Ass. and Diagnosis:-

Preschool Child:-

① Diagnostic statment ⇒ type of ~~dysf~~ disfluency and the severity.

Case history:- inf. gathering
↳ by interviewing parents / teachers ...
→ speech samples (2 samples)
⇒ then we analys these inf. to reach a diagnostic statment.

*② prognosis (after the diagnostic stat.)
↳ the enhancment expectation

[onset, severity, type, motivation of the client, family cooperation, env.]
↳ an indecator of good or bad prognosis

③ Recommendation → 1. therapy "if needed or not"
⇒ if he doesn't we ~~Counslet~~ Concil the parent
⇒ if needed the freq. and time expected for it

2. Referal :- therapist / dentist... (if needed)

how to know we need therapy:-
⇒ in ass → ① formal tests
② samples ⇒ if they aren't enough we go to his kindergarden / ask parent / make a sec. session.

Referal ⇒ for assessing → physical dev.
→ cognitive dev.
→ social - emotional dev.

a way to know if it's stuttering-like or ~~non~~ normal disfluency

① normal disfluency

- frequency = no. of disfluency (stutt like) / no. of syllabels
- we compain non stutter and stutter like disfluency
- □ < 50% normal disfluency
  □ > 50% stutterer.

Ex:- 35 non-stutter like 25 stutter-like = 60 dis.

25/60 41% < 50% ⇒ normal disfluency

② Border line stuttering

stutter like disfluency / totall > 50%.

Stutt. = 35 non stutt. = 25

35/60 > 50%.

③ Beginning

sec. behaviors are present.

Risk factors for persistent stuttering

→ gender
→ lang. behaviors
→ fam. history
→ problems in articulation.
→ temperment and sensitivity
→ Reactions to stuttering (by client or people around)

real stuttering S natural Dys. ال اللي تسبب persistent Stutt.

① environmental ② genetic ③ neurogical

~~go~~ ⊖ within the child:-

*① gender :- males ~~are~~ have much more persistant Stutt. than females

* if the dysfluency lastest for more than one year in female this is an indecator that they developed real Stutt.

* linked to the higher linguistic ability ~~to~~ of the female.

② family history :- for females :- ① more relatives that stutters
② first degree relatives

④ speech and lang. Skills :- we have some problem in lang. and speech for stutteres
- capacity Vs demands.

⑤ temporment :- emotions / sensitevity of the child towards their ~~miste~~ mistakes (speech production) and towards the listener's reaction.

* Drawing inf. togather

rule of the fam / treatment plan with the parent

(*) Closing interview :- disscuse ass findings / family desire

↳ ass ال بداية ع جمعتها اللي initial inter.s ال كل

↳ we have to write summery about the child's status.

* Recommendations ⇒ ① therapy :- if he need therapy or not
② referal :-

- therapy :- frequancy of intervention / plan / what inter. I want to use

- children with normal dysf. have a certain recomm. ⇒ indirect therapy by the parents ⇒ consultation for the parents

* Factors associated with spontaneous recovery :-

① if the stattering like dysfluency is decreasoing gradually in the 12 mon after the onset

② being a female.
③ no relatives with real stutt.
④ good nonverbal intelegence
⑤ temperemant is better than real stutt.
⑥ good lang. and articulations.

School age child ass.

pre ass :- ⊛ clinical quest.

~~ID~~

* IDEA ⇒ يجبر المدارس بضرورة تأصيل الطلبة في المدرسة ← بتوفير SPL. في المدرسة

* asking the fam.
* case history

* ~~ado~~ Samples.

* trial therapy → بس أعمل تكنيك معين وبجرب أكثر من تكنيك ← the most appropriate therapy. و شو المناسب tec.

Adults and adolescents:-

- video record & use need consent from the client himself

Treatment:- - to stutter less ↑ for adults - to become abetter comm.
↳ to become affluent person ↳ child
- to get rid of secondry beh. and the negative feeli
- according to his age & type and severity of the stutt.

- goals:-
(1) reduce the f of stutt.
(2) Reduce the abnormality of stutt.
↳ stucks in the stutt is very little but once he start with the stutt. ~~,it is~~ he make an abnormal
* Duration high * blocks with mandibular tremors and muscular tention in all muscles.
(3) reduce negative feelings and attitudes
(4) ↑ abidence
(5) to become abetter communicator
(6) create env. that facilates f.

* the therapy Plan could have one or more of these goals depend on the sev.

- Clinician charac.:-
(1) Empathy (2) authority (I am the leader)
(3) warmth (4) Genuineness (honest)
(5) pretrence for evidence-Based practice
(6) Continuing Education. (7) Critical thinking and creativity

- clinician's Belif
parent coun./ interv./ ass

(24)

* Procedures to help clients and families Dead with feelings ... :-

- Counseling → to make empathy, warmth and genuineness.
- Parents must develop faith in the clinician
- must respect the client and family description and listen to them.
- Share inf about recovery (prognosis)
- we must work directly with older clients
- teading certain tech.

* Procedures to reduce the f of stuttering:-

- operant conditioning → behavioral
  - ⇒ Positive reinforcement
  - ⇒ negative " (panichment) mild
- Prolonged speech affect the duration

* procedures to reduce abnormality:-

- reward and mild punichment
- reduce negative anotions
- Stutt. modification ⇒ Van Riper and Sometime fluency shaping tech

* procedures to reduce negative feeling:-

- behavioral therapy tech
- referal to psycologest

Procedures to reduce avoidance

- reduce negative emotions.
- fear from listener reaction:- - desensitization
  ↳ elimination of the sensitivity toward the stuttering.

- Voluntary stuttering.
- we have to make the client face their stuttering

Procedures to increase overall comm. abilites.
- reduce fear , avoidence
- observe and report overall

Procedures to creat an env.

- ~~⊖~~ Parent conseling
- parent child interaction is important → the way they talk and communicate with the child
- easeir and age appropriate lang. for the child.
- School (fluency-friendly) env.
- Disclosure or openness about stuttering.
  ↳ لازم اشتغل على موضوع فتح فكرة انو انا stutt. واحكي للناس اني stutt. بعيد عن الخوف واخفاء الفكرة.
  ↳ يبدأ يدرب الآخرين كيف يتعاملو معو.

Motor ~~Planning~~ learning principles
how to generalize these strategis ~~to~~ at all settings.
↳ how to generalize these strategis at all settings.
- feedback → لازم يراقب ويشوف ال FB تاعت الآخرين
- we are building self-monitoring abilites and self corrections
- old habits must be suppressed by conscious inhibitation.