

Beyond Disfluency Percentages: Goal Setting for Young Clients who Stutter  
KSHA 2019  
Hayley Arnold, PhD, CCC-SLP  
Kent State University  
September 26, 2019

Who are you?

What do you hope to learn in this session?

### **The value of measuring speech disfluencies**

- The purpose of this talk is NOT to encourage you to dispense with speech disfluency measurement.
- The quality and quantity of speech disfluencies produced by a client are important ways to
  - Assess whether clinically significant stuttering is present
  - Track success of modification strategies in altering speech
- For more information on counting disfluencies, see the “Scoring Disfluencies” video created by the Stuttering Foundation website.
- Also see the *Test of Childhood Stuttering* (Gillam, Logan, & Pearson, 2009), which helps reduce the number of words that have to be monitored for stuttering.

### **First Step in Goal Setting: Assessment**

Before we can set goals for stuttering treatment, we need a multi-factorial assessment protocol (See *School-Age Stuttering Therapy: A Practical Guide*, Reeves and Yaruss, 2017)

- Fluency: SSI-4 or TOCS and describe disfluency quality
- Speech-language skills: Vocabulary, syntax, phonology
- Child’s feelings and thoughts about stuttering
- How others react to the child’s stuttering
- How stuttering impacts quality of life
- What is the child’s communicative effectiveness
- Prior treatment history

### **Assessing Feelings and Attitudes**

Ask the client open-ended questions about

- feelings related to talking, stuttering, past therapy experiences
- feelings about the reactions of others to his/her speech
- how much stuttering impacts the client’s ability to do what he/she wants to do

### **Assessing Feelings, Attitudes, and Adverse Impact**

- Can give tests such as the Overall Assessment of the Speaker’s Experience with Stuttering (OASES)
  - OASES-S (School-Age, ages 7-12; Yaruss, Coleman, & Quesal, 2010a)
  - OASES-T (Ages 13-17; Yaruss, Quesal, & Coleman, 2010c)
  - OASES-A (Ages 18 and above; Yaruss & Quesal, 2010)

### **Others' attitudes toward the client's stuttering**

- Goal is to find out if there are beliefs or attitudes that might hinder therapy progress.
- What do others in the environment know about stuttering?
- What would they see as success in treatment?
- What are the family's feelings about therapy goals?
- How does the family feel about the client's motivation in past therapy?
- What have teachers, professors, bosses, etc. said to the client about his/her stuttering?

### **Goal Setting Discussion**

- What do we want to achieve in treatment?
- What does the client want to achieve in treatment?

### **Preferred Clinical Outcomes re: the Clinician**

- The client will demonstrate feelings, behaviors, and thinking that lead to improved communicative performance and satisfaction with the therapy process.
- These outcomes can be operationally defined to include the following:
- Frequency and/or severity (duration, tension, evident struggle) of stuttering is reduced in variety of settings.
- Speech sounds natural (intonation, loudness, rate) in variety of settings.
- Speech fluency has increased.
- Client has increased volitional communication.
- Client is able to use techniques independently in a variety of settings.
- Avoidance behaviors have been reduced.
- Client has increased knowledge and understanding of speech and stuttering.

Ratner, N. B., and Quesal, B. (1998). Report on the 1997 Leadership Conference in Tucson. *American Speech-Language-Hearing Association Special Interest Division 4, Fluency & Fluency Disorders newsletter*, 8 (1), 6-7.

Perspective from a person who stutters (PWS)

Posted by a PWS on a Facebook support site:

Hey everyone. So I need some advice.... Things have gotten really bad lately. I was in therapy (very expensive but it worked for a while and I thought I was making lasting progress) for a year. I stopped going for different reasons. I was okay for a couple months, but now I get unbearably tense doing so much as trying to order food. I'm suffocating myself on a daily basis. Now, I can get through ordering food and daily "necessary evils" but what really bothers me... I haven't been able to see my friends in over a year... not even when I was doing better. It's too much stress and too much struggle and I just can't deal with meeting up with anyone- not even other stutterers.

Now, in therapy, I really took the message that 'stuttering is okay' to heart, and I was a little more social for a while. Lately though, I've just been completely isolated. My stutter is so much worse than almost anyone else's- I have cerebral palsy and spasticity in my

muscles which doesn't help things.

My question is... if things are so bad, is it not better to just break the news to my friends (those who will still talk to me) that I'll have to use things like text messaging or pen and paper to talk to them? Don't get me wrong- it's a very painful choice to have to make, but the pain of isolation is worse. I don't really see this as giving up... it's choosing life, in some way, because what I have now isn't a life.

What do you guys think?

What might help this person?

### **Preferred Client Outcomes**

As a result of therapy, the client should be able to positively rate the following outcomes:

- I am satisfied with my therapy program and its outcome.
- My client/clinician jointly determined goals were met.
- I have an increased ability to communicate effectively.
- I feel more comfortable as a speaker.
- I like the way I sound.
- I have an increased sense of control over speech, including stuttering.
- My speech has become more fluent.
- I am independently able to employ a variety of techniques and strategies as appropriate.
- My understanding of stuttering and fluency has increased.
- My speaking skills have become more automatic.
- I have an increased ability to cope with variability of stuttering and relapse.
- I am better able to reach social/educational/vocational potential and goals.

Ratner, N. B., and Quesal, B. (1998). Report on the 1997 Leadership Conference in Tucson. *American Speech-Language-Hearing Association Special Interest Division 4, Fluency & Fluency Disorders newsletter*, 8 (1), 6-7.

### **How to choose goals?**

- A collaboration between client and clinician after reviewing assessment findings.
- Primarily based on the client's reasons for being in therapy.
- Can have client generate goals on his/her own, depending on maturity level.
- Can also provide the list of goals provided in this presentation and have the client priority rank them.

### **Learning about the speech mechanism**

Speech is so automatic – people don't typically know how speech happens

In order to advance our clients' feelings of autonomy and agency, it is important to help them understand the speech mechanism

### **Learning about stuttering**

Based on your assessment, you may learn that the client does not have much knowledge about stuttering in general, or his/her own pattern of stuttering in particular

Therapy can focus on exploring stuttering

What we know about the cause?

Myths about stuttering

What is the client's stuttering like – where is there tension – patterns of sound, word, or situational avoidance?

### **Understanding the how and why of speech techniques**

- We can teach techniques that the client can use to decrease the severity of stuttering (stuttering modification) and increase fluency (fluency shaping)
- However, it is important that the client understands the purpose of each technique
- Once the client understands and can use the techniques, can increase autonomy by allowing him/her to prioritize the those they like the most.
- What might a therapy goal related to this look like?

### **Addressing avoidance**

- Many clients avoid particular sounds, words, or situations
- When this is extreme – it is called covert stuttering - which can have adverse impact on the client's ability to fully participate in society
- Therefore, it is important to increase participation
  - Desensitize to fears – including the fear of stuttering– use cognitive behavioral strategies – testing hypotheses
  - Increase awareness of thoughts and feelings and teach ways to change and regulate them

### **Consider going for Excellence in Communication**

Sometimes we set our goals too low – Becoming a “better” communicator

What if we worked toward *excellence in communication*, particularly in communication tasks important to clients.

This means we work on ALL aspects of communication, *not just speech fluency*.

Lang Institute Ratings Example

Creating a rubric like this for communication excellence, then applying it to relevant speech tasks could be a therapy technique

See more about the Lang Stuttering Institute here:

<https://moody.utexas.edu/centers/lang-stuttering-institute/research-resources>

### **Building Social Supports**

- Findings by Boyle (2015) indicate that quality of life for adults who stutter is positively associated with
  - Self esteem/self efficacy
  - Social support from family
- These findings were independent of stuttering severity
- Considering these findings, what goals might we develop?

### **Build a supportive community around a client who stutters**

- Inaccurate beliefs about stuttering are common – and they are associated with

- Less than helpful reactions toward people who stutter are common (Arnold & Li, 2016)
  - Finishing sentences, interrupting
  - Making light of the stuttering
  - Demonstrating feelings of pity
- Familiarity with people who stutter is associated with more helpful reactions toward them (Arnold & Li, 2016)

### **Potential ways to improve reactions toward our clients who stutter**

- Have the client (ideally) educate those at school, work, and community about stuttering
- Increase familiarity between the client those in the client's environment by increasing approach behaviors (decreasing avoidance)
- Increase positive attitudes by having clients disclose their stutter to others.
- The best advocate for our clients ARE our clients.
- What goals might we develop for this?

### **What is stuttering self disclosure?**

- Sometimes referred to as “advertising,” stuttering self disclosure refers to the individual informing others that he or she stutters.
- Boyle et al. (2018) refers to disclosure as being open about stuttering, through stuttering visibly (not concealing it), talking openly about stuttering, or both.

### **How often do individuals who stutter self disclose?**

- In a 2013 study of adolescents, only 19% told others that they stuttered. A majority (62%) concealed their stuttering (Erickson & Block, 2013).
- Boyle (2016) found that
  - 48% did not hide their stuttering, but did not seek opportunities to disclose their stuttering
  - 7% of adults who stutter (AWS) disclosed to trusted and understanding people
  - 4% reported stuttering voluntarily and actively sought out situations to disclose stuttering to others

### **Listener Reactions to Disclosure**

- Most studies, which assessed explicit bias, have shown that stuttering disclosure results in more positive listener ratings of individuals who stutter (Boyle et al., 2017, 2016; Byrd et al., 2017a, 2017b; Collins & Blood, 1990)
- A recent study assessed the effect of stuttering disclosure on implicit bias against stuttering (Ferguson, Arnold, & Roche, 2019). Disclosure positive impacted both explicit and implicit bias, albeit more slowly for implicit indicators.

## **What types of statements do adults who stutter use to self disclose?**

- Educational
- Apologetic
- Direct

McGill et al. (2018)

Which of these approaches will result in more positive listener ratings?

## **Best Practices for Self Disclosure**

- Shared at the beginning, rather than the end, of the communication (Healey et al., 2007)
- Confident and positive (Boyle et al., 2017)
- Non-apologetic (Byrd, Croft et al., 2017; Collins & Blood, 1990)

## **So stuttering disclosure improves listener reactions toward individuals who stutter – How does it impact quality of life in individuals who stutter?**

- Quality of Life (QOL)
- Defined as an individual's reported satisfaction and/or fulfillment in activities and experiences in important life domains, and in life in general (Endicott, Nee, Harrison, & Blumenthal, 1993).
- Disclosure's Impact on Quality of Life (QOL)
- Boyle et al. (2018) surveyed 322 AWS about their overall QOL and about their levels of stuttering disclosure.
- Participants were categorized in three groups: low, average, and high.
- Results indicated that those in the low QOL group had significantly lower disclosure scores than the average and high QOL groups.
- People who attended self help groups were significantly more likely to have high levels of stuttering disclosure.

## **The role of self-help groups**

- Groups such as Friends and the National Stuttering Association (NSA) can greatly facilitate all therapy goals, including those that address fluency and those that do not.
- These groups have the potential to
  - Decrease avoidance/increase participation
  - Provide a safe place to try new communication strategies (e.g., self disclosure, modification techniques)
  - Increase self esteem and self efficacy
  - Build social support around the client
- Encourage clients to become involved – for many it is as impactful (and sometimes more so) than our therapy.

## **Group Activity**

- You will be given a general aim that was identified by clients as preferred.
- Consider a student or client who you see (or have seen) for stuttering.

- Write a SMART (specific, measureable, attainable, realistic, and time-delimited) goal that goes with that general aim.
- Designate one of you to share out the goal to the larger group.

**Questions?**