

ECSF NEWSLETTER

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FLUENCY SPECIALIZATION

Working towards minimal standards for European fluency specialists

European Clinical Specialization Fluency Disorders

By Kurt Eggers, ECSF-coordinator

In 2008 the ECSF-consortium was established as a cooperative venture between eight, currently ten, universities. The European Clinical Specialization on Fluency Disorders (ECSF) is a one-year specialization course of 20 ECTS credits, equivalent to 600 hours total study time.

The specialization course, compatible with current speech-language therapy workload, consists of 2 weeks of intensive teaching and learning (Dublin & Antwerp) with in between home-follow-up sessions (mentor/coach sessions) at regular intervals during the year. Lecturing is combined with preparatory readings & home assignments. The specialized clinical training, under supervision of an approved fluency specialist, can start after the first intensive week. Evaluation is portfolio-based. Intensive weeks provide strong theoretical and practical components including development of clinical skills. Home assignments consist of critical reviews, academic and clinical-oriented papers, and evaluative exercises. The ECSF-coach guides/steers the learning process through face-to-face discussion, follows up and evaluates portfolio, and attends oral case presentation (min. 4 sessions). The fluency specialist mentor is formally approved by the ECSF consortium (min. 8 sessions).

By the end of this academic year the third course cycle will have finished, resulting in 54 participants from 17 EU and non EU countries. As ECSF graduates are now undertaking work in Europe and further afield, the need for guidelines on minimal standards is clear. Minimal standards are necessary for quality assurance of the certification of new specialists and the ongoing certification of former graduates. The development and

establishment of 'preferred practice guidelines' relating to standards, covering ethical and professional elements, are integral to the ECSF-objectives, and completion of the first year of the ECSF training is the first important step in the certification process as a Fluency Specialist. Other steps will be: additional clinical practice working with clients who stutter over a specific period of time; continuing professional development activities (similar to CEUs); participation in mentoring activities; participation at intervision activities (e.g., discussion groups); and final evaluation by the ECSF committee.

In the course of developing minimal standards we will look at documents developed for specialists in speech language pathology professional organizations, including ASHA, IALP, CPLOL, and a range of EU professional bodies. In addition standards documents of other disciplines, including medicine and clinical psychology, will be reviewed.

Stages involved include a consultation process among the consortium members and further afield - including ASHA's Specialty Board on Fluency Disorders; the collection and review of established documents of major national and international professional bodies; drafting basic principles that need to guide the development of best practice and ethical guidelines and that transcend national boundaries; and finally the development of European specific draft guidelines.

These draft guidelines will be submitted for review to appropriate professional bodies and after further consultation among the ECSF consortium members, will result in the finalization of the trans-European agreement on minimum standards.

Exciting and challenging experience

By Dubravka Prpic

As professionals we always have concerns about doing something 'wrong' or concerns that it could be better. This drives us to be better professionals, tests us, and makes us question ourselves if we are up to the task. When I applied for the European Clinical Specialisation Course in Fluency Disorders (ECSF) I found out that it was the best way to compare my knowledge and clinical experience with Speech Language Therapists from other countries in field of stuttering. Such growth is only possible due to the experience of a mixture of personalities and perceptions. I am so grateful to the group I was involved with. The ECSF gave me sense of direction and uninhibited attitude. Becoming more experienced and secure helped me to focus less on techniques and more on the person who I am trying to help. At the same time some workshops were very inspiring, showing that working with children who stutter can also be fun. Knowing that, helped me shift my concept of the sessions and establish a relaxed atmosphere where I encourage communication and enable better relationship with my clients. Most of all, it was an exciting and challenging experience. All that would not be possible if we did not have supervision of the experienced lecturers who guided and supported us on every step we made. Wherever my path takes me, even if I lose contact with my tutors, I would not forget what they did. I will always express appreciation and hope that in the future I will do the same for someone else.



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Exploring the help is self-help

By Jeanette Cremona

No-one can challenge the importance of having deep, honest friendships as part of our development as social creatures. The basis of this friendship is usually at its best when the persons are bonded by the same likes, beliefs, and experiences. It is a relationship in which the participants feel 'at par' with each other and comfortable discussing, challenging and disagreeing.

Formally launched in the 1960's, the introduction of self-groups was the first formal method used by persons who stutter to support each other. Today, the options for individuals to support each other are much wider with the birth of forums, chat rooms, blogs and podcasts related to stuttering. These social networks have become ever-increasingly popular as the internet growth keeps morphing a whole new world. This huge growth may also mean that traditional therapies are not enough for our clients. The effect of this support system has become so significant and important as part of therapy, that in this year's International Stuttering Awareness Day ISAD- 2010 online conference, a whole section is being dedicated to support groups. Among the various papers, some of the more interesting discuss how support groups inspire children, the long-term effect of being in a self-help group in terms of recovery and about the process of creating a national support organization for persons who stutters, among others.

Therapists are now being asked by their clients or their parents, whether they know of self-group groups or reputable chat rooms which they can join. But what are support groups and self-help groups exactly? Support groups are usually headed by a professional, whereas self-help groups are usually made up of peers who stutter.

These groups provide a safe environment for persons who stutter, an opportunity to be able to experience the acceptance and insight of persons who have passed or are passing from the same life experiences as they are, opportunities to practise the techniques to improve their fluency, as well as the possibility to improve their selves as communicators by practising skills such as public speaking, coping skills etc.

This type of therapy may be very important as several studies have suggested that due to the challenges a person who stutters encounters due to stuttering, the person may have low self-esteem, avoidance behaviours and feelings of inferiority. The alternating nature of stuttering can make a person feel powerlessness and helplessness over his/ her speech. The tension and feelings of shame that occur following these experiences can affect life choices and personal relationships. An interesting pilot study carried out by Wahba (2007), suggests that participants that have looked for self-help groups may initially have been more severely impacted by stuttering in their lives than the other subjects who never tried or looked for self-help therapy.

Another important role of these groups is to help the person become more aware of the direction that they want to take in dealing with their stuttering as they allow for easier access of resources. Such groups also provide facilitation of research, additional promotional and public service announcements, increase in public awareness and also updated information to their members with leading stories and research about the area. In a study by Caggiano (1998), she found out that subjects belonging to support groups reported knowing 9-10 people who stutter, as opposed to the much lower figure of 1-2 people known to subjects not belonging to a support group.

Other questions spring up to mind when discussing this topic, such as the relationship between these groups and traditional therapy. Should a speech language pathologist lead the group? Should persons who have not had direct therapy join? Should self-help groups have anything to do with direct therapy? Different opinions are not only found among speech pathologists but persons who stutter too, have different opinions as to how these self-help groups should be carried out. In one of my favourite podcasts which are available on the internet, StutterTalk (which boasts of around 400,000 plays in 2010 alone), three persons who stutter namely Peter Reitzes, Eric Jackson and Roisin McCanus, discuss a workshop that was carried out in the National Association of Young People who Stutter raising the issue whether therapy and self-help groups should be mutually exclusive. Eric thinks that we should not talk about them separately and that there shouldn't be one without the other whilst Roisin speaks from experience that at some point they do have to be different since they are two different avenues for the person, although she does believe it would be very beneficial for a person to have learnt from both experiences. Peter Reitzes also brings up the argument that the NSA, which is the largest self-group, advertises its self-help groups as peer-counselling - this may not be the stereotypical counselling whereby the client is made to sit on a comfortable sofa and be barraged by a sea of empathy and rephrased questions but it is counselling nonetheless, yet in most instances of therapy the speech therapist also counsels the client, so what's the difference? He also comments that at large, most speech therapists do not know what stuttering really is and what persons who stutter need. On the other

hand, in self-help groups, people may not be trained in counselling, but they know what stuttering really is.

Kenneth St. Louis (2007) shares his experience of adult self-help groups and has arrived to the subjective decision that the benefit of self-help therapy varies according to the different stage the persons is in, as well as their personal characteristics. While some persons who stutter have indeed felt that it was a positive addition to traditional therapy in a fun way, others quit the group due to possible embarrassment, avoidance mechanisms or disinterest in desensitization due to therapy goal being fluency. Although there is little research data available on the efficacy of support groups for individuals who stutter, those studies that have been conducted provide evidence of the positive influence these groups have on the lives of people who stutter. For example, in a study carried out on members of Speak Easy, a self-help group, it resulted that subjects reported enhanced self-concepts, less anxiety and an increase in self-acceptance. Caggiano interestingly also reports that results show that adult subjects belonging to support groups reported that their experience in speech therapy as successful, while non-participating subjects state that speech therapy was unsuccessful. She claims that this result was due to the communicative comfort and ability and not to not the level of fluency reached.

In fact, nowadays, many speech language pathologists who are specialized in fluency, do accept and acknowledge the benefits of this type of support as part of therapy. Such an example was highlighted during a lecture presented by the brilliant Dr. Trudy Stewart (2009) as part of the ECSF (*European Clinical Specialisation in Fluency Disorders*) Course. During this lecture she discussed the group therapy she holds in Leads, whereby there is sharing of wisdom within peers and practise of individual aims, among other tasks.

I believe that among many generalist therapists there still exists a notion of a self-help group deals only with feelings and therapy deals only with speech tools, however one should realize that therapy also means feelings and in self-help one is also helped with his speech tools. In fact, a literature review shows that persons who stutter see the speech therapy process as different and serving purposes other than that provided by therapy, and therefore it is important for therapists to be informed about different groups and have readily available information for clients who feel they would benefit from joining a self-group or support group.

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First intensive week in Dublin 2010-2011

By Linda Ahlers- van der Meijden

My name is Linda Ahlers - van der Meijden and I work in Goes, the Netherlands, at 'Stottercentrum Zeeland'.

Starting the first intensive week in Dublin was even better than I thought. It was a great experience! After the first intensive week I understood why they call it 'intensive', because it was very intensive. But all the lectures we had inspired me enormously. The Tuesday after the week in Dublin I started my practical experience by Mies Bezemer. It is great to go into practice after such an intensive week, using the knowledge I got from the lectures and get support from a woman who knows a lot about stuttering and has a lot of experience.

When I think about the group of 19 students, including myself, we had a great time together in Dublin and a great learning experience. We had conversations about the lectures and about personal experiences with stuttering. After every long day at Trinity College and having our brains full with information about stuttering we went to different restaurants and Pubs for dinner and drinks to enjoy the hospitality of Dublin. After the intensive week, Sarah Sierens, Phylina De Caudelier and myself deserved to relax and we took the Wicklow Tour. Another lovely experience! We were very satisfied about everything we learned and we were a bit sad that the week full of lectures, work-shops and conversations about stuttering was over.



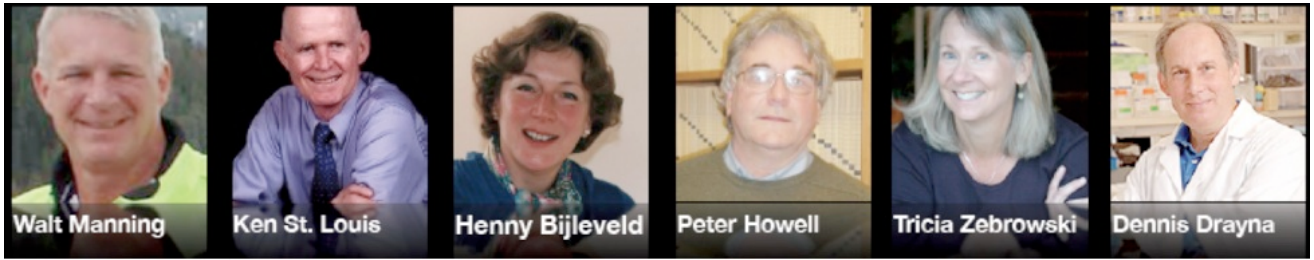
Linda Ahlers - van der Meijden
The Netherlands

ECSF student
2010-2011

ECSF students '10-'11 on a night out in the city of Dublin



A trip to the Wicklow mountains



Insights from the second EU Symposium on Fluency Disorders

By Jaqueline Carmona

Two months before the 2nd European Symposium Fluency Disorders, the first ECSF course group began to exchange emails, so I knew that some of the group members were travelling to Antwerp. We were exchanging emails for some weeks and were excited to meet each other again, the ECFS lecturers and our coaches and mentors. But the awakening and eruption of Vulcan *'Eyjafjallajökull'* was not in our plans! At some point we were exchanging emails not about fixing dates and times for lunch or dinner but the questions were: Are you still going to travel to Antwerp? Are you going to risk remaining in Antwerp for a longer time?

Unfortunately some were unable to be present at the symposium. The lucky ones that managed to be there were surprised by the amazing capacity of the organizing committee to re-organize a symposium in order that almost all lectures were possible, even though a couple had to be virtually present! Technology and video conferencing nowadays work miracles. Thank God for that because both video-conferences turned out to be very interesting. The quality of the congress presentations was extremely good and



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**Download
ECSF symposium
presentations at**
<http://www.ecsf.eu/news-and-events/european-symposium-on-fluency-disorders-2010/program>



inspiring, beginning with the diversity of themes, from genetics of stuttering to self-esteem of stutterers, and from the education of fluency specialists to recovery from stuttering. Continuing with their scientific quality and how this was addressed not only to speech and language pathologists but also to people who stutter. This again, from my point of view, was also an interesting development because more people who stutter were present at this symposium, and there were also more different countries represented. Those who participated in the Symposium two years ago brought others with them so the group was larger. As for Portugal, for example, we were seven Portuguese at this year's Symposium. I think this can only mean that it is an event that is becoming a reference in Europe for all interested in Stuttering. A truly amazing week.

**Mateja
Gacnick
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Wish for a change

By Mateja Gacnick

I am glad that after years of silence, things have started moving in a positive direction in the field of fluency disorders in Slovenia. For many years the few speech language therapists, working with fluency disorders, were focused on adapting therapeutic procedures, developed years ago in the neighbor countries. The trend

of evidence-based practice has recently reached us and found us unprepared. The reality is, there are only 5 speech language therapists in Slovenia focused on fluency disorders, scattered all over the pocket-size country, without any standardized diagnostic instruments and with limited literature and special education access.

After finding out about the European Clinical Specialization in Fluency (ECSF) I had great expectations of achieving a broader view and deeper knowledge concerning fluency problems, a topic that has been of great interest since my college years. In attending the ECSF course I was sure this was the right way to deal with fluency disorders and I started wondering how to incorporate it into practice. The first feelings of smallness and despair were gradually replaced by the wish for action, for something to change.

The scarceness of experts in this field turned into responsibility towards this field, which forced us to work together more actively. Most of the colleagues were enthusiastic to meet and our first meeting grew into a very active and focused group that meets regularly every two months. What has been separating us before, the fact that we were living and working in different parts of Slovenia and with different methodological approaches, did not matter any more.

Our primary goal is to get useful diagnostic procedures. At the moment we are collaborating with Gene Brutton and Martine Vanryckeghem to adapt the test battery BAB for school aged children and Kiddy Cat for preschoolers.

I am very grateful for the new point of view I have due to ECSF program and its different organization. It does not offer just a wider knowledge about fluency disorders, but it also provides one with many reflections and useful conversations with the mentor and the coach. At the same time it gives you a possibility of enriching intercultural exchange with foreign students and lecturers. Suddenly, state borders are no longer important and being different becomes a challenge of introducing changes into the existing system.

Interested in applying for the ECSF specialization course?

The specialization course is open to persons with a Ba or Ma degree in Speech Language Therapy who are qualified to work as an SLT in their home country.

APPLICATION PROCEDURE: see www.ecsf.eu

Registration for the 2010-2011 course is open and applications are taken chronologically.

The entrance fee for the course is €1300.

This includes all lecturing, follow up sessions, and evaluations.

The ECSF consortium wants to support the training of SLTs in underdeveloped countries. Therefore the ECSF-consortium provides funding in the form of a highly reduced registration fee for individuals in countries where the cost for the specialization course is prohibitive. Each course a maximum of 2 grant requests are eligible.

On our way to a mindful approach of stuttering ...

By Glenn Aerts

In the prospect of life long learning one of my objectives since I've graduated as an ECSF fluency specialist has been to stimulate my growing process as a therapist and subsequently to keep evolving in the way I treat fluency disorders. Along the path of different interests and influences, I've become quite fascinated by the concept of mindfulness and its relevance to the treatment of stuttering.

Mindfulness means paying attention in a particular way: on purpose, in the present moment and non-judgementally (Kabat-Zinn, 1994). It plays a central role in the teaching of Buddhist meditation and was initially introduced in the treatment of depression, anxiety and stress. Personally, I got involved with mindfulness by following an 8-week intensive programme on mindfulness based cognitive therapy (MBCT). Within this program, I got acquainted with different meditation techniques and developed the capability to approach emotions, thoughts and communicative patterns in a non-cognitive way.

The relevance of mindfulness to stuttering doesn't seem too farfetched and is actually quite obvious and logical. I believe that mindfulness can have its influence and relevance in the different stages of fluency therapy, from identification and desensitisation to variation and modification. By approaching overt and covert stuttering behaviours non-judgementally and with kind attention, people who stutter could be able to assess them more objectively and openly, to accept them and hence would also be able to vary and change them. During the meditation exercises of the MBCT-program it is often repeated that it is okay to be who you are at a certain time and place, that



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you don't have to do anything in particular and that you don't need to change. Accepting yourself as a stutterer and as a person in general and kindly allowing yourself to be who you are could be of great importance within the identification phase. Working with thoughts and emotions could also be organised from a different perspective. By regarding mindfulness as a non-goal oriented approach it could help fluency specialists to teach their clients how to deal with problems in a non-behavioural style. By making use of i.e. breath focus and breathing space, common exercises in the daily practice of mindfulness, they could learn how to make choices and acquire the ability to stop their activities during the day, rather than to react on automatic pilot. It could help them to welcome difficult situations and experiences and to confront personal difficulties that could evoke negative thoughts, emotions and behaviours and therefore have a positive influence on precipitating and maintaining factors towards the stuttering problem. They could possess the ability to say yes or no to certain behaviours without having to justify or explain anything. In contradiction to cognitive and behavioural therapy, we would work on

these aspects in a rather different way if we would consider a mindfulness based treatment approach. By increasing the awareness of the body, i.e. by making use of adapted body scan exercises, they could also become more conscious of their reactions and be given the choice to respond rather than to react. This can also be related to the principle of STAR communication (Stop, Tune in, Ask and Respond). It would create different insights in why people who stutters shouldn't escape or avoid their stuttering or shouldn't explicitly achieve a certain level of fluency. They should allow, accept and merely 'be' instead of trying to control their disfluencies. By doing so, they would be more able to 'catch' their stutter and have the opportunity to choose how to manage it.

Personally, I think the bridge between the treatment of fluency disorders and mindfulness is relatively small. It cannot be too hard to adapt existing approaches and insights to the concept of mindfulness or to adjust mindfulness exercises for the use of people who stutter. Within this prospect, I believe the principles of mindfulness could be applicable both for SLT's who apply a

social-cognitive behavioural therapy as for SLT's who are a patron of modification and even fluency shaping.

Although the number of publications on the integration of mindfulness within stuttering therapy is still limited and therefore we can not yet proceed to the implementation of these principles on an evidence-based note, I think it has become quite clear that mindfulness can have its use, relevance and influence. There have been developed different training workshops for speech and language therapists in different countries as well as programmes for special interest groups and adults and children who stutter. They have proved to be very popular and have

received excellent feedback, most probably because they offer both personal benefits to therapists in relation to stress management as to the professional application within their work with a wide range of clients, both adult and paediatric.

As a conclusion to this article, I think we can reflect on mindfulness as a renewing, inspiring and invigorating concept. It offers a challenge for fluency specialists and speech and language therapists in general and could help us to acquire specific competencies regarding treatment. Mindfulness possesses the power for continuous personal and professional development, so who are we not to accept this unique challenge?

Note:

Carolyn Cheasman is a speech and language therapist and mindfulness trainer at City Lit in London, who I've contacted in the process of writing this article. She presented a poster on mindfulness at the EU symposium on Fluency Disorders.

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