

PROF. SHAPIRO'S INTERVIEW in *PSYCHOLOGY TODAY*

Professor David A. Shapiro, Ph.D., CCC-SLP, is a speech-language pathologist and Board Recognized Fluency Specialist who treats people who stutter of all ages, a Fellow of the American Speech-Language-Hearing Association, and the Robert Lee Madison Distinguished Professor of Communication Sciences and Disorders at Western Carolina University in Cullowhee, North Carolina USA. Having been invited by Občanské sdružení LOGO (a private clinic in Brno, Czech Republic) as a guest speaker and clinician for International Stuttering Awareness Day (ISAD) in 2004, 2006, and 2008, Dr. Shapiro will return to the Czech Republic where he again will be the keynote speaker at the conference organized by Association LOGO for ISAD. The conference will take place at the Fair Trade Congress Centre in Brno, the Občanské sdružení LOGO, and the Moravian caves in Blansko on 22nd and 23rd October 2010.

Professor Shapiro is one of the most highly respected authorities on stuttering in the world. Stuttering is a serious disorder of speech fluency that potentially affects the behaviors, thoughts, and feelings of people of all ages worldwide. Whereas the incidence of stuttering (total number of people who have stuttered at some point in their lives) lasting more than 6 months is approximately 5%, the prevalence of stuttering (total number of cases at a specified time) is approximately 1%. What this means is that the majority of people who stutter recover; this number increases with specialized intervention received from qualified speech-language pathologists.

It has been our pleasure to know Professor Shapiro since we first invited him to the Czech Republic in 2004. Furthermore, it has been a privilege to include him within our professional community as a colleague and as a friend since that time. We have found him to be a most interesting and compassionate man, a master clinician, and a person with an inspiring personal story. His lifelong commitment to people who stutter goes beyond professional. As a person who stuttered severely without control for nearly the first 20 years of his life, Dr. Shapiro's commitment indeed is personal. „Where there is a need among people who stutter,” he says, I will go.“ „Stuttering intervention is more than work,” he says, „It is an expression of confidence in the human capacity for collaboration and positive change. It is an act of love.“

On the occasion of his fourth visit to Czech Republic, we asked him to address a variety of questions in a recent interview :

Professor Shapiro, you are a stuttering intervention specialist and have done stuttering therapy for your entire professional career. In what ways is stuttering therapy unique or different than treatment for other disorders? How is your own method of stuttering therapy unique?

You are asking an excellent question. Communication is a uniquely human experience. Stuttering therapy gets at the heart of what it means to be human. It is hard to imagine what it means to be unable to communicate, to know precisely what

one wants to say but to be literally unable to say it. Stuttering affects every individual differently. While the overt behaviors of stuttering are most obvious to conversational partners, what tends to be hidden are the thoughts and feelings of a person who stutters toward himself and the world in which he communicates. While stuttering behaviors can be changed or eliminated relatively rapidly, changing the thoughts and feelings related to the stuttering experience often takes much longer. The related thoughts and feelings must be addressed for behavioral change to be long lasting.

My own treatment uniquely focuses on the fluent aspects of one's communication skills. This enables the client to learn how to do more of what he already is doing that results in speech fluency. Only after studying, understanding, and increasing the speech fluency, then we attend to the disfluency. For example, the client may focus on producing speech that is even in rate, gentle in onset, and natural in inflection. The outcome of focusing on fluency first is that the fluency greatly increases and the disfluency greatly decreases, both in absolute and relative terms.

A person who stutters must experience success in all aspects of treatment. Success is motivating; success begets success. Creating opportunities for the person who stutters to experience success is the primary job of the clinician. How do I do this? That is the topic of my book and will be the topic of my keynote address in Brno. At the risk of oversimplification, I focus with the client on his speech fluency, as noted earlier. The client and I create hierarchies of speaking challenges so as to increase the level of challenge gradually enough to ensure the client's success at each step. We design activities for the client between our scheduled meetings in order to extend the influence of treatment. We begin transfer activities from our first meeting, rather than waiting toward the end of treatment. We involve as many members of the client's communication system as possible within the treatment process. And we shift responsibility for the clinical process from the clinician to the client throughout the treatment process. In short, I individualize treatment, work within the context of conversation, create treatment opportunities between scheduled clinical meetings, manage the disfluency by providing direction in what to do (rather than in what not to do), collect data related to the cognitive and affective experience in addition to the behavioral experience, use visual analogies, and engage in transfer activities from the beginning of treatment rather than at the end. There is much more to this story that I can share here. The process is rewarding, successful, positive, and enlightening for the person who stutters, his family, and his clinician.

Is it true that more males stutter than female? Have you found that to be true?

Yes, I have found that to be true. Typically we find that the ratio of males to females who stutter is about 3:1 and that this pattern is observed universally. Recent longitudinal research suggests that the number of male and female children who begin to stutter may be more equivalent than we had thought. However, it may be that boys develop a more persistent form of stuttering or that girls simply are more adaptable. But we continue to find that more males than females persist with stuttering.

How has stuttering therapy changed over the years ? Where do you see it going ?

I think one of the biggest changes in stuttering therapy is the shift from addressing stuttering behaviors only to addressing the stuttering-related thoughts and feelings in

addition to the behaviors. When we work with people who stutter, we must realize that the affective (feelings), behavioral, and cognitive (thoughts) elements are all related. What we do affects what we think and feel; what we think and feel affects what we do. Therefore, we must be able to experience the client's communication world as he or she sees it. Only then can we hope to impact that world.

Where do I see therapy going? Numerous inroads are being made that are helping us understand the genetics and neurophysiology of stuttering. Also technology is advancing and increasingly being implemented in treatment. Evidence-based practice has moved from the background to the foreground. I think these areas will be key in the future. As treatment evolves, however, I continue to believe that the most central ingredient of successful intervention will continue to be the supportive nature of the client-clinician relationship and the degree to which both the client and clinician genuinely believe that positive change is realistic and possible.

You have a history of significant stuttering yourself, yet you manage it very well and have come a long way in overcoming stuttering. What was the hardest for you? What helped you the most ?

While I still am person who stutters, rarely today do I find myself without fluency controls. When I was younger, I think the hardest part was the feeling of isolation, being unable to communicate with another person on the planet. I will share in the keynote address that one of the best things my parents did for me was to get me a puppy named Buddy. Buddy and I were best friends for a long time, until I was 17 years old. For many years, Buddy was the only living thing to whom I could speak fluently. It is intriguing that people who stutter typically can talk fluently with a pet. As we grew together, we often took long walks in the forest and fell asleep beside a stream. I found peace and hope when I awoke to find Buddy by my side and sunshine in my face.

I think what helped the most were the influences of a few special people. Reflecting on my past, I think of my grandfather, Joseph. I miss him, as I do Buddy, to this day. I remember walking with my grandfather, often hand in hand by a stream. I remember stuttering severely, only to hear him say, „I love you just the way you are.“ It is the joy and comfort through love that is most reassuring. I learned from my dearest friend that everybody needs one real friend. When a friend genuinely believes in you, there is nothing that is impossible. I live richly today, having been married to that best friend, Kay, for over 27 years. We have two remarkable children, Sarah and Aaron, who are now young adults. I learn from Kay, Sarah, and Aaron every day what it means to have a friend and I will forever be thankful for the positive influence of love.

You studied speech-language pathology and communication sciences and disorders. You have been a stuttering specialist for many years. How does your background as a person who stutters influence your work as a clinician ?

As a person who stutters, I often relate to the communication experiences of other people who stutter. I am told frequently by people who stutter and their families how much they appreciate that I can relate their experiences to mine and vice versa. Nobody can tell me, as a person who stutters, that I haven't been there. Nevertheless, the experiences of all people, including people who stutter, are unique. While it may be

an advantage as a clinician to have a personal background as a person who stutters, there is a potential disadvantage as well. That is, a clinician who is a person who stutters must not transfer his experiences onto the client who stutters, or assume that his experience is just like that of the client who stutters. Doing so would interfere with the clinician's ability to appreciate the uniqueness of the client's and the family's experience. The uniqueness of all experiences of all people must be recognized and understood.

You are the keynote speaker for the fourth time at the international conference on stuttering organised by Association LOGO and Private clinic LOGO. What is your opinion about the therapy for stuttering in the Czech Republic?

My opinion of the stuttering therapy being conducted in the Czech Republic is a reflection of my observations over three previous visits to Občanské sdružení LOGO. In short, Občanské sdružení LOGO is doing outstanding work and is one of the most inclusive clinical facilities I have seen in my international experience. Under one roof, clinicians from multiple disciplines treat clients of diverse ages and exceptionalities. For stuttering therapy, I have seen individual and group treatment that addresses the thoughts, feelings, and behaviors related to stuttering. I have seen traditional behavioral treatments, in addition to integrated treatments such as dance therapy, music therapy, art therapy, experiential therapy, and the like. I have seen counseling, psychological services, and medical services. I have even seen therapeutic massage and aroma therapy. It seems to me that Občanské sdružení LOGO is a leader in clinical intervention and in providing professionals with continuing education and collaborative opportunities.

I might add that I have become so impressed with LOGO that, for the first time, I will bring with me five of my best graduate students from Western Carolina University so that they can experience LOGO for themselves. Their visit and collaborating with LOGO's professional staff and clients will give them a unique perspective on what can be done when diverse people and professionals work together.

You are an invited speaker at many international conferences and you have conducted international research on stuttering therapy. What has this research revealed about stuttering therapy around the world?

Yes, I coordinated a project that was co-authored by 17 clinician-researchers in 15 countries across 6 continents. The purposes were to determine the assumptions, methods, and ultimate lessons learned and purposes served by clinicians who treat people who stutter in diverse nations, and to make comparisons within and across countries and cultures. The results were presented at the International Fluency Association's World Congress on Fluency Disorders in Montreal in 2003 and subsequently were published in 2004. In short, findings revealed that our profession is delivering stuttering therapy using a variety of methods to people of all ages - preschool children (e.g., family-based interaction, communication modification, Lidcombe Program), school-age children (attitude modification, tension reduction, interaction with teachers and family members), and adolescents, adults, and senior adults (cognitive reorganization, gentle speech, self-help, assistive devices). We work in a variety of settings (hospitals, private clinics, public and private schools). Our assessment and treatment methods vary as a reflection of our varied definitions

(behavioral symptoms, emotional components, loss of control), causal assumptions (genetic/heredity, environmental, neurological), and underlying constructs and rationale. Factors that influence the design of treatment are fairly consistent (empirical evidence, clinician's experience, individual client's strengths and needs), as are the obstacles that we must overcome on a regular basis (geographic distance, misinformation, shortage of speech-language pathologists and self-help groups). Our context for service delivery and specific procedures vary within each diverse clinical and cultural context. Despite occasional frustrations, we clinicians around the world love what we do. We aspire to enable people who stutter to achieve their unique potential, thereby gaining access to, enjoying, and creating opportunities within a social and communicative context.

Two related research projects are currently underway. One is investigating how clinical methods and opportunities have changed as a consequence of political developments in former Soviet and Communist countries. Another is investigating the assumptions and practices of non-traditional clinicians, such as indigenous healers.

One very important lesson from these investigations is this: When we focus together on a common purpose, the differences that some people interpret as divisive simply drop away. The point is that we are united by our universal commonalities, our challenges, and our beliefs. We come together from diverse lands as one people with a common goal – to improve the lives of people who stutter.

Later this year, the second edition of your international textbook about stuttering and stuttering intervention will be released. Its title is Stuttering Intervention : A Collaborative Journey to Fluency Freedom (PRO-ED, Inc., Austin, TX, USA; www.proedinc.com). What is the main mission and message of this book ?

When the first edition was originally released in 1999, I could never have imagined the positive reception it has received internationally. The purpose of the book was and continues to be to review what is known about stuttering, people who stutter, and stuttering therapy. On that foundation, I reviewed my clinical methods for assessment and treatment of stuttering in preschool children, school-age children, adolescents, adults, and senior adults. The message is that there is hope for people of all ages who stutter. When we work together and we are willing to learn from each other, there is nothing that we cannot accomplish when we share a common goal. The book is written primarily for speech-language pathologists and for university students who are preparing to become speech-language pathologists. The book also is intended for people who stutter, their families, people in the allied educational and health professions, and anyone else who is interested in stuttering or concerned about a person who stutters.

What would you say to people who stutter or people who have someone with stuttering in the family ?

Again, I would say, „There is hope.“ Sometimes stuttering makes people feel isolated, but there is no reason to approach the challenge of stuttering alone. There is so much information available today on websites (e.g., The Stuttering Home Page, <http://stutteringhomepage.com>), from organizations (e.g., American Speech-Language-Hearing Association – <http://www.asha.org>, International Stuttering

Association – <http://www.stutterisa.org>, International Fluency Association – <http://theifa.org>), and in books. Speech-language pathologists are available to help people who stutter and their families consider the options they are facing, including assessment and treatment services if these services are indicated. An important message is reflected in the slogan of the National Stuttering Association (in the USA, <http://www.WeStutter.org>): „If you stutter, you’re not alone.“ Also, the theme of this year’s 13th annual International Stuttering Awareness Day (ISAD) Online Conference is, „People Who Stutter, Inspire!“ These are important messages to take home. Anyone interested to access or participate in the annual ISAD conference from October 1-22 at no cost can do so on The Stuttering Home Page.

Dear Professor Shapiro, thank you very much for the interview and the time you spent with us. We wish you a lot of continued success in your important and deserving work.

Thank you for your ongoing commitment to understanding stuttering and to helping people who stutter. You are leaders in clinical service and professional development. Both our professional collegueship and personal friendship are, for me, distinct pleasures. I look forward to many more years of continued association between Občanské sdružení LOGO and Western Carolina University. Thank you for sharing your gifts and for all that you do to help people with communication disorders.

Information about the person :

David A. Shapiro, Ph.D., CCC-SLP, ASHA Fellow, is the Robert Lee Madison Distinguished Professor of Communication Sciences and Disorders at Western Carolina University in Cullowhee, North Carolina, USA. In his fourth decade of providing clinical services for people who stutter and their families, Dr. Shapiro is a regular presenter at national and international conferences and has conducted workshops in North America, Europe, Asia, Australia, and Africa. He is one of the foremost international authorities on stuttering. His book, *Stuttering Intervention: A Collaborative Journey to Fluency Freedom* (PRO-ED, Inc.), is finding a wide international audience and will be released in its 2nd edition later in 2010. Dr. Shapiro researches multinational approaches to stuttering intervention and has numerous publications in international journals. He is actively involved in the International Fluency Association (IFA) and International Stuttering Association (ISA). He is a Board-Recognized Specialist in Fluency Disorders and received IFA’s Award of Distinction for Outstanding Clinician and the University of North Carolina Board of Governors’ Award for Excellence in Teaching. He is a person who stutters, has two college-age children, and lives with his wife, Kay, in the Great Smoky Mountains of North Carolina. The Association LOGO and Private clinic LOGO are very proud to bring Dr. David Shapiro as the keynote speaker to the International Stuttering Awareness Day conference for the fourth time.