Treatment of the young stuttering child with Mini-KIDS

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Content

- Why stuttering modification with children?
- Mini-KIDS
- Demands on the SLT
- Problems and benefits
Young children are aware of stuttering

- Young stuttering children estimate their own speaking significantly worse than peers (Vanryckeghem et al 2005)

- Preventing strategies e.g. whispering or singsong

- Overt emotional reactions
Rationale of early intervention

Hyperfunctional selfmonitoring

Disfluency

Awareness Struggle

Linguistic + motoric fragility

Environment

Bernstein Ratner 2008 - modified

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Intervention has to focus on

- Environmental factors
  - supporting reactions towards stuttering
  - Fluency facilitating communication

- Child
  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

Reducing risks (e.g. speech and language disorder)
Early intervention

- prevents chronic stuttering in many cases (Curlee 1999, Onslow & Packman 1999, Reardon & Yaruss 2003, Yaruss et al 2006)

- Short intervention in most cases
Stuttering Modification

Objective: optimal coping
- Short and easy symptoms
- Calm and assertive reactions to stuttering
- Self-esteem as a competent speaker

Steps
- Desensitisation against stuttering and triggers
- Identification of overt/covered stuttering behaviour
- Modification of stuttering behaviour
- Generalisation of easy assertive stuttering
Stuttering Modification for children

Ch. v. Riper, 1973

C. Dell, 1979

Antwerp Model, L. Larsson, P. Zebrowki, S. Yaruss, N. Reardon, V. Waelkens, KIDS (P. Sandrieser & P. Schneider)

and many others apply essential elements of stuttering modification to the treatment of young children
Children are allowed to stutter

We should show them good coping strategies that frequently induce recovery
Why should children be allowed to stutter?

It prevents dysfunctional coping strategies.

If it is not allowed to stutter

→ failure if it occurs
→ efforts to get out of it > struggling
→ attempts to avoid it
→ negative reactions of environment induce secondary emotions shame and guilt > risk for self-esteem
Why should it be allowed to talk about stuttering?

It prevents dysfunctional coping strategies.

If it is not allowed to talk about stuttering
→ taboo
→ imagination and concerns about reasons and future
→ no relief and consolation

for both - child and parents
Disrupting self reinforcing processes!

Functional coping instead of
- Automation of motor reactions
- Psychological reactions
- Irritations in the environment
- Prejudices

in order to reduce the maintaining factors and to increase the chance of recovery
Objective of Mini-KIDS: Recovery

- induced by a modified stuttering as a step towards fluent speech
  - Short and easy symptoms
  - Calm and assertive reactions to stuttering
  - Self-esteem as a competent speaker

- induced by reduction of other risks
Side-effects in case of no recovery:

- Reduction of
  - dysfunctional motor reactions
  - dysfunctional psychological reactions
- Ability to control the remaining tensed stuttering events to some extent
- More competence in the environment

Only effects, that persist in everyday situations after the end of the treatment may be called success
Mini-KIDS

Patricia Sandrieser & Peter Schneider
(2002)
Assessment

- Parental interview and questionnaires
- Spontaneous speech of the child
- Observation of general communication and concerning stuttering
- Observation of reactions to the SLTs stuttering and to the topic of stuttering
- Assessment of other possible risks
Treatment indication

Stuttering with
- motor reactions (e.g. struggling)
- cognitive and emotional reactions (e.g. avoidance)
- concerns in the environment
- associated speech and language disorder
- other risks in the child and his environment
Information and agreement

- Information of the parents about the objectives and the proceeding of Mini-KIDS and alternative approaches

- Agreement with the parents
  - 1-2 sessions a week
  - One parent takes part during the session and does the home assignments with the child
  - Both parents take part in a parental group and individual counselling
Parental counselling - individual and in groups

- Symptomatology, epidemiology
- Multifactorial causes
- Maintaining factors
- Reacting towards stuttering
- Social environment, dealing with prejudices, bullying
- Fluency facilitating behaviour
- Comparison of treatment approaches
- Self-help groups
Principles

- Good relationship between SLT, child and parents
- Continuous updating of assessment and parental interview in order to fit the treatment plan
Stuttering modification combined with an individually planned framework treatment of risks

- Treatment of speech and language disorder
- Increasing self-esteem and assertiveness
- Improving turn-taking within the family
- Improving problem solving strategies
Phases

- Desensitisation and identification
- Modification
- Generalisation
Agreement with the parents and the child

“Your mother, you and I will play and work together and I will show you how you can bring out your words easily if they get stuck and how you are less embarrassed by the stuttering.
Desensitisation - principles

- The therapist always stutters first.
- If possible, the child determines the SLT’s stuttering
- Descriptive feedback is better than judging
- Go out of the practice rooms as soon as possible
Desensitisation - cooperation with the parents

- One parent learns the exercises
- Training at home as soon as the parent is able to
  - motivate the child
  - give a supporting feedback
  - show a good pseudostuttering
- Continuous feedback about the home assignment to the SLT
Talking about reactions of others towards stuttering

A stuttering hedgehog rescues the animals of the wood in spite of their negative reactions to his stuttering.
Teaching knowledge about stuttering

- Repetitions - frog words
- Detection
- Discrimination
- Production
Prolongations - Snake-words

Duration

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In vivo desensitisation

Side effect: increasing assertiveness
Information at nursery school

- Child and SLT inform the class about stuttering
- Comparison with other children who are “different”
- Exercise of frog words with the children
- Discussion how to react in a fair way to stuttering
Blocks - Pooh - words
Tension
Identification of pseudo and true symptoms

Playing tag

- Who notices the stutter first?
- What type of stutter was it?
- In which word did it occur?
- How much tension was in the stutter?
Identification of true symptoms
Modification schedule

- Introduction of block solving strategy (bss)
- Training with pseudoblocks
- Application to true symptoms

- Usually it’s not necessary to treat accompanying motor reactions - the bss is substituting them.
Introduction of bss

- Pooh has got stuck in Rabbits hole, because he has eaten too much honey.
- Pooh has to wait (freezing) in order to lose weight.
- Then a frog or a snake carefully rescues him and pulls him out with an easy pseudostutter.
- Focus changes from the story of Pooh to the ability of the child to rescue him/herself.
Training of bss

- Pseudoblocks
- Freezing: magic spell, solving tension with facilitating gestures
- Restarting with controlled easy pseudostuttering
- Training with increasing linguistic and emotional demands
- Parents may not insist on training and transfer outside training time!
Transfer to true symptoms

- Training to tag true symptoms
- Agreement with the child concerning the assistance of the SLT
- Avoid disappointment and frustration as a consequence of too ambitious training
- Parents may only do the training at home under the precondition, that they stick to the guidelines of the SLT
Learning how to control tension
Generalisation

- Implementation of bss in everyday situations
- Support by parents and others
- Discussion of realistic goals
- Larger distances between the sessions
End of treatment

In case of recovery or rare and easy stuttering-events without tension and concerns

- Preparing the child and the parents for a possible relapse
- To dos in case of a relapse (self help booklet or video)
The SLT should be able to

- create a positive relationship with the child and its parents
- encourage self-esteem, assertiveness and problem-solving skills
- reflect his own reactions concerning stuttering
- talk about stuttering without negative feelings and attitudes
- model stuttering in everyday situations without negative feelings and attitudes
Problems arise if

- both parents (or one of them) do not accept or understand the objective and the proceeding
- parents are not exercising at home
- the SLT is not desensitized him/herself.
- the SLT or the parents are overambitious in the hope for a recovery.
Benefits

- frequent recovery
- if not, easy and assertive stuttering
- parents who react understandingly and supportingly to stuttering
- short duration of the treatment
- short duration of refreshers in case of a relapse
7 years later
Thank you for your attention!

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