

Supplemental Material S2. The Clinical Use of Self-Report and SFBT for an 11-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	9	6	6	1	1
Parent	3	8	7	1	1
Stranger	7	5	6	4	1
Authority Figure	6	6	7	3	1
Telephone	9	8	3	1	1

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

Pertinent Clinical Background of 11-Year-Old Participant

The participant has been receiving speech therapy since kindergarten to treat her developmentally based stuttering disorder, which is genetically present in the paternal side of the family. The participant reports that anxiety keeps her from being at ease when speaking in front of peers and teachers in the classroom. During the original evaluation 4 years ago, her mother reported that stuttering presented in the form of blocks and hesitations. At the age of 7, the participant received a diagnosis of mild-moderate stuttering characterized by repetitions, blocks, and covert stuttering behaviors. Her teacher reported that the participant was a successful reader but struggled with severe shyness. On the CAT-R, the participant received a score of 17, significantly above the average for children who do not stutter (8.7), feeling that she didn't talk right, constantly worrying about her speech and saying that speaking in class or talking to strangers was hard for her. In her 5th grade class, the stuttering was mostly becoming of the covert nature, and abstaining from speaking when the stuttering occurred. The participant presents minimal secondary behaviors, other than showing physical discomfort and looking away to hide the stutter. Recent re-administration of the CAT-R yielded a score of 10, showing significant decrease in stuttering impact (8.7 being in the average range), meaning that her communication attitudes are more positive.

SFBT Implementation, CUSR Measurements and Clinical Verbal Exchanges

The participant reported elevated impact in the first three weeks, but started showing a decline in the last two weeks in the amount of time she occupied her mind with

thinking about stuttering with all audiences, including strangers and authority, her most challenging audiences, per her CUSR self-reports.

SFBT Sample Clinical Dialogue

Since the thoughts of stuttering was constantly in her mind at the outset of data collection, per her self-report, the SLP decided to present the Miracle Question Technique as follows:

"Now, I want to ask you a strange question. Suppose that while you are sleeping tonight and the entire house is quiet, a miracle happens. The miracle is that when talking to strangers, your stuttering problem is solved. However, because you are sleeping, you don't know that the miracle has happened. So, when you wake up tomorrow morning, what will be different that will tell you that a miracle has happened and the problem the problem is solved?"

The participant responded by saying that a miracle happened because all the uncomfortable feelings related to the stuttering had stopped, such as not feeling embarrassed, not feeling panic attacks, and not feeling nervous. She would feel calm and happy. Her friends, teachers and family members would be there providing supporting. At the end of the session, the participant agreed with the SLP to seek support and encouragement from best friends, teachers and family members whenever fears about stuttering with strangers emerged. On the journal, the participant drew the miracle and the people providing support, which included best friends, sister, and parents.

Further details were revealed about the participant's perceived cause of the increases in stuttering discomfort when talking to strangers during the application of SBT Scaling Question Technique. For example, the participant selected a rating of 6 in the 1 (no embarrassment at all) to 9 (feeling super embarrassed) scale in how embarrassed she feels when stuttering occurs when interacting with strangers. The participant stated that "feelings of not knowing how the stranger may react to the stutter, such as laughing or making fun of the stutter", is what causes the deep embarrassment. When invited to find some strategies to solve the situation, the participant suggested that she would start seeking support from friends and family members, disclose her stutter more, and speak-up for self-advocacy if someone is to laugh or make fun of her speech. The participant aimed to decrease her shame of stuttering from 6 to about 3 in the scaling question technique. Towards the last two weeks of data collection, the participant started to report a decline in the amount of time during the conversation stuttering is in her thoughts.