

**A Client-Centered,  
Team-Based,  
Counseling Therapy Approach  
with Children Who Stutter**

Jaime Hannan, B.S.  
Scott Palasik, M.A., CCC-SLP  
Eric Swartz, M.A., CCC-SLP/L  
Karen Brackenbury, M.A., CCC-SLP



Ohio Speech-Language-Hearing Association Conference: March 13, 2010

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**Overview**

1. Awareness and attitudes of children who stutter (CWS)
2. Traditional approaches to stuttering treatment
3. Possible fears associated with using a counseling approach
4. Counseling therapy and evidence-based practice (EBP)
5. Case study: Using a client-centered, team-based, counseling therapy approach
6. Q&A

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**Preschool: Awareness of  
Stuttering with Children Who  
Stutter (CWS)**

- Research shows that some CWS have developed awareness of their stuttering by 2-3 years of age. <sup>(1,7,11,21,23)</sup>
- As age of onset increases, the percentage of CWS with this awareness increases. <sup>(4)</sup>
- By 7 years of age, 90% of children can possess awareness of their stuttering. <sup>(4)</sup>

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**Stuttering Awareness of Children Who Do Not Stutter (CWDS)**

- Research shows that the number of CWDS, who notice stuttering, is significantly different (higher) at 5 years of age than at 4 years of age. <sup>(11,22)</sup>

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**Preschool: Attitudes and Reactions Toward Stuttering**

- Children Who Stutter (CWS):
  - By the time children are in kindergarten, they may possess significantly more negative attitudes toward speech than non-stuttering peers. <sup>(21)</sup>
- Peer Responses (CWDS):
  - Between 3 and 4 years of age, peers have mostly neutral or positive responses during play. <sup>(15)</sup>
  - Any negative responses were: "mocking, interrupting, or walking away." <sup>(15, p. 264)</sup>
  - Negative attitudes from peers about disfluencies may surface by 4 years of age. <sup>(11)</sup>

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**Elementary School: Social Concerns and Attitudes from CWS**

- Elementary-aged children show lower social self-esteem scores (than other self-esteem types, such as academic or parent-related self-esteem), which may indicate difficulties with peer communication due to stuttering. <sup>(25)</sup>

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### Adolescents: Social Concerns and Attitudes from CWS

- Adolescents who stutter are not significantly different from peers (who don't stutter) with self-esteem and perceptions of whether stuttering interferes with socializing. <sup>(5,6)</sup>
- Adolescents report trying to hide stuttering from peers, which could be indicative of negative thoughts about stuttering. <sup>(6)</sup>
- Adolescents with co-occurring disorders are more likely to have increased generalized anxiety scores. <sup>(5)</sup>

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### Traditional Approaches to Stuttering Treatment

#### Fluency Shaping

- *Goal:* fluent speech
- *Techniques used:* easy onset, smooth speech, slower rate
- *Attitudes:* No attention to attitudes, fears, or avoidances

#### Stuttering Modification

- *Goal:* modify stuttering behavior, stutter easy
- *Techniques used:* identification, voluntary stuttering, pull-outs
- *Attitudes:* Focus on attitudes, emotions, fears, and avoidances

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### Traditional Approaches to Stuttering Treatment

- Fluency Shaping <sup>(3)</sup>
  - Altering the speech mechanism and the person's manner of speaking to produce more fluent speech.
- Characteristics of Fluency Shaping
  - Establishment of fluent speech
  - Use of behavior principles
  - Quantitative measurements
  - Highly-structured therapy routine
  - Emphasis on data collection
  - Systematic, planned transfer

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## Traditional Approaches to Stuttering Treatment

- Stuttering Modification <sup>(3)</sup>
  - A focus on acceptance and positive coping with stuttering.
- Characteristics of Stuttering Modification
  - Changing the person's negative attitudes, feelings, and behaviors related to stuttering
  - Identification/tallying of the stuttering moment
  - Modification of the moment of stuttering
  - Planned transfer and maintenance

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## Counseling Therapy

- POWER<sup>2</sup> Counseling <sup>(4)</sup> (Permission, Ownership, Well-Being, Esteem, Resilience, Responsibility)
  - The POWER<sup>2</sup> combined with a computer biofeedback program (CAFET) was seen as effectively influencing how participants view their stuttering (adults).
- Personal Construct Psychology <sup>(14)</sup>
  - A narrative approach to therapy could help adult Persons Who Stutter (PWS) decrease relapse episodes through exploring the stories of their lives and how that influences fluency.<sup>(10)</sup>
- Cognitive Restructuring <sup>(2)</sup>
  - Children who display negative thoughts and feelings toward stuttering can benefit from trying to change unrealistic thoughts and feelings.<sup>(18)</sup>

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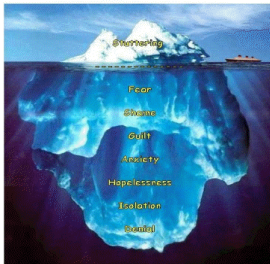
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## Possible Fears Associated with Using a Counseling Approach

The Iceberg Analogy of Stuttering



www.russbicks.com/iceberg

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### Possible Fears Associated with Using a Counseling Approach

- SLPs need more education (courses and clinical opportunities) on stuttering. <sup>(8,9,16,17,19,20)</sup>
  - 2/3 of graduate programs in speech language pathology do not require clinical practicum hours in fluency. <sup>(24)</sup>
  - Some graduate programs (1/4) in speech language pathology allow students to graduate without courses in stuttering. <sup>(24)</sup>
- Clinicians report difficulties helping clients work through their emotions. <sup>(13)</sup>
  - One clinician stated, "I wish they had taught me more about counseling." <sup>(12)</sup>

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### Client Profile

- 10;7 Female
- Onset of stuttering: specific age unknown
  - Mother stated that "H" stuttered from an early age.
  - Did not recognize behaviors as stuttering – thought "H" was simply "trying to talk faster than her sister."
- Received no prior treatment for stuttering

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### Client Profile

- Prior assessments
  - Auditory processing
  - Language
  - Speech
- Assessments revealed
  - Age-appropriate auditory processing
  - Deficits in receptive and expressive language (oral and written)
  - Stuttering in the mild range (core behaviors)

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### Client Profile

- Academic struggles
  - Reading
  - Writing
  - Listening
  - Speaking
- Initially, stuttering was not believed to affect her academic performance – she did not qualify for services at school.
- “H’s” mother reported being unfamiliar with stuttering.

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### Client Profile

- Core stuttering behaviors
  - Types of disfluencies: part-word repetitions
  - Severity: mild
- Secondary stuttering behaviors
  - Low speaking volume
  - Decreased speaking frequency
  - Limited eye contact during stuttering moments
  - Use of fillers (um, uh, like)

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### Client Profile

- Attitudes, thoughts, and emotions regarding stuttering
  - Observed to negatively impact client’s life to a large degree, despite mild core stuttering behaviors.
  - Assessment of the Child’s Experiences of Stuttering (ACES)
    - General Information: Mod-Severe Impact
    - Your Reactions to Stuttering: Mod Impact
    - Communication in Daily Situations: Mod Impact
    - Quality of Life: Mod Impact

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### **Client Profile**

- Social functioning
  - Reported avoiding new speaking situations, as well as anxiety about social situations (i.e., school).
  - Reported having friends, being involved in extracurricular activities, and little speaking anxiety in familiar situations.

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### **Rationale for Developing Approach**

- Mild core stuttering behaviors
- Moderate-to-severe negative thoughts and attitudes regarding stuttering
- Avoidance of social speaking situations
- No previous therapy/limited knowledge of stuttering

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### **Rationale for Developing Approach**

- Variety of individuals involved – client, family members, teachers, etc.
- Similarities to case study discussed by Murphy, Yaruss, & Quesal (2007) <sup>(18)</sup>

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### Our Goals

- 1. Create a client-centered, team environment by establishing trust and rapport** with all team members (i.e., client, family, educators, etc.).
- 2. Educate** all members of the team.
- 3. Validate** all team members' **input and thoughts**, especially the client's.
- 4. Increase** the client's **confidence** in speaking situations.

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### Goal 1: Trust & Rapport

- Methods/Activities
  - Following the client's lead
  - Active listening
  - Clinician vulnerability/openness
  - Admitting unknowns
  - Voluntary stuttering
  - Credibility (experts, consultants, etc.)

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### Goal 1: Trust & Rapport

- Results
  - Over the course of treatment, "H" demonstrated:
    - Increased comfort and speaking frequency
    - Increased willingness to talk about stuttering
    - Increased disclosure of thoughts, emotions, and fears regarding stuttering
    - Increased participation in clinician-suggested tasks

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### Goal 1: Trust & Rapport

- Results
  - Over the course of treatment, “H’s” family members demonstrated:
    - Increased comfort in speaking with clinician and supervisors
    - Increased trust in clinician’s treatment decisions and suggestions
  - Over the course of treatment, “H’s” teachers demonstrated:
    - Increased interest in collaborative efforts and support of team approach

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### Goal 2: Educate

- Methods/Activities
  - Identification and production of stuttering behaviors
  - Meeting and talking with other PWS
  - Development of “[All About Stuttering](#)” book
  - Providing family members with information from various sources
  - Discussing treatment plan with “H’s” teachers

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### Goal 2: Educate

- Results
  - Over the course of treatment, “H” demonstrated:
    - Increased ACES score in “General Information”
    - Increased understanding of own stuttering behaviors, along with increased ease in discussing these behaviors
    - Increased ability to teach others about stuttering, as evidenced by the completion of a classroom presentation

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## Goal 2: Educate

- Results
  - Over the course of treatment, “H’s” family members and teachers demonstrated:
    - Increased knowledge of their roles in “H’s” stuttering treatment: providing support and acceptance, modeling appropriate communication and listening strategies, and creating a “safe” communication environment

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## Goal 3: Validate

- Methods/Activities
  - *Goal:* The client will write about her stuttering in a communication journal three times per week given a specific topic by the clinician.
  - *Goal:* The client will identify thoughts and feelings that do not seem helpful in moving toward being more confident and comfortable with her speech.

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## Goal 3: Validate

- Methods/Activities
  - Communication journal
  - Activities to increase self-worth and self-esteem
  - Discussing feared situations – breaking down thoughts and feelings
  - Exploring, addressing, and expressing negative thoughts – decreasing avoidances
  - Frequent conversations with family members about their questions and concerns

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### Goal 3: Validate

- Results
  - Over the course of treatment, “H” demonstrated:
    - Increased ACES score in “Your Reactions to Stuttering” and “Quality of Life”
    - Increased self-esteem: views stuttering as something that makes her “unique”
    - Increased willingness to discuss difficult issues
    - Decreased avoidance of negative thoughts

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### Goal 3: Validate

- Results
  - Over the course of treatment, “H’s” family members demonstrated:
    - Increased openness of own fears
    - Decreased feelings of guilt regarding “H’s” stuttering
    - Increased confidence in own abilities to participate in “H’s” treatment

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### Goal 4: Increase Confidence in Speaking Situations

- Methods/Activities
  - *Goal:* The client will participate in situations from her ‘Hierarchy of Speech Tasks’ chart and discuss her thoughts, feelings, and experiences in each of these ‘specific’ tasks with the clinician before and afterwards.
  - Desensitization activities – “Hierarchy of Speech Tasks”
  - Discussing feared situations and avoidances
  - Talking with other PWS

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**"H's" Hierarchy of Speech Tasks Chart**

**- Hard**

- Giving a presentation at school
- Talking to an unfamiliar individual
- Talking to an unfamiliar individual on the phone
- Talking to a group of unfamiliar individuals
- Ordering food/asking for help at the store
- Going to dance class
- Talking to a group of familiar individuals
- Talking to a familiar individual on the phone
- Reading aloud in class
- Talking with friends
- Talking with family

**- Easy**

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**Goal 4: Increase Confidence in Speaking Situations**

• Results

- Over the course of treatment, "H" demonstrated:
  - Increased ACES scores in "Communication in Daily Situations"
  - Increased confidence in speaking situations – she completed all tasks on her chart
  - Increased self-advocacy skills, as evidenced by an increased comfort in telling other people that she stutters

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**Goal 4: Increase Confidence in Speaking Situations**

• Results

- Over the course of treatment, "H's" family members and teachers noted:
  - Increased participation in classroom discussions, activities, etc.
  - Decreased anxiety about specific social situations
  - Increased self-confidence and willingness to talk about her stuttering

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