Stuttering Therapy for Children: What Makes Therapy Work?

Patricia M. Zebrowski, Ph.D.,
CCC-SLP
University of Iowa

The “Common Factors” in Treatment Responsiveness

- Therapeutic Relationship 30%
- Expectancy (Placebo) 15%
- Technique 15%
- Extratherapeutic Change 40%

Lambert & Bergin (1994)
Asay & Lambert (1999)
Bernstein Ratner (2005)
Franken, Kielstra-Van der Schalk & Boelens (2005)

The Common Factors

- Techniques – factors or 'strategies' unique to different therapy approaches (e.g. “easy onset”, “voluntary stuttering”)
- Extratherapeutic Change – characteristics of the client and his/her environment (e.g. temperament, social support)
The Common Factors

• Therapeutic Relationship – characteristics of the clinician and client (and family) that facilitate change and are present regardless of clinician’s therapy orientation (i.e. ‘technique’). Components include shared goals, agreement on methods, means and tasks for treatment, and an emotional bond (Bordin, 1979).

• Expectancy – Hope; sometimes thought of as “placebo”. Improvement that results from client (and clinician’s?) belief that treatment will help.

The “Common Factors” in Treatment Responsiveness

- Therapeutic Relationship 30%
- Expectancy (Placebo) 15%
- Technique 15%
- Extratherapeutic Change 40%

Lambert & Bergin (1994)
Asay & Lambert (1999)
Bernstein Ratner (2005)
Franken, Kielstra-Van der Schalk & Boelens (2005)

Treatment for School-Aged Children Who Stutter

TECHNIQUE
Making Speech Change

• Exploring Talking and Stuttering

• Changing Talking

• Changing Stuttering

• Choosing Tools: What and When

Exploring Talking

In order to understand and feel what s/he does during stuttering, the child must know how we talk:

- Establishes common terminology between child and clinician
- Develops understanding of how we coordinate respiration, phonation & articulation for speech (i.e. "speech helpers")
- Reinforces that his/her speech system is "normal"; i.e. NOTHING NEEDS TO BE 'FIXED'

Rationale for this step

- Starting treatment in a way that is removed from emotion: neutral and objective
- Encouraging child to approach something that he/she fears and is used to avoiding

Purpose of exploring talking and stuttering is to experiment with choices for:

- Changing speech
  • Tools for changing airflow, tension, voicing, movement, rate
    
    WHICH LEADS TO...
  
- New ideas about speaking, for example:
  • I don’t have to keep using the same patterns of speaking
  • I have options for speaking and for stuttering
Exploring Stuttering

• Identify aspects of stuttering
  – In order to change behavior, need to know when and what to change

• Exploring stuttering ties information from exploring talking to child’s own behavior/speech patterns

• Desensitizing

Exploring Stuttering: How do you stutter?

• Disfluency and stuttering represent difficulty in connecting sounds, syllables and words. Given that,

  • Attend to where you are “disconnecting” and what you are doing. What needs to be done to “move forward” and smoothly connect sounds, syllables and words while speaking?

  • The same principles are used to both initiate and maintain ‘easy’ speech, and to produce ‘easier’ stuttering

Changing Talking and Changing Stuttering
# Tools For Change

**Changing Talking**
- Soft starts/easy onsets/light contacts
- Changing rate

**Changing Stuttering**
- Voluntary stuttering
- Holding & tolerating a moment of stuttering
- In-block corrections/pullouts
- Post-block corrections/cancellations

---

## Changing Talking

**Soft Starts/Easy Onset and Light Contacts**

- **What are they?**
  - Slower, physically relaxed speech initiation
  - Decreased muscle tension and less tense articulatory constriction (e.g. bilabial closure, tongue-alveolar contact)

- **Why use them?**
  - Help initiate smooth airflow, voicing, and physically relaxed, smooth articulator movement

- **When to use them?**
  - Beginning of phrases or utterances
  - Phrase boundaries
Changing Talking:
Changing Rate

• What is it?
  – Slower speech overall: fewer syllables or words per minute
  – Should sound smooth and connected, not choppy

• Why use it?
  – It’s fluency enhancing because it...
    • Helps child attend to what he/she is doing
    • Gives more time to process
    • Gives child time to make changes in complex motor coordination
    • Helps child feel changes in muscle tension

• How can rate be changed?
  – Stretching sounds or syllables
  – Phrasing and pausing
  – Combining stretches with phrasing/pausing

Changing Stuttering

Changing Stuttering:
Deliberate (or Voluntary) Stuttering

• What is it?
  – The child stutters “on purpose”, choosing when and how

• Why use it?
  – Can be used to teach any aspect of changing and varying stuttering
  – Assists in building awareness of stuttering moments
  – Decreases fear and avoidance of stuttering
  – Desensitizes to listener reactions
  – Creates a feeling of confidence in the ability to say feared words
  – Confront what might otherwise be avoided

• When and how to use it?
  – Prelude to using “pullouts”
  – Begin teaching at the single word level with unfeared sounds or words
  – Begin using it in unfeared situations
  – Build to use on feared words or in feared situations
Changing Stuttering:
Holding & Tolerating A Moment of Stuttering

• What is it?
  – Staying in a moment of stuttering
  – Child continues speech “movement” rather than stopping, “backing up”, or otherwise using “reactive” speech strategies

• Why use it?
  – Increases child’s awareness of what he/she is doing during the stuttering moment
  – Helps reduce avoidances
  – Is desensitizing

• When and how to use it?
  – After child can identify when and how he/she is stuttering
  – Clinician HAS to be supportive and encouraging as the child is holding the stuttering moment

Changing Stuttering:
Pullout

• What is it?
  – “Holding on” to the stuttering moment and “staying with it”
  – Helps to focus in on site of physical tension and cessation of movement so as to
    - Change the stuttering moment through reducing or “easing off” tension and slowly moving ahead into the next sound or word

• Why use it?
  – Confront the stuttering moment and “take charge” (desensitization)
  – Release tension and keep speech moving forward
  – Reinforce a looser or “easier” way of stuttering

• When and how to use it?
  – When the child experiences a high degree of emotionality or feels “stuck” in a moment of stuttering
  – After the child has learned to “hold onto” a moment of stuttering and tolerate it
  – Start with deliberate or “fake” stuttering at the single word level
Changing Stuttering: Cancellation

• What is it?
  – Finishing a stuttered word then
  – Pausing for a moment to plan (e.g. pantomime or silently revisit the word) then
  – Stuttering on the word again in an easier way

• Why use it?
  – The child learns to “cancel out” or replace hard stuttering with a looser, more controlled form of stuttering
  – Cancellation discourages avoidance behaviors such as recolling, changing words, stopping in a block and backing up
  – Cancellation reinforces easier stuttering and build confidence

• When and how to use it?
  • Child MUST complete the hard stutter before pausing and making it easier
  • If the child is unable to pullout or missed the opportunity to use a pullout, this will provide another opportunity to learn to stutter more easily and build confidence
  • Typically used in the therapy room only as a way of learning a strategy, not in the outside world

The “Common Factors” in Treatment Responsiveness

Therapeutic Relationship 30%
Expectancy (Placebo) 15%
Technique 15%
Extratherapeutic Change 40%

Lambert & Bergin (1994)
Asay & Lambert (1999)
Bernstein Ratner (2005)
Franken, Kielstra-Van der Schalk & Boelens (2005)
Attending to the Child’s “Theory of Change”

“Within the client is a theory of change waiting for discovery, a frame-work for intervention to be unfolded and accommodated for a successful outcome”

(Hubble, Duncan & Miller, 1999)

• What ideas do you have about what needs to happen for improvement to occur?

• Often people have a hunch about what is causing a problem, and also how they can resolve it. Do you have a theory of how change is going to happen here?

• In what ways do you see me and this process helpful in attaining your goals?

(Hubble, Duncan & Miller, 1999)

• How does change usually happen in your life?

• What do you do to initiate change?

• What have you tried to help with stuttering so far? Did it help? How did it help? Why didn’t it help?

(Hubble, Duncan & Miller, 1999)
Attending to the Child’s and Parent’s “Theory of Change”

- Each client and family presents the clinician with a new theory to learn and a new, client-directed intervention to suggest.

- Research in psychotherapy has shown that what the client and family want from treatment, how these goals are accomplished, and their perception of improvement may be the most important factors in therapy.