Treatment Approach “KIDS” - Groups for Children Who Stutter

Lukas (7): “We are here to talk about our problems!”

Denis (6): „No, we are here to talk about stuttering!”

Origins

Based on the stuttering modification approach of Van Riper (1973) for adults and Dell (1979) for school-aged children Patricia Sandrieser and Peter Schneider (2001, 2004, 2008) developed KIDS – an approach for stuttering children between the age of 2 and 12 years.

KIDS means “Kinder dürfen stottern” - “children are allowed to stutter”.

Why should children be allowed to stutter?

• Prevents dysfunctional coping strategies

It is not allowed to stutter in a failure if it occurs. In consequence the children show efforts to get out of it and start to struggle. If they attempt to avoid it.

• Negative reactions of environment induce secondary emotions such as shame and guilt - risk for self-esteem

Why should it be allowed to talk about stuttering?

• Prevents dysfunctional coping strategies

It is not allowed to talk about stuttering if it becomes a taboo. The child is troubled by imagination and concerns about reasons and future, but can get neither relief nor consolation, because there is no permission to talk about it.

We should show them good coping strategies that frequently induce recovery.

Indications for a Group Format

KIDS for school age children combines individual and group sessions

A format is recommended as soon as the following indications emerge:

• No contact with other stuttering children

• Poor self-esteem concerning communication skills

• Low motivation to transfer techniques into everyday life

• Injuries, taboos and poor knowledge concerning stuttering

• Fear of negative listeners’ reactions and teasing

• Fear of being a person who is different from others, whose stuttering is time consuming and not “cool”.

• Low motivation for individual sessions

Goals

• Functional coping:

- Decrease of tension and time-pressure during symptoms

- Decrease of shame or guilt

- Increase of tolerance concerning mistakes

- Increase of self-esteem as a competent speaker

- Pragmatic competency to communicate successfully with stuttering symptoms

Phases of KIDS

• Preconditioning: activation of stuttering and triggers

- Identification of overt/covered stuttering behaviour

- Modification of stuttering behaviour using techniques like Pullout and Prolongation

- Generalisation of easy assertive stuttering in everyday life

• Parental counseling: one of the supporting columns: well-informed parents are more likely to intervene if other persons show negative reactions to the stuttering child.

Benefits from stuttering peers in a group

• They demonstrate a realistic model to each other

• They are motivated by a competitive atmosphere

• They offer a learning environment that they are familiar with from kindergarten or school

Setting

• In younger children: smaller groups (4 to 6 children) have proved to be successful. They can be managed by one SLT while bigger groups (up to 12 persons) need two or more SLTs.

• Sessions can take place once a week for 90 minutes or for several Saturdays or for a whole week during vacation

• Parallel parental groups are recommended especially for the younger children.

Group therapy is not an alternative to individual sessions, but offers an supplementary option.

Issues and activities

Depending on the age of the participants, the stage of the development of the group and the individual needs of the participants the treatment can contain the following issues

Issue

Examples of activities

Confrontation and exchange with other stuttering children – they learn to support each other and to adopt their diversity and individuality with a broader focus than only on speaking and stuttering

A list of this exchange happens during the informal conversation during the breaks.

“Two rows”: two rows of children are standing opposite to each other, with some distance to a rope on the floor in the middle between them. The SLT announces affirmatively like: “those who live close to the practice go closest to the rope” or “go as close to the rope as you like to play soccer”, “those who ever have been bullied because of their stuttering go to the rope”

Development of an identity as a group which gives support to the participants

Contracts for the goals are negotiated with every child and if required also the parents

The group gets the possibility to choose from alternatives, to discuss the degree of difficulty, to assess rules.

“ two samples”:

- e.g. motivates for the transfer of speaking techniques

- mourn the farewell of the group

Gradual desensitization against stuttering and the loss of time during situations, against being different, against negative social reactions towards stuttering and stressful situations

Hierarchical increase of:

- Linguistic complexity

- Social risk

- Emotional stress

- Type and duration of stuttering

- Quantity of the behaviour

Developing individual goals

Homework between therapy sessions and developing individual goals for the individual therapy following the group therapy

Analysis of stuttering awares and accompanying behaviour and drawing individual stuttering situations in order to compare them.

Learning and training of speaking techniques in- and outside the practice or clinic

Establishing pseudo-stuttering and symptom-releasing techniques in situations with increasing linguistic complexity, time pressure, external disturbing factors

Easy: Find a town, a country and a river starting with a given letter of the alphabet and read it aloud.

Difficult: The children make a survey about Christmas presents / preference of a football team / pets in the household of the interviewee

Generalisation of the techniques

Homework between therapy sessions and developing individual goals for the individual therapy following the group therapy

Tests of courage in real situations combined with “tests of courage” where every child tries to ask as many persons as possible inside the clinic /on the street /in the household of the interviewee

Improvement of the self-esteem as a person who stutters.

Knowledge about stuttering and the ability to teach it other persons.

Self instructions like “I have important things to say”, awards for the most courageous action, rituals of estimation from the group - and from the SLT for individual progress.

Improvement of speech competence and problem solving strategies

Implementation of self-help movements and accompanying behaviour during the therapy session. They learn that disregarding them leads to consequences.

Watch the videos of a role play of bullying in a class and a variety of different reactions.

Events and situations used in daily life

In-vivo training including the training of pragmatic competencies e.g. greeting, saying goodbye etc.

Libraries:

For the complete references see the separate paper.

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www.kk-koblenz.de

www.kids-stottern.de

www.ecsf.eu