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Academic training in initial counseling of parents of preschoolers who stutter: A simulated caregiver model

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Abstract

No other therapeutic approach to stuttering in general has achieved the consensus of support given to parental involvement in the clinical management of early childhood stuttering. In most cases, this involvement begins with and is based on information received during the initial evaluation. This extremely important initial step in the therapeutic process often can prove difficult for beginning clinicians, especially given the current landscape of graduate clinical training opportunities. The purpose of this manuscript is to provide a framework for the use of simulated caregivers in the process of enhancing the parent counseling skills during an initial evaluation of graduate students in communication sciences and disorders. Though the field of communication disorders has come late to the idea of using simulated patients, there is a rich and varied literature on this teaching tool in other healthcare fields (e.g., nursing, medicine, psychology). What follows is a review of: (1) the factors affecting graduate training in fluency, (2) the need for better training in parent counseling during the preliminary stages of working with preschool children who stammer (CWS), and (3) a possible framework for this incorporating this training in a tightly-controlled clinical opportunity.

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Keywords: stuttering; evaluation; academic training; simulated caregivers

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1. Factors Affecting Graduate Training in Fluency Disorders in the USA?

The various factors that have contributed to the shortfall in the preparation of speech-language pathologists (SLP) to prevent, assess, and treat pediatric stuttering have been well-documented (e.g., Yaruss, 1997). Some of these factors may be related to the inherent complexities involved with this disability or university training programs' challenges with changing accreditation standards. For most SLPs, training in the area of fluency begins with graduate school. Yet, as a result of changes in the standards for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP), many academic programs reduced or eliminated required course work in fluency disorders and the minimum clinical practicum hours in stuttering (Yaruss, 1997). These changes have resulted in an unknown, but what must be a significant, number of graduates of professional programs entering the profession with little or no clinical experience in the assessment or treatment of fluency disorders in children.

The fact that stuttering is a low-incidence disorder (Yairi & Ambrose, 2005) also contributes to the breakdown of best practice services for children who stutter, as it often creates a small number of available clients who stutter in many academic training programs. Many universities, particularly (but not only) those in less populated areas, may be unable to find a sufficient client base to allow all students to gain face-to-face clinical experience with children who stutter. Consequently, there are few university programs which have specialty clinics in the area of stuttering to train graduate students in practicum. It is, therefore, incumbent on university training programs to develop unique educational and clinical training opportunities for students in order to meet minimum knowledge and skills competencies in the area of stuttering. Given the complexity of stuttering and the repeated finding that many practicing clinicians already lack sufficient comfort and competence with fluency disorders (Cooper & Cooper, 1996; Manning, 2010;Tellis, Bressler, & Emerick, 2008), it would seem that more training and experience, *not less*, is needed to prepare clinicians to help people who stutter. Training programs, and indeed, the profession as a whole, must work to identify unique and alternative ways of preparing student clinicians to appropriately and effectively evaluate and treat fluency disorders. If such efforts are not undertaken, and if the apparent trends identified in the area of pediatric fluency disorders continue, then it is likely that the number of clinicians who are qualified to help children who stutter will decrease even further. Given the current landscape of academic training in the area of pediatric stuttering, though, how do we address this critical therapeutic component, especially when the training framework may not always allow the opportunity? More specifically, how can graduate training programs work to build confidence and competence in beginning clinicians during the preliminary stage of the client -clinician relationship -- the initial evaluation? This extremely important initial step in the therapeutic process often can prove difficult for beginning clinicians, especially given the current landscape of graduate clinical training opportunities. Therefore, how can we prepare our future clinicians to adequately counsel the parents of young children who stutter during the initial evaluation? What information should be included, and how can we as academic institutions assist in ensuring our students feel competent and confident in carrying out this task?

2. Brief Review of Initial Parent Counseling Trends

The focus on parent counseling following the initial evaluation of young children who stutter is not a new direction. It is well-known that Johnson's (1948; 1961) initial advice to parents consisted of sharing information on speech development, the normalcy of disfluencies, and the causes of stuttering, according to Johnson's own theory. Other early practitioners focused the initial evaluation session on altering the parents' perceptions and attitudes so as to promote in the child a strong feeling of acceptance (Schuell, 1949), and recommended creating a favorable and consistent environment for fluency so that maturation and stabilization of the communication system can take place (Zwitman, 1978). Additional writing about and programs for advising parents of preschool age children who stutter, sometimes as components in more comprehensive treatment programs, have continued to appear with some variations in orientation, general structure, and step-by-step details (e.g., Gregory & Gregory, 1999; Kelman& Nicholas, 2008; Rustin, Botterill, & Kelman, 1996; Starkweather, 1990; Zebrowski &Schum, 1993). These programs appear to reflect not only past thinking but also significant portions of current practices in advising parents throughout the therapeutic process.

Given the breadth and depth of the past literature in this area, however, it is important to understand that