Plan of the seminar

1. Intensive stuttering therapy (IST) - General
2. IST - Children
3. IST - Adolescents
4. IST - Adults

Theme for each week

Decided by the personnel before each week to reflect the process of the specific group.

An example:

Week A - The stuttering and us
Week B - The stuttering and me
Week C - Me and my stuttering in the future

1. Intensive Stuttering therapy
   - Situated in a boarding school/folk high school
   - Since 1970 (started as a fluency shaping therapy)
   - Non-avoidance based
   - 1985 national specialty
   - Participants/patients referred from the speech language pathologist in the home community
   - The therapy is financed by the health care system and parents and adults are paid by the social security system for loss of income
   - 3 weeks spread over a period of 6-12 months
   - Complement to other speech therapy in the home community
   - The therapy is always individualised to the participant needs for the moment.

2. Intensive Stuttering Therapy - CHILDREN

The treatment goal

to find the best way to give the child the support he/she needs to be able to cope with his/her speech and his/her interacting with others in the best way possible. We work to make the child feel happy about talking and expressing him/herself and to make the stuttering easier and softer.

IST Children

- Camp with children and parents
- 9 families
- Age 8-12 years
- Complement for other SLP-treatment
- Personnel: youth leaders, drama pedagogue and speech language pathologists
IST Children - Activities

• Individual therapy sessions
• Family sessions
• Parent sessions
• Parent groups
• Drama/group dynamic session

Individual therapy sessions
Each child has his/her own therapist. The individual therapy session is similar to the regular way of working individually with children in non-avoidance therapy.

Family sessions
Child and parent see the therapist together.

Parent sessions
The parent sees the therapist without the child to discuss his/her worries and how to deal with the stuttering and the consequences for the child and the family.

Parent groups
Group with all the parents lead by a therapist. Information about stuttering and sharing of experiences.

Group dynamic sessions
• Probably one of the most important parts of the therapy for all ages.
• Lead by a drama pedagogue.
• Large group- with parents, personnel and children (every morning).
• Small group - only participants/children.
• Role play, games, use of strategies or techniques

Basic concepts
- Contact
- Relaxation
- Cooperation
- Communication

Treatment efficacy
1. Change in SS% pre-post treatment?
2. Have the therapy helped the patient to get a better chance to express themselves?
3. What is their opinion of themselves as communicators?

The efficacy or effectiveness could be considered to be the maximum when the school-age child, as the result of treatment, exhibits the ability to communicate readily and/or easily whenever, wherever and to whomever, whatever he or she wants.

Edward Conture and Barry Guitar.

Evaluation of IST for CHILDREN

• 57 children
• 41 children had participated in IST- mean age 12,7 yrs (1-5 yrs after therapy)
• 16 children had not yet participated – mean age 9,9 yrs

Parent questionnaire
Core behaviours
- Phoneme repetitions
- Syllable repetitions
- Repetition of word
- Repetition of phrase
- Prolongations
- Blocks

Secondary behaviours
- 1. Struggle
- 2. Interjections
- 3. Pitch rise
- 4. Physical concomitants
- Concerned
- word-, speech-, situation avoidance
- word substitution
Parents who answered that their child were concerned or had avoidance behaviours “sometimes” or “often”.
- Difficult for parents to assess these behaviours!

Parents who answered that their child’s stuttering/stuttering problem was from “rather severe” – “very severe”.
- Many of the children in the treated group still had a severe stuttering problem (52%) although it was milder than in the untreated group (74%).

The treated group had a significantly lower score (12.6) on CAT than the untreated group (20.6) e.g. a more positive attitude to communication.

35 statements about communication
(this study a version with 32 statements)
High score = negative attitude to communication
Low score = positive attitude to communication
• The parents in the treated group were less worried about the stuttering.
• A third of the parents in the treated group thought they had enough knowledge, but half of the parents in both groups wanted to learn more about stuttering.
• Many of the parents asked for a maintenance part of the therapy.

**Conclusions**

As a complement to other therapies, Intensive stuttering therapy seems to have a positive long-term effect on the attitude to communication and a positive effect on stuttering in children.

**3. Intensive stuttering therapy - ADOLESCENTS**

**Aim of the therapy**

• To deal better with the stuttering problem
• To stutter more fluently
• To develop social and communication skills

**Evaluation IST Adolescents**

• 13 subjects
• 2 females 11 males
• 13.00-17.09 yrs (mean age 15.02)
• Measurements
  o Perceptual evaluation of stuttering (independent listener)
  o Evaluation of stuttering by therapist
  o Evaluation of social skills (youth leaders)
  o Locus of control of behaviour (LCB)

**IST Adolescents**

- Based on the idea that the group of peers forms the foundation for developing self-confidence and identity
- Existed between 1995-2002
- Age 13-18 yrs
- Parents have the opportunity to get feedback from the treatment program in connection with start and end of the three therapy parts
- 15 participants
- Personnel
  4 speech language pathologists
  Youth leaders - persons who stutter themselves and have participated in Intensive stuttering therapy
  Drama pedagogue

The most important parts for the children
- Meeting other children who stutter
- Speech and language pathologist

The most important parts for the parents
- Meeting other families with a child who stutters
- Information about stuttering
- Speech and language pathologist
- Spending time with your child
**Results and conclusions**

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"The findings indicate that stuttering severity and stuttering/communication problems decreased and social skills improved during the course of the therapy. Some of the youngest seemed to gain less compared to older adolescents. It seems that there is a need for some independence and maturity to benefit from the therapy. The results support the opinion that stutter can be seen as a heterogeneous group."
Thank you for listening
• Questions?
• Comments?

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