

## What is Direct Treatment ?

It is very common for me to evaluate and treat preschoolers who had been previously enrolled in other approaches to stuttering therapy. The parents contact me because they are very frustrated and want a solution. Their child was not making any tangible, long term progress. In many cases the children were getting worse.

Parents wisely seek early intervention because they know that the best time to resolve stuttering is before the youngster becomes self-conscious and fearful of speaking. They want to stop the stuttering before their child is a stutterer- a child whose identity is focused on his speech impediment.

Children with normal disfluency (see FAQ page) do not necessarily need speech therapy. Children who stutter **do need** therapy.

Many parents have been told to ‘bite their lip’ and not say or do anything when their child stutters. Others observe their child fluent only when in speech therapy but witness significant stuttering in the car to and from the therapy; and many other situations.

There are still way too many health care professionals, teachers, and SLPs professing something like this: “if you bring attention to stuttering, it will get worse.” What kind of attention? This statement is called a *generalization* and lacks definition. Are these people imagining punishment for stuttering; spanking, or pepper spray? This myth is ultimately hurting preschool children. Preschool is the precious time window when we have the best chance to stop a potential life long stuttering problem!

Stuttering therapy for preschoolers can be classified into four main categories:

- 1) Indirect without child in therapy: the parents receive education about listening, modeling easy speech, reducing time pressure, and other changes to communication style. This can help many children with **normal disfluency** resolve.
- 2) Indirect with child in therapy: SLP carefully selects easy talking tasks so little or no stuttering manifests (i.e., naming pictures). If stuttering does occur, it is not addressed. This can create a *false positive*: the child is fluent when stringent controls are placed on his utterances. This does not accurately simulate real and excited speech typical to young children. Many parents have reported watching this type of therapy and feeling helpless. A fear of addressing the stuttering is like the metaphorical elephant in the room: the stuttering is real but no one wants to discuss it.
- 3) Turtle and Snail Talk: this is a hybrid between indirect and direct. Children are taught several *speech targets* such as stretching sounds, rate control, and easy speech production. The presupposition is that a child can refrain from getting

- excited and produce a very methodical and sophisticated slow speech. What are the chances of a child on a play date prioritizing and focusing on slow, easy speech to control his fluency? The only kids who get better during this type of therapy are the ones who would have recovered naturally. Since the long term goal of this program is impossible you know the therapy cannot get the credit.
- 4) Direct treatment: this is a type of therapy in which moments of stuttering are addressed. In most cases the moments of stuttering are addressed after the utterance (i.e., “Tommy I think you stuttered back there. Say it again smoothly.”). Pointing out the stuttering after it occurs can be very frustrating to the child and this approach does not teach the child to **self-correct**. This is reactive and not proactive. F.A.S.T. Fluency is the solution.

What if a preschooler could feel a stutter and stop himself? This is known as a *pull-out* for older children and adults. This in-stutter correction counter conditions the behavior and quickly reverses the symptoms. The children with secondary symptoms (i.e., eye blinks, facial contortion) are quickly free of those struggle behaviors.

F.A.S.T Fluency is simply the most direct and efficient therapy for preschool stuttering available today. The average duration of speech therapy is 11 visits. The children graduating are either stutter-free or so close they no longer need frequent therapy.

In F.A.S.T. Fluency the parents are in the room each and every session. The parents learn specific, time tested therapy techniques to resolve stuttering. Parents do ‘speech games’ at home, reward the child for fluency and self-corrections, and feel empowered. Parents want to know that they can help their child.

*I am a speech therapist who turned to Tim when my own son began stuttering. I did not specialize in fluency and knew I wanted someone who was an expert in stuttering treatment. He was fantastic and my son was speaking fluently after less than ten sessions with Tim. I would highly recommend Tim to any family needing speech services.*

*L. Strick, SLP*

I believe in parents. Some parents have to do breathing treatments for asthma, others manage diabetes, manage health and medical issues, and many home school. Since 1992 I have watched parents from all walks of life learn to help their child stop stuttering.

After age seven it becomes much more difficult to stop stuttering completely. The preschool child-who has not yet attached negative thoughts and feelings to his stuttering-has the best chance for total resolution. F.A.S.T. Fluency offers the most direct, leading-edge program for preschool children.