The Montreal Fluency Centre is a private-non profit clinic in the public interest. It is dedicated to providing quality bilingual speech and language assessments and treatment to children of all ages. The centre is open to all families – regardless of gender, age, race or socioeconomic status and offers a bursary program for families requiring financial assistance.

The MFC offers a treatment model of evidence-based practice that focuses on prevention through early intervention and evaluation of treatment outcomes. Its services include both general speech-language therapy as well as treatment in areas of specialization include stuttering, reading, early intervention for language and speech and treatment of school age language-based learning problems.

FOR PRESCHOOL CHILDREN:
- The Lidcombe Program for Early Intervention – Parent Training Approach
- Monitoring program for tracking progress in fluency development
- Treatment program for bilingual children

FOR SCHOOL AGE CHILDREN:
- Lidcombe Program adapted for School-age children
- Individual and small group therapy based upon evidence-based clinical practice
- Consultation with teachers and other professionals

FOR ADOLESCENTS:
- Short term individual treatment
- Group/Individual/Intensive therapy
- Stuttering ‘boot camp’ (summer)
- Support Groups

We also offer Parent Support Groups for School Age and Adolescents

For more details and ongoing information about any of our programs go to:

www.montrealfluency.com

Stuttering Treatment Programs
Pre-school - Adolescence

Information Brochure

If you think that your child may be stuttering, contact us to discuss your concerns with a registered Speech-Language Pathologist.

ALL Speech-Language Pathologists of the Montreal Fluency Centre are Members of their Professional Organizations
Stuttering – Information for Parents

- Stuttering is thought to be a physical disorder and is not **caused** by psychological factors.
- Stuttering is a problem with speech production; no other basic differences distinguish those who stutter and those who do not.
- There is no evidence that stuttering is caused by stress, by parenting practices, or in the way in which parents communicate with their children.
- We have no evidence that bilingualism causes increased stuttering.
- Stuttering tends to run in families.
- About 5% of children begin to stutter sometime in the 3rd-4th year.
- Stuttering onset often occurs as children start to put words together to form sentences.
- The onset of stuttering can be gradual or sudden; mild or severe.
- In most cases, the first sign of stuttering is the repetition of syllables such as “I… I… I… want” or “Gi… gi… gi… give me”.
- Some children may start to show signs of effort or struggle while speaking.
- Often sounds are prolonged or extended such as in “wwwwwwwhere is …”
- There may be a complete stoppage of speech as the child attempts to start a word.
- If your child has not stopped stuttering by 18 months after initial symptoms then treatment is the best prevention.

Stuttering Treatment at the MFC

**Preschool and School-age children**

The **Lidcombe Program** for early intervention was developed by **Professor Mark Onslow** and his colleagues at the **Australian Stuttering Research Centre (ASRC)** in Sydney, Australia as a direct stuttering intervention for preschool children. The program has been adapted for school-aged children as a best model for direct intervention.

**School-age children and Adolescents**

The **Camperdown Program** for stuttering treatment was also developed by the ASRC. The program, originally created for adults, was adapted for older school aged and adolescents who stutter. A speech fluency technique called Prolongation is the basis for fluency in this approach. Treatment includes 5 individual sessions and 2 intensive group days. Children are trained to self-monitor fluency in all speaking situations in and out of the clinic environment.

The **Self-Imposed Time-Out treatment** program (SITO Program) is a behavioural treatment for stuttering in school-age children, adolescents and adults. The program was developed at the Royal Prince Alfred Hospital, Central Sydney Area Health Service, and the Australian Stuttering Research Centre, the University of Sydney. Clients are taught to self-administer a time-out (TO) procedure contingent on unambiguous stuttering during a number of treatment sessions. The client learns to control stuttering first in a treatment room and then eventually in everyday speaking situations. The clinician guides clients in the development of self-evaluation techniques to enable them to take responsibility for managing and controlling their stuttering in the long term.

**Early Stuttering**

- Typically begins between 2-4 years
- Tends to be episodic and varies in severity.
- **Extremely responsive to treatment.**
- Some children recover without intervention
- If your child has been stuttering for more than 3 months it would be a good idea to discuss this with a Speech Pathologist who specializes in Fluency Disorders.

**Advanced Stuttering**

- Less responsive to treatment when negative attitudes toward stuttering develop, and the child attempts to avoid stuttering.
- Treatment can be successful when the child takes more responsibility in the treatment process both in and beyond individual therapy sessions.
- Parental support and involvement in treatment is a key to successful outcomes.

**Montreal Fluency Centre Approach to Therapy**

- Treatment is **direct**, combining evidence-based clinical practice with **parent training**.
- Children who have been stuttering for short periods may be placed in a **monitoring program**, and have monthly follow-up calls with a therapist at the centre.
- The timing of therapy is determined in consultation with the family.