


Family-Focused Treatment Approach

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An Integrated Approach

- This approach is classified as both fluency shaping and stuttering modification.
- Parents are working toward the development of normal speech fluency in an environment that accepts the child's communication skills and minimizes the likelihood that the child will develop negative communication attitudes.

Family-Focused Treatment Approach

- This treatment approach was designed to help children between the ages of 2 and 6 who stutter to improve their speech fluency while developing healthy communication attitudes.
- Although this review concentrates on the parent training program, the approach involves both parent and child-focused strategies.
- The parent training program helps parents to modify their communication behavior and reduce their concerns about stuttering.

Components of the Family-Focused Treatment Approach

- Education and Counseling (2-4 sessions)
 - Parents learn about stuttering to reduce concerns about their child's speech.
- Communication Modification Training (3 sessions)
 - Parents learn strategies to facilitate their child's development of fluent speech.
- Review and Reassessment (1-2 sessions)
 - Parents evaluate their use of treatment strategies and consider the impact of those strategies on their child's fluency.

Theoretical Rationale

- According to Yaruss, parents play a central role throughout the treatment process.
 - Educated and supportive parents can become more active partners in the treatment program by providing feedback about the child's speech or modeling communication modifications.
- By manipulating aspects of the environment, one can increase the likelihood that the child will be able to speak more fluently.

Style of Presentation of Therapy

- Six to eight sessions: Children are not present for the first two sessions.
- 45 minutes each
- Once per week or every other week

Success

- The child's success is determined during the final two therapy sessions.
- The child is dismissed if his/her speech fluency is within normal limits (approximately three disfluencies per 100 words) combined with appropriate communication attitudes.
- If dismissed the parents and clinicians continue to monitor the child's fluency and attitudes for 3-6 months.

Generalization and Maintenance

- Parents are required to implement specific treatment strategies in real world situations.
- Clinicians informally assess the parents' participation in therapy through 'check-in' discussions at the beginning of each session.
- Parents are also encouraged to use videotaping and charting.

Success Rate

- 85-90%
- Efficacy studies are limited, but they indicate high success rates.

Strengths

- Parents are active participants.
- Components are selected based on the specific needs of the child and family.
- Treatment addresses improved fluency, effective communication skills, and appropriate communication attitudes.
- Treatment is administered in a flexible manner.
- Approach has minimal requirements in terms of cost and clinician time.

Weaknesses

- Limited research has been done on this treatment approach.
- Does not account for natural recovery.
- Carrying out treatment may put added pressure on the parents.
- Difficult to determine whether or not parents are following through with the treatment plan.

Do We Recommend This Approach?

- YES! This approach begins at an early age and gets parents and family involved in the treatment process. It allows clients to work on their fluency not just in therapy but in real life situations and environments.

References

- Yaruss, J.S., Coleman, C., & Hammer, D. (2006). Treating preschool children who stutter: Description and preliminary evaluation of a family-focused treatment approach. *Language, Speech, and Hearing Services in Schools, 37*, 118-136.
- Yaruss, J.S. A parent/child training approach to therapy for preschoolers who stutter. *Stuttering Center of Western Pennsylvania*. Retrieved December 7, 2006 from University of Pittsburgh: www.pitt.edu.