How Does FFP Contribute?

Previous studies have demonstrated the existence of a widespread feeling of discomfort and lack of confidence among clinicians relative to the evaluation, diagnosis and treatment of PWS

- In a 1992 survey, Cooper and Cooper reported that only 12.6% of the clinicians surveyed (N= 1,872) felt that most speech clinicians are adept at treating stuttering
- 2.1% felt they were more comfortable in working with PWS than working with articulatory defective individuals (Manning, 1996)
- Kelly, et.al (1997) reported that SLP's in the schools feel least competent or even incompetent to work with fluency, voice and neurogenic disorders

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Developing Clinical Confidence

- Brisk, Healy and Hux (1997) reported that 40% of their survey respondents did not feel confident setting goals for students of all ages who stutter

- Tellis, Bressler and Emerick (2008) reported that 53.5% of their survey respondents (N=255) were not comfortable working with children who stutter

"SLP's report feeling otherwise well trained, yet uncomfortable addressing all of the needs faced by people who stutter and lacking in the necessary clinical and interpersonal skills (Shapiro, 1999)"

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What is the source of discomfort?

Common themes have focused on lack of academic preparation, lack of continuing education opportunities, lack of practical experience, lack of success in facilitating fluency (Sommers and Caruso, 1995) and inappropriate goal-setting (Yaruss and Quesal, 2001)

- As of 1993 ASHA eliminated their training requirements for fluency disorders; since that time there has been a level of inconsistency across training programs relative to both coursework and practical experience devoted to fluency disorders. In fact, Yaruss and Quesal (2002) found in their comparative study of university programs done in the years, 1997 and 2000, the trend was an increase in the number of programs allowing students to graduate without academic or clinical training and, a reduction in the amount of assessment and treatment experience students are required to obtain.

- 25% of graduate programs allow students to graduate without any coursework in fluency disorders and 66% of graduate students graduate without any clinical experience with people who stutter (Klein and Amster, 2009)

- 90% of graduate students did not have experience in assessing, diagnosing or treatment clients who stutter across all age groups (Stack and Lyon, 2010)

Clinical confidence

- While there has been an upward trend in some of the target areas, such as the increasing number of fluency specialists, there is also an obvious disconnect as evidenced by the percentage of practicing clinicians **who do not 'know how to contact one'- 68.4% (Tellis et al.)**

- National trends indicate that treating stuttering and other fluency disorders is unpopular among clinicians, compared especially to language and phonological disorders. This is consistent with findings of more than 3 decades ago.

- Yaruss and Quesal (2001) indicated that "many SLP's rank stuttering at the bottom when asked which disorders they prefer to treat. This is consistent with the St. Louis and Durrenberger (1993) data which suggested that voice and fluency were the "least preferred" disorders to treat.

St.Louis (1997) proposed 6 problem areas as potential sources of this discomfort

1. Competence problem
2. Psychologists problem
3. Diagnosogenic problem
4. Responsibility problem
5. Prognosis problem
6. Stereotype problem

Competence problem

Clinicians perceive a lack of academic training and clinical practicum experience with stuttering.

- Tellis et al. (2008) reported data that indicated that even SLP's who had graduate classes in stuttering and had attended continuing education programs were "unaware of many of the basic aspects of stuttering assessment and treatment."
- They felt inadequately prepared to manage children and adolescents with fluency disorders
- Even if students have received coursework in assessing and treating PWS, they rarely get to see them on their caseloads or get a chance to practice techniques they have learned.
- 51% of respondents could not differentiate between stuttering modification and fluency shaping approaches

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Psychologists problem

Clinicians perceive stuttering as a psychological problem which they believe is either not within their clinical expertise or their scope of practice

- Cooper and Cooper (1996) reported that clinicians believed that 63% of PWS have feelings of inferiority and that 58% believed that PWS possess characteristic personality traits
- In a nationwide survey of speech-language pathology and audiology students, psychological problems were expected among most stutterers (St Louis, 1997)
- In addition, because "PWS experience significant negative reactions to their stuttering, some clinicians may feel unprepared to deal with these emotional and cognitive consequences" (Yaruss and Quesal, 2001)

Diagnosogenic problem

Clinicians fear that by treating stuttering (especially in young children), it might or will get worse

- Johnson (1958) theorized that it is the parents over-critical ear and reaction--not the child's type or frequency of disfluency--that is responsible for stuttering. And the prevailing treatment for child stutterers for an entire generation in the USA was to "ignore it, and it will go away" (St. Louis, 1997)
- In 1996, Cooper and Cooper wrote, *"Johnson's hypothesis continues to have an inordinate influence on clinician attitudes towards stutterers, parents of stutterers and early intervention procedures with young stutterers*
- In 1997, there was still a significant number of clinicians who were hesitant about initiating treatment with a very young stutterer (St. Louis, 1997)

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Responsibility problem

Clinicians are reticent to accept the responsibility for treating a person who might either become essentially "normal" or remain significantly speech impaired, depending on the clinician's "correct" administration of therapeutic experiences.

- This places tremendous responsibility on the clinician to do the "right" thing. To in fact, eliminate the stuttering.
- Many clinicians, especially those who are uncertain of their skills in the first place, may simply not wish to place themselves in the situation of having to be "responsible."
- *"It is not your job to cure a child who stutters. Take the pressure off of yourself and off of the child for fluent speech. A child who has been stuttering for years may stutter throughout their life but it is our job to help them to find ways to feel good, not to be held back by their stuttering, and discover ways which make their speech easier for them."* (Olsen, C., 2010)

Prognosis problem

Clinicians are pessimistic about the outcome of stuttering therapy.

- In 1996, 60% of SLP's were in agreement that benefits are always gained in therapy regardless of what therapy model is employed (Cooper and Cooper)
- In 1997, Brisk et al. reported that clinicians felt least success with high school students (41%) and middle-junior high students (45%)

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Prognosis problem

- Yaruss and Quesal (2001) suggest this pessimism may be due in part to the highly variable nature of fluency, the length of time without seeing obvious or lasting changes in fluency and the selection of proper treatment goals. "*Speech clinicians are supposed to fix children's speech disorders, not teach them to cope with them.*"

- Manning (1996) suggested that, "*the more students observe clinicians who are not afraid of stuttering and have had success with people who stutter, the more clinicians will be enthusiastic about intervention with people who stutter* (In Shapiro, p. 463)." The inverse is obvious!

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Stereotype problem

Clinicians have negative connotations of stuttering and persons who stutter.

- 43% of respondents in the Brisk et al. study felt that children who stutter are more shy and withdrawn than students who do not; a small percentage felt that students who stutter are more fearful and anxious than students who do not stutter.
- Speech-language pathologists continue to have negative perceptions about students who stutter (Kelly et al., 1997)
- It is possible that clinicians simply may not want to be around stutterers since it makes them uncomfortable (St Louis, 1997)

In light of the findings from these and other studies, the following recommendations were proposed:

- Enhanced educational experiences through in-service training
- Classroom training and workshops should focus more on assessment/treatment rather than theory
- Providing hands-on experiences following classroom training

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Recommendations

- Having greater clinical contact with the client group
- Improve training programs at the University level
- Developing specialists. *"Perhaps fluency specialists can offer more workshops in fluency disorders at the local level and tailor their training to address the deficiencies outlined"* (Tellis et al. p. 22)

A final recommendation

- Training needs to be targeted to two main consumers: speech-language pathology students and practicing clinicians.

- Training needs to be specific especially in the assessment and treatment of stuttering (Tellis et al., 2008)

Fluency Friday Plus

- Was developed to provide CWS and their families with an intensive, annual treatment and support group experience

AS WELL AS,

- Provide student clinicians and experienced practicing community SLP's additional training

THAT WOULD:

A. Provide a hands-on experience following classroom training with emphasis on the application of assessment and treatment concepts/principles
B. Allow greater clinical contact with the client group
C. Provide guidance under the supervision of specialists

FFP

C. Yaruss, Quesal and Reeves (2007) referred to this type of self-help workshop as a "Youth and Family Day" program.

"It focuses specifically on the needs of children and families, as well as clinicians who serve them in school settings. These workshops provide advanced clinical training for SLP's as well as support and self-help for children and their families (p. 261)"

Exploring the training benefits of FFP

A survey question was developed based on the St. Louis hypothesis in order to determine

- Which problem areas does FF specifically address that potentially mitigates clinician discomfort
- Whether clinicians would be more willing to work with PWS in the future

Survey question

Based on your experience at Fluency Friday Plus, please identify and rank those problem areas in which discomfort was alleviated and as a result might lead to a greater willingness to work with People Who Stutter (PWS) in the future.

- Participants were asked to rank order the 3 out of 6 most significant areas from most to least contributory
- 45 surveys were sent to a group of current graduate students (N=40) and former students (N=15) who had participated in the FFP program within the last 3 or fewer years

Survey results

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1. Based on your experience at Fluency Friday Plus, please identify and rank those problem areas in which discomfort was alleviated and as a result, might lead to greater willingness to work with PWS in the future. Place a number next to the letter from 1-3 in order of greatest significance (1= most significant impact on comfort level etc.)

Create Chart Download

	1	2	3	Rating Average	Response Count
A competence problem – Clinicians are uncomfortable working with PWS because of a perceived lack of academic training and clinical practicum experience with stuttering.	82.9% (29)	2.9% (1)	14.3% (5)	1.31	35
A responsibility problem – Clinicians are uncomfortable working with PWS because they are reticent to accept the responsibility for treating a person who might either become essentially "normal" or remain significantly speech impaired, depending on the clinician's "correct" administration of therapeutic experiences. In effect, clinicians are not comfortable because they feel they could be "blamed" if the client did not improve a great deal as a result of the treatment, whereas, with other more severe physiological disorders, even marginal improvement is viewed positively.	7.7% (2)	65.4% (17)	26.9% (7)	2.19	26
A stereotype problem – Clinicians are uncomfortable working with PWS because they have negative connotations of stuttering and persons who stutter.	25.0% (2)	0.0% (0)	75.0% (6)	2.50	8
A prognosis problem – Clinicians are uncomfortable working with PWS because they are pessimistic about the outcome of stuttering therapy.	0.0% (0)	53.8% (7)	46.2% (6)	2.46	13
A diagnosogenic problem – Clinicians are uncomfortable working with PWS because they fear that by treating stuttering (especially in children), it might or will get worse. In essence, there is a strong probability that you will worsen the stuttering by calling attention to it and directly treating it.	25.0% (3)	33.3% (4)	41.7% (5)	2.17	12
A psychologists problem – Clinicians are uncomfortable working with PWS because stuttering is a psychological problem which they believe is either not within their clinical expertise or their scope of practice.	21.4% (3)	35.7% (5)	42.9% (6)	2.21	14
				answered question	36

How is competence addressed?

- The hands-on experience in the areas of assessment and treatment are the major areas of concentration at FFP
- Treatment is targeted in both individual and group settings and addresses goals related to both changing speech behavior as well as thoughts and feelings.
- The ability to practice what you have been taught immediately following classroom learning

Supporting data

- Upon completion of the course, quantitative qualitative data recorded anonymously in response to the course survey question,
 "What I liked about the course" included:

- 64.5% of all responses referenced FFP with positive statements (N=31; unanswered responses = 8)

- 53.1% of all responses contained negative statements, most of which pertained to the need for a greater amount of preparation time prior to the event. There were no negative responses related to FFP itself.

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Results

- Of the 45 potential participants, 36 responded.
- Of the 6 problem areas cited by St. Louis, the area in which the greatest amount of discomfort was alleviated was, “competence”
- 97% (35 out of 36) agreed that lack of competence was mitigated through their participation at FFP
- 82.9% respondents ranked competence as their first overall choice

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Responses included

- *"Fluency Friday was an exceptional experience!"*
- *"I think class participation in FF is great and should be continued. It really brought all the information together."*
- *"Fluency Friday was a great way to end the class and a great experience."*
- *"I really liked FFP. I wish all courses had a wrap up event where skills and knowledge could be applied practically. It was a great experience and contributed greatly to the knowledge I gained in the course."*
- *"I liked FF. I learned a lot about stuttering and enjoyed getting hands-on experience."*
- *"I loved participating and being involved with FFP!"*

Liked least about course

- *”More preparation for Fluency Friday. “*
- *“I felt unprepared for Fluency Friday and wish we would have been more prepared in advance to attending Fluency Friday “*
- *“The preparation for Fluency Friday needs to be much more extensive.”*

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Results

- The second problem area in which discomfort was relieved was, “responsibility”
- 72% of respondents believed that their perceptions of clinician responsibility had changed following FFP
- Responsibility accounted for 50% of all second choice responses

How is responsibility addressed?

- It is likely that the combination of coursework and practical experience at FFP that focused on appropriate goal-setting, erroneous expectations of eliminating stuttering completely, as well as an emphasis on acceptance and management of the social, cognitive and emotional aspects of stuttering helped to influence clinician perspectives.

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Results/Interpretation

- Least impactful was 'stereotype' problem. While previous studies have demonstrated that negative perceptions of PWS are present in the attitudes of speech clinicians, this group did not perceive that FFP impacted their thinking about PWS as a group. This may well have been the result of changed attitudes "prior" to attending FFP inasmuch, as classroom learning in conjunction with exposure to guest speakers who shared their stories with the class, had a significant impact on students' perception.

- Regardless of how or when this may have occurred, this group of clinicians perceived PWS in a positive light.

Results/Interpretation

- The remaining 3 problem areas were equally represented although 'psychology' problem was slightly higher than 'diagnosogenic' and 'prognosis'
- It is likely that all 3 of these areas were covered comprehensively within the context of classroom learning and did not give rise to feelings of discomfort prior to the experience
- Diagnosogenic theory is likely even less of a contributor now than in the past, given the advent of Lidcombe and it's direct attention to both stuttered and fluent speech. There is a trend to feel less discomfort calling attention to stuttering than in the past.
- The remaining 2 areas demonstrate, at least for this group, that working with a client's thoughts and feelings about their stuttering is within our scope of practice and, most importantly, that stuttering treatment is successful

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Concluding thoughts

- The timing of Fluency Friday Plus appears to be a factor contributing to its success.
- The target 'client' group has been referenced as the one in which clinicians are most uncomfortable – and they make up the largest demographic group
- The broad-based nature of the treatment offers clinicians a window into the wide-range of goals and target areas that should be considered and when appropriate, addressed

- The additional learning opportunities that are available; guest speakers; fluency specialists
- The family factor; parents and siblings are all involved and connections are made between the child and his home environment (what his parents expectations are, how they feel about the stuttering etc.)

Limitations

- Did not have preliminary data regarding students perceptions prior to beginning the coursework. Hard to determine exactly and to what extent perceptions/confidence levels changed.
- It is difficult to 'tease out' and differentiate the impact of the classroom learning experience compared to FFP. It is likely that a combination of both were influential to some degree.