

Supplemental Material S1. The Clinical Use of Self-Report and SFBT for an 8-year-old participant.

Participant weekly self-rating scores over a 5-week period to the question: How much time during the conversation do you think about stuttering with 1 reflecting never and 9 constantly?					
	Week 1	Week 2	Week 3	Week 4	Week 5
Close friend	1	1	1	1	1
Parent	1	3	1	1	1
Stranger	9	9	9	1	1
Authority Figure	9	9	9	1	1
Telephone	1	1	1	1	1

The narrative below provides some background information of the participant and some examples of the clinical conversations and implementation of the SFBT Approach and CUSR self-reports.

Pertinent Clinical Background of 8-Year-Old Participant

The participant started speech therapy in kindergarten with a diagnosis of severe stuttering characterized by pitch changes, prolongations of up to one minute to say the word, loss of eye contact and eye blinking. A diagnosis of unmedicated ADHD is also present. Currently, after 5 years of therapy, the stuttering continues to exist but in a very manageable form. The participant has skills to manage the stuttering with confidence.

SFBT Implementation, CUSR Measurements and Clinical Verbal Exchanges

The participant systematically self-rated as 9 on a scale from 1 (as fluent as I want to be) to 9 (very dysfluent) only when talking to strangers, but systematically self-rated as 1 (as fluent as I want to be) when talking to close friends, parents, and when talking on the telephone. In Week 1 session, after completing the CUSR rating scale and choosing a rating of very dysfluent with strangers, the SLP implemented the SFBT Scaling Question Technique.

Sample Dialogue for Week 1

Clinician: So, you rated yourself as very disfluent with strangers. Can you explain to me what kind of feelings you have when you are talking to strangers?

Participant: I feel scared, nervous, or clam-up when talking to strangers.

Clinician: Explain more.

Participant: Strangers may laugh or make fun of my stuttered speech.

Clinician: What about when talking to close friends, parents, and people you know well?

Participant: I feel confidence. None of those people would laugh at me or think of the stutter speech as bad.

Clinician: Tell me about the strategies you know to deal with fears of strangers.

Participant: I take a deep breath to relax, count sheep, and look away to avoid being embarrassed.

At this point, on the SFBT Scaling Question Technique, the SLP asked the participant what else could be done to decrease the self-rating intensity from 9 (very dysfluent) to maybe 3 when talking to strangers or authority figures.

Participant: repeated the current strategies of taking a deep breath, counting sheep, and looking away.

Clinician: What about trying some new strategies such as disclosing you have a stuttering problem to the stranger?

Participant: Immediately wanted to try this technique in therapy by using the technique of "stutter severely on purpose" and disclosing the stuttering while role-playing with the SLP.

Clinician: Let's role-play pretending to be the customer or grouchy storekeeper. We disclose to the stranger that we stutter.

Participant: Practiced feeling comfortable sharing and disclosing the stuttering with the counterpart within the role-play activities.

Feeling empowered with the technique of sharing with others that he stuttered, the participant walked out of the therapy room and proudly announced to some of his friends in the hallway about his "stuttering secret". The participant's friends smiled in a supportive manner to hear the disclosure. Subsequently, when the participant went to his special education small class and with the help of the SLP, the very supportive math teacher started role-playing, giving many opportunities to say that the phrase "I stutter". The SLP and teacher prearranged to support the participant when arriving to the class by providing practice opportunities in disclosing the stuttering. Moments later, in class, the participant was observed talking about stuttering in a proud manner with classmates. None of the classmates reacted surprised by the disclosure since they were aware of this overt characteristic. The participant explained that now fear of talking to strangers was diminished after the extensive practices of disclosure in role-playing situations first, then with friends and caring teachers in the classroom.

While initially, the strategies were ineffective (taking a deep breath, counting sheep, and looking away), the participant learned that there were other more effective methods such as disclosing or stuttering on purpose. The participant discovered that

strangers may be understanding and kind people to someone who stutters. As a homework assignment, the participant was asked to share with as many people as possible, including family members, about the stuttering secret. The participant has a stuttering journal to document reflections and document therapy progress. The journal helps the participant to monitor reactions and to reflect on internal resourcefulness for resolving issues with stuttering. The participant's mother, on a follow-up call, shared that the participant has made much progress in speech fluency and will support the participant at home when talking about being a person who stutters with family members.

Sample Dialogue for Week 4

In Week 4, when the participant showed a precipitous drop from previous weeks on the CUSR scale from 9 (constantly) to 1 (never) for the question "How much time during the conversation do you think about stuttering with strangers?" the SFBT technique of Presupposing Question Technique was implemented. In implementing the Presupposing Question Technique, the SLP invited the student to consider the possibility that some positive change had recently occurred in his life that influenced his ability to handle the fluency problem. Showing his iPhone for SLP to see, the student reported that the support from caring family members helped him to reduce the fear of stuttering. Family members say encouraging words such as "don't worry, think about something that makes you happy." The participant reflected that "father used to deal with stuttering as a kid and knows how to give me the right advise." The critical change took place when the participant began to feel free to openly communicate with family members about the stuttering concerns. Family members encouraged the participant to use the cellphone to receive immediate support from them when feeling scared or vulnerable that the stuttering might get triggered by some interaction with his most feared audience.