XXVIII-XXIX)
- Do speech practice little and often
- Praise child when he uses his tortoise talking spontaneously
- 2 sticker charts- 1 for structured speech practice, one for when parent notices child using strategies outside speech practice time

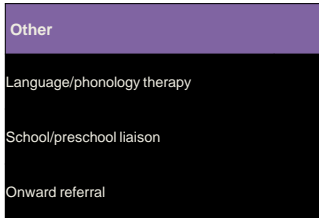
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Other speech modification strategies

- Being more concise
- Eye contact or focus of attention (see handout 'Eye contact and talking' Appendix XVIII)

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Other strategies



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Language or phonology therapy for the child who stammers

- Why work on a child's language or phonological problem?
- Recommendations in literature:
 - Working on both problems at the same time
 - Treating them one after the other
 - Treating only one problem in hope that other will recover naturally
- Our recommendation:
 - Indirect component of Palin PCI
 - Therapy for language or phonological problem

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Things to consider

- Focus on input rather than output skills
- Monitor fluency skills
- Be aware of child's speech and language level
- Give them time to respond
- Model "thinking time" and pausing

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School or preschool liaison

- Send copy of clinical report
- Provide further specific information and advice as required
 - General information about stammering
 - Why the child is stammering
 - What affects the child's stammering
 - Managing stammering in group context
 - Monitoring own interaction style
 - Other children's reactions to the child who stammers
- Adapting Palin PCI for use with preschool staff
- In-service training sessions - Stammering Information Programme DVD: "Wait Wait I'm not finished yet..."

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Adapting Palin PCI

- Families with different cultural or linguistic backgrounds
 - use of interpreters
 - awareness of cultural differences
- When only one parent is available
- When neither parent is available
 - a home programme (see home programme record Appendix XXX)
 - interaction therapy with another adult

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Summary

- Importance of client-therapist relationship in therapy outcome
- Palin PCI: Parents' intuitive understanding
 - No different to parents of CWNS
 - Focus on strengths

Asking not telling Eliciting not teaching Finding not showing

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Clinical decision making

- Discuss a model to apply to your own service
 - Criteria for therapy/no therapy
 - Timing of review
 - Criteria for discharge or further action
- Work out an action plan to implement this programme

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Summary

- Theory
- Assessment
- Therapy:
 - interaction strategies
 - family management strategies
 - child strategies

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