Working with Young Children Who Stutter: Raising Our Game

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ABSTRACT

Several therapy programs have been demonstrated to be effective in supporting the development of fluency in preschool children who stutter. However, there is increasing evidence in allied fields suggesting that a positive therapy outcome cannot be entirely attributed to the therapy program itself, but also depends on what the therapist brings to the therapeutic context. This article seeks to discuss the therapist’s skills and attributes that play a part in the development of the therapeutic alliance, which underpins therapy involving parents of young children who stutter. Using a model of clinical expertise development, the article discusses the attributes and skills that are necessary for the development of expertise, along with the behavioral and cognitive changes that evolve as a therapist becomes increasingly expert at using one particular program, Palin Parent-Child Interaction Therapy.

KEYWORDS: Stuttering, preschool children, clinical development

Learning Outcomes: As a result of this activity, the reader will be able to (1) explain the importance of working with parents of young children who stutter; (2) list the skills and attributes that are beneficial to develop expertise in working with young children who stutter; (3) discuss the cognitive cycle and its relevance in working with young children who stutter and their parents; (4) describe some of the behaviors, skills, and attributes that would be expected in experienced and skilled therapists using Palin Parent-Child Interaction Therapy.

Therapy with young children who stutter (CWS) has been shown to be effective in reducing stuttering and the impact that stuttering has on both child and family. We do not know whether one therapy is more effective than another for an individual child or for young CWS overall, but psychotherapeutic literature suggests that the therapy itself is likely to be less important than the therapist who delivers the chosen intervention. Working

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with young CWS involves counseling parents, and so we should consider the likelihood that the skills and experience that the speech and language therapist (SLT) brings to the therapeutic context may also be critical to the experience and outcome of therapy with this client group.

“The clinician has an ethical responsibility to be the best possible therapist in a clinical situation,” but what is different about an experienced clinician that sets him or her apart from the rest? How do clinicians become “great”? And what difference does it make for CWS and their parents to have an expert clinician? The aim of this article is to discuss the development of expertise in the clinician working with preschool CWS and the skills, knowledge, and experience that need to be acquired to promote a successful therapeutic alliance that empowers parents and clients to become their own agents for change. We will specifically consider the process of developing expertise working with young CWS in relation to Palin Parent-Child Interaction Therapy (PCI) and will describe the relevant advancements in therapists’ perceptual, cognitive, and performance skills as they become more experienced and competent at the various stages of the assessment and therapy process.

THE PROCESS OF DEVELOPING EXPERTISE
Many SLTs feel that they lack the knowledge and skills to work with people who stutter. The “development of competence is not an absolute and static notion possessing a fixed endpoint, but more a lifelong endeavor” that is encouraged through personal life experiences, increased experience in working with the disorder and methods, as well as ongoing training and learning. Manning applied this model to help

NEGATIVE AUTOMATIC THOUGHTS
They will ask me a question I can’t answer
I don’t know what I am doing
They will think I am stupid
They will know I don’t have much knowledge / experience
They will be cross / frustrated / disappointed in me
I won’t be able to help
I won’t look professional
They would be better with someone else

BEHAVIORAL RESPONSES
Consider ways to avoid the situation
Avoid eye contact
Rehearse and plan questions
Talk quickly
Find it hard to concentrate / listen
Become more directive / keep control
Fidgeting

PHYSICAL RESPONSES
Tense
‘Butterflies’ in tummy
Blush
Sweaty palms
Heart races

AFFECTIVE RESPONSES
Worried
Anxious
Nervous
Lacking confidence

Figure 1 Example of a negative cycle.
conceptualize the development of the SLT as he or she develops in competence and expertise. Moving from novice, advanced beginner, competent, proficient, through to expert, the therapist becomes increasingly experienced, knowledgeable, intuitive, confident, experimental, reflective, and accountable while becoming less reliant on rules and instruction as he or she develops.

The therapist will gradually make shifts in thinking that will impact on his or her own emotions and behaviors, affecting his or her interactions with parents and ability to establish and maintain an effective therapeutic alliance. For example, consider a possible cognitive cycle experienced by a newly trained or less experienced therapist working with young CWS, triggered by an impending case history session with parents of a CWS (Fig. 1). The negative thoughts and predictions lead to anxiety and nervousness about the impending session. Associated with the affective responses are several physiological responses, such as increased heart rate and tightness in chest. The natural response to these emotions and feelings is for the person to protect themselves from the perceived danger, which may be observed in behaviors such as avoiding eye contact, becoming more defensive/controlling, avoiding asking questions that may be more sensitive, and so on. As exposure to the number and variety of different circumstances increases, and with effective supervision, we are able to draw on these experiences to inform and challenge our thinking so more positive thoughts can become more prominent with a gradual shift toward a more positive affect and resulting behavior. 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 individualized in terms of the factors that will trigger them (Fig. 2).

**Figure 2** Example of a more positive cognitive cycle. CWS, children who stutter.
DESIRABLE CLINICIANS’ ATTRIBUTES AND SKILLS FOR WORKING WITH CWS AND THEIR PARENTS

There are many counseling texts that discuss and describe the skills and attributes that clinicians need to possess and develop to be effective (for example, see Spinelli,7 Leith,17 McLeod,18 and Sekelman19), and authors have used this information to discuss and consider the attributes and skills that are desirable for SLTs.20,21 “Humanness”17 and having an emphatic and nonjudgmental view of the client’s world7 are considered to be basic prerequisites for establishing a therapeutic alliance and may be characterized by empathy, a positive personality, genuineness, humor, professionalism, sensitivity to the client’s values, tolerance to strong or uncomfortable feelings in relation to clients, an ability to work with others, and having the ability to recognize and understand how the therapist’s thoughts and belief systems can influence the therapeutic process.17,18,20

Leith17 broadly categorized the skills that clinicians should seek to develop into three categories:

Perceptual skills—These are largely the listening and observation skills that are necessary throughout assessment, therapy, follow-up, and evaluation of effectiveness.

Cognitive skills—These are the ability to understand and assess the child’s and parents’ problems and concerns, to anticipate future consequences of actions, and to make sense of immediate processes.18 Along with his or her own constructs, beliefs, and values, the clinician must be cognizant of those of the client and must understand the impact on the therapeutic relationship and be able to make adaptations accordingly.7 This will require organizational, planning, reasoning, and problem-solving skills.17 How the therapist construes fluency and stuttering and his or her role in therapy will influence the type of therapy implemented, how therapy is delivered, and the expectations for outcome.11

Performance skills—The clinician needs to have well-developed social communication skills to engage the family, to encourage them to take part and continue with therapy, and to enable them to identify and make changes to support the development of the child’s fluency. The clinician needs to have knowledge of the disorder and a mastery of the therapy methods required.

In the next section, we illustrate how clinicians master the various skills we are describing as they learn to implement the Palin PCI approach.

DEVELOPING EXPERTISE IN A SPECIFIC FLUENCY TREATMENT APPROACH: PALIN PCI

The Michael Palin Centre for Stammering Children is a specialist clinical and research center in London, providing assessment and therapy services to children and young people who stutter, along with training and supervision for SLTs. One of the approaches developed at the Michael Palin Centre is Palin PCI.9 It is mainly aimed at children aged 6 years and under, combining both indirect and direct methods.

Palin PCI is based on the understanding that some children are born with a neurophysiological predisposition to stutter and that there are a multitude of variables that determine the extent to which the vulnerability is realized and the impact that it has.22 A detailed assessment is conducted to try to identify the physiological, linguistic, cognitive-emotional, and environmental factors that are relevant for the individual child to determine whether therapy is indicated and the content of the therapy.9

If recommended, Palin PCI is initially arranged to take place during six, 1-hour clinic sessions that take place once a week. The clinic sessions are followed by a 6-week consolidation period where parents continue the therapy at home and send weekly reports to the therapist for feedback. At the end of the consolidation period, the child’s progress is reviewed, and further sessions, either direct or indirect, are arranged if appropriate. The child’s fluency is monitored for 1 year post-therapy, with further input provided if the stuttering increases or the parents or child become more concerned.

There are some methodological differences between Palin PCI and other multifactorial approaches aimed at young CWS. Within
Palin PCI, both parents are included in the therapy process, unless circumstances dictate otherwise. Parents each identify their own targets for change and consider the reasons why these will be beneficial in meeting their own child’s needs. Throughout therapy, video is used not only to help identify interaction targets but also to provide feedback and support for the behaviors and changes that each parent is making and to consider the impact that the changes have on the interaction. The therapist takes a facilitative role, rather than an instructive, directive, or modeling approach.23

There is a manual that details the theoretical rationales, procedures, methods, and materials that make up the program,9 which is intended to accompany a 3-day training course. This training is the beginning of the therapist’s development toward expertise in using this approach.

DEVELOPING THE THERAPEUTIC ALLIANCE

Developing the relationship, or therapeutic alliance, with parents is central to Palin PCI23 and begins during the assessment. The therapist seeks to understand the needs of both parents and child in the context of their environment and to accept these in a nonjudgmental, supportive manner. During the therapy, the clinician uses a facilitative approach, encouraging parents to identify their own skills and targets on the basis that people are more likely to participate in therapy and make changes when therapy focuses on their strengths and resourcefulness rather than on problems and pathology.19

Palin PCI has been influenced by a wide range of approaches including family systems therapies, behavioral interventions, solution-focused brief therapy, and cognitive behavior therapy. The proficient and experienced therapist will integrate skills acquired from experiences with other programs and counseling approaches to enhance his or her interactions with clients, for their benefit. For instance, the increasingly experienced clinician may use language that is influenced by solution-focused approaches, based on evidence that there is a direct relationship between “change talk” and positive counseling treatment outcomes.24 Change talk assumes that change will take place so, in keeping with solution-focused approaches,19 questions and statements incorporating words such as when and will are used rather than if and would. So, for instance, when asking parents to identify successful outcomes for therapy, appropriate questions would be “What will be different when Johnnie is a bit more fluent?” “What will you notice when he has improved a little bit?” “How will you feel when things are a little better?”

Interestingly, within Palin PCI as the therapist’s skills and competence develop, he or she increasingly regards the parents as equal “experts” within the therapeutic alliance, with a shared responsibility for decision making. Crucially, in Palin PCI, the skilled clinician recognizes and emphasizes the expertise of the parents, their knowledge and insight into their own child’s skills and needs, and their ability to support their child. Parents who present at the clinic seeking help with their child’s stuttering have not necessarily identified or recognized these skills. They may be focusing on their own anxieties and feelings of helplessness, their worries about doing the right things, their concerns about the stuttering being somehow their fault; they might be unsure about what to do to support the child and his or her fluency development. The clinician’s skill lies in ensuring the balance of power lies with the parents and having the ability to enable the parents to recognize and develop the skills they already possess.

It is difficult for less experienced therapists to relinquish the balance of power and to feel comfortable in a position where the therapist does not have all the answers. Gaining and maintaining order and control are normal reactions when we find ourselves in situations that are unfamiliar or in which we lack confidence. There is a worry that if we are not in charge, there will be a lack of order, and we will find ourselves in a position where we do not know what to do. Remembering that the less skilled therapist relies heavily on the rules and instructions of a program and that relinquishing control requires the therapist to have confidence in the process and be ready to experiment, it is understandable that this shift.
in dynamics is difficult and should not necessarily be expected in the early stages of professional development.

Humor is an important therapeutic tool. Used appropriately, humor and laughter can be used to engage, encourage, relax, and diffuse difficult situations and to help when discussing sensitive issues. It is not necessarily a skill that can be taught; the therapist needs to be respectful, observant, and sensitive to the parents’ humor and to gently test out how small attempts at humor in nonimportant situations are received.

The hope and expectation that both therapist and client have that the therapy will be effective are powerful motivators and can have a positive influence on outcome. The therapist gains this knowledge and commitment through experience, ongoing supervision, and a knowledge of the evidence base supporting the program of choice and conveys this to the client.

As the therapist becomes increasingly experienced, skilled, knowledgeable, and confident, his or her ability to establish an effective therapeutic alliance will develop. The improved perceptual, cognitive, and performance skills will impact on the way in which he or she conducts the assessment and therapy and his or her ability to integrate evidence into the work.

DEVELOPING ASSESSMENT SKILLS

Palin PCI utilizes a child assessment package and case history (see Appendix VIII of Kelman and Nicholas) to identify the physiological, linguistic, environmental, and emotional factors significant for an individual child. As knowledge about stuttering, current research, and clinical experience increases, a more experienced therapist will begin to add further probing questions into the case history and child interview to explore emerging areas in more detail, to seek additional clarification and exemplars to enhance insight into the stuttering and the factors that are relevant in its onset, manifestation, impact, and consequently its management. Both less experienced and more expert therapists may choose to leave out questions from the case history, but the motivations behind this will differ. Less experienced and less confident therapists report that they leave out questions they are not comfortable asking, perhaps because they are unsure of the relevance or concerned that they areas/topics are too sensitive. As the therapist uses experience and knowledge to enable him or her to omit questions that are not relevant for the individual child, based on the information that the parents have already given. As the therapist works with increasing numbers of parents and CWS and also sees the long-term impact of the program with individual families over time, he or she gains a greater appreciation and understanding of the importance and relevance of the influencing factors. This real-life evidence gives the therapist confidence to ask the questions that may be deemed to be more sensitive and may previously have been unaddressed or actively avoided.

As the clinician develops and is able to integrate various counseling approaches into his or her individual style, the questions asked may alter. For example, a solution-focused influence would result in questions that try to tap into examples of the parents’ current strengths and successes in managing the child. For instance, having asked “What do you do when your child stutters?” the solution-focused therapist would follow up with “And how does that help? What difference does that make?” On another occasion, the cognitive-behavioral-influenced therapist may follow up the question “How does your child’s stuttering make you feel?” with “When you feel like that, what thoughts are going through your mind? What are the worries attached to that thought? How do these thoughts/worries affect how you behave/react?” Within this context, the therapist would reassure the parents that their thoughts, feelings, and consequent reactions are perfectly logical and normal in relation to their current situation. The next steps would be to support the parents to challenge the more unhelpful thoughts through behavioral experiments.

At the end of the assessment, the therapist discusses the assessment results with the parents using a four-factor framework, during what is referred to as the formulation. The four-factor model helps the therapist to explain the complexity of stuttering and the child’s individual strengths and needs in relation to the
physiological, linguistic, emotional, and environmental factors that appear to be significant for the individual child. As the therapist becomes more knowledgeable and experienced, the ability to convey the information to parents becomes more refined and relevant to the individual. When a therapist begins to use the program, he or she will utilize the Summary Chart (see Appendix III of Kelman and Nicholas9) as a way of isolating the relevant factors and will use a standard structure to convey information to the parents. The more expert therapist is more intuitive and is able to rapidly identify and prioritize the factors that are important for an individual child and family and more selective about the information reported. He or she is able to convey the relevance and interrelationships between factors in a way that the parents can understand and remember, using the language, terminology, and examples that have already been used by the parents. The most skilled therapist will convey the information in such a way that the parents are able to identify some helpful strategies for themselves that may be developed during therapy. For example, a therapist might say “We can see from the language assessment that Johnnie’s ability to construct sentences is a little behind what we might expect for his age. We know that some children stutter more when they try to say something that is complicated for them. You have noticed that when he is given plenty of time to speak that he is more fluent. This would make sense. Giving him more time to think about what he wants to say and how to say it should help him to be more fluent. That might be something we can think about a bit more as part of our therapy.”

At the end of the formulation, the therapist makes recommendations for therapy, based on the impact of the stuttering on the child and/or parents and the child’s perceived risk of persistence. The therapist also needs to be responsive to individual differences between clients and make adaptations to the therapy accordingly.25 Relevant differences may include perceptions and views of stuttering, bilingualism, speech and language skills, cognitive skills, temperament, and cultural backgrounds.9,25–27 The therapist may need to decide whether to prioritize interventions for concomitant disorders and to focus on them concurrently, sequentially, or not at all. Again, the less experienced therapist will make use of the materials, such as the Summary Chart and the case examples provided in the manual, to inform this recommendation, and those experienced with the process will be able to make the recommendation based on a more rapid and intuitive cognitive processing of the information obtained during the assessment, latest research evidence, and previous experiences.

**DEVELOPING THERAPY SKILLS**

As mentioned above, as the therapist gains experience, he or she will draw on various counseling approaches to support and enhance the delivery of Palin PCI. For instance, at the Michael Palin Centre (MPC), continuing professional development will include training in solution-focused brief therapy19 and cognitive behavior therapy.16 This will have an impact on how therapy is delivered. For example, the more experienced therapist may use a solution-focused therapy rating scale to help the parents to identify what they already know that is helping the child to maintain his or her current level of fluency, to notice what is going well, and to identify the small signs that would indicate that change is occurring and the situation is improving. The questions are oriented to a positive future, assuming that solutions are already happening19 reinforcing parents’ strengths and positive observations, as well as helping the therapist tune in to the parents’ goals and expectations for therapy and to evaluate outcome. Throughout therapy, parents are encouraged to notice signs of change, to consider how the changes that they are making have an impact, and to understand the complicated relationship between the child, the stuttering, and his or her emotions, language, and environment.

Developing the ability to help parents to identify their own interaction targets and the rationale for making a change is skill that becomes increasingly fine-tuned. It is considered that if parents identify their own targets, then these targets are likely to be those that are most relevant for the child and most applicable to the child’s environment outside the play and also more likely to be something that the parent
feels able to achieve. The process supports the development of the parents’ problem-solving skills and confidence in their own ability to manage the child’s stuttering. Newly trained therapists often express the worry that parents will be unable to identify their own targets, that they will not be able to facilitate the process, and that the session will become unmanageable. This may be understood as a negative cognitive cycle, with the negative thoughts leading to the therapist feeling more anxious and less confident and adopting more directive behaviors such as predetermining the targets that he or she feels that the parent should focus on and directing them toward these targets. The more experienced therapist supports the parents’ ability to identify their own targets, starting at the formulation, highlighting the relationship between the influencing factors, the child, and the stuttering. This highlights the child’s strengths and needs as well as many of the parents’ behaviors that are supporting the child and his or her fluency. Using video feedback, the clinician encourages each parent to observe the parent-child interaction, to identify what is helpful about his or her own behaviors, and to discuss how these support the child’s needs. This enables the parents to identify targets that require them to do more of something rather than to stop something or do something different. So with our example of “Johnnie,” the parents may be encouraged to notice what they are doing to help him take his time and to replicate the actions (e.g., waiting before responding, listening carefully, following his lead, etc.).

As the less experienced therapist works with increasing numbers of parents using this approach, he or she will gain confidence in the process, will appreciate that the majority of parents identify targets quickly and easily, and will have an increasing range of strategies to support and encourage parents who find it harder. The competent therapist is able to stand back more and to allow the parents enough time to come up with their own targets. This reduces the pressure that the therapist places on him- or herself to have the all the answers and to maintain control, allowing the therapist to be less directive within the sessions. With experience, he or she will also recognize that there are some occasions when a more directive role is required and that flexibility to the client’s needs and preferences takes priority over the Palin PCI principle that parents should identify their own targets.

Once the therapist has a well-developed knowledge of the disorder and mastery of the methods and these become more intuitive, he or she will be able to be increasingly flexible and experimental in therapy and to consider more complex aspects of the therapeutic alliance and the therapy itself, becoming less focused on the stuttering behavior itself and more thoughtful about the influencing factors and the impact of stuttering on communication and overall well-being.

More expert therapists take responsibility for their role and impact on therapy, recognizing the presence and influence of their own cognitive cycles, constructs, and biases. Understanding how these may impact on the therapeutic alliance, the focus of therapy, and the success of therapy for an individual allows the therapist to make modifications to his or her own patterns of thinking, interaction styles, and decision making for the benefit of the client. More competent clinicians are able to prioritize needs and therapy targets and make judgments not just about what to do, but when to do it and to do this more automatically. This clinician will be able to prioritize or integrate indirect and direct components of Palin PCI, language, and/or phonology therapy and consider the timing of interventions in the context of the family’s needs.

DEVELOPING SKILLS IN EVALUATING OUTCOMES

Evidence-based practice requires the therapist to use empirical evidence to help determine which therapy approach to use with a particular client group. To do this, the clinician must develop an ability to appraise research critically and to evaluate the strength and potential impact of the research. However, the clinician must also consider whether the findings are likely to apply to an individual child and family and how the client’s needs and values may affect this interpretation. As the therapist becomes increasingly experienced, he or she
will be able to use his or her expertise to interpret and inform therapy decisions.

As well as considering research evidence in relation to individuals, the therapist must also be observant and monitor evidence from an individual. As the clinician is able to spend less energy and attention on ensuring the therapy is delivered “correctly,” he or she will be able to evaluate the effectiveness of the therapy that is being provided and seek feedback from parents regarding individual sessions. The clinician must be aware of signs that would suggest that progress is not as predicted or that the parent or child is not experiencing therapy entirely positively. Continual evaluation of progress and impact of the therapy will allow adjustments to be made and the therapy fine-tuned to meet the family’s needs. Parents’ perspectives of progress and change should be regularly sought through discussion or using rating scales. Although fluctuations in the child’s stuttering are to be expected, the research indicates that the therapist would expect the parents to report improved fluency and/or reduced impact by the end of the consolidation period (the 6-week period following the clinic sessions). If this is not the case, further intervention would be indicated.

The expert clinician will be interested in evaluating the effectiveness of therapy in a structured and methodical way, evaluating and reporting data to be used by commissioners of services, as well as using the information to make changes to models of service delivery and perhaps to inform the development of research questions.

WHO CAN BECOME AN EXPERT WORKING WITH YOUNG CWS?

Not all therapists will become experts in working with young CWS, and indeed not all want nor need to. Many of the attributes identified by Haag-Heitman as indicators for which nurses go on to become experts also seem applicable to our own profession and development of expertise. Individuals who demonstrate excitement and confidence and who are positive about confronting and overcoming work-based challenges might be predicted to be those who will reach expert levels of performance. Expert clinicians have a lifelong approach to experiential learning, they are self-directed, and they strive to perform beyond the organizational expectations. SLTs who are curious and challenged about stuttering and its complexities and who enjoy working with a focus on the whole individual, not just the symptoms of the presenting disorder, are those who might seek to excel in working with this client group. It might be expected that such clinicians will identify their own training needs, seek out opportunities to observe others, and work and create opportunities to work with increasing numbers of CWS and their parents. Experts are confident enough to be experimental and to accept responsibility for the outcomes of their actions, both successful and not successful.

Critically, the ultimate aim for the therapist is to enable parents to become the experts in supporting their CWS. The effective Palin PCI clinician is one who facilitates and encourages parents through their own development toward expertise in supporting their child and the stutter. The parents begin by learning more about stuttering, the factors that influence stuttering in their child, how modifications to the interaction styles and wider environment may allow the child to be more fluent, and to experiment and implement interaction and management strategies in a structured and deliberate manner. As they become increasingly confident and experienced, their behaviors become more fine-tuned and intuitive and generalize outside the structured practice sessions. As the process continues, parents become less reliant on the therapist, problem solve for themselves, and respond to any increase in the child’s stuttering rapidly and effectively. Parents who are experts in their child’s stuttering and how to manage it are able to integrate this knowledge into everyday situations, providing increased opportunities for the child to be more fluent on a daily basis and to support the child positively even if and when the stuttering is evident. Our clinical experience suggests that for those children whose stuttering persists, the therapy has a long-term impact on the family’s perception and attitude to the stuttering, the level of worry that exists around the stuttering, and the impact that it has on the child and
parents. A successful outcome of Palin PCI is that parents view themselves as experts and are confident in their ability to manage the child and his or her stuttering.

**INSTITUTIONAL AND MANAGEMENT SUPPORT REQUIRED FOR THE DEVELOPMENT OF EXPERTISE**

Although the determination of the individual is critical, the working environment is also crucial for development. Receiving external or expert supervision encourages reflective practice in therapists who are new to working with CWS or an individual program, to ensure that they are conducting the therapy appropriately and effectively and to identify training and development needs. Clinical supervision is “a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations.”30 This type of supervision continues to be important throughout the therapists’ career, although the focus of the supervision will shift as needs develop, developing from questions such as “What do I need to do with this client next?” to more complex or service delivery-focused questions. During supervision at MPC, supervisors aim to use styles and models that are used in therapy with parents in an attempt to demonstrate the methods and to encourage the supervisee to problem solve for him- or herself and to learn how to implement the various methods discussed. Peer supervision and working alongside colleagues who also have an interest in stuttering enable the clinician to gain additional observational experience, problem solve any particular issues that arise, and receive reinforcement about work and improvements.

In addition to supervision, to develop knowledge, the clinician will require access to reading materials through libraries, the Internet, and journal subscriptions. To make informed decisions about the impact of research on practice, the therapist will need to be able to access the original source of the document to appraise it critically. The developing clinician and those who are more experienced will need ongoing learning opportunities such as professional special interest groups, conferences, and courses. Institutions need to support access and attendance at these.

In addition to financial support and a positive attitude to continued professional development, employers can support clinicians’ developing expertise by allowing flexibility in working methods and packages of care and by encouraging therapists to be imaginative, experimental, and innovative in the therapy they deliver. Monitoring of outcomes and more formal research further encourage the development of the individual, the profession, and practice in the field, all of which result in improved services for CWS.

Skill mix is also important within the working environment. Clearly it is important for therapists to have access to others who have more knowledge and experience, but also to work with therapists and students who have less. This challenges therapists to be thoughtful and accountable for the therapy they provide and to continue to develop knowledge and skills to remain one step ahead.

**CONCLUSIONS**

Observers of therapy delivered by a more expert clinician should notice greater flexibility and variation regarding the content of therapy sessions and styles of delivery between clients. They should see that clients’ needs are recognized and responded to rapidly, intuitively, and confidently and that the therapist does not take a one-size-fits-all approach to therapy. Those who receive Palin PCI therapy from a more competent and expert clinician should feel that they have a therapist who listens carefully to what they have said and who considers their individual needs and those of the child and responds to these positively. They should understand the aims and rationale of the therapy they are being asked to carry out, and they should feel confident in the therapy they receive and that it is helping them to reach clear and achievable goals.

At the end of the process, all parents should feel that they have helped reduce their child’s stuttering, and they should feel confident that
they and the child have the skills to manage any future stuttering.

Although there are some attributes that are likely to be possessed by experts, not all experts will possess all of the desired attributes, and many may be developed over time. What does seem to be critical is a desire to improve, learn, and provide the best possible service to the families who seek our help.

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