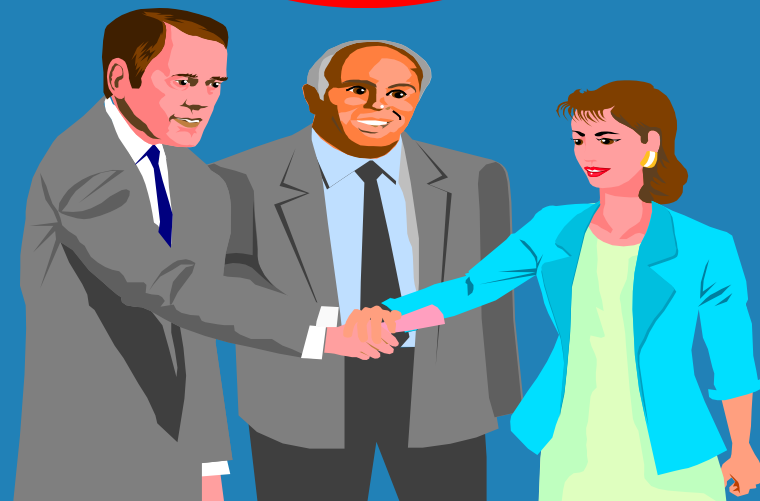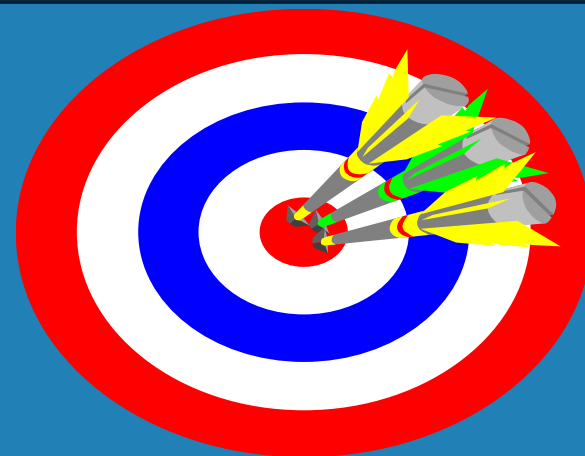# Treatment of Chronic Stuttering: Realistic Outcomes for Long Term Change

ASHA

Chicago, Illinois

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Buzz Words That Get My Attention

Fluency

- Fluency is more than the absence of stuttering. "False Fluency" achieved by tricks and avoidance will not last. Attempts to superimpose fluency on top of fear, expectancy and avoidance are probably not going to lead to a successful, long-term, outcome

Control

- This is a term that must be used with extreme caution because many clients will misunderstand it. We do not want clients to control – as in suppress, hide or conceal. Rather, we want them to accept stuttering and learn to modify it.

Cure

- This is a poor term to use. The term "cure" implies a medical model,and stuttering is not an illness that you catch and then get over.

Buzz Words That Get My Attention

Rate Control

- 99.99879% of adult PWS have been told to "slow down" or "just take your time." Unfortunately, this potentially good advice is taken the wrong way because most people slow down by pausing in between words. It is more effective when the person slows down the articulation rate by maintaining voicing and "stretching the

  syllable" rather than pausing between words. (More on this later.)

Monitoring -vs- Yakking
- How vigilant does the client need to be?
- The "magnitude" of the targets.
- Working to retain and maintain "Speech Naturalness."

Buzz Words That Make Me Cringe

Evidence Based Treatment of Stuttering:

Unlike those who are spending a lot of time and effort trying to devise universal outcome measures that will be applicable to all, and who are trying to devise universally applicable efficacy measures, I am more concerned with trying to measure success on a one-to-one basis. One size does not fit all, and I think that the best person to determine whether treatment has been effective is the individual person who stutters. I appreciate the fact that % syllables stuttered, and syllables spoken per minute can be helpful measures and I appreciate the fact that there are various attitude scales that can be employed. In the Autumn, 2003 volume of the *Journal of Fluency Disorders*, five peer-reviewed articles speak to the issue of "Evidence Based Treatment of Stuttering."

Buzz Words That Make Me Cringe

Clinicians have a number of treatment programs to use to enhance fluency and modify stuttering. Clinicians need to select treatment approaches that are congruent with their own philosophy toward successful treatment outcomes, and the particular goals and aspirations of their client. The issue of which treatment approach is used is only one side of the coin: the other side of the coin is the extent to which the client is satisfied with the final outcome.

While the act of stuttering may temporarily impair the smooth flow of ongoing speech, stuttering need not become a disability or a handicap. As Yaruss has pointed out in his article "Describing the Consequences of Disorders: Stuttering and the International Classification of Impairments, Disabilities and Handicaps," it may be more important to give less attention to etiology, as per the International Classification of Diseases, and give more importance to how stuttering affects the person's ability to participate fully in "daily life activities" (1998.)

Buzz Words That Make Me Cringe

Evidence Based Treatment of Stuttering -- continued

Manning (2001) tells of his experience as an audience member at an ASHA session dealing with efficacy of different treatment programs. There was an overemphasis on data: lack of data, inaccurate data and conflicting data. " There was no recognition of the success that can and does take place during treatment. One of the presenters who shared the frustration of this view made the suggestion that the most useful data is right in front of us during treatment. 'If you want data,' he suggested, 'try asking the client. He might have some good information for you about what is helpful and what is not' (p.379)."

Rather than just try to measure the features on the surface, we need to find ways to gather evidence on the changes that occur below the surface.

Buzz Words That Make Me Cringe

Evidence Based Treatment of Stuttering -- continued

This afternoon's seminar will not present efficacy data. The major purpose of this seminar is not designed to deal with specific therapy strategies to enhance fluency or modify the stuttering.

The major purpose is to present my beliefs about the deep structures that underlie successful treatment, and the kind of final outcomes that make the client feel that he has been successful in his journey for improvement

Many outcome statements will be presented:
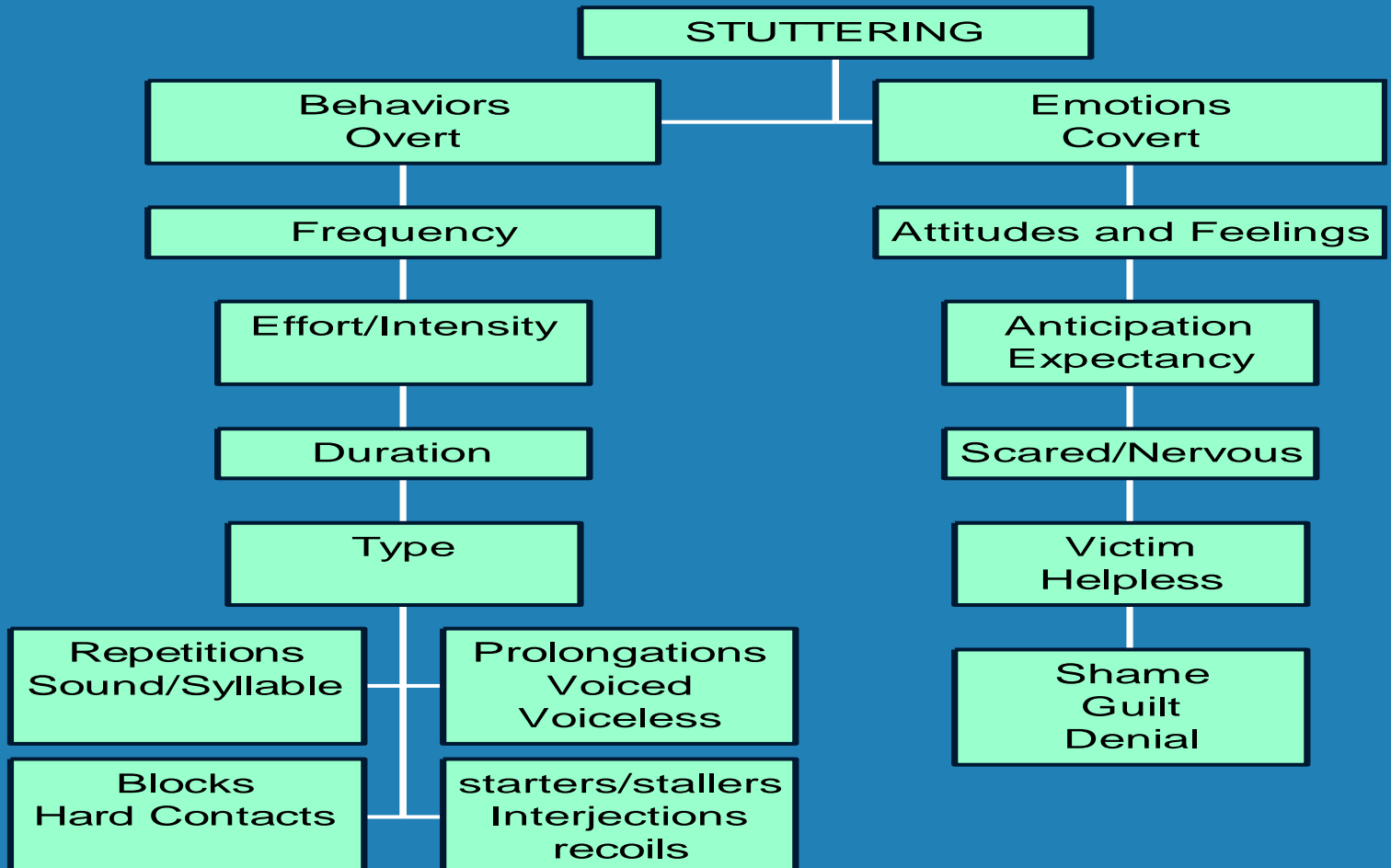
I can live without constant fear of stuttering.

I can speak for myself, rather than rely on others.

I can explore and follow career opportunities that require talking.

I can communicate effectively, and feel comfortable doing so.

These can all be turned into objective hypotheses, worthy of empirical study. Preliminary data based on the outcomes presented in slide 13 are being analyzed.

Behavioral and Emotional Dimensions

STUTTERING

| Behaviors Overt | | Emotions Covert |

Frequency — Attitudes and Feelings

Effort/Intensity — Anticipation Expectancy

Duration — Scared/Nervous

Type — Victim Helpless

Repetitions Sound/Syllable — Prolongations Voiced Voiceless — Shame Guilt Denial

Blocks Hard Contacts — starters/stallers Interjections recoils

Sheehan's Iceberg of Stuttering: Above and Below the Surface

Core Features
Repetitions
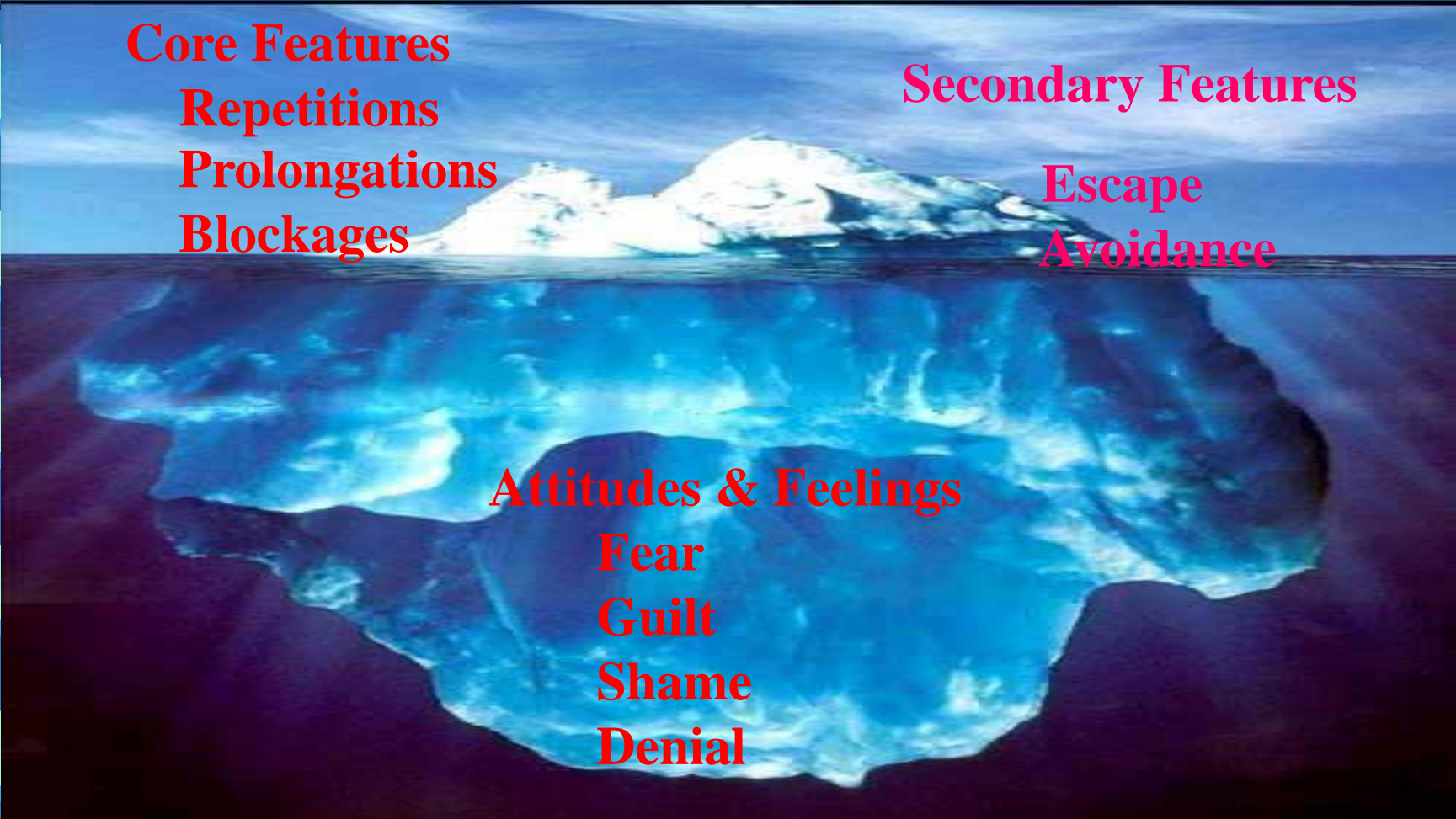**Prolongations**
Blockages

Secondary Features

Escape
Avoidance

Attitudes & Feelings
Fear
Guilt
Shame
Denial

Time Sequencing of Events

Pre-Disruption		Fluency Disruption	Post Disruption
Emotional	Behavioral	Behavioral	Emotional
Anticipation	Avoidance	Disfluency	Embarrassment
Expectancy	Postponement	Fluency Failure	Humiliation
Fear	Word Substitution	Stuttering	Guilt
Worry	Disguise		Relief
Apprehension	Antiexpectancy	Audible-Vocalized	Shame
Anxiety	Timers	Part-Word Repetitions	Withdrawal
Dread	Starters	Word Repetitions	Anxiety
Worry	Pauses	Phrase Repetitions	Hostility
Negative-	Circumlocutions	Sound Prolongations	Frustration
Emotion	Body Movements	Audible-Nonvocalized	Penalty
Abulia	Refusal	Part-Word Repetitions	Denial
(etc.)	(etc.)	Sound Prolongations	
		Dysrhythmic Phonations	
		Inaudible-Nonvocalized	
		hard contacts	
		tense pauses	
		silent blocks	
		Struggle-Escape	
		Recoil	
		Interrupters	
		Effort/tremor/struggle	
		(etc.)	

>> ----rate changes-- >>
>> --------speeding and tensing------------ >>
>> --------holding back------------------- >>

(After Hood, 1978. Assessment of Fluency Disorders)
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Explore Your Options
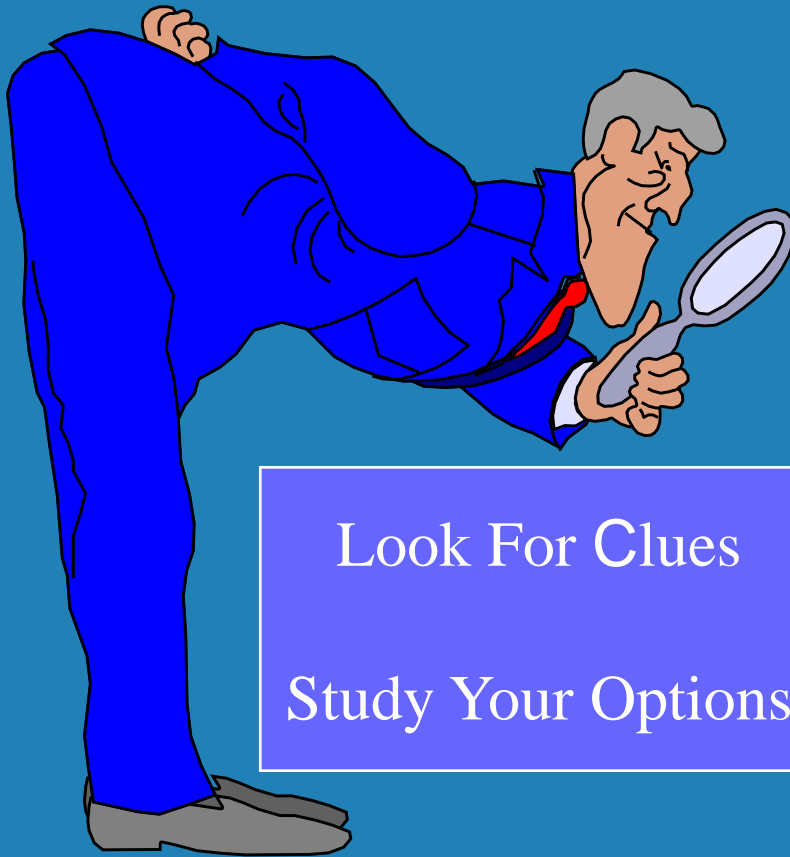
Look For Clues

Study Your Options

- Components
  - Attitudes
  - Feelings
  - Behaviors
    - Disfluency
    - Stuttering
    - Escape
    - Avoidance
- Goals/objectives
  - Spontaneous Fluency
  - Controlled Fluency
  - Managed Stuttering
- Effective communication

Realistic Outcomes:
for Adults for Whom Stuttering Has Become Chronic and Severe

- To be able to talk any time, any place and to any body---

- To be able to communicate effectively and efficiently---

- And to be able to do so with little more than a normal amount of negative emotion.

Realistic and Successful Outcomes

- I no longer need to chase the "fluency god."
- I can live without constant fear.
- I can speak well without scanning ahead for difficult words.
- I can speak for myself, rather than rely on others.
- I can explore and follow career opportunities that require talking.
- I can make decisions in spite of stuttering, not because of it.
- I am not suffering or handicapped because of my stuttering.
- I accept myself.
- I don't feel guilty when I stutter, and I am not ashamed of myself when I do sometimes stutter.
- I have choices I can make that help me talk easily.
- I can communicate effectively, and feel comfortable doing so.
- "I'm really an o-k person" -- and I like being me.

Crucial Experiences:
(from Van Riper and Czuchna)

‣ Stuttering can be deliberately endured, touched, maintained and studied.

‣ Avoidance only increases fear, and must be reduced.

‣ Struggled, hurried escapes and recoils from stuttering make it worse than it needs to be.

‣ It is possible to build barriers to destructive listener reactions.

‣ Society in general rewards the person who obviously confronts and attempts to deal positively and constructively with stuttering.

‣ Every effort must be made to build up your ego-strength, self-confidence and self-respect.

‣ When the moment of stuttering occurs it can be studied, and its negative effects erased as much as possible.

‣ It is personally more rewarding to stutter easily and stutter fluently than to stutter severely, and it is fun to be able to talk anywhere, even though you do stutter.

Ways to Talk Easily
and Communicate Effectively--
(even though you might still do some stuttering)

- I believe it was Van Riper who once said that to be a good clinician, you need to have lots of arrows in your clinical quiver. These are some of the ones I have in my quiver.

- The next four slides will present selected fluency targets and stuttering modification procedures that I have found to be helpful. Not all of them are equally helpful for all clients.

Ways to Talk Easily
(which Implies helpful prerequisite attitudes)

Post-It Notes

AVM	Air-Voice-Movement
KYMR	Keep-Your-Motor-Running
RTSE	Remember-to-Start-Easily
NNTH	No-Need-to-Hurry

Speech Rate -vs- Articulation Rate

"Slow it down -- to speed it up"

"Gearing down and gearing up"

Speeding Tickets (car) -vs- Talking Tickets (mouth)

Dealing With Time Pressure

"Nowness"

Superstitious Behaviors

Safety Margins

Ways to Talk Easily
(Which implies helpful prerequisite attitudes)

Self Talk

    Positive and Negative

The Use of Language: action oriented verbs

      "What Happened" -vs- "What am I doing"

      "Having a block" and "Getting Stuck"

      "Little men are fighting in my throat"

Adjustment to easy talking and fluency. No more secondary gains

Openness, Tolerance, Acceptance: Being able to COPE.

    Advertising

    Voluntary Stuttering, Pseudo-Stuttering

Desensitization: (Coping and Tolerating ,-- even though you don't like it)

    Behavioral -- what you do

    Emotional -- how you think and feel

Ways to Talk Easily
(Which implies helpful prerequisite attitudes)

<u>Choral Reading</u>

Client and Clinician read in unison
- using various forms of voluntary stuttering
  - vary the frequency, effort, duration, and vary the type of disfluency
- use various stuttering and/or fluency techniques
  - easy onset, light contact, slow articulation rate
  - freezing and releasing, pullouts, proprioceptive monitoring

<u>Shadowing</u>

Client shadows someone talking on the television or radio
- using various forms of voluntary stuttering
  - vary the frequency, effort, duration, and vary the type of disfluency
- use various stuttering and/or fluency techniques
  - easy onset, light contact, slow articulation rate
  - freezing and releasing, pullouts, proprioceptive monitoring

Ways to Talk Easily: Fluency and Stuttering Targets (which implies helpful prerequisite attitudes)

As clinicians, you must be able to model these fluency and stuttering targets for your clients. You need to be able to demonstrate them in a wide variety of situations both inside and outside the clinic.

- Easy Onsets
- Light Articulatory Contacts
- Reduced "articulation rate"
- Cancellations (If you are brave enough)
- "Freezing" -- holding on, then releasing gradually
- Pull-Outs
  - Releases from stuttering moments must be easy, gradual and voiced
- Proprioceptive Monitoring
- Preparatory Sets

Challenges, Threats and Risks

- Try to view things more as a challenge and less as a threat
    - The challenge to do better -vs- the threat of doing worse
    - Do more things to do well, not more things to not fail
    - Enter difficult situations and say difficult words
    - Try to get on base rather than try not to strike out
    - Try to talk easily rather than try not to stutter

- Help your client deal successfully and effectively with the following: Examples:
    - Strike up a conversation with a stranger
    - Join a social club or group or organization where you will be required to do a lot of talking. Toastmasters International, for example
    - Call a local pet store and ask questions about buying a certain type of pet for a friend or relative's birthday
    - Call a local motel and ask if (your name) has checked in yet
    - Call the fire department and ask if a permit is required to burn leaves

Quick Comments on Desensitization

- Desensitization is both emotional and behavioral
- Desensitization does not mean that you like it: it means you can tolerate it, put up with it and cope with it
- Desensitization may not reduce negative emotion down to zero, but it can go a long way in that direction

COURAGE

For most people, desensitization helps reduce negative emotion and helps the person face fears. Desensitization fosters courage.

"*Courage is about the management of fear, not the absence of fear*."

(NYC Mayor Rudy Giuliani, following the 9/11 attacks on the WTC)

Desensitization with Andrea and Jeanne:
Voluntary Stuttering with the Easter Bunny

Say ch·ch·cheese!

Socially Acceptable Ways to Acknowledge Acceptance of Stuttering to your Listeners

If someone asks you if you have any hobbies and interests, you can answer by saying:

- "One of my hobbies is stuttering. I've been practicing, and am getting pretty good at it."

If someone asks you if you stutter, you can say:

- "Yes, I sometimes stutter. As a matter of fact, I am actually getting to be pretty good at it.

Socially acceptable ways to acknowledge acceptance of stuttering to your listeners

If someone asks you if you have stuttered all your live, answer by saying:

- "Not Yet."

If someone comments on your stuttering, you might say

- "Sure I stutter. What are you good at?"
- "Sure I stutter. Want me to teach you how to do it?
- "Stuttering is ok, because what I say is worth repeating.
- "Stuttering is ok, and I have permission to do it."

(Now: Can you develop some of your own ?)

Hood's Hopefully Helpful Hints

- Although you may not have a choice as to WHETHER you stutter, you have a choice as to how you stutter.

- Your attempts to hide, repress, conceal, avoid stuttering make it worse than it needs to be.

- Stuttering is something you do, not something that happens to you.

- The things that may have originally caused stuttering are not the same as the things that influenced its development -- and are not the same as the things that are now serving to maintain the problem.

- Fluency is more than the absence of stuttering.

- It is important to understand the process of talking.

- The process of desensitization is two fold: both emotional **AND** behavioral.

- It is better to do more and more things to talk easily, than more and more things to try not to stutter.

Preferred Client Outcomes
ASHA - SID - 4: (Draft)

1. I am satisfied with my therapy and its outcome.
2. I have increased my ability to communicate effectively.
3. I feel comfortable as a speaker.
4. I like the way I sound.
5. I feel I have an increased sense of control over my speech, including stuttering.
6. My speaking skills have become more automatic.
7. I have an increased ability to cope with the variability of stuttering, including what to do if I relapse.
8. I am better able to reach social/education/vocational potential and goals.
9. My knowledge of self-help/support groups has increased.

Clients may benefit from learning from others who stutter

- They can learn about National Stuttering Awareness Week, and International Stuttering Awareness day.

- They can learn more about stuttering from reading essays and autobiographies from PWS's.

    - Fred Murray -- The Stutterer's Story
    - Marty Jezer -- Stuttering: A Life Bound Up in Words
    - Ken St. Louis - Living With Stuttering: Stories, Basics, Resources and Hope.
    - SFA -- Advice to Those Who Stutter

Clients can benefit from visiting other resources and support groups

NSA: National Stuttering Association

1-800-937-8888

nsastutter@aol.com

http://www.WeStutter.org

SFA: Stuttering Foundation of America

1-800- 992-9392

stuttersfa@aol.com

http://www.stutteringhelp.org

CAPS: Canadian Association for People Who Stutter

416-252-0842

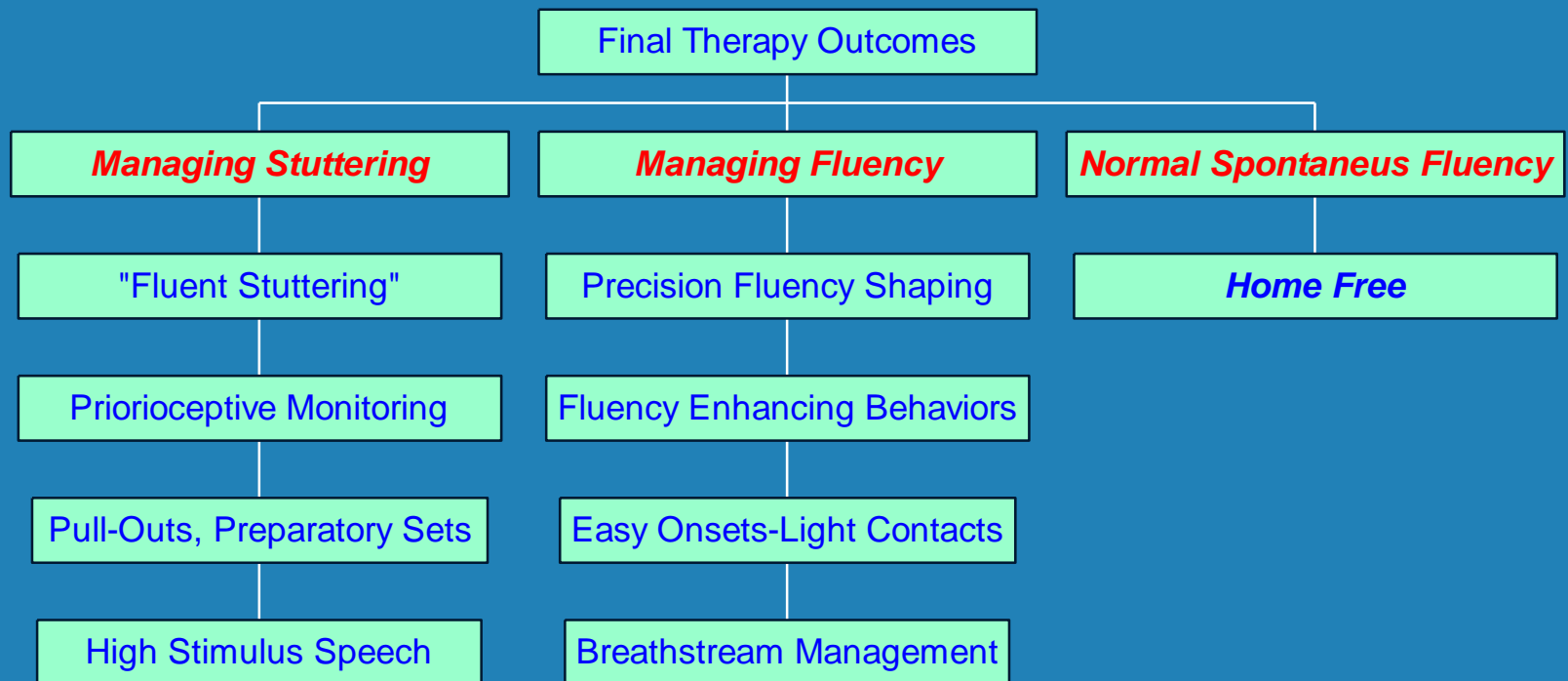caps@stutter.ca

http:http://webcon.net/~caps/

Clients can benefit from visiting other resources and support groups

ISA: International Stuttering Association

          stutterisa@NewMail.net

          http://www.stutterisa.org

Friends: The Association of Young People who Stutter

                  (kids and teens)

          650-355-0215

          Lcaggiano@aol.com or jtahlbach@aol.com

          http://www.friendswhostutter.org

SHP: Stuttering Home Page

          http://stutteringhomepage.com

Final Outcomes from Therapy: Goals, Options and Choices

Final Therapy Outcomes

| *Managing Stuttering* | *Managing Fluency* | *Normal Spontaneus Fluency* |

"Fluent Stuttering" | Precision Fluency Shaping | *Home Free*

Priorioceptive Monitoring | Fluency Enhancing Behaviors

Pull-Outs, Preparatory Sets | Easy Onsets-Light Contacts

High Stimulus Speech | Breathstream Management

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Janis Ingham

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Mark Onslow

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