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Clinical Focus

Methods in Stuttering Therapy for Desensitizing Parents of Children Who Stutter

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Purpose: The aim of this study was to describe a range of methods used in stuttering therapy for desensitizing parents of children who stutter (CWS).
Method: This clinical tutorial will first briefly explore the rationale and benefit of including parents of CWS of all ages in the therapy process. The construct of desensitization will be defined, and a description will be given of how traditionally it has been incorporated into therapy with adults who stutter and CWS. Research evidence will be presented about the impact of a child's stuttering on parents. The article will then focus on clinical methods for desensitizing parents of CWS using examples of activities conducted in group and individual therapy with parents at the Michael Palin Centre in London with reference to desired outcomes, how to measure them, and how to address potential pitfalls.
Conclusion: Desensitization activities can be implemented with parents of CWS to help them recognize and manage their emotional reactions to their child's stuttering, to support parents to feel knowledgeable and confident in managing their child's stuttering, and ultimately to enhance the child's progress in therapy.

In recent years, there has been an increased research interest in the role of parents in the therapy process and the impact that stuttering can have on parents, who report a range of emotional responses to their child's stuttering (Berquez, Hertsberg, Hollister, Zebrowski, & Millard, 2015; Biggart, Cook, & Fry, 2007; Kelman & Nicholas, 2008; Langevin, Packman, & Onslow, 2010; Millard & Davis, 2016; Millard, Edwards, & Cook, 2009; Millard, Nicholas, & Cook, 2008; Plexico & Burrus, 2012).

Desensitization to stuttering has long been recognized as an important component of therapy for clients who stutter (Van Riper, 1973). In therapy for children who stutter (CWS), the focus has traditionally been on the desensitization process for the child, and historically, therapies with school-aged children have tended to focus on direct work with the child, independently or within the child's education system, with minimal intervention or support from parents.

We suggest that desensitization with parents is a process that enables them to understand their own emotional responses to their child's stuttering and to manage them more effectively. By involving parents, they can understand the dynamics within the family system and respond to their child's stuttering in helpful ways that are likely to enhance therapeutic success.

The clinical focus for therapists might include developing parents' understanding about stuttering, increasing openness, negotiating with parents about their responses to their child's stuttering, modeling and shaping the language used, and exploring parents' emotional responses to their child's stuttering. We feel that it is important for therapists to be equipped to support parents by recognizing and managing their own emotional responses in their professional role and drawing on a range of core counseling skills to develop the therapeutic relationship throughout the desensitization process.

Stuttering Therapy and Parental Involvement

Parental involvement is viewed as an essential ingredient in the treatment of stuttering in early childhood (Bernstein Ratner, 2004), and parents are described as playing "a critically important role in the therapy process" (Yaruss & Reardon-Reeves, 2017, p. 116). Parents play a central role in a number of therapy programs for younger

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children (Bernstein Ratner & Guitar, 2006; Conture, 2001; Gottwald & Starkweather, 1999; Kelman & Nicholas, 2008; Onslow, Packman, & Harrison, 2003; Starkweather, Ratner, & Healey, 1999; Yaruss, Coleman, & Hammer, 2006). However, parental involvement in therapy typically reduces within the school-aged population, especially when services are delivered in the school setting. Schwartz (1999) noted that "when some therapists begin to work with older children and adolescents, they fail to recognize the continuing need to involve family members in therapy" (p. 113). Plexico and Burrus (2012) found in their qualitative study with parents of school-aged CWS that the parents express dissatisfaction when not involved in the therapy process and satisfaction when involved in the treatment decision-making process and therapy because of a sense of increased knowledge, being able to provide support with home assignments and to reinforce therapy as well as addressing issues across the whole family system.

We have found that the benefits of involving parents of CWS of any age in therapy are twofold, assisting both the child and the parents. First, it helps CWS develop certain skills, such as strategies for managing emotional reactivity (Guitar & Belin-Frost, 1998). Second, Bernstein Ratner and Guitar (2006) propose that "it is possible that programs that involve parents more heavily increase parents' sense of control over a difficult parenting problem, and reduce parental anxiety" (p. 113), which may be an essential ingredient in successful outcomes.

Desensitization

Desensitization is a behavioral technique used in counseling psychology to reduce fear, phobia, anxiety, or sensitivity through repeated exposure. It is based on the principle of classical conditioning, which aims to remove the negative response toward a range of stimuli (e.g., heights, spiders, dogs) and substitute a relaxation response gradually using counterconditioning (Wolpe, 1964). The therapist identifies the cognitions, emotions, and physiological arousal that accompany a stimulus and then tries to break the pattern of escape that maintains the negative emotion. This is a systematic and hierarchical process that happens over time.

Systematic desensitization begins with the client identifying a hierarchy, listing the levels of anxiety or fear associated with a stimulus—for example, seeing a picture of a feared object; seeing it on television; being with it behind glass; and touching it. The client then learns appropriate coping and relaxation techniques and links the coping method to the stimulus at increasingly uncomfortable levels. At each step in the progression, the client is desensitized to the fear through exposure to the stimulus and anxiety gradually becomes extinguished. Clients expand their comfort zones gradually, in contrast to the experience of flooding (Olsen, 1976), which is rapid and total exposure. The analogy of a swimming pool is a useful illustration for desensitization as it demonstrates how clients are helped to play around in the shallow end of the pool and gradually move out of their depth, as opposed to being dropped in at the deep end.

Desensitization in Stuttering Therapy

Traditionally, the focus of desensitization in stuttering therapy has been on the client who stutters (Van Riper, 1973). In the field of stuttering to date, the involvement of parents of CWS in the desensitization process has not been thoroughly addressed, and more research is warranted.

Van Riper (1973) described desensitization in stuttering therapy as seeking to "reduce the stutterer's speech anxieties and other disturbing emotional states" (p. 266). For clients who stutter, desensitization is a process that encourages them to recognize and talk about their emotional responses to stuttering and to gradually tackle their fears.

Sheehan (1970) described desensitization as a process of increasing approach and reducing avoidance and fear, fostering approach toward the feared outcome, rather than backing away from the predicted negative feelings and responses. By approaching the stuttering, it is anticipated that this builds tolerance to moments of stuttering and leads to the person who stutters becoming desensitized to the fear and expectancy of the stuttering moment and, as a result, reduces avoidance overall. Guitar (2014) describes the use of hierarchies to help children gradually overcome fear and avoidance, using the analogy of the fear of diving off a high diving board. Reardon-Reeves and Yaruss (2013) refer to expanding comfort levels to move a child along a hierarchy of easy to harder situations.

Yaruss, Coleman, and Quesal (2012) describe desensitization as a way to learn to tolerate moments of stuttering through "repeated opportunities to face the feared event in a supportive, accepting environment" (p. 540). They describe how clients can increase their level of fluency by reducing their anxiety and tension. They propose that "desensitisation and acceptance of stuttering are interrelated, and reductions in the child's sensitivity can pave the way for greater success in the management of speech fluency" (Yaruss et al., 2012, p. 541).

Desensitization is a process that encourages openness in both children and parents, and Yaruss, Pelczarski, and Quesal (2010) suggest that "parents may need to change their attitudes about stuttering to show their child that they are accepting of the child's stuttering" (p. 237).

Impact of Stuttering on Parents

We have extended the use of desensitization to the parents of CWS on the basis of the studies that demonstrate that a child's stuttering also affects parents. The evidence-based research indicates that stuttering has a significant impact on parents of CWS (Langevin et al., 2010; Plexico & Burrus, 2012). Practice-based evidence also indicates that many parents report a strong emotional response to their child's stuttering, and because of this emotional response, they describe increased difficulty in processing information objectively in therapy (Zebrowski, 2007).

In Langevin et al.'s (2010) study of parents of preschool CWS, 71% of parents reported that stuttering affected them emotionally and described a range of emotions including helplessness, distress, despair, sadness, shame/guilt, and emotional strain. From a clinical perspective, Guitar (2014) proposed that, "in working with young children and families, the therapist must be aware that the family's emotions can be a part of the reason that the stuttering may worsen after onset and that treatment can reverse this" (p. 224). Zebrowski (2007) described helping parents to refocus via planned communication, objective understanding, and active acceptance. They can be helped to "recognise strong negative emotional reactions in themselves and their children, and delay either interaction or discussion until a time and place when these emotions have been diffused" (Zebrowski, 2007, p. 31).

Plexico and Burrus (2012) explored the impact of stuttering on 12 parents of CWS aged 5–14 years using phenomenological analysis. Parents reported experiencing stress and a need to cope with the pressure of being a parent of a child who stutters. They described feelings of fear and uncertainty about the nature of stuttering and its causes; some reported feeling overwhelmed and sad, and they described their own fears about their child's future and their desire to do what was best for their child. Nine of 12 parents reported that they felt uncomfortable asking their child about how they felt about their own stuttering. Ten of 12 parents felt (or had felt) that stuttering should not be acknowledged at home because of the fear of making their child feel uncomfortable or embarrassed about their talking, and if they did discuss it, they did not refer to it as stuttering. However, despite parents feeling reluctant to discuss stuttering with their child, it is reported in a study by Lau, Beilby, Byrnes, and Hennessey (2012) that, perhaps driven by feelings of protectiveness and a desire to help or rescue, parents give their child advice about what to do. Interestingly, in this study, CWS reported feeling frustrated with how parents attempted to shape their fluency and how parents talked to others about their stuttering (Lau et al., 2012).

Empirical studies have also shown that stuttering may have negative influences on parent–child interactions (Kloth, Janssen, Kraaimaat, & Brutten, 1995; Lau et al., 2012) and result in reduced attachment scores between parents and CWS, especially in terms of levels of perceived trust, care, and control (Lau et al., 2012). These authors proposed that parents of CWS put more effort into engaging with their CWS, and they may overcompensate for their difficulties, especially in terms of their ability to communicate (Lau et al., 2012). In addition, sibling and family relationships can be affected: Beilby, Byrnes, and Young (2012) found that parents of CWS may demonstrate more partiality toward the CWS, and this may include more attention, more favor, and being treated more positively than their siblings. We feel that it is clear that parents of CWS have needs of their own from therapy as well as seeking to meet their child's needs.

The Rationale for Desensitization in Parents of CWS

The empirical and practice-based evidence demonstrates that parental responses may be driven by high levels of sensitivity to their child's stuttering and others' responses to it. Exploring these sensitivities and their effects is therefore essential to successful treatment because parents cannot be effectively involved in treatment if their own reactions impede their ability to do so. As therapists help parents become more desensitized to stuttering, to explore ways to respond to it, and to make small changes in their parenting style, we potentially effect change in the whole family system.

Plexico and Burrus (2012) found that nine of 12 parents thought that it was an advantage to have some experience of stuttering (either a personal experience or knowing someone else who stuttered) and that this helped parents be more desensitized to stuttering. They found that support organizations (e.g., National Stuttering Association, British Stammering Association) were useful in facilitating the process of desensitizing parents to stuttering, which reinforces the practice of parents of CWS meeting and working with other parents (Biggart et al., 2007; Botterill & Cook, 2004; Millard, 2011; Rustin, 1978; Rustin, Botterill, & Cook, 1991).

In their clinical manual for the treatment of stuttering in school-aged children, Reardon-Reeves and Yaruss (2013) point out that "changes in attitude do not come automatically for the child in therapy, and they do not come automatically for parents, either. If parents have difficulty understanding the importance of desensitization, practicing stuttering, and accepting some disfluency as part of the overall definition of success, this can undermine the child's attempts to work towards acceptance" (p. 137).

Berquez et al. (2015) conducted a qualitative study to explore the hopes and expectations of a group of parents of CWS aged 10–14 years before an intensive group therapy program. They found that the parents not only wished to see an increase in the child's ability to manage speech, to communicate more, and to be happy and confident but also hoped to feel less worried and anxious themselves. Parents wanted to gain more knowledge about stuttering and to feel more confident in how to support their child.

Our clinical experience has demonstrated that, by involving parents, it is possible to work with the whole system, to support parents in managing their emotional responses and in modifying the environment and their communication style, and to educate them about stuttering (Kelman & Nicholas, 2008). This promotes consistency across the household and promotes maintenance and transfer: "Without the involvement of parents, therapists become powerless to help the child beyond the confines of the clinic room" (Rustin, 1995, p. 125). We have found that the inclusion of parents in the therapy process promotes desensitization for the whole family. It fosters an environment of acceptance of the CWS's communication skills and therefore reduces the likelihood of the CWS developing negative communication attitudes.

Michael Palin Centre Approach to Working on Desensitization in Parents

Michael Palin Centre Approach to Stuttering Therapy

The Michael Palin Centre in London (MPC) has developed a framework for stuttering therapy, which is based on the Therapy Triangle (Cook & Botterill, 2005). In this model, therapy incorporates speech management strategies, social communication skills, and cognitive and emotional aspects within the context of the CWS's everyday environment. The aim of the therapy is to help each child become a confident and effective communicator by enhancing fluency, reducing the impact of stuttering on the child and on the parents, and increasing the parents' and children's knowledge and confidence in managing stuttering. Our philosophy is that children do not have to be fluent to become effective communicators.

An outer circle in the Therapy Triangle represents the child's environment, which the MPC addresses by fully involving parents in the therapy process. Systemic approaches place an emphasis on understanding the child within the context of the family unit (Neimeyer & Neimeyer, 1993). Neither parents nor children are seen as having a causative role; rather, it is recognized that there is an advantage to working with parents who are viewed as experts about their child and what they need (Manning, 2001). Cognitive behavior therapy (CBT; Beck, 1976) techniques have been incorporated into therapy for stuttering at MPC for several years (Fry, Botterill, & Pring, 2009; Fry, Millard, & Botterill, 2014; Kelman & Wheeler, 2015) to address the cognitive and affective aspects of the Therapy Triangle. CBT explores the impact of unhelpful thinking patterns on emotional, physiological, and behavioral responses for clients who stutter. Representing this in a cognitive cycle may help children and young people understand how these thoughts, feelings, and responses impact their stuttering and may indicate potential areas for intervention, such as investigating negative predictions of listener responses.

MPC has extended the use of CBT in therapy by developing a family maintenance model (Biggart et al., 2007; see Figure 1), which is a family formulation of the child's stuttering to help families view the interaction between the child's cognitive cycle and that of the parents. This provides a CBT framework for understanding the bidirectional nature of stuttering between parents and their children and how each person's thoughts and feelings about stuttering, and their responses to it, may contribute to the maintenance of stuttering. It allows parents to consider how they typically respond in the context of their child's stuttering and to think about what may, or may not, be contributing to the maintenance of the problem and whether they wish to manage it differently (Biggart et al., 2007). Parents and children explore their own cycles first, and then the two cycles are linked together and families are asked to consider what they make of this interaction. For example, the context of a child being asked what he or she would like to order in a restaurant can generate a protective response in the parent, who responds to a child's reticence to speak by unintentionally reinforcing the avoidance behavior and "rescuing" the situation by answering for the child.

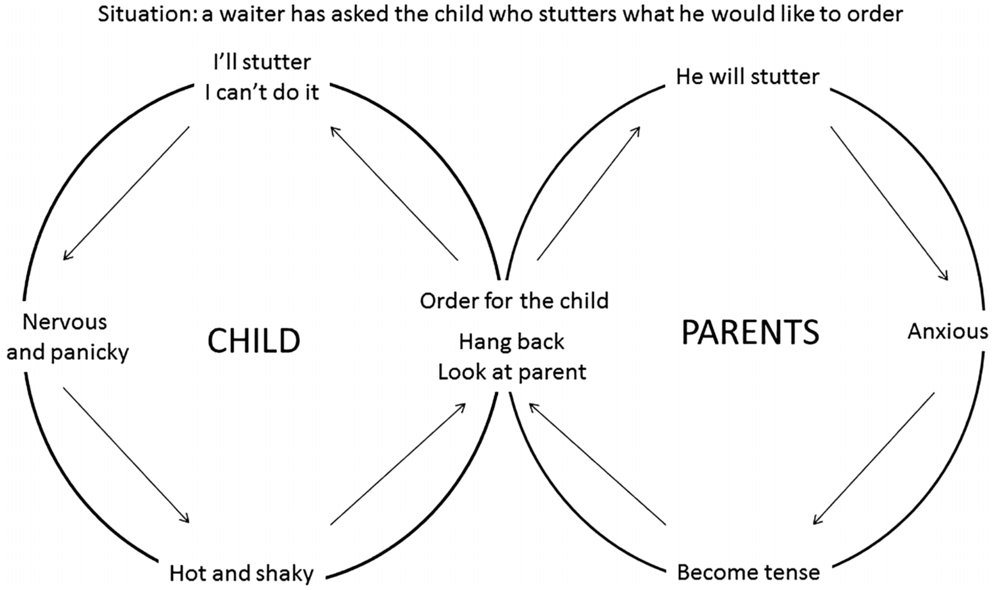
Research evidence has demonstrated that parents of CWS are not regarded as being different from parents of children who do not stutter in terms of their interaction and communication style before the onset of stuttering (Miles & Bernstein Ratner, 2001; Nippold & Rudzinski, 1995). However, stuttering can influence parents' interaction styles (Kloth et al., 1995; Meyers & Freeman, 1985a, 1985b). Parents may have a tendency to protect their children, and this may lead to increased social withdrawal and avoidance in their children; therefore, parents may benefit from stepping back and enabling their child to do more for themselves (Mills & Rubin, 1993; Rubin, Burgess, & Hastings, 2002).

How to Promote Desensitization in Parents

The MPC's rationale for working on desensitization is primarily to reduce the child and parents' sensitivity and reactivity toward stuttering, thereby reducing any behavioral responses, for example, avoidance behaviors in the child or "rescue" behaviors in the parents. It is also to shift the focus of fluency as an absolute goal, so that they will be able to work toward the child becoming a confident and effective communicator, with or without stuttering. This is achieved by increasing the parents' knowledge about stuttering, how to talk about it openly, and how to support their child as well as by developing parents' confidence in their parenting skills in terms of increasing their child's independence and agency and in managing their child equitably in the family context.

Each family will require an individualized therapy program, and the clinical focus will vary depending on the child's age, given that their needs will be different, and may also evolve over time depending on how long the child has been stuttering. Table 1 provides an overview of potential areas to address during the therapy process, how to promote desensitization with parents, the desired outcomes for parents, and, as a consequence for their CWS, and some potential pitfalls and options for managing them. The areas to be covered may be relevant to all parents of CWS at some stage; however, the level of involvement of the CWS will increase as they get older, and their level of awareness and the impact of stuttering potentially increase. It is important for the therapists to have a clear rationale for why they are addressing a particular clinical focus in the desensitization process and a sense of the desired outcomes so that they can work out with parents what they need (Berquez et al., 2015) and how this might be helpful and meaningful to the parents as well as to the CWS.

Figure 1. The family maintenance model. Adapted from "The Role of Parents in Stuttering Treatment From a Cognitive Behavioural Therapy Perspective," by A. Biggart, F. Cook, and J. Fry, 2007, *Proceedings of the Fifth World Congress on Fluency Disorders,* Dublin, Ireland, July 25–28, 2006. Copyright © 2007 by the International Fluency Association. Adapted with permission.



It may be easier to carry out some of these activities with parents during group therapy. Sharing their experiences in a group may be helpful and may relieve the burden of parenting a child who stutters to some extent. It helps parents to know that they are not alone and to feel supported, just as CWS meeting others helps them reduce their sense of isolation. In addition, if one parent is finding it harder to carry out an activity (e.g., stutter to a stranger), they may benefit from talking to other parents who relate their own experiences, and this may encourage them to try the activity too. Reardon-Reeves and Yaruss (2013) state that "we have seen countless parents of CWS learn greater acceptance of stuttering, and experience a reduction in their fears, by talking with other parents" (p. 144).

Parents' Feelings of Uncertainty/Helplessness About Their Child's Stuttering

Parents we have worked with describe feelings of uncertainty and helplessness both at the onset of their child's stuttering and as it continues. Even when their child has been stuttering for only a short time, they may still project far into the future and worry about their child's well-being, the possibility of negative peer reactions and bullying, and their ability to form relationships and engage in meaningful employment. Plexico and Burrus (2012) reported that, at the onset of stuttering, many parents seek information and advice, which may reduce their anxiety and help them cope. As parents increase their understanding of stuttering and become more knowledgeable, the problem is demystified. Providing education and dispelling myths about why children start to stutter, why it may be variable and episodic, and how parents can support the child will build the parents' understanding, which may help to increase agency. The therapist can discuss types of stuttering and possible causes of stuttering, refer parents to websites about famous people who stutter, and describe the options in stuttering intervention. Information gathering helps parents feel more knowledgeable and empowers them to feel more confident in coping with it. Some parents may feel guilty about their child's stuttering and can be supported by the therapist listening to them in a warm, nonjudgmental, and supportive manner. The therapist can explain the research findings about the factors that contribute to the onset and development of stuttering to help dispel myths about the role the parents feel they may have played in this.

The experiences and relationship to stuttering of parents who stutter are likely to affect the response they have to their own child starting to stutter. Acknowledging their feelings and the extra burden that this places on parents will be important. It may be helpful to discuss that stuttering is multifactorial in nature, and a combination of factors make a child vulnerable, not genetics alone. It could be argued that parents who stutter may be more sensitized to stuttering and that the onset of their child's stuttering brings back painful memories of what stuttering meant for them during their own childhood. One parent who stuttered himself was observed to look round sharply each time his 12-year-old son stuttered. The child may have interpreted this in several ways—one being "it's not ok to stutter." Acknowledging this sensitivity in parents may help them modify and monitor their instinctive reactions. Interestingly, Plexico and Burrus (2012) reported that, in their study, nine of 12 participants viewed being a parent who stutters as an advantage.

Table 1. Therapists' guide to potential desensitization activities with parents of children who stutter.

Clinical focus	How to promote desensitization	Desired outcome for parents and child	Potential pitfalls and how to address them
1. Parents' feelings of uncertainty/helplessness about their child's stuttering	Give information about stuttering (types of stuttering, causes of stuttering, famous people who stutter, stuttering intervention).	Parents will have increased knowledge and confidence about stuttering.	Parental guilt about stuttering: • Listen with warmth, empathy, and positive regard. • Give information about causes of stuttering. Anxiety of being a parent who stutters: • Acknowledge potential added burden. • Discuss multifactorial framework.
2. Openness about stuttering	Explore parents' concerns that talking about stuttering might raise the child's awareness or increase severity. Discuss pros and cons of openness. Let parents know that it can be helpful and bring relief to the child who stutters. Discuss pros and cons, and possible consequences, of keeping stuttering hidden. Discuss ways of being open about stuttering, for example, acknowledge a moment of stuttering. Talk about typical disfluencies and observe that everyone trips up in their talking. Label parents' disfluencies (normalize). Acknowledge moments of stuttering using neutral language. Give stuttering an age-appropriate label. Agree with the child (when old enough) how they would like their parents to respond when they stutter. Talk openly about stuttering and model potential terminology.	Parents will focus on the child being a confident and effective communicator, with or without stuttering. Parents will talk openly about stuttering with their child who stutters. Parents will acknowledge their own disfluencies. The child will talk openly about stuttering. The child will talk more. Stuttering will be normalized. Parents will know how to respond to their child's stuttering. Stuttering will have an age-appropriate label. The child will have increased agency/self-determination.	Parents do not wish to talk about stuttering and worry about how to acknowledge it: • Acknowledge their concerns and let them set the pace. • Discuss how they approach any other problem at home (e.g., spills, breakages) and suggest that they adopt a similar approach to stuttering, namely, matter-of-fact, objective, or neutral. As the child is encouraged to talk more, with or without stuttering, avoidance behaviors may decrease and the stuttering might become more apparent: • Explore the pros and cons of avoidance strategies. • Discuss speech strategies as appropriate.
3. Value-laden language about stuttering	Discuss potential impact of value-laden terminology on the child who stutters. Model neutral language when referring to amount and severity of stuttering. Shape parents' language about stuttering and fluency.	Parents' message to their child about stuttering and fluency is nonjudgmental, open, and accepting. The child has a positive view about self as a communicator and a child who stutters.	Parents' core feelings about stuttering are revealed through terminology: • Elicit, validate, and explore parents' feelings about stuttering. • Discuss consequences of using language such as "bad stutter" or "an awful day with his speech."

(*table continues*)

Table 1. *(Continued).*

Clinical focus	How to promote desensitization	Desired outcome for parents and child	Potential pitfalls and how to address them
4. Parents' emotional responses to child's stuttering (sensitivity, anxiety, distress, fear, embarrassment)	Encourage parents to talk to therapists/other parents about how their child's stuttering makes them feel. Listen with empathy, warmth, and positive regard and acknowledge their feelings. Observe videos of stuttering, discuss various aspects of stuttering (e.g., using Sheehan's iceberg), and elicit parents' reactions and emotional responses. Use a cognitive behavior therapy framework as a way of understanding connections between thoughts, affective and physiological responses, and behaviors, and then normalize, that is, acknowledge, that their responses are natural. Activity: "learn to stutter like your child" Activity: "stutter to a stranger"	Parents will feel listened to, validated, and not judged. Parents will be more used to hearing other people stuttering. Parents will become more used to talking about stuttering with the therapist/other parents. Parents will feel that their responses are normal/natural. Parents may be able to tolerate their uncomfortable emotions, and the feelings may begin to subside. Children's emotional reactions to stuttering reduce alongside their parents' reactions.	Parents experience different emotional reactions to their partners' reactions: • Allow each parent to express his or her own views and validate his or her responses. Parents feel that stuttering like their child is like mimicking: • Ask the child to "teach" the parent how to stutter so they assume an expert role. Parents unwilling to stutter in public: • Develop a hierarchy with the parents and encourage them to decide on the timing. • Explore the rationale and role of this activity in their child's therapy. • Other parents may encourage them to do this activity because of their experience and learning.
5. Parents' instinct to protect their child	Acknowledge strong and natural parental instinct to protect their child. Explore typical protective behaviors using the family maintenance model. Provide a rationale for letting the child who stutters do more. Discuss the disadvantages of rescuing their child who stutters (e.g., the child thinks he cannot do it). "Throw the ball back": help parents to stand back and let their child who stutters develop more independence and take more responsibility. Agree on activities when parents can experiment with standing back.	Parents will be able to step back in their parenting. Parents will "throw the ball back" to their child who stutters. The child will become more independent. The child will do more (both in action and talking).	Parents feel judged about their parenting: • Normalize. • Acknowledge their good intentions. Child does not step up to take responsibility: • Explore the family maintenance model with the child and parents. • Discuss how parents' actions such as rescuing their child prevent disconfirmation of fears and contribute to maintenance. • Discuss with the child the consequences of his or her avoidance. • Problem solve with the child alternative behavioral responses.
6. Partiality toward the child who stutters in the family context	Help parents treat their child who stutters the same as their other children; compare their management of the child who stutters with how they manage their siblings. Give one-to-one time to each child (not only the child who stutters). Discuss the advantages and disadvantages of stuttering with parents and with the child who stutters so parents hear about the advantages from the child's perspective.	Parents will treat all of their children in a similar way rather than "wrapping the child who stutters in cotton wool." Parents will learn that there are advantages to stuttering too.	Addressing partiality may make parents feel judged about their parenting: • Normalize. • Use a collaborative style rather than taking an expert approach. • Help parents work out what they'd like to do more of (rather than telling them what to do).

Openness About Stuttering

Another step in helping parents to become more desensitized to their child's stuttering may be to open up the topic of stuttering within the family. This may be necessary where families have been advised to "ignore the stutter and it will go away." If the stuttering does not resolve, this advice may result in a "conspiracy of silence" (Gould & Sheehan, 1967). Families can become worried about mentioning stuttering in case it increases the child's awareness of the stutter, as well as the severity of stuttering, and may therefore avoid talking about stuttering. A father at the MPC described how he would ask the child's mother how the car had been that day, referring to their child's speech. They would then discuss the child's progress in this way. The irony was that the family did not own a car. An adult who stuttered, when describing his family's silence through the years about his stuttering, commented: "If we can't talk about it, we shouldn't do it." Because no one had talked about it with him, the message he had received, albeit unintentionally, was that stuttering was wrong. Stuttering becomes a taboo topic. Talking openly about stuttering removes the taboo. Guitar (2014) describes how he informs parents "that communicating with their child is important and that they should express their acceptance of his stuttering" (p. 281). In view of the findings by Plexico and Burrus (2012), deliberately talking about stuttering and negotiating responses to stuttering may be helpful.

Given the perceived risks, parents may be very uncomfortable about being more open about stuttering. The therapist will need to allow such concerns to be aired and acknowledged and let the parents set the pace in terms of taking steps toward being more open. We often invite parents to consider how they deal with other difficulties their child experiences such as falling over, spilling things, breakages, and mistakes and discuss how they handle these. Typically, parents tell us that they treat these as everyday occurrences and they feel equipped to handle them. When viewed from this perspective, parents can reevaluate their responses to stuttering and consider other options. It might be useful to explore the advantages and disadvantages of being open about stuttering with parents as well as considering the pros and cons and potential consequences of keeping stuttering hidden.

The therapist can let parents know that acknowledging stuttering can be a relief for the CWS. One father who stuttered acknowledged a moment of his own stuttering by simply saying to his daughter, "Daddy finds it tricky to say things sometimes," letting her know that he experienced similar difficulties with talking while not expecting any response from her. Interestingly, this father reported that his daughter did not react as he expected and just carried on playing. It may be that the emotional burden lies more heavily on the parents than it does on the CWS. Parents may need to explore how they will acknowledge a child's moment of stuttering in an open and natural way, using neutral language, for example: "You really persisted with saying that, and I'm glad you did because I really want to hear what you have to say" or "Sometimes things come out easily and sometimes it's more difficult, isn't it?"

Parents may have developed a terminology for a young CWS that becomes less appropriate as the child becomes older; for example, "bumpy talking" may be used for a preschool child but is less fitting for a 10-year-old. Whispering or mouthing the word "stuttering" may result in the child feeling uncomfortable about talking openly about stuttering. The therapist can explore why the parents are using certain terms or avoiding using the term stuttering and help them identify new ways of talking about stuttering. Having stuttering as an open topic within the family may also make it easier for the children to talk about how they feel about their stuttering, the worries they may have about it, or any negative reactions they may be experiencing.

Parents' openness about stuttering with each other and with their child will hopefully facilitate openness in the child, who will not view stuttering as something secret that needs to be hidden or as shameful in any way. The focus is on the child talking and getting the message across, with or without stuttering. One potential shift for the CWS is that, as they are encouraged to talk more and their avoidance behavior decreases, stuttering might become more apparent. If parents understand this potential increase, it will enable them to support openness and reduce avoidance rather than worrying that stuttering is increasing. It may be helpful to explore with parents the respective benefits of the child talking more with stuttering versus talking less and being fluent. An increase in outward stuttering as the CWS reduce avoidance can be addressed through the direct speech component within the Therapy Triangle (Cook & Botterill, 2005).

It is important to place fluency in a realistic context: Observing the typical disfluencies that characterize everyone's speech can help parents temper their expectations. Noticing their own hesitations and repetitions may be helpful, and pointing these out in a natural way to their CWS may also encourage openness.

When the children are old enough, the therapist can involve them in negotiating how they would like their parents to respond (or not respond) when they stutter, including the specific language to be used, the context in which a response is appropriate, and the frequency of feedback (e.g., three reminders to use a fluency strategy per week). Children aged 6–7 years and above are usually able to discuss what helps them when they stutter and how much support they would like. This open dialogue can then continue as the children's needs evolve, and they potentially become more able to manage their stuttering for themselves. Giving children the opportunity to tell parents how they would like them to respond may increase agency and their sense of self-determination, thus empowering them to deal with future issues that arise with their speech.

In all these discussions, the therapist will be able to model talking about stuttering openly, using appropriate language and tone of voice, whether the child is present or not. The nature of language used and the manner adopted by the therapist will provide options for the parents to use.

Value-Laden Language About Stuttering

The adjectives parents and therapists use to describe fluctuations in stuttering may convey implicit values about stuttering, for example, describing days as “good” or “bad” days, stuttering as “badly” or “worse,” or the experience of stuttering being “awful” or commenting “that was beautifully fluent.” This may give insight into parents’ core feelings of sensitivity toward stuttering, and such feelings should be elicited, validated, and explored. It is also important to discuss the consequences of using negative labels for the children’s attitude to their speech and confidence. Negative terminology may result in children feeling greater sensitivity toward their stuttering with increased avoidance and reduced social participation.

Shaping the language used by parents is important. Therapists can be thoughtful about their own terms of reference and model the use of neutral language when referring to the amount and severity of stuttering. This will encourage parents to consider the effect of the language they are using. At times, parents have difficulty in coming up with alternative descriptions of their child’s severity levels, and therapists may need to help them with their choice of words. Although it may seem uncomfortable to talk to parents about their wording, if the therapist has a clear rationale for why they are doing so, it will make the task easier. The therapist might say, “I noticed that you told me your son had a ‘really bad week with his stuttering’; I wonder how referring to it like this might make him feel and whether there’s a more helpful way for us to talk about it?” The British Stammering Association (n.d.) has developed a guide to address stereotyped and value-laden language, which may be a helpful resource: http://www.stammering.org/sites/default/files/waywetalk.pdf.

Our goal is that parents’ implicit messages to their child be nonjudgmental, open, and accepting so that the child will have a positive view of himself or herself as a communicator, irrespective of the level of stuttering or fluency.

Parents’ Emotional Responses to Their Child’s Stuttering

We recognize that parents of CWS experience a range of potential emotions in relation to their child’s stuttering including helplessness/uncertainty, sensitivity, anxiety/worry, fear, distress/despair, sadness, shame/guilt, and embarrassment (Langevin et al., 2010; Plexico & Burrus, 2012). One of the most helpful ways to approach working with parents of CWS is to give them time to talk about how their child’s stuttering makes them feel in a supportive nonjudgmental atmosphere. The therapist’s core counseling skills of warmth, genuineness, and positive regard are essential in this process, enabling him or her to listen and acknowledge the parents’ feelings. For some parents, when they meet the therapist, it is the first time they have had the opportunity to discuss how they feel about their child’s stuttering and to be open and honest about it. They need to feel safe to do so, validated and not judged but supported by the therapist in the process.

Many parents feel uncomfortable about stuttering and would prefer to cope with it by avoiding talking about it or directly addressing it as an issue. A practical way to promote desensitization with parents is by helping them, as far as is possible, to “walk in their child’s moccasins” (Lathrap, 1895). A useful starting point is for parents and their child to discuss the iceberg analogy of stuttering (Sheehan, 1970) to build their understanding about stuttering, as well as talking openly about it together. This may begin in general terms through video observation of other people stuttering and then is individualized to the child—the visible behaviors and the hidden thoughts, feelings, and behaviors. By watching videos of a range of people stuttering and discussing the iceberg, parents are helped to learn more about stuttering and its terminology and to become more objective about stuttering as they talk about it more. This exposure may also help parents to become more used to hearing people stutter and increase their tolerance of the uncomfortable feelings that this may arouse, gradually leading to a reduction in such emotions. As parents’ reactions begin to subside, it is hoped that children might begin to react less sensitively to their moments of stuttering.

A CBT framework may help the parents understand the relationship between these thoughts, feelings, and physical and behavioral responses. The family maintenance model (Biggart et al., 2007) can be used to explore what parents experience alongside what their CWS experiences and then to normalize these experiences. Both the child and parents’ cognitive cycles are elicited, and the interaction between their emotional and behavioral responses is discussed. This more in-depth exploration helps parents talk about stuttering and the associated feelings with the therapist and, if they are in group therapy, with other parents. Some parents feel anxious or fearful about stuttering, and this activity may help them verbalize their worries for their child in the short and longer terms. Allowing their fears to be expressed may relieve some of the burden, particularly in a group context when they realize that they are not alone, that their experience is valid, and that other parents experience this too. It is important to remember that each parent is an individual who will have his or her own particular emotional reactions to stuttering, and therapists may need to encourage them to express their own view and listen to that of others, be they their partners or other group members.

Having explored what stuttering is, in terms of how it is manifested and the associated emotions and avoidance behaviors, parents can be invited to try to stutter like their children. The children may take the role of “teacher,” as they are expert in how they stutter, giving parents feedback on whether they are doing it correctly. Parents describe mixed emotions about stuttering like their child and express worries about mimicking, copying, and making fun of their child. The process of learning to stutter like their child is not only emotionally challenging but also practically difficult. Stuttering is a complex motor behavior, one that is not easily copied. It takes concentration, energy, and will. Interestingly, school-aged CWS typically respond positively to this activity, enjoying the expert role and making comments such as "Now you know what it's like for me." Parents can also experiment with sitting with their emotional reactions during this experience. Although it may not be comfortable, they may learn a lot from it, and, as they sit with the discomfort, their anxieties may subside.

Once parents have learned to stutter like their child and have begun a process of approaching stuttering, it might be helpful to ask them to try stuttering to a stranger. This is not an easy task; however, it has several benefits. It enables parents to experience, as far as they are able, what it is like to stutter, to explore how others react, to evaluate their own predictions, and to explore what happens in reality. They are able to experience their own cognitive, affective, and behavioral responses before, during, and after the activity and to reflect on their learning for themselves and in relation to their child. One parent described the experience as follows: "When we had to go up to a stranger and stammer on the way home, and how nervous we felt, James was like 'now you know how I feel' and yes boy, did we know how he felt and it's just working side by side and sort of understanding his needs."

Exploring parents' emotional responses to stuttering may result in parents feeling upset or tearful during a therapy session, telling the therapist that they are not sure what to do or that they do not want to try out an activity, expressing frustration that therapy is taking a long time or "isn't working" and that stuttering is increasing in severity. It is important for the therapist to have appropriate support via clinical supervision to work through their own emotional responses and to reflect on the interpersonal dynamics with families they work with (Millard & Cook, 2010). Therapists may need to revisit the rationale for activities with the parents and how the activity might be helpful in their child's therapy, and they may wish to develop a hierarchy with the parents to support them to carry out a more challenging task (such as "stutter to a stranger"). Allowing the parents to decide what they will try and when may support them in undertaking more difficult tasks. Working in a group context might also make this easier to achieve, as parents observe and learn from others who are facing these challenges and overcoming their fears and anxieties. They also have the benefit of group reinforcement when they do achieve something difficult, which may encourage them to stretch their comfort zones still further.

Desensitization cannot be hurried. The therapist will need to be mindful of his or her core counseling skills as he or she facilitates the process of desensitization over time. It is important that the therapist does not force the pace. Encourage curiosity, invite the parent to experiment with ideas, explore collaboratively, agree what they will try out, and debrief about what they have learned. It is likely that, as parents become more desensitized, they will experience more acceptance of stuttering as a natural consequence.

Parents' Instinct to Protect Their Child

Two parents in a recent therapy group program were asked to describe their reactions to a situation in which their child was trying to talk to the school principal. One mother described an "overwhelming sense of wanting to rescue him" and the other, a desire to "take the pain away and jump in, interrupt and say it for him." It is helpful to acknowledge parents' instincts to protect their children, without judgment from the therapist, emphasizing that this response is natural and driven by parents' good intentions to support their child.

The family maintenance model (Biggart et al., 2007) can be used to help parents stand back and be more objective about their responses in this type of situation. They often observe that their natural instincts to protect may inadvertently lead their CWS to opt out of talking, thereby confirming the child's assumption that they are not able to speak for themselves. Consider the message the child may take from a parent offering to make phone calls on their behalf ("She thinks I can't do it" and "If she doesn't help me I will mess it up"). The therapist can address this protective or rescuing behavior by facilitating parents to reflect on the family maintenance model. By viewing their behaviors from this CBT perspective, parents can be helped to see how their protective behaviors contribute to the maintenance of the problem, prevent their child from disconfirming their fears, and encourage avoidance. Parents can then make decisions about how they might wish to respond differently. When the disadvantages of stepping in or rescuing the child are explicit, parents may experiment with stepping back and letting their child do more. We describe this to parents as "throwing the ball back" (Cook & Botterill, 2005). This is a notion of giving more responsibility to the child and placing more emphasis on the child's coping ability. During therapy, parents start to reflect on their behavior and its impact on their child and make choices about how they want to behave toward their child who stutters (e.g., "I need to stop jumping in," "She can do it herself").

As the parent experiments with stepping back, it is hoped that the CWS will start to do more. Sometimes, this happens naturally, and sometimes, it needs to be negotiated between the parents and their CWS in terms of particular tasks where the child will take more responsibility. It is hoped that these changes in parenting behaviors result in increased independence in the CWS and potentially an increase in confidence and participation. If the child does not "step up," it may be helpful to explore the child's cycle with him or her, think about the impact of his or her avoidance, and problem solve possible alternative options for him or her as well as their potential consequences. It may be easier for children to start to make these changes when they can see the benefits of so doing.

Partiality Toward the CWS in the Family Context

It is recognized that parents of CWS may demonstrate more partiality toward the CWS, including more attention, more favor, and being treated more positively (Beilby et al., 2012). Some of this partiality may be driven by parents' desire to protect, to rescue, and to make up for stuttering in some way by "wrapping their CWS in cotton wool" so that they do not encounter negative experiences. However, this prevents the CWS from disconfirming their fears, and it may result in unhelpful compensatory behaviors by parents. Biggart et al. (2007) described the notion of "treating children the same"—in other words, making sure that the CWS receive no special treatment and they are not made to be "different" because of their stuttering, which avoids any "secondary gain" (Riley & Riley, 2000; Van Riper, 1973) in terms of advantages in having a stutter. Many CWS do identify advantages to having a stutter in their family, such as special attention or being let off certain tasks. This can come as a surprise to parents who expect the CWS to describe disadvantages only. In some ways, knowing that there are advantages from the CWS's point of view can bring relief to parents. It helps to put stuttering in perspective and leads parents to consider managing things differently. They may start to expect more of their CWS. A helpful way to facilitate this is to ask them how they would respond to their other children in the same situation.

Beilby et al. (2012) studied the experience of living with a sibling who stutters. Half of the participating siblings thought that the CWS received more parental attention than they did. So, when parents are encouraged to give their CWS one-to-one time, they should also be reminded to offer this to their other children, to ensure equity in the family.

The therapist needs to bring empathy and a nonjudgmental style to addressing partiality with parents. Parents may feel judged about their parenting, and it will be helpful to normalize their behaviors, to use a collaborative style, and to facilitate them to make decisions about what they might like to do differently to address this within their family unit rather than telling them what to do differently.

Therapists' Own Sensitivities to Stuttering

If therapists are to support parents in managing their sensitivity to stuttering, it will be important for them to address their own feelings about, and reactions to, stuttering. It will be helpful for them to get as close as possible to the experience of stuttering. This will develop empathy and also help the therapist maintain realistic expectations about working with clients' fears. Millard and Cook (2010, p. 253) describe therapists' attributes of "tolerance to strong or uncomfortable feelings in relation to clients." They suggest that being aware of, and managing, one's own emotional responses is key (Millard & Cook, 2010) and propose that one will become desensitized over time: "Therapists will continue to experience anxiety and negative cognitive cycles when encountering new situations or families, but these will become less frequent, less intense, and more individualised in terms of the factors that trigger them" (Millard & Cook, 2010, p. 252).

It is important that therapists are prepared, willing, and able to model how to approach stuttering and to facilitate their clients in reducing their own avoidance. A useful mantra for therapists that we use at MPC is "Do not ask clients to do what we are not prepared to do ourselves."

Desensitization activities for therapists might include experimentation with the experience of stuttering in a variety of contexts and monitoring their own physiological, behavioral, cognitive, and affective responses as well as experiencing a range of listener responses. A therapist who is not prepared to experiment with stuttering severely in public may be ill-equipped to support a client through the same experience. It should be remembered, however, with regard to a child or adult who stutters, that although therapists may encounter some of their clients' feelings, their experience of stuttering will be different, as they have a level of control over the situation that their client may not have.

Measuring Impact

The focus of this clinical tutorial has been on the process of desensitization for parents of CWS and, in particular, helping parents to recognize and manage their own emotional reactions, to feel equipped to acknowledge their child's difficulties, to be more open about stuttering, and to use language when talking about it with their child that does not bring value judgment to the experience of stuttering.

There are many outcome measures that are used in stuttering therapy that capture overt and covert features. One result of the desensitization process with parents is that CWS, especially those with more covert stuttering, may become more open about stuttering and decide to reduce their use of avoidance and start to talk more. As a result, parents may notice an increase in their child's outward stuttering. This increase in overt stuttering demonstrates that the CWS are choosing to reduce avoidance and to say what they want to and that they are using the vocabulary that they wish to use, and so the increase can be recognized as a by-product of desensitization that parents support. An overt measure of stuttering such as Riley's Stuttering Severity Instrument (Riley, 2009) may be useful to capture this shift and to monitor progress across time. If there is an increase in overt stuttering as the CWS reduce their avoidance, the therapist can introduce direct strategies to manage the overt stuttering with a subsequent reduction in the severity of stuttering.

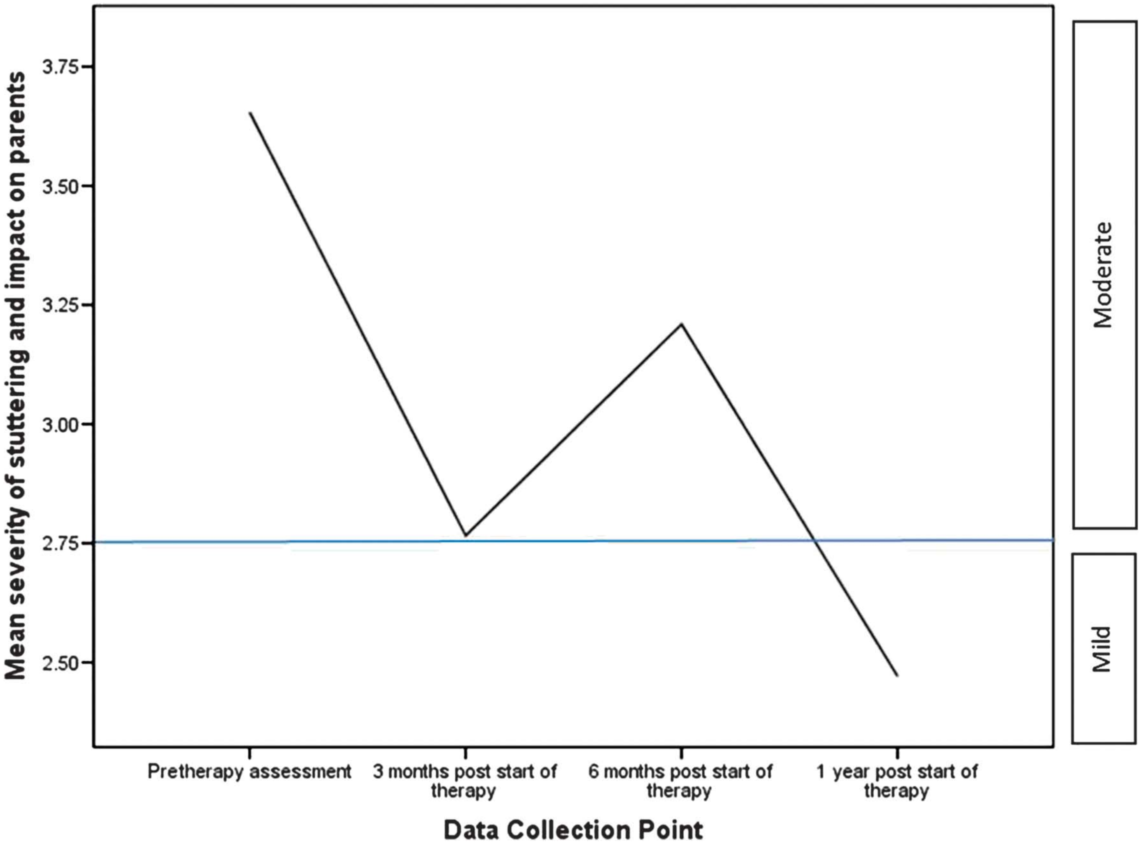
Outcome measures that consider covert aspects of stuttering typically focus on measures of impact for the CWS rather than for parents. For example, the Overall Assessment of the Speaker's Experience of Stuttering (Yaruss & Quesal, 2016), the KiddyCAT (Vanryckeghem & Brutten, 2007), and the Communication Attitude Test from the Behaviour Assessment Battery for School-Age CWS (Brutten & Vanryckeghem, 2007) help therapists explore client experiences across several domains. These measures are useful in helping therapists and parents know how the CWS experience stuttering and are a key part of measurement of the change in impact of stuttering on the child.

A novel online outcome measurement tool, the Palin Parent Rating Scales (Millard & Davis, 2016), measures impact of stuttering on parents (Millard, 2011; Millard et al., 2008, 2009). The Palin Parent Rating Scales measures three different factors from each parent's perspective: Factor 1, the impact of stuttering on the child; Factor 2, the severity of stuttering and the impact on parents; and Factor 3, parents' ratings of their level of knowledge and confidence in managing their child's stuttering. This tool is unique in the field of stuttering. As an outcome measure that may help therapists evaluate the impact of the desensitization process for parents, Factor 2 helps therapists understand parents' experiences and whether the impact of stuttering is reducing over time, and Factor 3 helps therapists measure whether parents' confidence and knowledge in managing stuttering are increasing over time. An example of the data that can be collected is represented in Figure 2. It shows parents' ratings for Factor 2 (severity of stuttering and impact on parents) for 16 families who completed individual therapy programs for school-aged CWS (Cook & Botterill, 2005) at MPC during the course of 1 year in 2015–2016.

Qualitative reporting is also important. Routinely, solution-focused brief therapy (de Shazer, 1985) is used at MPC to understand CWS and parents' "best hopes" from therapy (Berquez et al., 2015) and whether these are realized. At the outset of therapy, therapists talk to parents about their best hopes from the therapy program ("What are your best hopes from our working together?" or "What are your best hopes for your child, and for yourself?" and "What difference will that make?"). The conversation details their "preferred future" and a description of what life will be like when their best hopes are realized, so that parents describe in detail what they will be noticing. The process of solution-focused brief therapy conversation continues throughout the year at regular review points so that details about parents' perceptions can be explored across time. This may include checking in with parents with questions such as "What have you been pleased to notice?" and "What's been going well?"

On the final follow-up day of an intensive group therapy program for CWS aged 10–14 years and their parents, one parent commented, "I think what I have taken from the course is that stammering is just a thing; it is not Julia, that is not her identity, it is not who she is. Julia stammers. She is Julia who happens to have a stammer." Another parent commented specifically on the process of

Figure 2. Palin Parent Rating Scales Factor 2: Severity of stuttering and impact on the parents. (A downward trend is desirable.)



desensitization, “It’s been an amazing experience over the year. We’ve learned so much about stammering, about the techniques, how to respond to it, how to desensitize yourself to it,” and another mother commented, “When we came here it was a really big thing for us, me, my husband and my son, but since the first session we know it’s just a thing, it’s nothing. And it really helped that we started to look at other things in my son that we should look at and tried to stop focusing on the stammering. To accept him, to accept the stammer, to accept him as he is. I think it’s just a way of talking. Maybe when he accepts himself a little bit and accepts the stammering he’s going to start to let it out and let it go.” These parents described their experiences and their shift in perspective about stuttering in relation to their CWS. It might be proposed that the process of desensitization contributed to their new perspective gained over time.

Further study is clearly needed to ascertain what makes the difference, given that desensitization covers such a range of aspects involved in stuttering therapy. In the future, it will be important to establish an evidence base for the methods described so that therapists can establish which areas will be particularly helpful to target in their work with individual families.

Conclusions

Desensitization is a gradual process and one where each family and each individual within that family system need to be able to go at their own pace. The analogy of the swimming pool reminds us of how important it is that clients feel respected and safe during the therapy process. We are not dropping them in at the deep end. It has been proposed that desensitization goes hand in hand with acceptance (Yaruss et al., 2012); however, it is not up to the therapist to determine the pace. To be effective, the process needs to be collaborative and client-led, as clients are experts in all areas of their lives (Botterill, 2011). The therapist can draw on a range of core counseling skills to facilitate the process and can promote feelings of safety and trust through attributes such as warmth, genuineness, and positive regard.

Parents of CWS describe concerns for their child and also describe the impact of stuttering on themselves and the emotional reactions that they experience. They may be uncertain about how to address stuttering, whether to be open about it, and how to handle their child’s reactions to stuttering and their own reactions, which may lead to unhelpful responses that become part of the maintenance of the problem. For stuttering therapy to be as effective as possible, it is proposed that parents are an essential ingredient in the therapy process.

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