

Training parents of children who stutter: applications of techniques from cognitive behaviour therapy

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Cognitive behaviour therapy adopts a bio-psycho-social learning model and employs methods that allow us to make precise analyses of overt and covert behavioural aspects of stuttering and what elements constitute to the development of a stuttering problem. While for the time being evidence of its positive influence on stuttering behaviour is rather scarce (e.g., see Boey, 2008; Fry, Botterill & Pring, 2009; Menzies, O'Brien, Onslow, Packman, St Clare, & Block, 2008), there is ample evidence for its effects on anxiety disorders, depression, agoraphobia, social phobia, PTSD, childhood depressive disorders, childhood somatic disorders, among others (e.g., Butler, Chapman, Forman, & Beck, 2006 for a review).

Behavioural analyses allow the therapist to select carefully from a variety of behavioural techniques in order to achieve behavioural changes on a cognitive, emotional and skills level. In a way similar to behavioural analyses of the stuttering child, it is possible to analyse overt and covert parental behaviour in response to their young child's stuttering, in order to select and systematically apply behavioural techniques that help shape their knowledge, insights, emotions and overt responses and models.

In our workshop we will illustrate and explain how we apply cognitive behavioural methods to counsel and train parents of young stuttering children, in group. The parent training consists of twelve group sessions with a clear agenda. In a gradual fashion parents achieve knowledge about fluency and disfluency; characteristic features of stuttering and its development; causing, and potentially precipitating and persisting factors (e.g., fluency disrupting situations); potential negative and positive effects of parental reactions and models; basic principles of cognitive restructuring and problem solving. By means of the structured organization of course material parents themselves they are gradually desensitized for stuttering stimuli. Cognitive restructuring is aimed for by individual and group discussions and by having them carry out home-assignments. Additionally, concrete exercises for skills training are included in the parent course (e.g., how to explain about stuttering to the school teacher or peers; how to reduce the effect of triggering factors for stuttering, etc.). Finally, parents learn how to stimulate transfer of treatment effects on their child's communication problem from the therapy room to the home and school environment.

At the end of the parent course, all mothers and fathers anonymously fill out a questionnaire to examine their experiences with the course and the degree in which they think the course has changed their own skills and attitudes towards their child's fluency problem, as well as the degree in which they find it was helpful for their child. We will address results from these questionnaires in short.

It is our goal to provide many opportunities for questions and discussion.

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