

Establishing an evidence-base for recommendations to parents of young children who stutter

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There has been a recent explosion of basic research into the genetics, and neuroanatomical and neurophysiological bases of stuttering (e.g., Bloodstein, et al., 2021). However, most therapies for stuttering in very young children continue to emphasize changes in parent-child interaction as primary components. Specific advisement varies, from asking parents to respond contingently to stuttering (e.g., Lidcombe Program, LP; Onslow, et al., 2017), to adjusting the timing or linguistic features of parent-child interaction (as applied by programs such as DCM-RESTART (de Sonneville-Koedoots, et al., 2015), Palin Parent-Child Interaction Therapy (e.g.,Kelman & Nicholas, 2017) or Family-Focused Therapy (e.g., Yaruss, et al., 2006).

Parental involvement in a child's therapy is unquestionably important to successful treatment of most chronic developmental conditions. However, instructions to modify parents' profiles of interaction to achieve children's symptom relief or to impact outcomes comes at some risk, including amplification of parental guilt, and possible restriction of input required for optimal child language development. Thus, it is concerning that we have shockingly little evidence that changes in parental behavior play any significant role in changing either temporary fluency profiles in children or eventual outcomes (recovery vs. persistence). In fact, more evidence exists to suggest that changes to parental interactions with their stuttering children do not impact outcomes: long-term outcomes of both Lidcombe and RESTART DCM therapies are not significantly different from spontaneous recovery rates (de Sonneville-Kaedoots et al., 2015). Similarly, outcomes of the LP do not appear to relate to accuracy of parental contingencies (e.g., Swift et al., 2016). Nor do parents of children who stutter appear to hold different expectations of their children (Miles & Bernstein Ratner, 2000) or speak to them in evidently different ways, than do parents of children who do not stutter.

We will examine parent-child interactions from the Illinois Stuttering Research Project (see summary in Yairi & Ambrose, 2005 as well as individual reports), which tracked 80 children who stutter (64 who eventually recovered, and 16 who remained persistent after 3 years) as well as children who did not stutter. We will use previously unanalyzed samples of mother-child speech obtained over a 3-year time frame (480 samples) to identify which, if any features of parental interactions distinguish either CWS from typically fluent peers, or CWS who recover (CWS-R) from CWS who remain persistent (CWS-P). Given therapeutic advice to parents, we seek to compare parental speech rate, turn-taking latencies, and measures of adult language complexity, including relative difference from that seen in the child's own speech. We aim to validate nearly universal advice to families of CWS. We seek to advocate for parents who may justifiably worry that they play a role in triggering children's symptoms or impact eventual outcomes, and better support and educate families and clinicians as they move toward stronger evidence-based treatment approaches to meeting the needs of the stuttering community, beginning in early childhood.