

2018 ECSF Antwerp  
 Pre-Symposium Workshop  
**Re-Constructing Counseling:**  
**A Constructivist Framework for Counseling with Persons Who Stutter**  
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### **Some thoughts on counseling**

- Counseling is less about what you (the counselor) does or says and more about how you listen and build the therapeutic alliance.
- The role of the counselor is not to make clients feel better but to help them find effective ways to cope with their problems.
- Counseling is not about giving advice or solving problems for clients. Counselors should have belief in the ability of clients to solve their own problems if provided assistance from the counselor.

### **Barriers to Counseling**

- Fear about talking about emotions or that talking about issues will somehow make them worse
- Time – includes issues related to insurance and billing
- Lack of training
- Counseling is not the job of a speech therapist
- Not sure when to do counseling or what to work on

### **Therapy as Leadership**

“To practice adaptive leadership, you have to help people navigate through a period of disturbance as they sift through what is essential and what is expendable, and as they experiment with solutions to the adaptive challenges at hand” (Heifetz, et al., 2009, p. 28).

*Technical Challenges:* Situations where both the problem and solution can be clearly defined by an “expert” and are best addressed by an expert in a position of authority. In the case of stuttering therapy, the technical challenge might be the changes in speech fluency that are being worked on, with the solution (e.g., techniques from fluency shaping and stuttering modification, etc.) being both developed and directed by the clinician, who has the role of the “expert in a position of authority”.

*Adaptive Challenges:* Have no known solution. The skills and answers require changes in behaviors and ways of thinking and must be addressed by the individual or group who are the stakeholders. In the case of stuttering therapy, adaptive challenges might be related to avoidances, needed lifestyle changes, and changes in identity related to therapy.

### **Principles of Adaptive Leadership**

- Distinguish between adaptive and technical elements
- Push against default interpretations

- Increase tolerance for ambiguity
- Give the work back
- Act experimentally
- Start where they are not where you are
- Speak to the loss

### **Common Factors Model**

It is useful for counselors to have an organizing framework around which to build their practice of counseling. Research by Bruce Wampold and colleagues (See Wampold, 2015 for a recent update) indicates that it is not the specific ingredients or techniques associated with distinct approaches to psychotherapy that are responsible for therapeutic change. They determined that factors such as those listed below account for the majority of therapeutic change:

1. Goal collaboration between client and clinician
2. Belief in the approach by the clinician and client
3. Therapeutic alliance
4. Empathy
5. Genuineness
6. Positive regard
7. Therapist effects (i.e., competence)

### **Grounding an Approach to Counseling in Theory**

#### *Personal Construct Psychology (PCP)*

Kelly (1955) developed PCP based on the concept that people act as scientists in that we form hypotheses about the world and test them out through experience, confirming or rejecting and revising as needed. These hypotheses form the basis of *constructs* and construct systems that allow us to anticipate events and relate to the world around us.

- Inability to anticipate (i.e., if our constructs don't cover an experience) will result in *anxiety* and *fear*.
- Acting in a way that is in contrast to our constructs will result in feelings of *guilt*.
- Experiences that do not fit with our *core constructs* (i.e., those that define us) are ignored or dismissed as irrelevant as a way of defending or preserving the integrity of the core constructs.

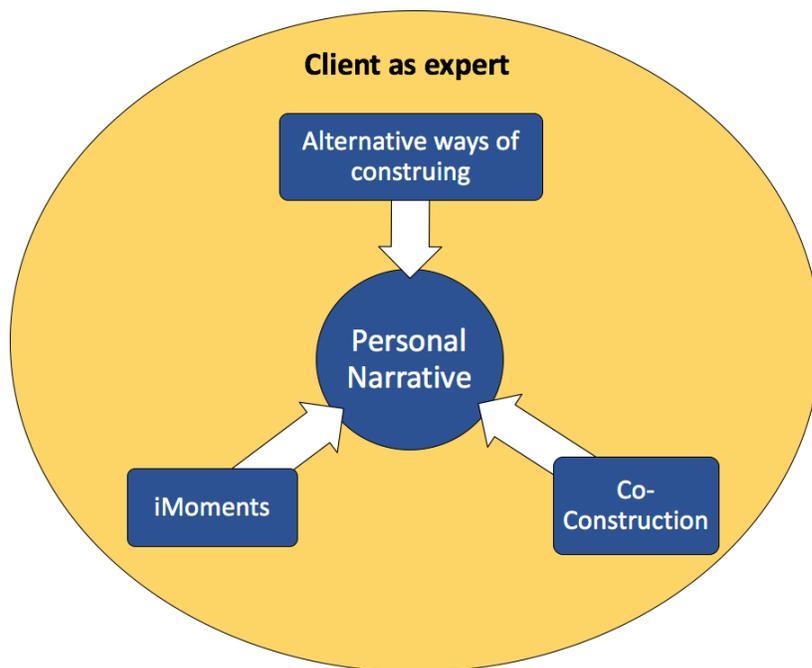
#### *Narrative Therapy*

The stories that we tell about ourselves and the stories that others tell about us influence our formation of identity. Personal narratives form as we “story” lived experience, but that storying tends to focus on what fits with existing aspects of our story (sometimes referred to as a “dominant narrative”) and simply ignores or dismisses as irrelevant aspects of the experience that do not fit (similar to defending core constructs).

*Clues to alternative stories:* These usually show up in the glossed-over side comments made during a description of a person’s narrative, and provide the clinician with a potential alternative or expanded story to explore.

## A Constructivist Framework for Counseling

*Rationale:* To develop a framework that makes counseling accessible to all clinicians (regardless of level of counseling training or experience), not just for working with PWS but with any client. The framework emphasizes a way of thinking rather than doing, and can be easily integrated into the technical work that speech therapists are already doing.



1. *Client as expert*: Taking a credulous approach and respecting clients' ability to work out their own problems. *Start where they are, not where you are!!*
2. *Personal Narratives*: The core of the framework is paying attention to personal narratives. Clinicians should be actively asking for clients' personal narratives (not just the problem-saturated story). This is also part of building the therapeutic alliance.
3. *Alternative ways of construing*: Realizing that there are always alternative ways of thinking or alternative stories that can be found. One way of facilitating this is the use of externalizing language (just in conversation or through tools such as the Autobiography of stuttering).
4. *iMoments*: These "innovative moments" can be found in the clues that are offered frequently in clients' telling of their personal narratives. These are the glossed-over aspects that are mentioned in passing and that don't match the story being told.
5. *Co-Construction*: The power of stories is in their telling and re-telling. Emerging alternative stories, therefore, need to be told and re-told, preferable by multiple others.

### Summary

*Take home message:* Keeping it simple and not getting distracted by all the technical detail is an important starting point. By following the bulleted points below, clinicians can *always* be

thinking as a counselor, even when engaged in the technical work that is equally important to the success of our clients.

Think:

- Technical versus adaptive challenges for your client
- Make the client the expert
- Start where they are, not where you are
- Personal narratives – what is the story?
- Clues to an alternative story
- Elaborate the alternative story

**Additional Reading:**

DiLollo, A. & Neimeyer, R. A. (2014). *Counseling in Speech-Language Pathology and Audiology: Reconstructing Personal Narratives*. San Diego, CA: Plural Publishing, Inc.

Heifetz, R. A., Grashow, A., & Linsky, M. (2009). *The Practice of Adaptive Leadership*. Boston, MA: Harvard Business Press.

Manning, W. H. & DiLollo, A. (2017). *Clinical Decision-Making in Fluency Disorders (4<sup>th</sup> Edition)*. San Diego, CA: Plural Publishing, Inc.

Wampold, B. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry, 14*, 270-277.