Overview

• Theoretical framework
• The PPCI approach
• Candidates for therapy – guidelines
• Rationale for therapy goals
• Measuring progress
• Research evidence
• Future research into stuttering in preschool children who stutter

Theoretical Framework

• Multifactorial
  – neuro-physiological
  – linguistic
  – cognitive/emotional
  – environmental
• Complex
• Combination of factors varies between children and over time
Principles of Palin PCI Therapy

- Stuttering is heterogeneous, therapy needs to be individually tailored
- Focus is on understanding each child’s skills and needs
- Parent involvement is central to the process of change (both parents unless a lone parent family)

Principles continued……..

- Parents of CWS are not different from parents of CWNS (Kelly & Conture 1992; Kloth et al 1995; Yaruss & Conture 1995; Miles & Bernstein Ratner 2001).
- Interaction is a two way process (Meyers & Freeman 1985; Kloth et al 1999)
- Parental interaction styles may influence a child’s fluency (Stephenson-Opal & Bernstein Ratner 1988; Newman & Smill 1989; Guitar et al 1992; Winslow and Guitar 1994)
- Interaction styles can be modified – change in one may influence many others (Bernstein Ratner 1992)

- Focus on strengths, what parents are already doing
- Collaborative - therapist facilitates, supports, reinforces
- Stuttering openly acknowledged and discussed
Overview of Palin PCI
Kelman & Nicholas, 2008
• Identify the physiological / linguistic / environmental / emotional factors
• Enhance and develop those that support fluency
• Combination of indirect (interaction and family strategies) and direct methods (fluency enhancing strategies)

Palin PCI Sessions
• Screening assessment
• Consultation assessment
  – child assessment
  – case history
• Six clinic sessions (one hour each)
• Six week home consolidation period
• Review 6 weeks, 3 months, 6 months, 1 year post therapy

Clinic Sessions
• Session 1
  – set up Special Time
  – make interaction video
• Sessions 2-6
  – review home tasks
  – interaction videoed and observed
  – parents identify interaction target
  – family strategy introduced
Rationale for choosing therapy goals

- Interaction strategies
  - parent identifies target and rationale
  - parents can make changes to interaction
  - changes can impact on fluency
- Family strategies
  - children function in context of family
  - environment can influence development
  - need to generalise outside clinical environment

Interaction Strategies

- Increasing pauses between turns
- More equal balance of turns
- Matching complexity of language to child's abilities
- Reducing speech rate
- Altering the balance of questions:comments
- Following child's lead in play
- Increasing eye contact

Family Strategies

- Praise (Faber & Mazlish, 1988)
- Confidence building
- Behaviour management
- Family turn taking
- Establishing routines
- Other family support
Candidates for therapy

- ALL CWS aged 2-5 years
- Any time post onset
- Including children who:
  - are unaware of stuttering
  - don’t have metalinguistic skills to modify speech
  - are sensitive to any mention of stuttering
  - have reduced attention and listening skills
  - have reduced language skills
  - have learning difficulties or autistic spectrum disorders

Measuring Progress

- Stuttering frequency (%SS)
- Parent questionnaire (Millard 2002; Millard et al., 2009)
- Parent report

Parent Rating Scales

(Millard et al., 2009)

How worried are you about your child’s stammering?

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

How worried is your child about his stammering?

0 as worried as he possibly could be
10 not at all
Research Evidence

- Single case study (Matthews, Williams & Pring, 1997)
- Replicated single subject study (Millard, Nicholas & Cook, 2008)
- Replicated single subject study (Millard, Edwards & Cook, 2009)

Summary

- 12 children at risk of persistence
- 8 demonstrated reduction in stuttering during clinic and home therapy phases
- 2 showed significant reduction within 6 months
- 10 received indirect components only
- Significant reduction in parents’ ratings of severity and impact of stuttering on children
- Significant reduction in parents’ ratings of worry and increase in knowledge and confidence

Observations

- The data suggests that PPCI begins a process of change that continues over time
- Prognostic factors identified from non-clinical groups so far not indicative of progress in therapy
- 5 CWS who started with advanced expressive language skills reduced to within average range. Receptive skills unaltered
Future avenues for research
(preschool CWS)

• Effectiveness of Palin PCI in different contexts (incl: non-specialist clinicians, concomitant disorders)

• Are there clinical markers for:
  – prognosis for clinical populations?
  – therapy outcome?

• Are there factors that indicate which programme is likely to be most effective for an individual child?

• What are the essential components for effective therapy?

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References


