

“Free To Stutter....Free To Speak”: A collaborative presentation between clinicians and clients

European Symposium
in Fluency Disorders,
Antwerp April 2010.

Outline: Report on an intensive therapy programme from a number of perspectives

- Background and Rationale
 - Influence of ECSF
 - Services in Ireland
- Goals and Experience
 - SLT goals and therapy components
 - Clients' experience
- Results, Critical Analysis & Discussion
 - Statistical significance
 - Clinical significance
- Future Developments
 - Adult services in Ireland
 - Clients' future journey

Influence of ECSF

- Meeting other clinicians (Peer Mentor Group)
- Social – cognitive model
- International Classification of Functioning
- Phenomenology – co- expert: integrating theoretical model and lived experience of PWS
- Family Systems Theory/ constructivist perspective
- Models of group work presented at intensive weeks
- Reflective Process
- Collaborative practice

Services for PWS in Ireland

- Inadequate services/low referral rate
- HSE South initiative
- ECSF fellow students invited to join



BACKGROUND AND RATIONALE

INTENSIVE & RESIDENTIAL

- **Group:** Stewart & Richardson (2004) write on the reduction in isolation effect in group therapy.
- **Intensive group:** Fry et al (2009) report on intensive group therapy for young adults with a strong CBT component. Montgomery (2006) on intensive group therapy at The American Institute for Stuttering Treatment.
- **Residential intensive group:** Rationale for doing intensive and residential included positive reports from two Irish programmes, DAS (Linklater, 2008 & 2009) and PATMAR (Kelly & McDermott, 2006)

FTS....FTS Therapeutic Approach

INTEGRATIVE:

- Person Centered (Rogers 1951) and Constructivist (Kelly 1955) (co- expert) integrated with
- Stuttering Modification and Avoidance Reduction Therapy (Van Riper, 1973 & Sheehan , 1970)
- Employing therapeutic tools from
 - Narrative therapy (White & Epston,1990; Manning & Di Lollo, 2002; White, 2007)
 - Acceptance Commitment Therapy/ Cognitive Behaviour Therapy (Hayes et al., 1999)
 - Personal Construct Therapy (Kelly ,1955)
 - Mindfulness (Kabat-Zinn, 1990; Cheasman,2006)
 - Art Therapy

Participants' Characteristics

Name	CA	Occupation	Co Morbid Conditions	Previous Therapy as adult	Ongoing therapy	Member of Self Help Group
V	63	Retired	None	Yes	Yes	Yes
P	46	Self-employed	None	No	No	No
J	49	Self-employed	None	No	No (self-counselling)	Yes
I	23	Student	None	Yes	Yes (limited)	Yes
JP	30	Production supervisor	None	No	No	No
D	17	Student	None	No	No	No

Why? JP

Reasons for attending course:

- Annoyance with my speech disfluency
- An issue all through my life and felt ready to tackle it
- Effects on day to day activities, e.g. phone/one-to-one communications
- Future career ambitions
- Failed to follow up on previous therapy
- Failed to deliver a report for a social group

Why? Victor

Reasons for attending course:

- Social Withdrawal
- Avoidance (shop, telephone)
- Angry with self
- Embarrassment
- Felt inferior



GOALS AND EXPERIENCE

GOALS

Identification/Desensitisation

- Increase participants' awareness and understanding of the relationship between their thoughts, feelings and stuttering behaviour.
- Provide participants with an opportunity to tell their dominant problem saturated narrative.
- Facilitate acceptance of the problem as present in their lives and to view it as external from they themselves, as storyteller.
- Facilitate participants' awareness of life as multi – storied
- Facilitate participants in telling an alternative narrative focusing on resources and strengths. To develop participants' awareness that they can be and at times already are confident, competent communicators.
- Facilitate identification of overt stuttering

Goals

Modification

- To rewrite the dominant narrative in their lives.
- To reduce avoidance behaviour and develop openness and approach behaviour patterns regarding stuttering.
- To reduce tension in stuttering moments.

Ultimate Goal

- Participants to be confident, competent, communicators.

PROGRAMME

- Daily 9.30 to 4.30 and stuttering related DVD & discussion at 7 p.m.
- In group process for at least 10 hours daily & optional social interaction
- Residential: immersion in therapy
- Journal writing and assignments each evening

Follow Up

- Reviews at 2 months, 6 months and 12 months.
- Phone and e-mail contact with therapists, one assigned to each client.
- Programme of telephone contact with other clients arranged.
- Attendance at ISA self help groups encouraged.

JP's Experience of Intensive Programme

- Working with experts who inspired confidence
- Discussing for the first time experience of living with my stammer
- Acceptance that I am a stammerer
- Learning from people with similar issues
- Identifying covert/overt stammering

JP's experience continued.

- Use of techniques, e.g. slide, bounce, relaxation of muscles
- Setting of targets in potentially difficult circumstances
- An overall atmosphere of relaxation and fearless
- Identifying and examining positives within myself

Victor's Experience of Intensive Programme

- Half the course on speech, half the course dealing with emotional issues
- More Open – feelings, thoughts & stuttering
- Voluntary Stuttering - facing what I was running away from
- Block Modification
- Both of these led to desensitisation
- Revisited childhood, Narrative Therapy
- DVDs



RESULTS AND CRITICAL ANALYSIS

OUTCOME MEASURES

- Overt stuttering: SSI 3 (Riley, 1994)
- Communication attitude: S 24 (Andrews and Cutler, 1974)
- Impact on communicative functioning and QoL: OASES (Yaruss and Quesal, 2008)
- Wright & Ayre Stuttering Self – rating Profile: WASSP (Wright & Ayre, 2000)
- Evaluation of narrative therapy according to White's (2007) model

Overview

- Statistical Significance

 - Wilcoxon test (non-parametric test)

 - Limitation: decreased reliability with small sample (n=5)
 - WASSP not included

- Clinical Significance

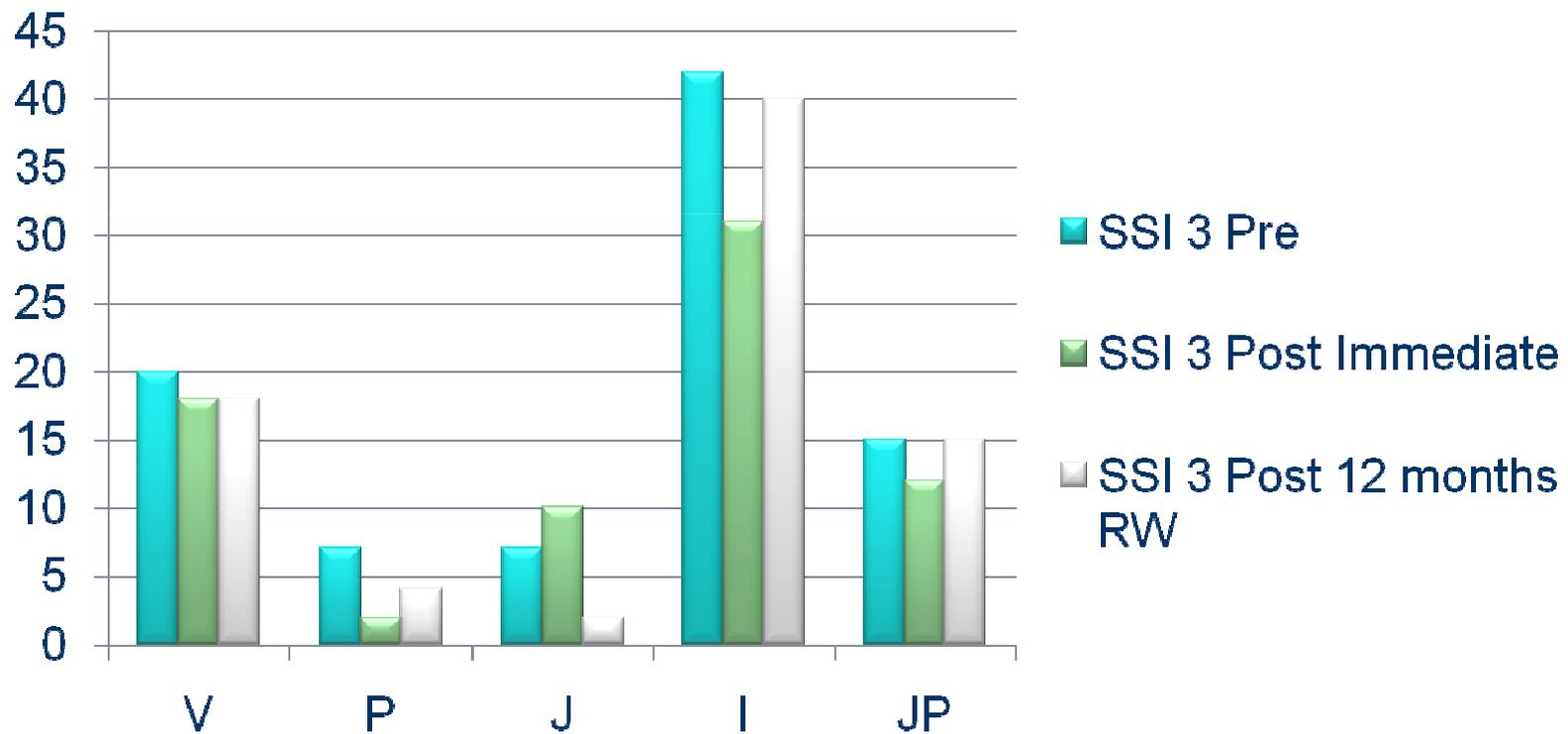
 - Changes observed on test scores
 - Clients' perspectives

- Analysis of Narrative Therapy

Results:

Overt Stuttering

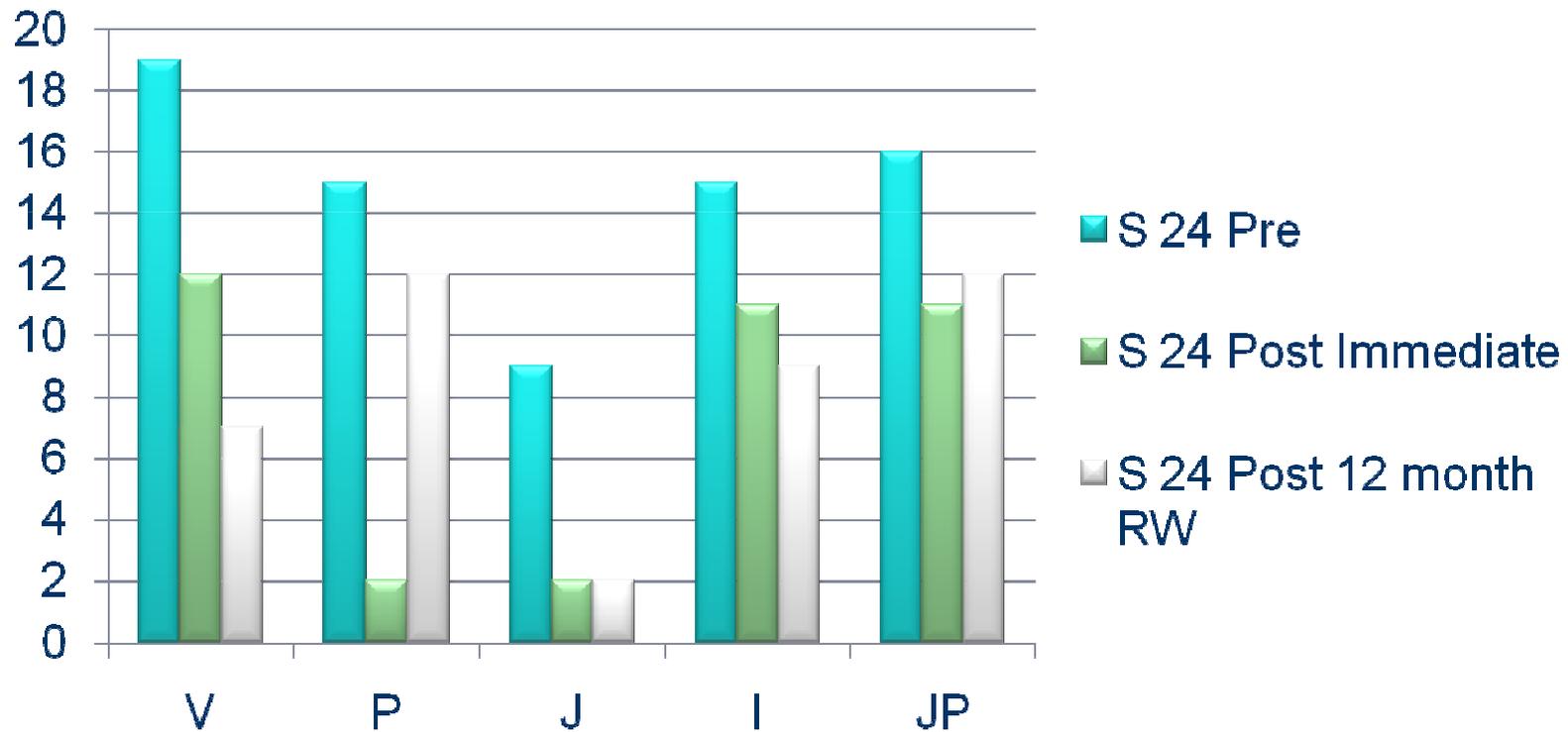
($z=1.66$ $p= 0.223$ immediate and $p= 0.098$ 12m RW (two tailed)) Not significant



Results:

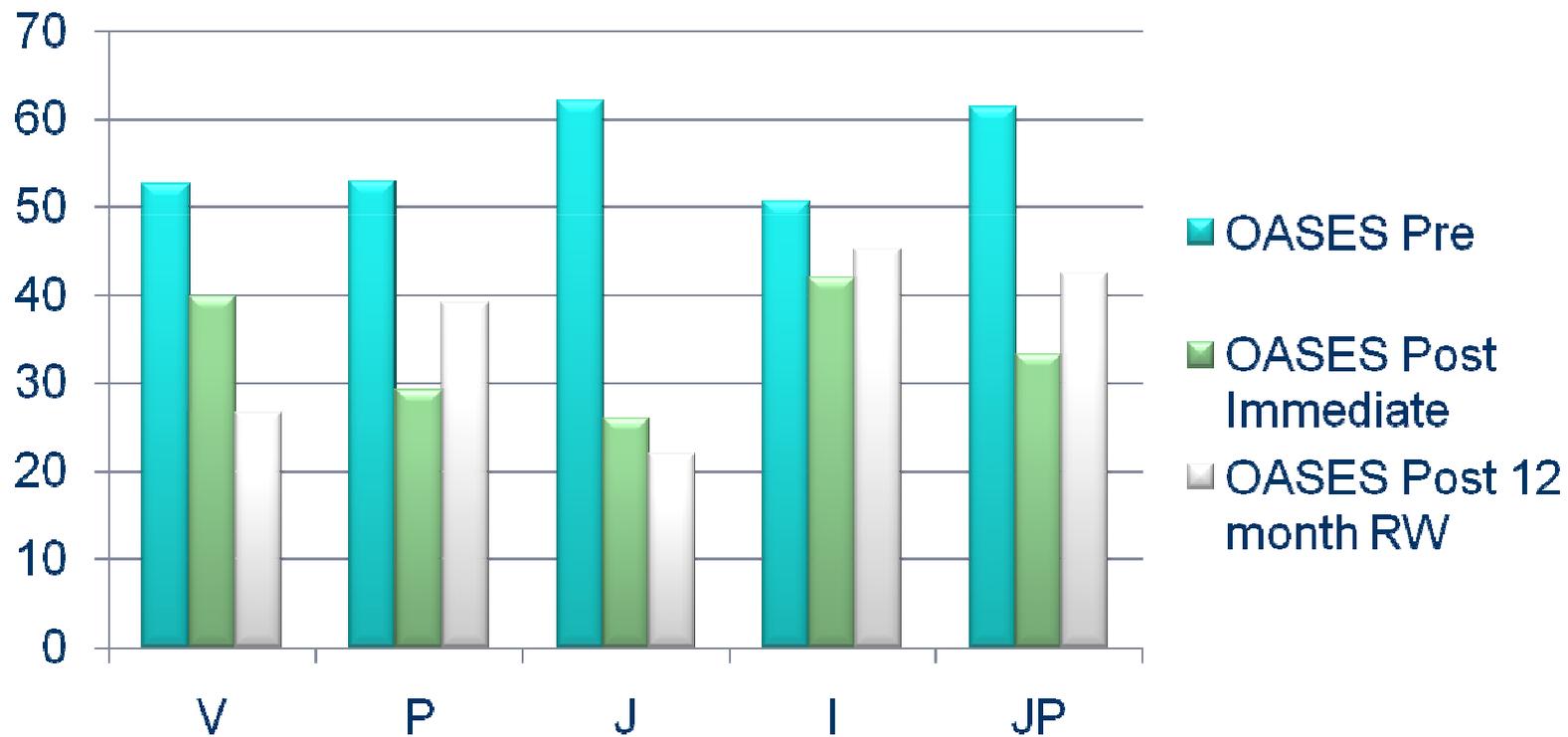
Communication Attitudes

($z=1.89$ $p=0.058$ immediate $p=0.059$ 12m RW
(two tailed)) Not significant



Results:

Impact on Functioning and QoL ($z=1.89$ $p= 0.059$ immediate and 12 month review (two tailed)) Not significant



Analysis of Narrative Therapy (White 2007) - Sample

- **Beginning with dominant, problem saturated narrative** e.g. Creature/coil/helpless afraid of life/hard to speak/trying to shut me down/God had cursed me
- **Externalise the problem, give it a name, draw it, avoid totalising:** named as stuttering, found art therapy very useful
- **Mapping the effects of the problem:** led to being the main attraction of ridicule/unable to help self/poor relationships. 'J thought I was him
- **Evaluate these effects :** unable to fix myself-> felt helpless, isolated
- **Justify the evaluations:** not o.k.. found living very difficult
- **Look for unique outcomes, sparkling moments as entry points into alternative narrative:** spoke at conference/eulogy at friends funeral/' it was ok to be who I am
- **Highlight strengths and resources:** I value standing up and **taking my place'** Putting it up to me to look inside myself
- **Re-authoring (where the story is now and prediction for the future):** Stuttering as a gift, the pathway it has brought me on. I am coming into relation with myself, acceptance of self as PWS.

Themes evident in PWS Feedback - Immediate

- Change in dominant narrative
- No pressure, client led process, co expert
- Acceptance and more open regards lived experience
- Awareness of possibility of many stories
- Development of understanding: story and relationship between ABCs
- Use of DVDs, focus on emotions and Voluntary Stuttering, stuttering modification identified as significant

Themes identified in feedback: 12 month review

- All view self as confident, competent communicator (-2 not in all situations)
- Almost all continue to use stuttering modification , some more than others.
- Continued openness in all but one
- Self management to varying degrees

Clinical Significance

What do the PWS say? JP

- Still not fluent, but a sense of acceptance and confidence within myself
- A lot more open with my disfluency
 - Knowledgeable of speech techniques
 - Delivered a report where I failed in the past
 - Motivation to take up tasks in work and socially
 - Having review days to keep in tune
 - Ambition to attend future courses
 - Overall, more confident

Clinical Significance

What do the PWS say? Victor

- Goals (change avoidance, feel more secure in group, able to express myself socially) all achieved.
- Went to all follow ups, weekly group, and self help group.
- Set back in February
- Feel more confident, use 'phone & mix socially.

DISCUSSION

- Improvements are evident on S24/ OASES/WASSP/SSI3 and also reflect the complex, multi-factorial nature of stuttering. **Near statistical significance evident** on OASES and S 24 results.
- Clinical significance evident in test results and client feedback post immediate and post 12 months.
- Narrative analysis indicates greater awareness of dominative narrative achieved with 5/6 experience a change in old narrative and other reports greater understanding of his story
- Different journeys, different stories reflect individual processes which need to be respected and which are ongoing.

Different Stories... Different Journeys..

- (I), the WASSP indicated while all other areas had improved, stuttering behaviours were still rated at pre-group level. Stuttering Mod included more? Need for further therapy identified ? Time?
- For JP, WASSP and OASES results indicate negative cognitive and emotional reactions increasing, strong inner critic. Need for further therapy identified “ monthly 1 day courses”, has not joined self help group.
- J active in self help group and advocated for local adult service.
- D, aged 17, reports at stage where he does not wish to have regular contact as he has enough skills for moving forward at this time.
- P’s avoidance has returned to pre course level, did not pursue local therapy or self help group.
- V engaged in weekly group FTS....FTS course and self help group.



FUTURE DEVELOPMENTS

JP: Where am I going from here?

Future targets

- Acceptance and mature enough to understand that this is what I am
- Still intend to take up more therapy
- More work and self help is required
- Less fearful of the future
- The feeling that career enhancement can be achieved
- Antwerp!!!

Victor: Where am I going from here?

- Back to weekly group
- More Block Modification
- Open Stuttering
- Comfortable with self
- Living life to the full, coping well

Clinicians: Where are we & where are we going?

- Here...enriched, challenged and motivated by the experience.
- Reflecting, refining the treatment protocol, deciding which components to include and how to integrate (Robey, 2004)
- Improvement in service achieved to some degree, increase in service continuing.
- Implementing different formats

Where are we going?

- Second intensive and residential group to be held in May 2010.
- Formulating some research questions, focusing on determining the effectiveness of the programme.
- Devising methods of qualitative measurement of outcome
- Developing collaboration between PWS and SLTs and measuring/ analysing this
- Advocating for improvement in local-based adult services

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