

LOST FOR WORDS

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What is stammering, how does it develop in young children, and what can be done to support children who stammer? Michael Jones reports on an innovative and influential approach to this common problem.

"It's hard for me to speak. It's like something's blocking the air. I have to take a big breath." "I go uh, uh, uh." "I don't like having sticky words." This is how some children, under seven years of age, describe how it feels to stammer. Stammering (otherwise known as 'stuttering' or 'dysfluency') may at some point be a part of all children's early communication. For some it will be a passing phase, while for others it may persist into what can be a severe communication difficulty. How does stammering develop? Can we predict whether some children will go on to recover while others will persist? How can we support families to help their children become more fluent speakers?

These questions are posed, and answered, in a major new book on the subject of early childhood stammering: *'Practical Intervention for Early Childhood Stammering: The Palin PCI Approach'* (Speechmark, 2009), written by Elaine Kelman and Alison Nicholas. Since the 1980s they have been part of a large team of Speech and Language Therapists specialising in supporting children who stammer, and developing an approach that is now known as the Palin Parent Child Interaction Approach (Palin PCI)

Michael Palin is a well-known British comedy actor and travel writer, and a founder member of Monty Python's Flying Circus. In 1988 he co-starred in the British comedy film 'A Fish Called Wanda', where he played the part of Ken, a bumbling criminal gang member with a crippling severe stammer. While many audiences found Ken's extreme stammer highly amusing, Palin had, in fact, based the character's communication disorder on his own father's stammering behaviour, complete with extreme body movements and facial tics.

Following the film's massive international success, Palin agreed to lend his support to the pioneering research and therapy techniques of a group of Speech and Language Therapists, led by the late Dr Lena Rustin. The team's base, at the Finsbury Health Centre in North London, is now known as the Michael Palin Centre for Stammering Children (MPC). MPC has become internationally renowned as a centre of excellence for research and innovation in the field of childhood stammering, and has been instrumental in supporting many children and their families, and training hundreds of therapists.

What is stammering?

Stammering appears in all parts of the world, in all cultures, and in all socio-economic groups. It is typified by repetition or prolongation of whole or parts of words, or the blocking of sounds, where the lips are in position, but no words come out. The speaker may show facial tension, and may use extra body movements such as stamping his feet or clenching fists, in an effort to 'push the words out'. Breathing patterns may also be affected; e.g. children may take an exaggerated breath before speaking. Sometimes children try to avoid stammering by changing words or avoiding certain speaking situations, and some may just become very quiet.

How stammering develops

Though there continues to be heated debate about how stammering develops, and particularly the respective roles of physical, psychological and emotional influences, certain key factors emerge from the literature. Stammering usually begins in early childhood, between the ages of two and four, when there is rapid expansion of speech and language skills. Many children pass through a phase of what has been described as 'normal non-fluency,' as part of their general development as communicators. Around the time that stammering emerges, the ratio of boys to girls affected is about equal. However by the time children start school the ratio of boys to girls is three boys to every one girl, and by age 10 it is 5:1 or 6:1. It is estimated that between 4% and 5% of people will have stammered at some point in their lives, though most of these spontaneously recover. The incidence of persistent stammering in the population is 1%.

A key discussion point in the field of research and clinical experience is the relative importance of physical and environmental factors. There is strong evidence that stammering is more prevalent in families where there is an existing family history. The pattern of stammering in the family is also thought to be important: where there is a likely chance of children becoming fluent in families with a history of natural recovery.

Are language difficulties related to stammering? Research in this area is inconclusive, with some children having below-average language development, and others with significantly advanced language skills. However what is relevant is that there is often a mismatch between the speech skills and language level of a young child who stammers: he may have a wide vocabulary, but weaker skills in constructing sentences, or good language skills but a weaker sound system. The complexity of what children are saying also has a significant bearing on stammering: the longer and more complex a sentence a child is trying to use, the more likely he will be to stammer. It is important for parents and professionals to note that there is no evidence that being brought up in a bilingual environment is linked to stammering, though discussion of communication in the family forms an important part of work with parents.

Parenting and stammering

The research has shown that parents do not cause stammering, but a large number of studies have looked at stammering, parental anxiety and how parents interact with their children. Research evidence suggests that while there is no link between parental interaction style and the development of stammering, it is likely that parents will react in different ways to their child who stammers and one who doesn't. This may be due to anxiety that their responses will make the child stammer more. They may consequently develop strategies such as finishing sentences for children, avoiding too many questions, or talking for their children in potentially stressful situations.

Parental anxiety about exacerbating their child's stammer can affect how they react to their child, sometimes leading to inconsistency. Parents can lose confidence and this can lead to issues with managing young children's general behaviour, including patterns of eating and sleeping, and setting consistent boundaries. Parents of children who stammer frequently describe their children as being 'highly sensitive', 'easily upset' or 'a bit of a worrier'. Children may also 'set themselves high standards' and be 'perfectionists who like to get things right.' Children who stammer may be aware that they have communication difficulties, and this can have an important bearing on their developing self-image and self-confidence.

The Palin PCI Approach

Findings from the research and clinical experience outlined above have been the primary influences on the Palin PCI approach, which is a practical intervention for young children who stammer. At its heart are detailed fact-finding and a philosophy that assumes that parents have an instinctive understanding of their children, and insights into what supports their children's fluency. Parents and therapists work together to establish whether a child is likely to naturally recover or whether their stammering behaviour might become persistent. Action plans are drawn up, based on these decisions, and therapists, parents and children work together to put these plans into effective action.

Recovery or persistent stammering?

Approximately 75% of children who start to stammer will resolve the problem naturally. A key aim of PCI is to differentiate between these children and those for whom the problem will persist. The first step is an initial screening session. This may take place in the clinic, or by letter or telephone conversation. If it is decided that the child's dysfluency is likely to resolve naturally, then general advice is given, but with the option of further contact if no progress is made, or if the problem worsens. If a child's stammer is judged to be more problematic, then a full assessment will be offered. This includes taking a detailed case history, videoing the child speaking and interacting with his parents, and assessing the child's general speech and language development.

Working with parents

The first stage is to take a case history. This is a structured interview based on a series of questions, aimed at finding out about the child and his stammer within the context of the family. This will help to identify which factors may have contributed to its onset and development, and how vulnerable the child is to persistent stammering. Therapists take note of the words and phrases that parents use to describe their child. Parents' own words are more meaningful to them than ones chosen by therapists. For example, if parents report that their child "sometimes has trouble with thinking of the word he wants to say", a therapist choosing to use this phrase might have more impact than one who says, "your child has a word finding problem."

The PCI approach represents a move away from the traditional 'medical' model where the therapist is the 'expert' who tells the parents what the nature of the problem is, and what the parents should do. A traditional approach might involve the therapist saying, for example, "It appears that time pressure, linguistic complexity and your child's emotional state are contributing factors". The PCI approach sees the therapist asking, "What seems to help your child to be more fluent?" and, "What do you do or say to help him when he is stammering?" Parents don't necessarily know how much knowledge they have about their children. Drawing this knowledge from the parents, and using it to plan actions together, is both empowering and memorable for parents. The process helps to reduce their anxiety about the problem, while increasing their confidence in their own ability to manage it.

Helping children into fluency

The case history and full assessment lead to a step known as 'formulation'. Here the therapists assimilate the relevant information from the assessment process, in order to give the parents a clear and logical explanation of their child's stammering. The aim is to fully engage the parents in working together with the therapists to support their child, and this can be best achieved if they know more about stammering and how they can help their child. Therapists strive to use plain English and to avoid

jargon, as they give parents general facts about stammering, describe why some children stammer, and discuss how this relates to their assessment findings.

Therapy sessions take place in the clinic once a week for six weeks. Video feedback is used to help parents identify and develop ways of interacting with their children to facilitate fluency. Parents work with therapists to develop the child's fluency within a supportive environment, and specifically at home when talking with parents. This includes setting aside 'Special Times' lasting five minutes, when they parents and child can spend time playing talking with their child together, using the ideas they have identified in clinic to support his fluency. in a positive and supportive way. Other family strategies, e.g. managing family turn-taking, are also discussed. Families are supported throughout the programme by a wide range of task sheets, and information and guidance handouts. At the end of the six weeks the parents stop attending the clinic sessions, but continue to implement the strategies at home for a further six-week consolidation period. Then the child's progress is reviewed and further help is provided as necessary.

Children may learn specific techniques that help fluency, including slowing down their rate of talking, pausing to think, and developing 'easy onset' where 'hard speech sounds' are made more gently. Children may also work on general communication, such as making eye contact and focusing attention, and being more concise when they talk. All children are monitored for at least a year, usually attending once every three months to check on progress.

How effective is Palin PCI? The MPC is undertaking a programme of research into the effectiveness of this approach. Studies have shown significant reduction in the levels of stammering in children who have received Palin PCI, and parents rate themselves as being less concerned about the stammering and more confident in their ability to manage it. Findings have been published in peer-reviewed journals, contributing to the evidence base for early intervention with young children who stammer. While therapists at the MPC are confident that Palin PCI provides an effective strategy for developing young children's fluency, they continue to evaluate their effectiveness and develop the approach.

Michael Jones is an educational writer, researcher and trainer.

For more information visit

The Michael Palin Centre for Stammering Children
www.stammeringcentre.org

The British Stammering Association
www.stammering.org