TALES FROM THE FRONT LINES: PROBLEM SOLVING IN STUTTERING THERAPY

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STUTTERING AS A MULTIDIMENSIONAL PROBLEM

- Speech Skills
- Communicative Environment
- Reactions to
  - Stuttering
  - Environmental Demands
  - Internal Demands

OUR THERAPY FOCUS

- Replace Stuttered Speech With Fluent Speech
- Teaching Clients To Accept Responsibility For Change
- Counseling Clients Regarding Their Perspectives On Stuttering and Their Life

OUR THERAPY FOCUS

- We Teach A Set Of Fluency Enhancing Skills Using A Slower Modified Speaking Rate
  - Start Slow and Smooth
  - Connect The Words With Your Voice
  - Pausing

OUR THERAPY FOCUS

- We Emphasize That Fluency Comes About As A Result Of Changes In Speech Production Not Slow Rate Because
- Our Ultimate Goal Is Natural Sounding Speech During Conversation Outside Of The Therapy Room

OUR THERAPY FOCUS

- Reasonable Fluency Shaping Perspective
  - Fluency Is Our Goal but Stuttering Is Acceptable
    - We Don't View Stuttering As Failure. Stuttering Is Seen As An Inability to Implement The Fluency Enhancing Skills

OUR THERAPY FOCUS

- At The Same Time We Discuss Who Is Responsible For Change
  - Asking Questions During Tasks
    - How Did That Feel?
    - Why Are You Fluent?
  - Developing A Therapy Vocabulary That Provides The Client With A Focus Outside of The Therapy Room

TEACHING FLUENCY

- Simple Tasks to Complex Tasks
  - One Sentence Picture Descriptions
  - 50 Syllable Picture Descriptions
  - 50 Syllable Monologues
  - 100 Syllable Monologues
  - Conversation

AT THE SAME TIME

- Transfer Activities Begin As Soon As We Start Modification
  - We Want The Client To Understand That He/She Can Be Fluent In More Than One Location Based On The Speech Changes That Are Made
    - Transfer Activities Reflect In-Clinic Activities
    - Daily Homework
    - Using Digital Recorders
    - Reviewing Homework At Each Session

GENERAL SHIFT IN RESPONSIBILITY AS THERAPY PROGRESSES

- Early Stages of Therapy
  - Clinician 90% - Client 10%
- Later Stages of Therapy
  - Clinician 10% - Client 90%

ADDITIONAL THERAPY COMPONENTS

- Adolescent and Adult Group Therapy
- Maintainenance With Periodic Check-Ups

IF THE PROGRAM WORKS SO WELL, WHY ARE THERE PROBLEMS?

- Not All Clients Are The Same
- Clients Don't Always Respond In The Same Manner
- Stuttering Therapy Is Hard Work
- What Problems Do We Face?

PROBLEM: HOW DO YOU HELP CLIENTS TRANSFER THEIR FLUENCY SKILLS OUTSIDE OF THE THERAPY ROOM?

- ☐ Digital Recorder
- ☐ 30 Seconds Per Day
- ☐ Documentation Sheet:
  - Date, Time, Type,
  - Person, Place, Speaking Rate,
  - Grade,
  - Self-evaluation Notes, Emotion

Date	Time	Rec. #	Type	With who?	Place	Speed Goal Guess	Grade	Comments	Emotions

PROBLEM: HOW DO YOU HELP CLIENTS IDENTIFY AND COPE WITH THEIR EMOTIONS RELATED TO FLUENCY?

- ☐ List and Rate People and Situations
  - Family, Friends, Teachers, Co-Workers
  - Answering the Phone, Ordering Food
- ☐ Adults And Teens Use A Scale: 0-10
  - 0 IS EASY
  - 10 IS HARD
- ☐ Kids Use A Scale:
  - Easy, Medium, Hard

PROBLEM: HOW DO YOU HELP CLIENTS IMPROVE THEIR FLUENCY WHEN THEIR EMOTIONS INCREASE OR THE COMMUNICATION DEMANDS INCREASE?

- Systematic Desensitization
  - Monologue with a 0 through 4 Emotion
  - Monologue with a 5 through 10 Emotion
  - Conversation with a 0 through 4 Emotion
  - Conversation with a 5-10 Emotion
- Face Fears, Emotions, And Communication Demands Directly
  - Conversation with a 5-10 Emotion
  - Ordering at McDonald's with 8 Emotion

Matt's Story: Age Eighteen

- 5% Stuttering Initially
- Transfer With Immediate Family Was Emotion 0-4
- Transfer With Anyone Else Was Emotion 6-10
- Systematic Desensitization

Jack's Story: Age Eight

- 51% Stuttering Initially
- Excellent Transfer With Any Person, Place, Or Time
- All Emotions Easy Or Medium
- Direct Desensitization

PROBLEM: HOW DO YOU TEACH CLIENTS TO DEVELOP A MANNER OF SPEAKING THAT THEY ACCEPT, INTERNALIZE, AND UTILIZE?

- Old Speech
  - Speech On Day Of Initial Evaluation
- New Speech
  - One Behavior With A Single Focus
  - Light Switch = On/Off
- "My Speech"
  - Variable And Flexible

Fluency Techniques	Emotional Challenge
Optimum speaking rate	0,1
-1	2,3
-2	4,5
-3	6,7
-4	8,9
-5	10

Fluency Techniques	Emotional Challenge
215 Syllables per Minute	0,1
210 (SPM)	2,3
205	4,5
200	6,7
195	8,9
190	10

Fluency Techniques	Emotional Challenge
☐ 220 SPM	☐ 0,1, 2
☐ 215 SPM	☐ 3, 4, 5
☐ 210	☐ 6, 7
☐ 205	☐ 8, 9
	☐ 10

Fluency Techniques	Emotional Challenge
☐ 13 Words per Phrase	☐ 0,1,2
☐ 10 Words per Phrase	☐ 2,3,4
☐ 7 words per Phrase	☐ 5,6,7
☐ 3-5 words per Phrase	☐ 8,9
	☐ 10

PROBLEM: WHY WAS HE OK WITH MAINTAINING ONLY 97% FLUENCY?

- ☐ Aaron's Story "Forgetful"
  - Use Open Ended Questions
  - Write Their Responses
  - Challenge Their Thoughts, Behavior, And Emotion
  - He Needed To Ensure His Improvement Was Functional

PROBLEM: WHAT COMES FIRST: BEHAVIORS, THOUGHTS, OR EMOTION? ARE THEY RATIONAL OR IRRATIONAL?

- ☐ Behaviors
- ☐ Thoughts
- ☐ Emotions

Dryden, W., & DiGiuseppe R., (2003) *A Primer on Rational-Emotive Behavior Therapy.* Champaign, IL: Research Press.

- Based on the pioneering work of Albert Ellis.

PROBLEM: WHY DID HE WANT TO QUIT COMING TO THERAPY?

- ☐ Chris's Story "Fear And Avoidance"
  - Use Open Ended Questions
  - Write Their Responses
  - Challenge Their Thoughts, Behavior, And Emotion
  - He Needed To Ensure His Improvement Was Accepted By Others

PROBLEM: HOW MUCH SHOULD YOU INVOLVE FAMILY MEMBERS IN THERAPY AND TRANSFER?

- ☐ Parents
- ☐ Siblings
- ☐ Spouse
- ☐ Grandparents
- ☐ Aunts and Uncles
- ☐ Friends

PROBLEM: "HOW COME MY SON IS FLUENT WITH HIS FRIENDS AND IN THERAPY BUT WE NEVER HEAR HIM USE HIS FLUENCY SKILLS AT HOME?"

- Client Is a 13 Year Old Boy Who Has Learned Fluency Skills
- Client Can Consistently Use Fluency Skills During Most Situations
- Client Won't Use Fluency Skills At Home
- Parents Are Upset And Don't Understand Their Child's Perspective

SOLVING CLINICAL PROBLEMS

- Client Reports That He Forgets To Use His Fluency Skills At Home
- Clinician and Client Discuss His "Forgetfulness"
- Parents, Client and Clinician Develop A Program For Increasing Fluency Skills At Home

SOLVING CLINICAL PROBLEMS

- Parents Instructed To Note Each Time They Would Need to Remind Their Son By Tallying Reminders on A Sheet Of Paper
- Monday IIIIIIIIIIIIIII 17
- Tuesday IIIIIIIIIIIIIIIIIIIII 24
- Wed IIIIIIIII 10

SOLVING CLINICAL PROBLEMS

- The Total Number of Reminders Are Calculated and Divided by Number of Days Until The Next Therapy Session
  - Average Number of Reminders Allowable Per Day
    - E.g. 70 reminders in one week
    - 7 Days Between Therapy Sessions
    - Target A Reduction of 10 Reminders
    - 60 Reminders Per Week or 60/7 =~9 reminders per Day

THE KEY TO SUCCESS

- During A Conversation With The Client, Parents And Clinicians, A Goal Is Identified For Reminder Reduction
  - Increased TV Time
  - Increased Xbox 360 Time
  - Less TV
  - Less Video Game Time
  - Lose The Car Keys

The Key to Success

- With The Right Reward, Your Client Will Work To Change His/Her Behavior

SUMMARY

- Stuttering Therapy Is Hard Work
- In Our Opinion, Fluency Shaping Motivates The Client To Return To Therapy
- Programs Need To Be Adapted To The Individual Needs Of The Client
- Program Modification Will Determine Success Or Failure Of Your Program

For Additional Information

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