



# *Understanding Your Client*-Providing Multidimensional, Client-Centered Therapy for School-Age Children and Adolescents who stutter

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# Disclosures

- Non-Financial
  - None
- Financial
  - Admission Cost to the Conference has been waived

# Learner Objectives and Schedule

## ***Upon Completion of this Course:***

- Attendees will recall 2-3 critical factors to supporting success in the therapy process
- Attendees will describe 2-3 evidence-based approaches they can incorporate into therapy to support improvements in communication and quality of life for clients who stutter
- Attendees will explain how 2 different counseling approaches can be helpful in supporting change for clients who stutter

## ***Schedule***

0-5 Overview-the Big Picture and the Common Factors

5-15 Understanding your Client's Unique Experiences-Considerations for Assessment

15-25 Stages of Change and Readiness for Therapy

25-30 3 E's Model

30-35 Why Counseling

35-55- CBT

55-80- Mindfulness Based Approaches

80-90-Disclosure and Voluntary Stuttering

90-100-Thoughts on Ease of Communication

100-110-Integrated Approaches

110-120-Take Away

# Seeing the Big Picture

“Map of the Territory” (Manning & DiLollo, 2018)

- Importance of understanding the complex nature of stuttering
- Diverse group of clients
- Supporting clients on their journey to agency
- Understanding where you client is on their journey
  - Where are they on the map?
  - Understanding possible pathways forward

*Are people who stutter are a diverse group...*

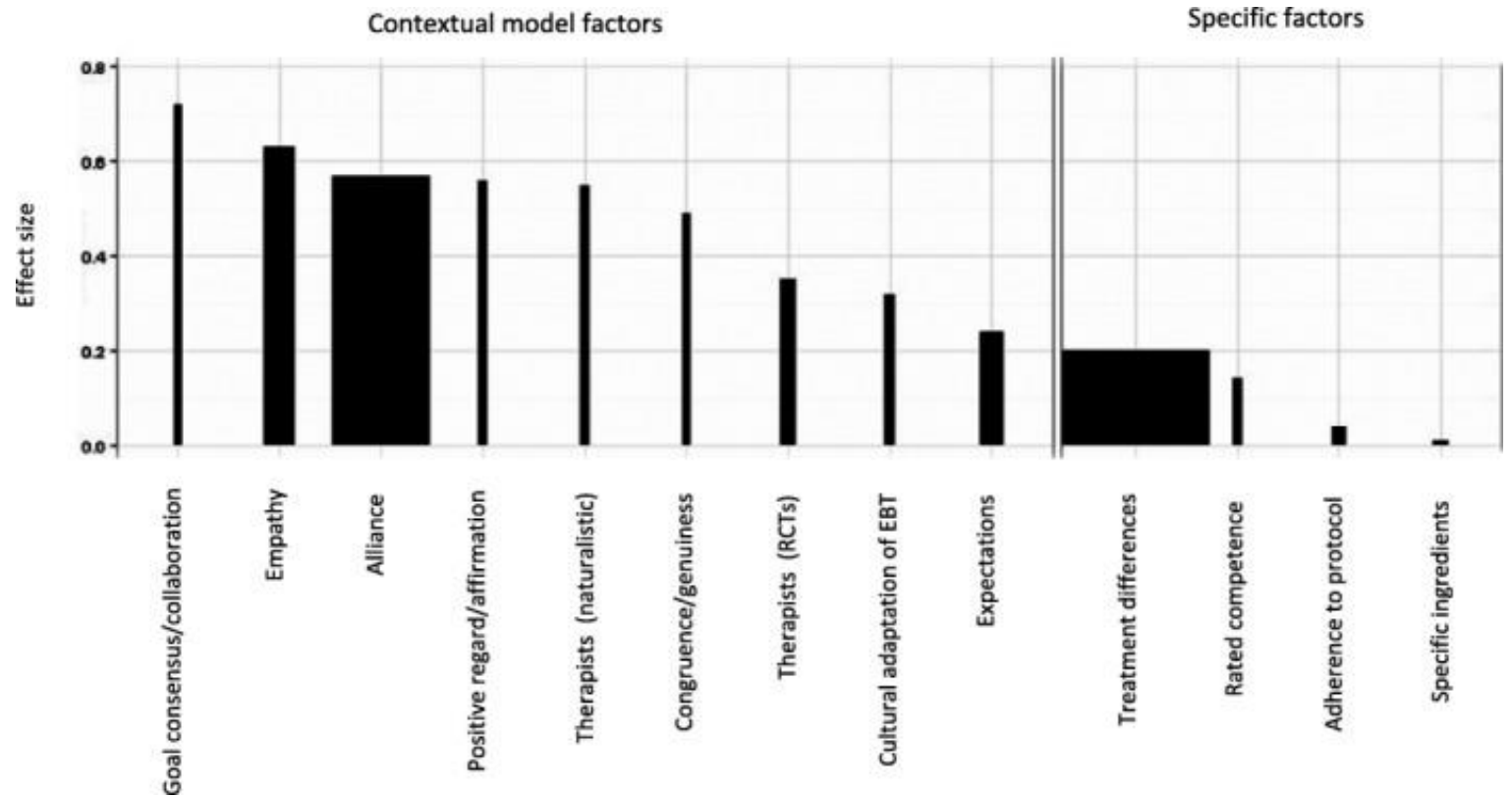
***What’s your experience??***

*“If you’ve met one person who stutters, you’ve met one person who stutters”*



# Common Factors- *Supporting Change*

Common Factors-Wampold  
(Elkins, 2022)



# Common Factors

## Considerations

- Common factors more critical than approach
- Therapy is “Human and relational in nature”
- Clinical humility

## Herder et al. (2006)-Speech Pathology

- Treatment vrs no-treatment=.91 effect size
- Difference between treatment=.21 effect size

What does this mean to you....

# Understanding your client's unique experiences- *Considerations for Assessment*

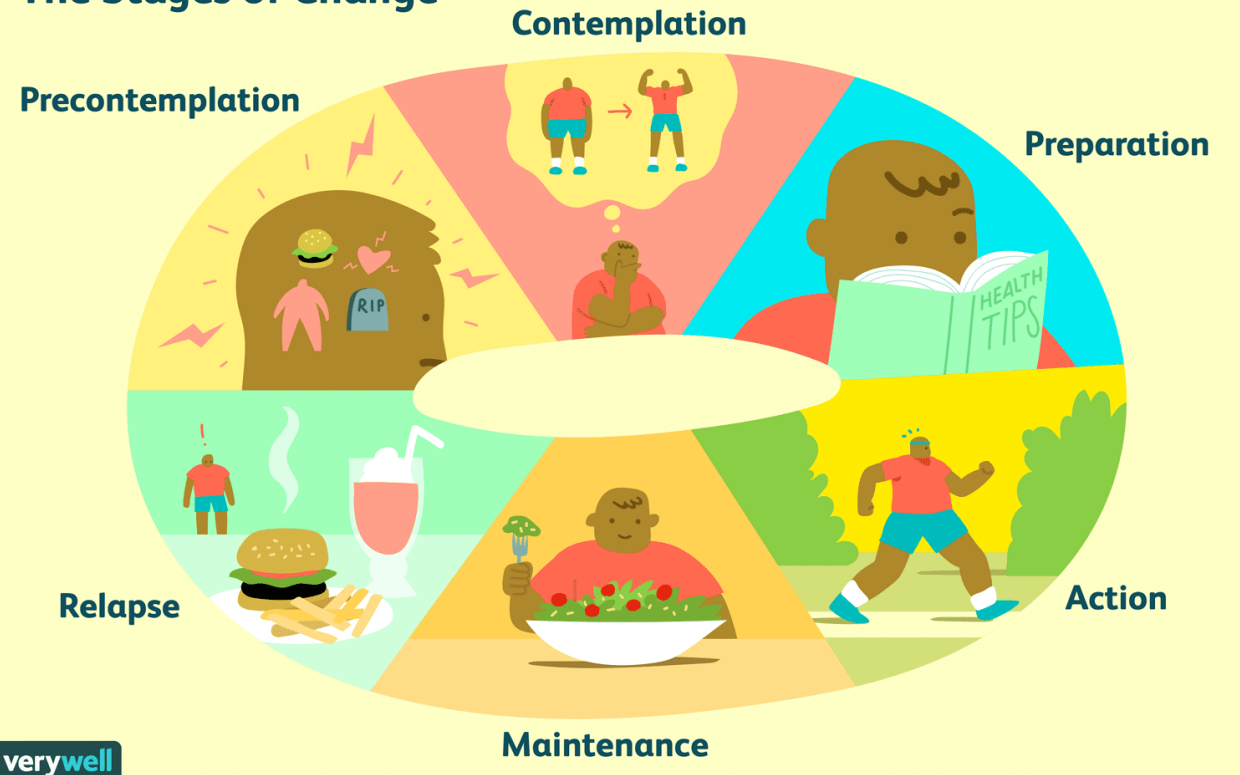
- Understanding...
  - Experience of Stuttering and Past Therapy
    - How is stuttering impacting their communication experiences and connections with others
    - How is stuttering impacting their daily choices
    - What was helpful/unhelpful in past therapy experiences
      - By school-age/adolescent may have had past therapy experiences
      - What choices did they have in prior therapy?
  - Values
    - What matters to them
    - How do they want their lives to be different
    - Where do they want to be talking more
  - Readiness for Change-*we will come back to this!*

# Considerations for Assessment

- **OASES-Overall Assessment of the Speaker's Experience of Stuttering** (Yaruss, Quesal, Coleman)
  - School-Age (7-12)
  - Teenage (13-17)
  - Adult (18 and above)
  - 4 Areas of Inquiry
    - *General Information*
    - *Speaker's Reactions*
    - *Daily Communication*
    - *Quality of Life*
  - 1-5 rating scale, language for scale changes across the scale
  - Can use data as a starting point for exploration
  - Can use tool to measure progress
- OBSERVATIONS
  - Of client
    - Classroom
    - Social Contexts
  - Input from others
    - Teachers
    - Coaches
    - Parents
  - Efficiency
    - How are their natural reactions to stuttering impacting their effectiveness and comfort as a communicator
      - Avoidance
      - Struggle
- RATING SCALES
  - 1-10
    - Confidence
    - Comfort
    - Spontaneity
    - Can use a visual for younger children
  - Across **all** meaningful Contexts in the **Educational Environment**



## The Stages of Change



## The Nature of Change

- Transtheoretical Model (Zebrowski, PM et. al, 2021)
- Adolescent defined as 13-21
- Stages of Change
- Common Trends
  - Relapse is common after a period of observable change
  - Once the change process has started and relapse occurs, the client can typically move through the stages of change more quickly
- Additional *Predictors of Change*
  - Decisional Balance
    - Dynamic internal process of weighing the pros/cons of change
    - *If the pros start to be of greater value to client, change is more likely*
    - *Importance of weighing pros and cons*
  - Situational Self-Efficacy
    - Confidence that one can change behaviors in challenging situations
    - *Engaging in behavior change after setbacks*
    - *Counseling skills to support your client during these times*
    - *Being a coach...*

# Nature of Change, cont.

- **Three-Part Definition of Stuttering Management**
  - Learn and use speech strategies or techniques for speaking more fluently or stuttering with less tension and struggle
  - Change negative thoughts and feelings about stuttering
  - Say what you want to say without avoiding sounds, words, or situations
- Assessment-assist in understanding which aspects of change client is most ready/likely to approach
- Motivational Interviewing-Help clients resolve ambivalence related to behavioral change
- Confidence Hierarchy-in client's ability to take action in specific situations
- **Follow-Up Article** (Rodgers, N H et. al, 2021)
  - Able to measure readiness for change across the 5-stage model for adolescents that stuttering
  - *Readiness can differ across the 3 treatment focus areas*
  - *Importance of helping clients understand the nuance of options in their management*
  - *Considering the Pros for making change was the most influential in predicting readiness*
  - Considering both Pros and Cons was helpful in understanding readiness to address negative thoughts

# Stages of Change Scale

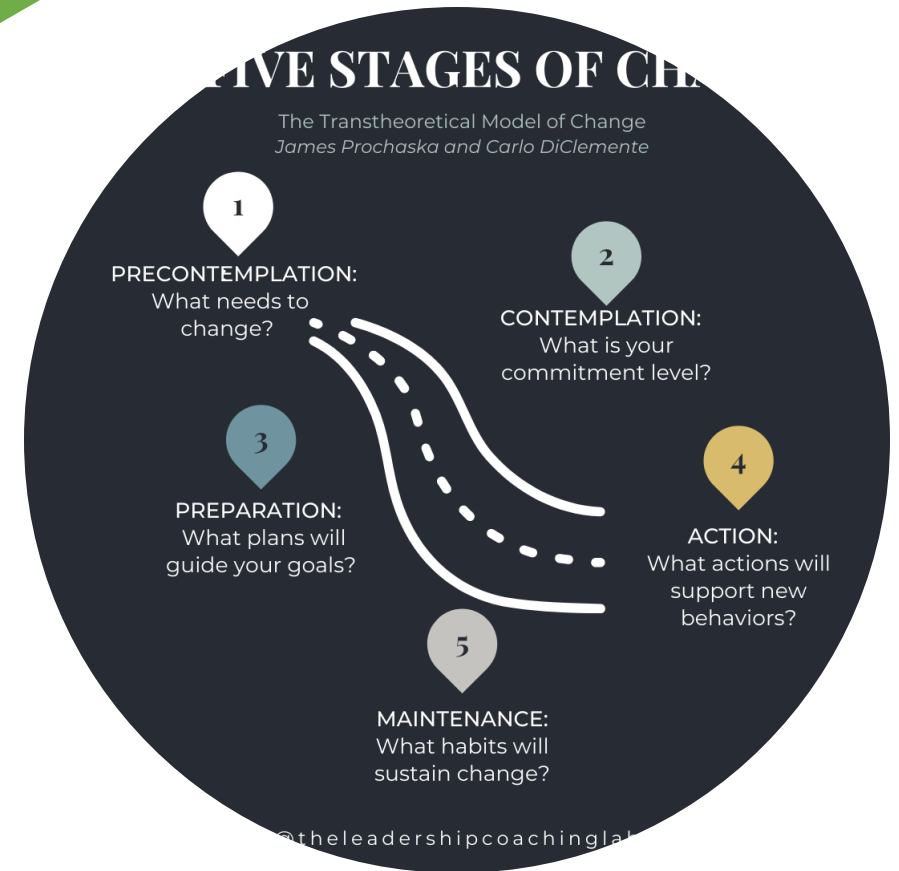
How ready are you right now to get help to learn and use speech techniques for speaking more fluently or stuttering with less tension and struggle? (*Alternatively-to make talking a bit easier for you*)

How ready are you right now to change your negative thoughts and feelings about stuttering?

How ready are you right now to say what you want to say without avoiding sounds, words or situations?

- I am not thinking about doing this in the next 6 months
  - I am thinking about doing this in the next 6 months
  - I am planning to do this in the next month
  - I have been doing this for less than 6 months
  - I have been doing this for more than 6 months
- *Alternatively-using a 1-10 scale (10-I'm ready!, 1-No way!)*

*Decisional Balance Scale and Situational Self-Efficacy Scale available in article*



# Additional Clinical Considerations...

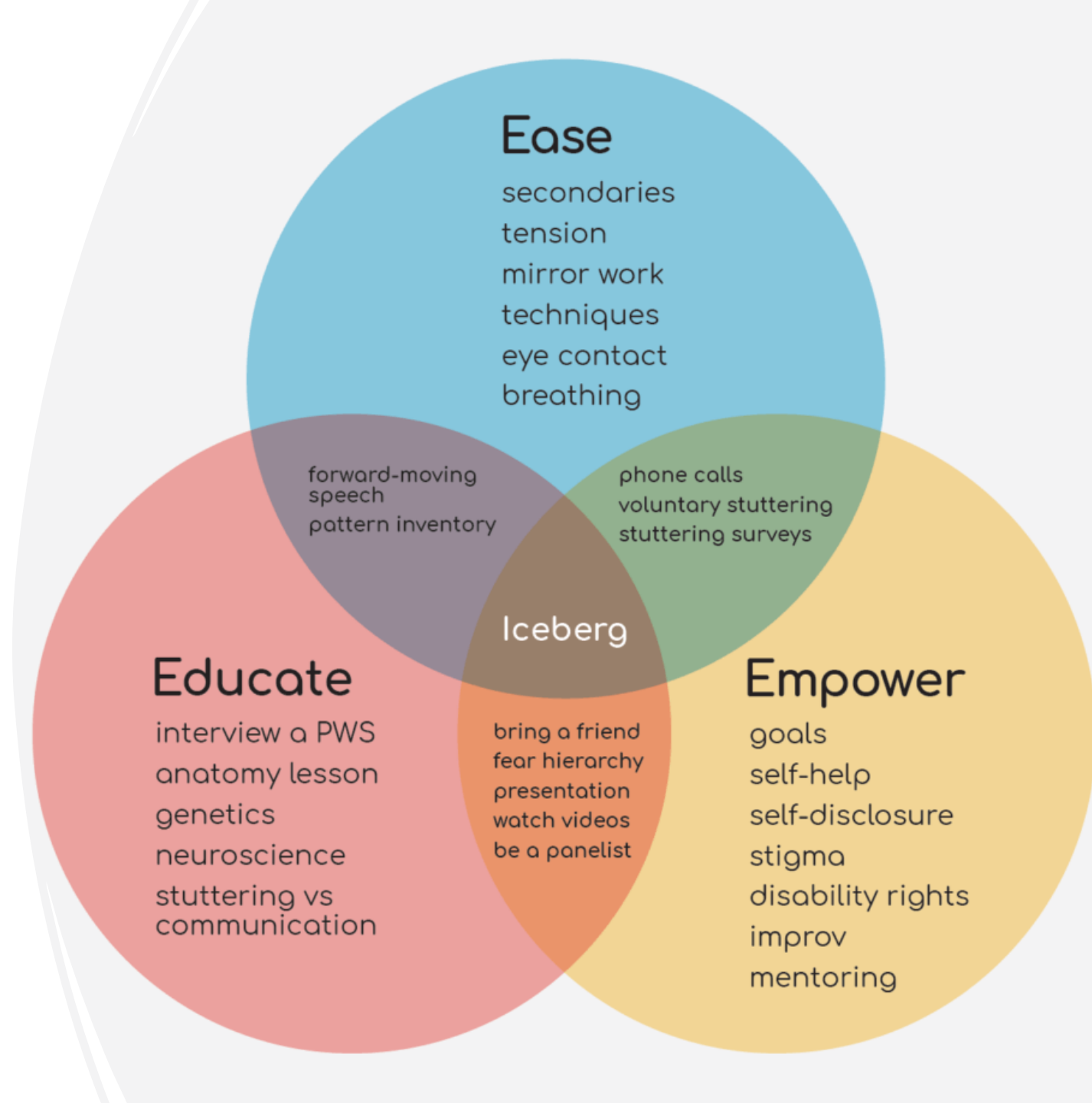


- Weighing pros/cons of any action
  - When Pro's outweigh con's change is more likely
  - Helps us to understand what the client is concerned about
  - May be able to support a shift in perspective by consider additional pros
  - Consider short-term and long-term consequences
- 1-10 scale
  - How likely are you to use this skill in the real world...
  - Scaffold to support approach to the experience and success
- Ways to get at values
  - Why does this matter to you...
  - **ACT**
- Adolescents
  - Why is the client coming to see you...?
  - What do they hope to achieve in therapy?
  - How do they want communication to be difference in the school environment?

## 3-Es Model-Katie Gore and Courtney Luckman, 2022

Consider how focus in any of these areas may fit with the client's preferences

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# Stigma

## Education

*Stuttering is misunderstood*

Alpert (2014) led the way when describing Doyle et al. (2012) requirements for a course in stuttering education & how it can be delivered in a variety of formats (Doyle & Alpert, 2014).  
Considerations for education (Conradson, 2014)  
The importance of education in the management of stuttering  
Stuttering education: a review of the literature and a call to action (Doyle & Alpert, 2014)  
Considerations for education: a review of the literature (Doyle, 2014)

- Create educational packet/presentation with plan to present to family, friends/colleagues
- Create functional self-disclosure responses and practice them up the day forward
- Identify and monitor avoidance behaviors

# Spontaneity

## Ease

*Stutter beautifully*

Spontaneous speech characterized by fluency (Conradson et al., 2014)  
An increase in spontaneity and fluency associated with a decrease in anxiety (Doyle & Alpert, 2014)  
Impact of stuttering on quality of life (Conradson et al., 2014)  
The role of spontaneity in the management of stuttering (Doyle & Alpert, 2014)  
Stuttering education: a review of the literature and a call to action (Doyle & Alpert, 2014)  
Considerations for education: a review of the literature (Doyle, 2014)

- Building awareness of techniques/patterns
- Learning about different ways to stutter
- Identifying strong communication behaviors other than fluency to work on (e.g., eye contact, listening, organizing, tone)

# Support

## Empowerment

*It's okay to stutter*

Benefits of seeking a stuttering support group (Doyle & Alpert, 2014)  
Stuttering education: a review of the literature and a call to action (Doyle & Alpert, 2014)  
Considerations for education: a review of the literature (Doyle, 2014)  
The role of support in the management of stuttering (Doyle & Alpert, 2014)  
Stuttering education: a review of the literature and a call to action (Doyle & Alpert, 2014)  
Considerations for education: a review of the literature (Doyle, 2014)

- Watch videos, listen to podcasts, and/or read books about stuttering
- Attend a stuttering support group
- Post on social media about stuttering and how you want others to react

3Es  
Model

# Counseling and the human connection

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Importance of having options when supporting clients on their journey towards...

- *Enjoying communication*
- *Making connections*
- *Moving forward*

***Way to understand your client's unique experience and support change***

***Counseling options...***let's take a look





# Counseling

## Getting at the Affective and Cognitive Aspects

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Assists in facilitating...

- Exploration
- Self-discovery
- Shifting Viewpoints
  - Self
    - Understanding self-limiting beliefs
    - Discovering those that support moving forward
- Stuttering
- Communication
  - What does it mean to be an effective communicator
  - What does that look like





# The Experience of Stuttering

- Let's pause for a minute and be mindful of the experience of stuttering...
  - Before
  - During
  - After
  - Sense of anticipation, feeling stuck, and loss of control (*Tichenor & Yaruss, 2019*)
  - The fight/flight/freeze response
- On-going Impact
  - Negative Thinking and Experiences
    - Self
    - Communication
    - Constructs (*Manning & DiLollo, 2018*)
    - Iceberg (*Sheehan*)
  - Trauma...repeated impact over time
  - Decision Making

**Hope**-to move beyond the current and past challenges to a life based on the client's intentions and goals!!

## The Experience



# Cognitive Behavioral Therapy

## *Cognitive Behavioral Therapy CBT* (Fry, 2013)

- Pioneered by Aaron Beck
- Connection between thoughts, emotions, sensations and ***behaviors***
- What personal meaning has the client giving to events and its influence on their behavior
- ID NATs (predictions, appraisals, images, self-statements)
- Explore Alternatives
- Making shifts in thinking and perspective to supports change in behavior and the client's experience

# CBT Research

## *An Experimental Clinical Trial of a Cognitive-Behavioral Therapy*

*Package for Chronic Stuttering, Menzies et al. 2008*

- 32 adults with chronic stuttering randomly assigned to either CBT followed by speech restructuring or only speech restructuring
- 60% diagnosed with social phobia
- Results
  - 12 month following: no improvements in social phobia for those with speech restructuring only; those with CBT showed no social phobia and performed better on a variety of measures regarding anxiety and avoidance

***Importance of assisting client in considering a different perspective...***

***Often a great way to deepen your understanding of your client's experience...***

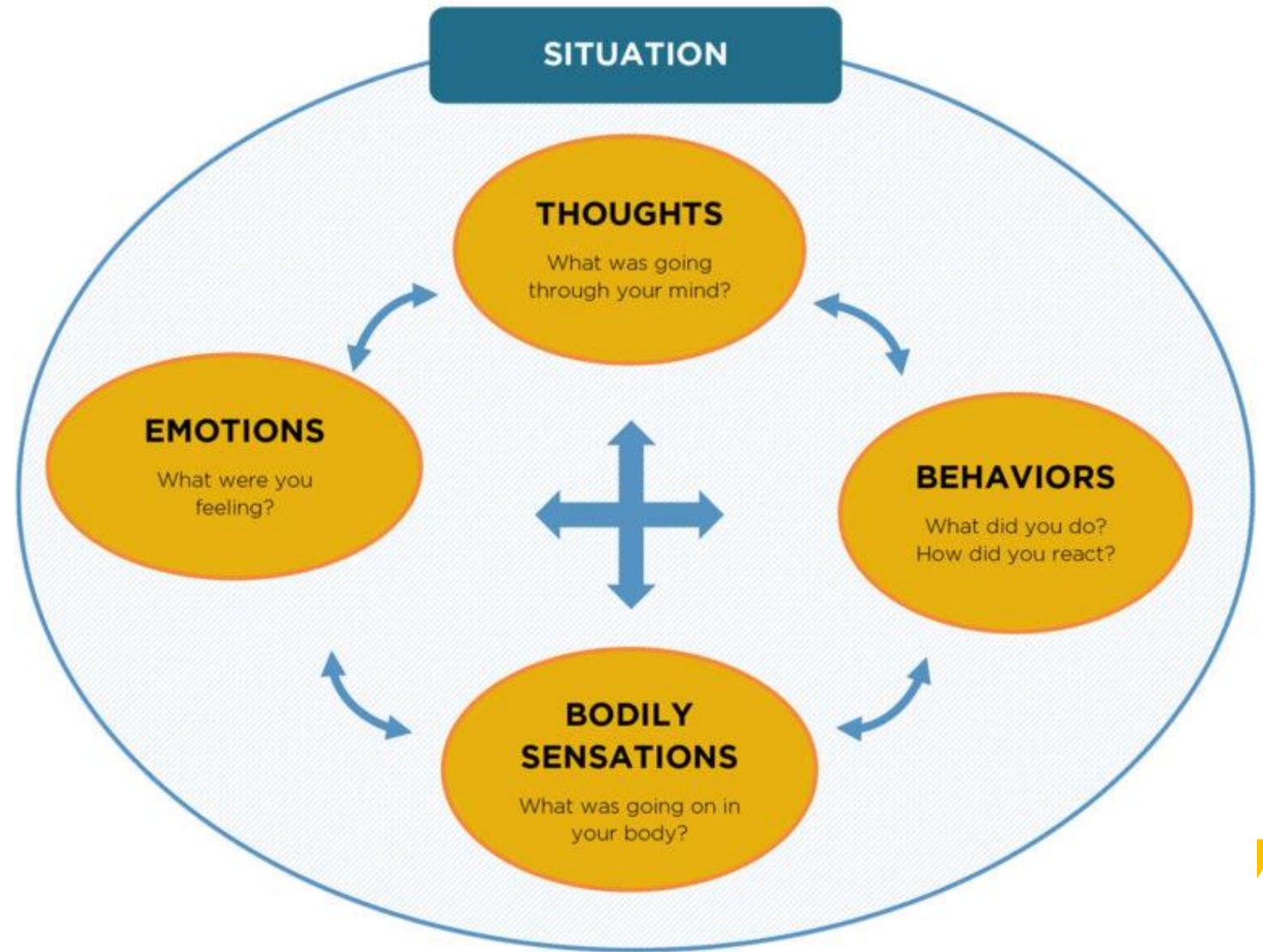
***Clinical Example: rate confidence/comfort with speaking across contexts and explore what is contributing to client's rating***



# CBT Research

- Menzies, R. G. et. al (2019). In-Clinic and Standalone Internet Cognitive Behavior Therapy Treatment for Social Anxiety in Stuttering: A Randomized Trial of iGlebe. *Journal of Speech Language and Hearing Research*, 62, 1614-1624.
  - Purpose-Compare effectiveness of automated internet based CBT program (iGlebe) to in-clinic CBT services
  - iGlebe Designed specifically to address social anxiety in adults who stutter
    - Module 1 Presents basic concepts used in CBT
    - Module 2 Online assessment battery to create individualized thought-challenging exercises targeting unique unhelpful thoughts
    - Module 3 An extensive psychoeducation component, based on the cognitive models for social anxiety disorder
    - Module 4 Uses information from Module 3 to target one or more different cognitions that influence avoidance and anxiety, using exposure exercises
    - Module 5 Designed to repair problematic self-focused attention common in social interactions
    - Module 6 Further challenge fear of negative evaluation and target anger frequently associated with social anxiety
    - Module 7 Preventing relapse and psychoeducation about preventative behaviors to maintain treatment gains.
- Subjects-50 adults who stutter were randomized to the two groups to address social anxiety with speaking
- Outcome-improvements for both groups, little difference in outcomes between the groups, positive impact seen at 6 months and 12 months post
  - Drop in number of diagnosis of anxiety or mood disorder
  - Reduction in fear of negative listener evaluation
  - Self-reported stuttering severity decreased
  - OASES impact scores lowered
  - Mean Social Phobia Anxiety scores dropped
- Promising alternative to in-clinic care to address social anxiety for adults who stutter

# CBT Cycle





# CBT Cycle-Examples



## **Cognitive Cycle Examples for Clients Who Stutter**-Understanding the client's unique experience



## **Teacher Asks a Question in Class**

Client may know the answer...

Starts to experience **bodily sensations**...sweating, pulse increasing

**Thoughts**... "They'll laugh at me if I stutter; I don't want anyone to hear me stutter..."

**Emotions**-nervous, scared

**Behavior**-does not raise hand, looks down at desk

*Consider the short-term benefit to the client of opting out and how this is reinforced over time...*



## **Ordering food in a restaurant**

Client knows what they want...


**Thought**- "I can't say that word; I don't want other people to hear me stutter."

**Body Sensations**-butterflies in the stomach, feeling clammy

**Feelings**-anxious, worried

**Behavior**-points to the item in the menu, orders something that is "easier to say"

*Consider the impact of these behaviors/responses over time...*



# Exploring the CBT Cycle with a client, cont.

- ***Answering a question in class***

- What goes through your mind... “I might stutter, Someone will laugh at me, I’ll get the answer wrong”
- How do you feel... “Nervous, I’ll be embarrassed if I stutter”
- Do you notice any changes in your body... “My hands get cold, I start sweating”
- What do you do in this situation... “Not answer the question”
- How does this impact you??? “I feel bad that I didn’t answer the question, but I’m glad I didn’t stutter in front of class.”

***What are other possibilities...***

- No one will laugh at me
- I’ll stutter and still get my answer out
- I won’t stutter
- I’ll get the answer right
- I’ll stutter and it won’t really bother me

***Why does it matter to you (ACT)...supporting values***

- I want the teacher to know that I understand.
- I want to share my ideas.
- I want to.



# CBT Clinical Dialogue

## *Sample Clinical Dialogue*

- Clinician (SLP): When we last met you rated your confidence with answering questions in class a 3/10. It sounds like that can be a bit tricky for you. Do you mind if we explore this?
- Client(C): Sure.
- SLP: I wonder what goes through your mind when you know the answer to the question and your teacher asks for volunteers to answer?
- C: I worry that I will stutter and someone will laugh at me. (Thoughts)
- SLP: I wonder how that makes you feel?
- C: I feel very nervous and get worried that I might get called on. (Emotions-Emotion Wheel)
- SLP: I could see how that would be unpleasant. Do you notice any sensations or changes in your body?
- C: I'm not sure what you mean.
- SLP: Sometimes when people get nervous they notice a change in their body like palms sweating or they might feel their heart racing or other changes.
- C: Yeah, I start to feel a bit nauseous.
- SLP: What do you do then?
- C: I don't volunteer and hope they don't call on me.
- SLP: I know you said that you worry you might stutter and that others will laugh at you. Also, you get nervous and worried and start to feel nauseous. Do you mind if we explore that a bit?
- C: Sure.
- SLP: What's the worst possible thing that could happen if you did answer the question? (De-catastrophizing)
- C: I will stutter a lot and others will laugh at me.
- SLP: Okay, what are other possible outcomes...?
- C: Maybe I won't stutter or I won't stutter that much.
- SLP: Maybe your stuttering will look different than what you anticipate (Re-framing). What else could happen?
- C: I'll get the answer right and no one would laugh at me. (Exploring different perspectives)
- SLP: Isn't it interesting how sometimes our minds make us think that something awful will happen, but typically the worst-case scenario never happens. (Normalizing how our brains work) What would be the benefit of answering the question even if you were a bit nervous? (Exploring pros)
- C: Maybe I'll become more comfortable the more I do it.
- SLP: Anything else?
- C: The teacher will get to know that I understand the material. (Could also consider long-term benefits of going out of our comfort zone)
- SLP: I'm wondering what class you feel most comfortable in? (Considering situational hierarchy)

# CBT Application

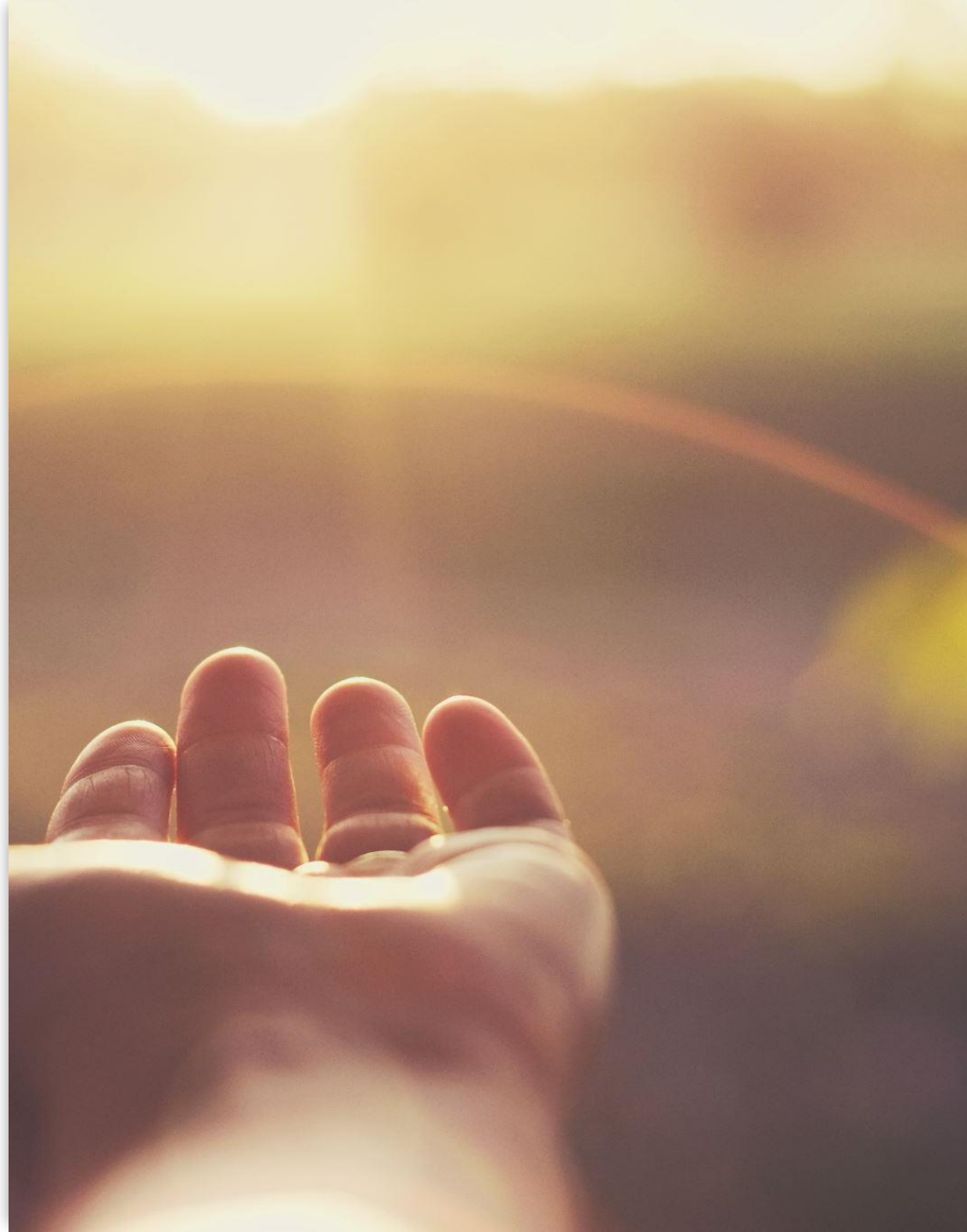


- Rating Scales 1-10
  - Confidence
  - Spontaneity (Say what you want to say)
  - Enjoyment
  - Benefits-Takes something personal and makes it objective, opens up the conversation
  - *Explore the reason for differences in rating*
- Communication Contexts
  - School
    - Ask/answer questions
    - Talking at lunch/recess
    - Talking to teacher/Coach
    - Presenting
    - Group projects
    - Reading aloud
  - Community
    - Ordering food
    - Talking at the restaurant
    - Social/Sports events
    - Talking at family gatherings
    - Talking with siblings
  - Work Setting
    - With Colleagues (small Talk)
    - With Boss
    - During a meeting
- Using sports analogies
  - The value of getting out of our comfort zone
  - Double Dipping

# CBT Application

**Confidence Scaling Application:** On a scale of 1-10, 10=You are confidence with speaking up regardless of what may happen with your stuttering 1=If you anticipate stuttering you would opt out of talking

- Great way to get clients talking about their experiences...especially school-age and teen clients!
- Collect ratings across all relevant communication contexts- Great way to measure progress!
- What makes answering a question in class different from reading?
- What's the class you are most comfortable talking in?
- What is different for you when you talk with your immediate family compared to your extended family?
- Measure progress over time



# CBT Application

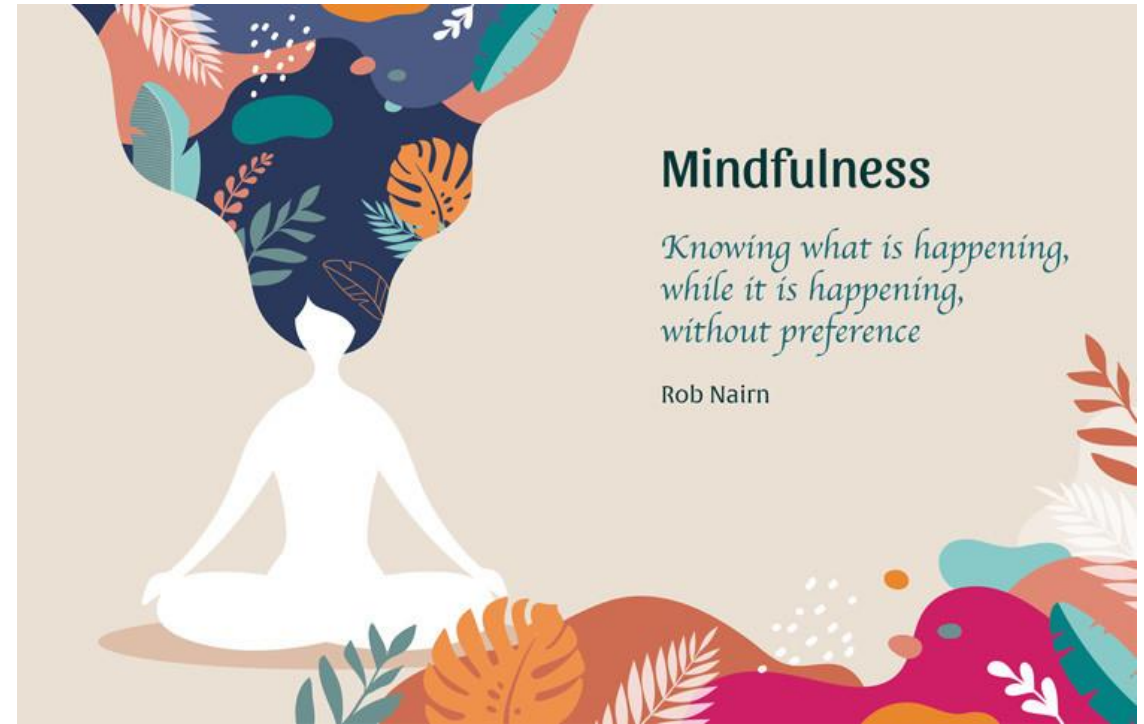
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- ***Use of Mantras***
  - Positive Affirmation
    - I can do it!
    - I will be okay!
    - It's not time for you!
    - My message matters!
  - Use to combat repetitive negative thoughts
  - *How could this be helpful when experiencing pressure to communicate in the classroom?*
  - NATS-Normal



# Mindfulness

- What is mindfulness...
  - *A mental state achieved by focusing one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensation (Oxford Languages)*
- Anyone have experience....?
- Why might Mindfulness be relevant for our clients and families?
- ***Let's practice!!***
- My personal experience and interest



# Mindfulness Research

Israel, S., Reuveni, O., Glick, I., & Levit-Binnun N. (2023). Accepting things as they are: Dispositional Mindfulness, Decentering, Self-Compassion, and the Impact of Stuttering on Adults Who Stutter. *American Journal of Speech Language Pathology*, 32, 1578-1594.

- **Purpose:** Explore whether factors stated above impact quality of life for AWS; Explore whether decentering and self-compassion are key players in reducing negative impact of stuttering on AWS
- **Hypothesis:** Greater dispositional mindfulness is associated with reducing negative impact of stuttering on an individual. They will have increased ability to move to a more objective, compassionate perspective regarding their experiences.
- **Outcome:** Higher dispositional mindfulness corresponded to reduced adverse impact of stuttering; Decentering and self-compassion seem to be key players in this process.
- **Conclusion:** Those with greater dispositional mindfulness had increased ability to view experiences with increased objectivity and compassion, which reduced negative impact. The authors suggest mindfulness practice as a beneficial skill for PWS.
- *How would having greater mindfulness change the experience for an individual who stutters...?*
- *When should we consider incorporating mindfulness practice into therapy...?*
- *Dispositional Mindfulness-natural human trait that can be developed*

# Mindfulness Research

- Medina et al. (2023). Outcomes of a Remote Mindfulness Program for Adults Who Stutters: 5 Case Studies. *Perspectives of the ASHA Special Interest Groups*, 8, 897-912
- Purpose: Explore the impact of an 8-week remote mindfulness program for adults who stutter
- Program Details: 8 week, 45 minute session
  - Week 1–Acceptance
  - Week 2– Gratitude
  - Week 3–Self-love
  - Week 4–Compassion
  - Week 5–Awareness
  - Week 6–Unity
  - Week 7–Intention,
  - Week 8–Hope
- Measures: pre and post therapy questionnaires, weekly questionnaires, and the OASES
- Results: Quality of life scores reflected improvement for 3 participants, no changes in participants perceptions of severity, all participants who completed the post session survey indicated they intended to continue mindfulness based practice and had noted changes within themselves

# Mindfulness

## *Additional Resources*

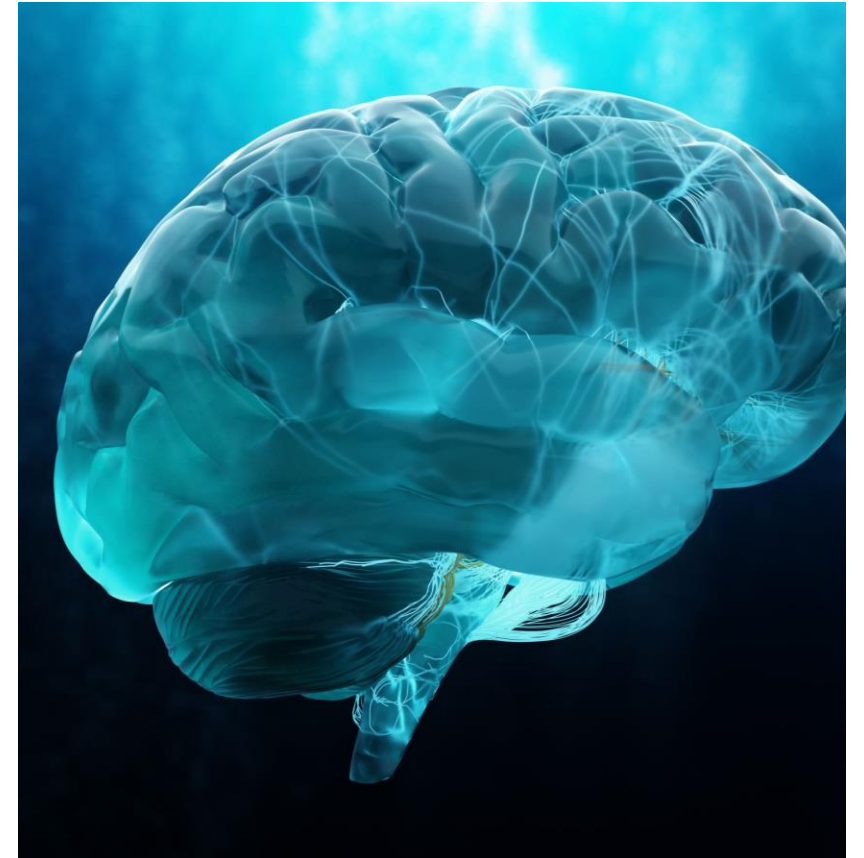
- Plexico, L & Sandage, M. (2011). A Mindful Approach to Stuttering Intervention. *Perspective on Fluency and Fluency Disorders*, 21, 43-49.
- Harley, J. (2018). The Role of Attention in Therapy for Children and Adolescents Who Stutter: Cognitive Behavioral Therapy and Mindfulness- Based Interventions. *American Journal of Speech-Language Pathology*, 39, 1139-1151.



# Mindfulness and Changes in the Brain

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- Melis, M et. al (2022), The Impact of Mindfulness-Based Interventions on Brain Functional Connectivity: a Systematic Review, *Mindfulness*, 13, 1857-1875.
  - Review article to summarize the effects of MBI on functional brain connectivity.
  - Examined impact of standardized and manualized 6- to 8-week MBIs on functional connectivity
  - Findings
    - Altered functional connectivity between networks involved in attention, executive function, emotional reactivity, and mind wandering
    - Three studies reported increased amygdala-frontoparietal network connectivity after MBI compared to a control group *Increase processing of emotional information threat/anxiety, possibly assist with emotional regulation*
    - Two other studies reported altered connectivity between salience (stimulus) and dorsal attention/frontoparietal network regions *Ability to shift attention, process internal/external stimulus, regulate cognitive control*
    - Increased connectivity between a default mode network seed and areas in the prefrontal cortex was reported in two studies *Possible shifts in self-referential thinking, social cognition, and cognitive control*
  - Implications
    - Increased amygdala-frontoparietal network connectivity might translate *as improved emotion regulation* after MBI
    - The capacity to be aware of unfolding experiences may be expressed in enhanced connectivity between attentional control and salience (stimulus) related brain areas



# Mindfulness and Changes in the Brain

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- Van der Velden, M A et. al (2023), Mindfulness Training Changes Brain Dynamics During Depressive Rumination: A Randomized Controlled Trial, *Biological Psychiatry*, 93, 233-242.
  - 50 individuals with mindfulness based cognitive therapy
  - 30 Subjects with traditional therapy
  - Explored the neurocognitive mechanism
  - Mindfulness-based [cognitive therapy](#) compared with treatment as usual led to decreased [salience network](#) connectivity to the [lingual gyrus](#) during a ruminative state, and this change in [salience network](#) connectivity mediated improvements in the ability to sustain and control attention to body sensations.
  - ***In summary, Mindfulness-based training led to reduced rumination and increased ability to attend to the body***
  - ***Be in the present moment***



# Stages of Mindfulness-

*Bhikkhu Bohdi*

Contemplation of the Body

Contemplation of Feelings  
(Vedena)

Contemplation of the Mind

Contemplation of Dhammas

# Mindfulness

## ***Ways Mindfulness might be incorporated into therapy***

- *Preschool-contacting the present moment, support attention (Want to mention)*
  - Simple breathing exercises
    - Count to 5
    - Hoberman Spere
    - Slinky
  - Relevance to self-regulation/attention/behavior
  - Brief explanation to caregivers what mindfulness might look like and why
- *School-Age-Tuning In and Letting Go*
  - Mindfulness of breathing
  - Body Scan
  - Noticing thoughts, feelings, tension
  - Explore letting go....
  - Noticing your feelings and continuing to take action
  - Double Dipping
  - ***Don't wait until you are fluent to decide if you want to speak up!!!***
- *Adolescences-Tuning In and Letting Go*
  - Similar to school age, but more extensive
  - Some might benefit from a daily practice
  - Learning to feel at home in our bodies and with stuttering
  - Guided meditation related to their challenges
    - Letting go of thoughts (cloud/stream)
    - Tension (body scan)



# Mindfulness-Further Considerations in Therapy...



**The literature often talks about mind and body awareness**

**Typically focused on being present and letting go of what is unhelpful**

**Typically does not explore feeling tone/Vedana of experiences (not emotions)**



**Vedana/Feeling-Tone**

**Pleasant**

**Unpleasant**

**Neutral**



**Personal Experience**

**Camp Shout Out  
Mindfulness Course**

# Mindfulness-Further Considerations...

## Feeling Tone-Relevance for Clients

Understanding and exploring feeling tone in daily life  
Understanding the experience of feeling tone in communication experiences  
Normalizing and understanding how avoidance develops  
How does the brain and body response to repeatedly unpleasant experiences-Avoidance/Aversion  
Understanding how the process of change can be uncomfortable at times  
Knowing that feeling tone is always changing (initially nervous then becoming more comfortable/confident)  
Depersonalizing emotions  
What are your options to shift the experience for yourself

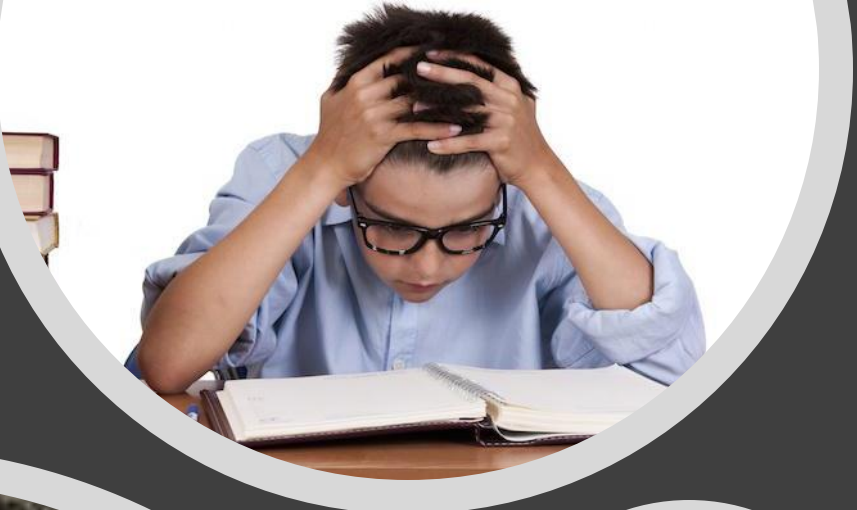
## Relevance to living and thriving as an individual

How can the client *shift the experience of communication* to more neutral or pleasant

*Exploring the how and why of any skill in therapy*

- *Disclosure*
- *Voluntary Stuttering*
- *Open Stuttering*
- *Stuttering Modification*
- *Taking communication action in the face of apprehension*
- *Experience*
- *Mindful breath*





What is pleasant, unpleasant,  
neutral for you...





What communication situations are pleasant, unpleasant, neutral for you...





# Exploring Feeling Tone with Clients-Clinical Dialogue

Overview of Feeling Tone



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graph TD; A[Overview of Feeling Tone] --> B[Explore general examples of pleasant, unpleasant and neutral experiences]; B --> C[Communication as an unpleasant experience for clients who stutter]; C --> D[How does the brain and body's natural reaction to repeated unpleasant experiences: Avoidance, Aversion, Normalizing this response (fight/flight/freeze)]; D --> E[What are your options to shift the experience];
```

Explore general examples of pleasant, unpleasant and neutral experiences

Communication as an unpleasant experience for clients who stutter

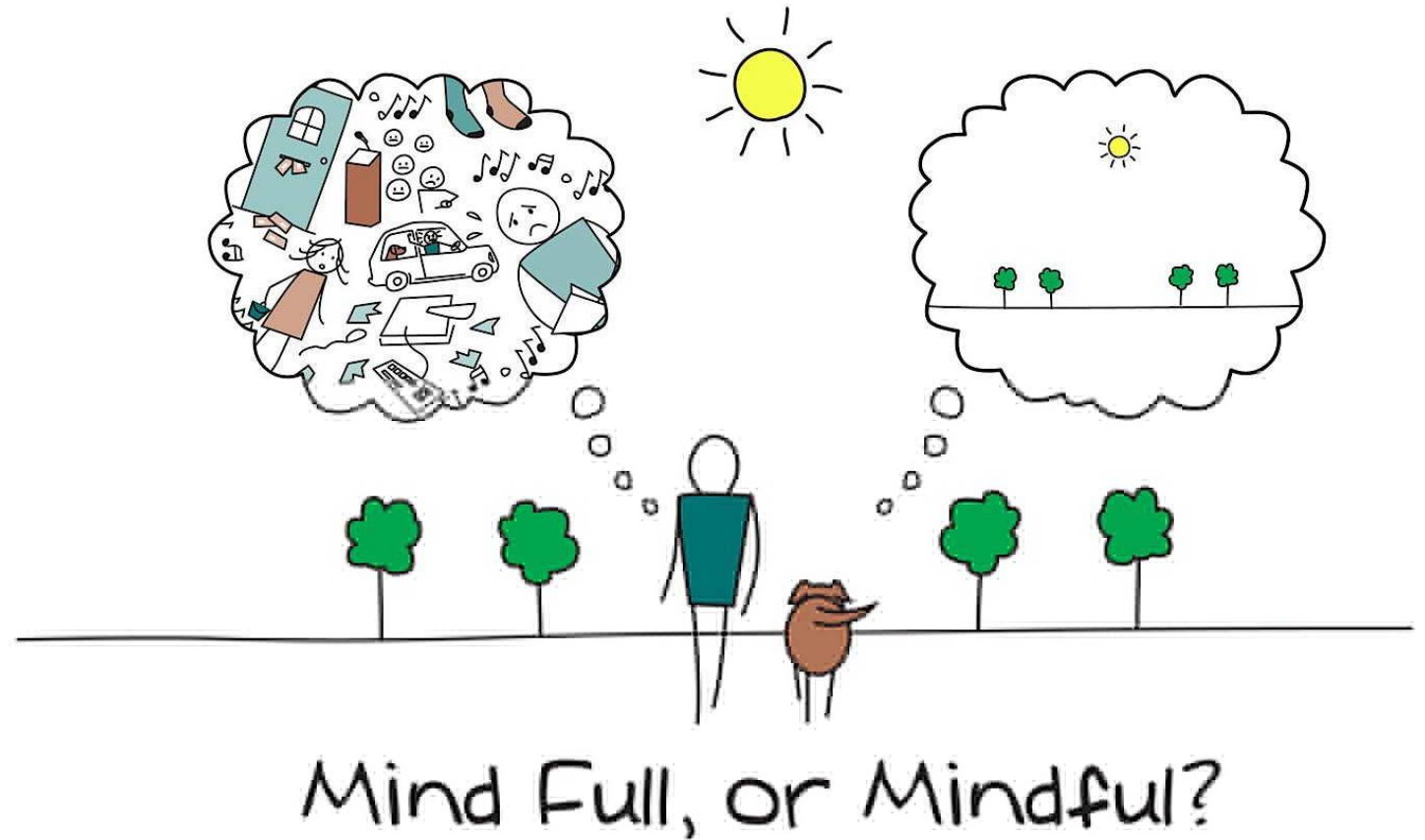
How does the brain and body's natural reaction to repeated unpleasant experiences: Avoidance, Aversion, Normalizing this response (fight/flight/freeze)

What are your options to shift the experience

# Mindfulness- Additional Benefits

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- Not getting caught in a negative thought/defusion
- Accepting what's there vrs not wanting (impact on struggle)
- Normalizing the unpleasantness, not over identifying with it
- See feeling tone/feelings simply as they are
  - Values driven action
  - Double dipping
- Relapse
  - Celebrate noticing the shift
  - *Self-Compassion*



# Mindfulness for Clinicians



## For Clinicians

The power of being present...



## Embodied Listening

- Connection to the client
- Understanding their perspective
- Being present
- Clinical memory
- Impact on client's willingness to share




## Embodied Speaking

- Mindful of your words
- Full present as you are talking with clients and caregiver
- Understanding the impact behind our message



## *Thoughts on Ease....*

- What matters to your client?
  - What are we really trying to achieve/support...?
  - Do they want talking to be a bit easier?
  - Developing flexibility and increasing movement...
  - Manning and DiLollo-Two Principles of Therapy
- 

## The Four Phases of Stuttering Modification



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Kohmäscher, et al. (2023) Effectiveness of Stuttering Modification Treatment in School-Age Children Who Stutter: A Randomized Clinical Trial, *Journal of Speech Language and Hearing Research*, 66, 4191-4205.

- 73 Children randomized to either treatment now or waitlist
- Stuttering modification intervention Kinder Dürfen Stottern (KIDS)-manual (also a mini-KIDS)
- KIDS for school-age children (based on the work of Van Riper 1973, Dell 2000) aims to
  - (a) reduce socially disapproved secondary behavior and negative psychological reactions to stuttering
  - (b) improve quality of life and resilience
  - (c) expand the ability to provide information on stuttering
  - (d) create a supportive environment (Schneider et al., 2023)
- **Measures included**
  - OASES-S
  - Objective and Subjective data on severity
- **Results**
  - OASES-S scores were significantly different 3 months and 12 months post randomization for the therapy trial group
  - Significant improvements in parent ratings and objective ratings of severity
- **Conclusion**
  - The short-term impact on the program resulted in positive cognitive and affective gains
  - The long-term impact support behavioral changes in addition to cognitive and affective gains

Ease continued...*Stuttering Modification*



COMMUNITY

# Disclosure and Voluntary Stuttering

- *The Effects of Self-Disclosure on Male and Female Perceptions of Individuals Who Stutter*, Bryd et al. (2017).
  - 173 adults randomly assigned
  - After viewing video, listeners completed a survey examining their perception of the speaker
  - Listeners more likely to view speakers who self-disclosed their stuttering **as more friendly, outgoing, and confident** compared with speakers who did not self-disclose
  - Self-disclosure as a skill to positively influence the perception of the listener
- *Self-Disclosure Experiences of Adults Who Stutter: An Interpretative Phenomenological Analysis*, Young et al. (2022)
  - 12 adults who stutter discussed their experiences with self-disclosure
  - Themes that emerged included **cognitive relief, self-empowerment, social connection, and personalization**
  - These findings reflect the positive impact of self-disclosure on communication and quality of life
  - Suggest supporting clients with disclosure in an informative and personalized manner, provide opportunities for practice, and consider when this skill would be most helpful
- *The Client's Perspective on Voluntary Stuttering*, Brdy et al. (2016)
  - 206 adults who stutter completed a survey exploring their experience of voluntary stuttering
  - Client's reporter greater cognitive, affective and behavioral benefits from voluntary stuttering when it **matches their own stuttering and is used outside the clinic**
  - *Client's may not initially perceive benefits from this skill*



# Integrating Approaches-Principles of Therapy

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## ***Rational***

- We agree that PWS are a diverse group
- We have seen that difference approaches have different assets
- *Why might it be helpful to pivot between or integrate principles from different approaches when working with clients??*

## ***The power of your mindset...***

- Therapy as dynamic and messy (Manning & DiLollo, 2018)
- Enter with openness and curiosity
- Therapeutic Presence (Geller)

## ***Don't be afraid to ....***


- Experiment
- Appraise
- Refine



A large orange circle on the left side of the slide, partially cut off by the edge.

Remember  
the common  
factors...

**Common Factors**-Wampold (Elkins, 2022)

- Goal consensus/collaboration
  - Empathy
  - Alliance
  - Positive regard/affirmation
  - Therapist
  - Congruence/genuineness
  - Cultural adaptation of evidence-based treatment
  - Expectations
  - *Value of therapy being...*
    - *Holistic*
    - *Rooting in connecting with the client*
    - *Moving toward preferred life*
    - *Importance of open, curious mindset as a clinician*
  - *Integrated Approaches with reported outcomes*
    - Multidimensional individualized stuttering therapy (MIST), Sønsterud, et al. 2020
    - fACT, Hart et al., 2024
- 
- A series of yellow dashed lines in the bottom right corner, arranged in a curved, upward-pointing shape.



# Clinical Considerations



## ***Keys to a Path to Freedom (agency)***

- Re-framing ideas
- Gaining a deeper understanding of the how and why of skills explored in therapy
- Understanding how to shift one's own experience of communication
- Understanding that NATS are normal
- Understanding what matters to the client
- Letting go of what is unhelpful
- Learning ways to make talking more comfortable
- Learn how to talk with others about your communication

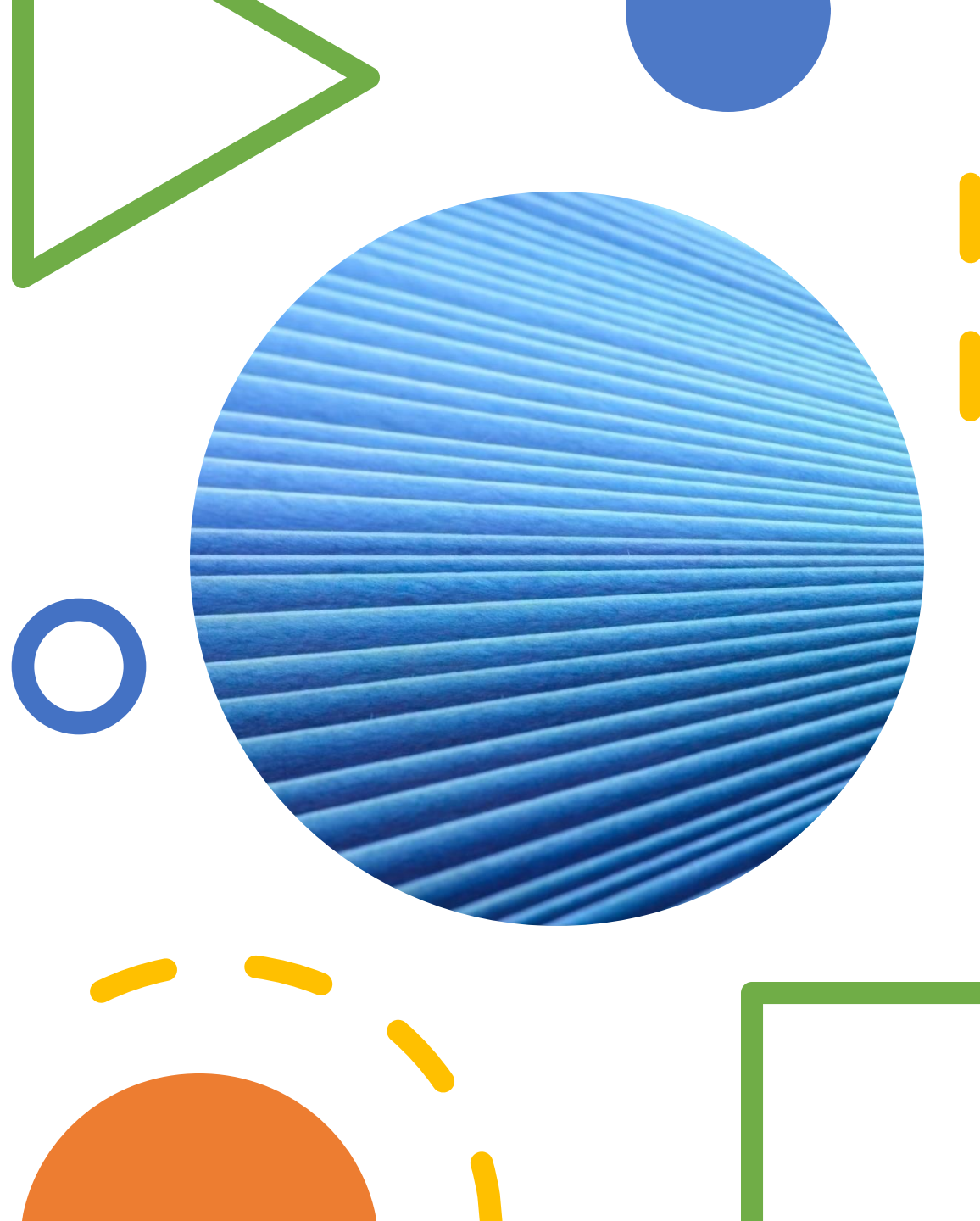
***Potentially several of these skills could be key to your client moving in the direction they want***



## ***Checking in with your client***

- What was most helpful to you today?
- What's been going well for you with your communication?
- What did you notice? (following guided mindfulness practice)
- What would you be interested to do/try more of?
- What was most helpful to you this/last session?
- Do you mind if we try something new today?
- What are your best hopes for the session today?

## ***Going back in a conversation***



# In Summary

## ***Therapeutic Dance***

- Can revise our course (Map)
  - What was most helpful/interesting to you today?
  - What are you curious to learn more about?
- Dynamically adjust to your client
- May discover a new path...

*Therapy- "A vulnerable encounter for both parties"*

*Continuing to be inspired by my clients and people who stutter...*

*As a Clinician*

*Try something new....*

*Continue to explore!!*

# Thank You

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- Thank you so much for listening and for your contributions!!!
- Feel free to reach out at any time:  
[rob@pathwaysforstuttering.com](mailto:rob@pathwaysforstuttering.com)



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