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Contributing Factors of Success in Speech Fluency Therapy

Evelyn Ortega

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Abstract: Since the inception of stuttering therapy, the field of speech-language pathology has become increasingly evidence based; its affects have lead clinicians to come up with better techniques that can be successful. However, there are still some gaps in research that need to be analyzed. Recent research has shown both the clinician's point of view and the experiences and perceptions of clients that should also be considered in treatment planning. Not only is it important to view the stuttering behavior, but also to view the byproducts of the speech disorder. These byproducts of stuttering are not separate from therapy sessions; they are present outside and can influence fluency therapy, which is why the discussion of success in fluency therapy needs to consider the personal experiences of individuals who stutter. While previous research has reported clients' and clinicians' perceptions of success separately, this research considers both views. The results from this qualitative study will aid speech-language pathologists to consider the factors that can create a successful fluency therapy session. Participants for this study were adults who stutter, beginning clinicians, and a clinical educator. The participants who stutter were interviewed to determine if personality traits, hobbies, outside support, life events, or specific therapeutic characteristics influence success. The clinicians were asked what they have observed to be successful in speech therapy and what they believe their clients perceive as vital in fluency sessions. The data collected were transcribed and analyzed to generate themes between three types of people involved with stuttering therapy. Expected results of this research including themes that yielded the most positive perceptions of success will be discussed.

Keywords: *adults, clinicians, speech-fluency therapy, speech-language pathology, stuttering*

The field of speech-language pathology has come a long way (Buchel & Sommer, 2004). Through research, they have found how to change therapy and treatments to make them more effective when treating people with speech disorders such as stuttering (Buchel & Sommer, 2004). Some people who stutter feel positive about how their fluency therapy is going, but many do not feel as positive about their therapy sessions (Irani, Gabel, Daniels, & Hughes, 2012). Although we have come a far way, there still needs to be more research done to help people with speech disorders, succeed. Research needs to look at the experiences of a person who stutters; what they go through in their everyday lives, and their past therapy experiences. It is not only important to understand treatment, but it is also important to look at the experiences of others who stutter and see what they believe makes therapy successful (Hayhow, Cray, & Enderby 2002; Irani et al., 2012). Considering the perspectives from every person involved in therapy is important so clinicians can better understand what makes therapy positive for some, but not for others.

This type of research is critical because speech-language pathologist will be better equipped when helping a client; which increases positivity in the life style of the person who is struggling with speech. More research that looks at the perspectives of success in therapy from the point of view of the people involved in speech therapy is needed (Plexico, Manning, & DiLollo, 2010). Not only can we learn what treatments are better suited for speech therapy, but we can also learn what types of characteristics the patients like to see in their clinicians for a more successful therapy. We would also be able to gather data on what is commonly seen in the lifestyle of a person who has a more positive and successful experience with speech therapy. Because it is more than just the therapy techniques that help achieve success in fluency, the comfort level between the client and the patient is a crucial role in therapy as well (Plexico et al., 2010).

Stuttering has been defined as a disruption in speech which is also accompanied by "involuntary, audible or silent, repetitions or prolongations of sound or syllables" (Buchel &

Sommer, 2004). In the United States, about 3 million people stutter (Reitzes & Snyder, n.d.) and it affects more men than females (Chang, 2011). Although this figure includes mostly children, Guitar & Conture (2006) showed that approximately 5% of children go through about a 6 month period, or more, where they stutter but most spontaneously recover (about three-quarters).

Many people who are not familiar with stuttering have misconceptions about dysfluency, and because of this people who stutter have fought to overcome the negative perceptions of their speech disorder (Rowden-Racette, 2012). Many who are not very familiar with speech disorders might believe individuals who stutter are not intelligent, but this is not the case. Silverman (1998) found that individuals who have dysfluent speech are not less intelligent than those who are fluent speakers; being less intelligent and stuttering are not correlated. Silverman and other researchers have found that those with dysfluent speech have equal intelligence when compared to fluent speakers and people who stutter are often achievement-oriented in school. As stated in the research by Silverman (1998), being achievement-oriented has to do with obtaining more ease and comfort in writing when compared to speaking. People who don't have dysfluent speech might think that stuttering is caused by nervousness, but this is not true. Although stuttering can increase in stressful situations, the work conducted by Reitzes and Snyder (n.d.) says that often when we want to stutter less we end up stuttering more and when we no longer worry about stuttering we tend to stutter less.

Stuttering is a motor disorder that can either be categorized as persistent developmental stuttering, or neurogenic or acquired stuttering. Neurogenic or acquired stuttering can be caused by an intracerebral hemorrhage, head trauma, or stroke (Butchel & Sommer, 2004). While the cause to persistent stuttering does not have a clear definition, recent research attributes it to be more genetic (Butchel & Sommer 2004; Rowden-Racette 2012; ASHA, n.d.).

The present research project will focus on persistent developmental stuttering in adults. I will look at the perceptions and experiences of individuals who stutter as well as the perceptions of success in stuttering therapy of both experienced clinician/clinical educator and beginning speech-language pathologist (SLP). It is important to gather data of the experiences and perception of the daily lives of people who stutter, as well as their perceptions on fluency therapy because it can lead to an understanding of what successful therapy can entail. And through research on the personal experiences about stuttering, from a person who stutters, we will see what other factors contribute to success in fluency. Not only is it important to look at the experiences and perceptions of those who stutter, but it is key to gather the perspectives of success in fluency therapy of both beginning and experienced speech-language pathologist. These three groups are part of fluency therapy, and helping an individual who stutters succeed, so it is also important that research is done to look at the perception of success from these three standpoints.

The present research will discuss the clinical aspects such as the characteristics of stuttering, how speech behaviors are affected, and the diagnosis of stuttering. For the emotional piece to stuttering this research will look into the experiences people have gone through in some areas of interaction such as the work place, personal relationships, and socially. How treatment has grown, and what treatment is being used today will also be. Finally, discussion of gaps in fluency research will explain why it is important to look at the perceptions and experiences of success in fluency therapy in individuals who stutter, and their stakeholder.

CHARACTERISTICS OF STUTTERING

The production of speech requires many parts of the body such as the lungs, trachea, rib cage, the thorax, the abdomen, diaphragm, and major muscles groups that can include muscles of the neck and chest (Goldman, Hixon, & Mead, 1973). The specific traits that cause a person to have a

stuttering moment are not clear, but these traits do impair an individual's ability to put together the various muscles movements that are necessary to produce sentences fluently (ASHA, n.d.).

Speech Behaviors

Although a certain degree of dysfluency in connected speech is considered normal, an individual who stutters would exhibit certain abnormal dysfluencies including: irregular sound prolongations (e.g., *wwwwwwater*), blocks (this usually occurs when two articulators such as the lips, teeth, tongue, or palate, come together with excessive force and longer than necessary; Williamson, 2010), and rapid part word repetitions (e.g., *p-p-p-p-aper*). It is important to know that individuals who stutter know exactly what they want to say, but they aren't able to say it because of the abnormal dysfluencies they experience (Karniol, 1995). Stuttering is mainly categorized by blocking, which can occur when 2 articulators such as the lips, teeth, tongue, and palate are coming together with force and cannot be parted (Williamson, 2010). One of the defining characteristics that usually determine a fluency disorder is blocking. In some extreme cases, blocking can last for about 5 to 10 seconds and it can be extremely tiring for an individual because their breathing can come to an abrupt end as the block is taking place. Muscle tension in the head neck and chest area is also another uncomfortable factor that accompanies a stuttering moment, which can be due to blocking (Williamson, 2010). Frequently these abnormal acoustic behaviors are also accompanied by certain associated behaviors such as: clavicular breathing, discontinuous behaviors such as head jerks, arm jerks, finger tapping, excessive eye blinking, involuntary arm, torso, and leg movements (Ferrari, Gallese, Rizzolatti, & Fogassi, 2003). In the early years, when a child first experiences stuttering they might stutter two to three more times than their peers who do not stutter (Curlee, 1999). After stuttering has started, factors like frustration might cause a child to tighten or tense speech muscles when a stuttering moment occurs which cause more dysfluency (American Speech Language-Hearing Association, 2012).

Emotional Aspects to Stuttering

Research has shown that the emotional aspects and experiences that are a product of stuttering cannot be overlooked in individuals who stutter (Blumgart, Tran, & Craig, 2010). It is important to look at the experiences and perceptions of individuals who stutter because stuttering is not only a motor disorder, but it can affect a person emotionally. Studies have shown that individuals who stutter have low levels of vitality, social function, emotional function, mental health, and higher levels of anxiety, because of this, research suggests that people who stutter also need clinical resources that help treat the emotional and psychological aspects of their fluency disorder (Blumgart et al., 2010). Hood & The Stuttering Foundation of America (1998) have demonstrated that individuals with a fluency disorder often worry about having irregular speech behaviors, often causing them to developed higher levels of anxiety when talking and thus, their stutter worsens.

Workplace Considerations

Many individuals who stutter also believe that stuttering holds them back in the workplace. Klein and Hood (2004) reported that many individuals who stutter had been told that they did a good job at work, but because they stuttered they weren't able to move up in the field. The data collected showed that 70% of people who stuttered agreed that it decreased their chances of getting hired or promoted. More than 33% of people who stuttered also believed the motor disorder interfered with their job. Stuttering cannot only prevent promotion or hiring by the employer, but it can also cause the person who stutters to refuse a job or promotion because they feel embarrassed and ashamed of their stutter (Hayhow, Cray, & Engerby, 2002). Having a fluency disorder can affect many aspects of a person's life, which can negatively affect the way they feel about themselves and may inhibit them from wanting or thinking they can succeed in any area of their lives.

Social Aspects of Stuttering

Much like having a fluency disorder in the workplace, stuttering in a general or personal social setting is also difficult. People who stutter fear being asked questions or needing to ask questions because they don't think they will fluently respond (Ginsberg & Wexler, 2000). Often, people who stutter might find tricks in social settings to get away from a consonant, syllable, or word that they know they have difficulty saying, they might also find synonyms to substitute for difficult words, and use circumlocution (Hood, & The Stuttering Foundation of America, 1998). Avoidance for difficult words, syllables or consonants is also common among people who stutter. For many, speaking in a social setting can be filled with negative uncertainty, for example answering a phone call, or talking to someone casually can be very nerve racking. Many people who have a fluency disorder constantly think about when they will stutter next in a conversation (Ginsberg & Wexler, 2000). As described by Columbus (1992), the everyday lives of people who stutter might become preoccupied with how a listener will respond especially when talking to a stranger. Frustration in social settings can take place and many times the experiences of the past are carried on to the present, making similar social situations difficult to face (Columbus 1992; Bricker-Katz, Lincoln, & McCabe 2009). When it comes to relationships it can be a challenge for people who stutter to make close connections and friendships with others. Often people who stutter are looked at in a negative way by people whom they are acquainted with. It was seen in two studies, that people who were only acquainted with a person who stuttered had negative stereotypes and stigmas associated to the person who stuttered (Doody et al., 1993). In Doody et al., (1993) study, their findings showed that 90 participants associated people who stuttered as shy, guarded, tense, sensitive, anxious, fearful, avoided, introverted, inflexible and emotional. The research showed that people who were more likely to say this were acquainted to someone who stutters, and they tended to have more negative perceptions about others who also had a fluency disorder. Two recent studies by Klassen (2001,

2002) showed to have similar findings to that of the 1993 research, but these two studies also showed that ongoing contact with a person who stutters leads to increased positive attitudes towards people who stutter.

Diagnosis of Stuttering

When speech-language pathologists (SLPs) are determining if an individual has a fluency disorder they look to see the individual has an increase in their loudness, pitch, or if they have disruptions of air flow or voicing, SLP's also look for different postures or movements of the face neck, as well as muscle tension or struggle in the neck (Curlee, 1999). Individuals who stutter also have a certain percentage of syllables or words stuttered in a connected speech sample that can help to differentiate them from a person with a fluency disorder from a person who stutters occasionally (Curlee, 1999). Emotional aspects are also assessed and used to diagnose a person with a fluency disorder (citation). For example, many SLPs have discovered during therapy that many of their clients who stutter have low self-esteem (Blomgren, 2010; Blumgart et al.,). Therefore, when the client first comes to the speech-language pathologist the clinicians want to know how the person is doing emotionally with their communication disorder, so that they can get a sense of not only the specific characteristics of his/her dysfluencies but also what aspects of speech and the communicative context are most difficult for them emotionally (Yarus, 2004).

Treatment

The Speech Aspect

In the past, treatments for stuttering were based on past theories that have since been debunked. It was thought that stuttering was caused by abnormalities of the different parts if the body working together to produce speech (Buchel & Sommer, 2004). Thus, one of the ways they would treat stuttering was by surgery. Unfortunately, surgery would often cause disabilities and disfiguration to certain structures used to produce speech (Buchel, & Sommer, 2004). In some studies such as Riley, Maguire, Franklin, & Ortiz's (2001), they showed that the effects of medication were inconsistent and failed

to have a lasting effect (Cerciello, 1957; Fish & Bowling, 1965; Tuttle, 1952); this demonstrated the flaws to the previous theories which suggested medications could provide a total cure for stuttering.

Present Treatment in Therapy

The definition of stuttering has evolved and with increased research so have the treatments. In current treatments, people who stutter and the SLPs who work with them, work on techniques to help reduce their stutter through behavioral therapy sessions. Some of the more mainstream speech therapies are behavior modification, stuttering modification, fluency-shaping, auditory-feedback, desensitization, and counseling therapies (Yarus, 2004). Some of approaches the approaches considered to be less common are medication, hypnosis, psychotherapy, and kinesiology (Yarus, 2004). Perhaps one of the treatments that has shown the most promise according to research is prolonged speech. Prolonged speech (PS) is a technique in which individuals who stutter are taught to stretch out syllables in an utterance (Blomgren, 2010). Prolonged speech has not only been demonstrated to help reduce stuttering, but it has also been shown to reduce stuttering by a great amount. Prolonged speech is one of the best researched techniques (Cream, Onslow, Packman, & Llewellyn 2003).

The research conducted by Herder, Howard, Nye, & Vanryckeghem (2006) was created to study the literature that many other researchers have studied. These analyzed studies were interventions used to improve the speech of people who stutter. This research is analyzing literature so that they can understand the evidence acquired from observing the effects of behaviorally based interventions in people who stutter (Herder, et al., 2006). From the results obtained it is seen that there needs to be more research done on the effectiveness of certain treatments and intervention, and it not only needs to be studied more but it need to be studied in a different way. Observing how other research has performed their studies, and seeing that research has never combined the groups involved in

fluency therapy, will be studying treatment efficacy differently. Because not only are we getting perceptions of success from the people who work with people that stutter, but we are also combining these perception with the perceptions and experiences of the people studies have been targeting.

To help SLPs become more effective clinicians are spending time getting to know their clients before starting treatment. This is useful because SLPs can observe their clients overtime and begin to understand their stuttering patterns (Yarus, 2004), which can then help them develop a strategy for treatment. This is a key element because the only way clinicians can begin helping the client is by understanding the specific ways in which the person stutters, so that clinicians can modify treatment for this specific person. Clinicians have to assess both the speech behaviors and communication attitudes individually because stuttering doesn't happen in the same situations for everyone and everyone's stutter is not the same (Yarus, 2004).

The Emotional Aspect in Treatment.

Emotional aspects of stuttering have also been investigated as part of speech therapy. Since studies have shown that the emotional aspects and speech aspects are intertwined many have considered addressing the emotional aspects of dysfluency as a priority (Blumgart et al., 2010). Blumgart et al. (2010) demonstrated that the negative impact stuttering has on individuals socially, emotionally, with mental health and with energy/vitality was similar to the negative impact heart disease, spinal cord injury, and diabetes has on an individual. Yarus (2004) explained that because people who have a fluency disorder are all different, some might want to eliminate their stutter and others might just want to feel better about themselves regardless if they stutter or not. Therefore, it is important that clinicians take this into consideration when they are designing treatment goals and planning sessions. The past experiences of people with a motor disorder can be challenging to overcome. Some of these experiences could have been negative and might have been carried to how they live their everyday

lives (Ginsberg & Wexler, 2000). This is also critical in establishing rapport with the client. The relationship between the person who stutters and the SLP is crucial to achieving success in speech therapy (Plexico et al., 2010). Therefore, understanding the emotional aspects that are intertwined with a fluency disorder can't be separated when clinicians are assisting a person who stutters.

Yarus (2004) suggested that the one size fits all approach is not applicable when treating someone with a speech disorder. Because stuttering is unpredictable and varies greatly from person to person, clinicians have to create different goals for every client they treat. They also have to understand that what works for most of the general population might not work with each of their clients. Another key element to making the treatment for the client more successful is being aware and understanding the issues going on in the client's life, as clients apply techniques being learned in therapy. It is also important that clinicians know the clients level of motivation, and how acceptable they are towards the skills being taught (Yarus, 2004).

Perceptions of Success in Fluency Therapy from People who Stutter

Swartz, Irani, & Gabel's (2012) research exhibited the perspectives of people who stutter in the effectiveness of fluency therapy. These perspectives were based on their experiences with different treatment programs in school. Their results showed that the majority (69%) of participants who stutter stated that stuttering therapy was successful. The results of this study had shown that there was direct success and positive benefits from speech therapy. Treatments that were considered to be effective by participants were stuttering modification, fluency shaping, mixed approach, and counseling. This was another indicator that the most effective approaches were mainstream, but there data also showed the amount of success varied in each individual. Research has also found that people who stutter also correlate success to how clinicians go about stuttering therapy. In Hayhow,

Cray, & Enderby (2002) study some participants stated the importance of clients having an input in how the therapy sessions are led, and that the success of therapies are also recorded and monitored in more effective ways that are suitable to the individual client. There were similar findings about the comfort level between the clinicians and clients in the Irani et al. (2012). Some people discussed client and patient connection was extremely important in their sessions because they were more willing and open to express certain things to their clinicians. Therefore the client perspectives in some of these studies show that the way the clinician handles therapy sessions are also important for success.

Gaps that Exist in Fluency Literature

One study showed the need for more research when looking at the perspectives of people who stutter in relation to successful stuttering therapy. Plexico, Manning, & DiLollo (2010) stated that because participants of their study had written out their perspectives on effective stuttering therapy, researchers were unable to ask other probing questions. Follow up questions could have lead them to collect more data in areas that they might have found to be useful when looking at success in fluency therapy. This strategy would be seen when conducting qualitative research that involved a face-to-face interview. Plexico et al. (2010) also stated that it would be useful that future research look at the perspectives of more experienced SLP therapists, and the perspectives of beginning SLP therapists. The data analysis of these two groups would be able to show what the two groups tend to believe and do when helping a client achieve success in fluency therapy.

Although research has looked at the perspectives on success of people who stutter, and of both beginning and experienced speech-language pathologists, they have not been looked at simultaneously. Research has also not connected the life experiences of people who stutter. It is useful that research obtains more data in these areas.

RESEARCH CONDUCTED IN OTHER FIELDS

Various disciplines have investigated what makes certain people successful despite certain obstacles they might have to face. One particular research study was called *Successful Students Who Are Deaf In General Education Settings*. This research was written by Luckner & Muir (2001) and it discussed the perceptions of success for students who are deaf. Data were collected on a variety of stakeholders including: the parents of the students who are deaf, deaf education teachers, educational interpreters, general educational teachers working with the students, and the students who were deaf. This research conducted semi-structured interviews and created themes among all interviews. Some of the commonalities they found were used for their themes. Some of the themes discussed were: successful students who are deaf were hard workers, have perseverance, successful students who are deaf joined extra curriculum activities, and also valued reading. This research explained all the different factors that can elevate the chances of having a successful deaf student in the classroom. There have not been many studies like this specifically, that have been done in the field of communication disorders. These types of studies would show what factors can cause success in fluency therapy. And by looking at the personal experiences of those who stutter and what they believe can help achieve fluency in speech therapy we might be able to see what besides the treatments can help, such as what type of personality traits and levels motivation that can cause success in fluency therapy. Because this study looked at the perceptions of successful students who are deaf in a general educational setting from many stand points the research was able to study the commonalities, and therefore come up with results that looked at these groups' perceptions simultaneously. This is needed in the field of communication disorders.

PURPOSE STATEMENT AND QUESTIONS

The purpose of this study is to investigate the perceptions and experiences related to success of individuals who stutter as well as the beginning clinicians, and experienced clinician/clinical

educator. Specifically, the following research questions are posited:

1. How do individuals who stutter perceive success in fluency therapy?
2. How do beginning clinicians with less than 5 years of experience perceive success in fluency therapy?
3. How does an experienced clinician/clinical educator perceive success in fluency therapy?

Although previous research has investigated the perceptions of people who stutter (Columbus, 1992; Klein, Hood, 2004) and the clinician's perceptions on stuttering and success (Irani et al., 2012; Plexico et al., 2010), they have never been looked at simultaneously. The present study will add to this research base by collecting data on three different types of people involved in stuttering therapy; the adult who stutters, the beginning clinicians, and the clinical educator. The qualitative data collected will be analyzed to generate themes among the three different people involved with stuttering. Investigating the clinician's point of view and the people who stutter might be able to help me, as a future speech-language pathologist, understand the events that can facilitate a successful therapeutic situation and possibly what can impede success.

METHOD

Participants/Sample/Subjects

Participants were recruited through an experienced clinician/clinical educator of the UNC Speech-Language Pathology and Audiology department, and through graduate students majoring in Audiology /Speech language science. Participants who stutter have met the following inclusion criteria: they are participants who stutter, have been to therapy sessions, and are over 18. Clinicians all need to have worked with people who stutter for more than a year.

Table 1
Demographic Data

	Age	Gender	Educational History	Self-rate speech fluency (currently) 10=very fluent	Years in speech therapy	Views on <i>past</i> speech therapy	Views on <i>current</i> speech therapy
Participant 1: Michael	23 years	Male	H.S Diploma	8.75	2	Negative	Positive
Participant 2: Jon	30 years	Male	Bachelors' degree	8.5	5 ½	Positive	Positive

Pseudonyms will be used for all the participants in the findings and discussion section of the study.

Materials

There were 27 and 14 open ended questions, which were asked to the people who stutter and the clinicians, respectively. All of the interviews were recorded and then transcribed for further analysis.

Research Design

This qualitative study employed a naturalistic inquiry process to determine themes related to perceptions of success. The researcher analyzed the perceptions of success in fluency therapy of both the people who stuttered and the clinicians. The phenomenological data of the people who stutter was also analyzed in the present study.

Procedures

The researcher interviewed two adult participants who stuttered (Table 1) and three clinicians individually. Each interview was conducted over one session that lasted between 15 to 30 minutes. Both interviews were audio recorded and transcribed at a later time by the researcher. The researcher and the researcher's mentor both independently coded the transcript. Both parties then discussed the emerging themes collectively, eventually coming to an agreement on all emergent themes. This investigator triangulation method (Patton, 2002) was used to

increase the consistency, creditability, and validity of the results.

Data Analysis

The interviews for this study were first transcribed then coding was used to find meaning within each of the interviews. In order complete the coding, the researcher and the researcher's mentor both independently read the interview transcriptions multiple times. Main themes were developed as codes were interpreted and combined with each reading. Through this process, each researcher developed emerging themes. Both parties then discussed the emerging themes collectively, eventually coming to an agreement on all emergent themes. In this investigation triangulation method (Patton, 2002) was used to increase the consistency, creditability, and validity of themes. Once data were evaluated conclusions were determined and documented.

FINDINGS

Through data analysis 12 themes were found, 5 were of the people who stutter and 7 were of the speech-language pathologists (Table 2). These themes were categorized into two groups. The first were themes on perceptions of success of the people who stuttered, and the second was comprised of themes on perceptions of success as described by the clinicians. Both participants who stuttered were very happy with their current

Table 2
Main Themes

People who stutter: “Jon” & “Michael”	Clinicians: “Emily”, “Adriana”, & “Wendy”
Understands stuttering disorder	Individualized speech therapy
Confidence level and views on personal stuttering	Acknowledging emotions
Internal locus of control	Strong passion in working with people who stutter
Motivation	Client independence
Trust and connection with SLP	Being a good listener
	SLP flexibility
	Providing motivation

therapy experience and were extremely motivated to use what they had learned outside of the clinic.

Although qualitative research does not allow for causal interpretation of the data, it does provide information about what has been working with these particular participants. Interpretation of the emerging themes revealed that both internal and external factors were attributed to success. Personal factors such as confidence, positive outlook and an internal locus of control appear to be significant contributors to success. A strong support system, a knowledgeable, patient, clinician, and a clinician who is able to build a strong connection with his/her client also appear to be important external contributors to success. The major themes, including those mentioned above, will be discussed below.

Understanding their Stuttering Disorder

Both participants who stuttered suggested that speech techniques were much more helpful if one understood his/her stuttering disorder well. The participants understood which ones would work best for their stuttering moment. Michael’s response to the techniques that he preferred the most and how often he used them was, “...whenever I get stuck. Because at work I need

to speak quite a lot, but if I get stuck I’ll try to bounce through it, but sometimes it doesn’t uh work because I kind of just force it out... but that’s my own doing.

Not only does Michael understand what he needs to do when he is having a stuttering moment, but he also understands why his technique, at times, doesn’t work. Understanding this aspect appears to be very important for his motivation, and for the successful transfer of what he is learning in the therapy session. As stated in the clinicians’ interviews that will be discussed further on, it is very important individuals who stutter understand what is going on with their stutter, and what problems they have specifically with speech. When they understand this they can become more independent, understanding what they need to do in certain situations. Emily, one of the clinicians interviewed, said:

I try to teach them to be empowered over stuttering to understand what they are doing with their speech tools, so they can just be good at stuttering to be good at

choices that they are making and use speech tools when they want to.

The second participant also understood when he seemed to have problems with his stutter,

When I have issues is when I stop my airflow and then I get into the next word and I feel myself having issues [...] you push harder and then you just make the problem worse. And if you just keep your airflow on it's pretty easy.

Understanding your stutter appears to be an important component to success because it encourages the client to take ownership of their disorder and the tools they've learned to help themselves. Even though the techniques can be difficult to learn initially it is important to keep practicing. Emily, one of the clinicians interviewed, stated, "Because your body has never done it before because it's a new motor task [...] just remembering to do it is like the biggest thing." It can be difficult at first but with practice it is suggested that individuals will be able to understand what technique works best in what context and how to use it use it correctly.

Positive view about their Stuttering Disorder/ Confidence Level

The participants who stuttered in this study both had positive views about their own fluency disorder. Both Jon and Michael had jobs where verbal communication was necessary. In Michael's case, he was a guard, which required him to frequently confront people who were shoplifting. As for Jon he was the vice president of his father's company demanding him to give speeches, make phone calls, and generate sales. When asked if they felt their stutter held them back in any way Jon had stated it hadn't, and commented that even if he could take his stutter away he wouldn't because it made him the accepting and open-minded person he is today. This shows that Jon was positively affected by stuttering because he is very confident about who he is and about his stutter. Michael's response was, "Uh yea I'm a bit more shy probably because of it, but that's kinda going out the window now." Although Michael believes that stuttering has

made him a bit shy he now feels that he has improved, showing confidence and positivity. Jon and Michael were also asked to rate themselves on how their fluency was doing now; they both thought their fluency was a lot better and as a result Michael rated himself an 8.75 and Jon believed to be at an 8.5, both out of 10.

Internal Locus of Control

Internal locus of control is the belief that oneself controls their own fate (Plotnick & Kouyoumjian, 2011) this states that the events in one's life, whether good or bad are caused by controllable factors, factors can include personal attitude, and preparation etc. This belief also appeared to be an important component to their success in speech fluency therapy. Throughout the interview, both participants felt that it was extremely important to practice the techniques and practice them outside the clinic. This was especially evident with Jon. He believed it was important to take the initiative and be proactive in order to improve speech fluency. In his interview he stated, "It just works if you work at it and you do the stuff it works, it makes life a lot easier..." This was repeated multiple times and shows how much he believes in his ability to control his own success. This personal control involves making changes and taking initiative, which may translate into improved fluency. Michael had similar views. He believed coming to speech therapy regularly and working through his dysfluencies was key to success. Both participants had also spoken to several classes at the University of Northern Colorado about stuttering. This demonstrates that not only were they able to practice in regular everyday contexts, but they were also able to put themselves in situations that were different and can be uncomfortable. Adriana believes that stuttering can be "very personal". Which is why having the participants do activities that are out of their comfort zone, to improve their stutter, can show how courageous, confident, and the amount of initiative they are willing to take.

Motivation

Having that motivation come from within themselves appeared to be an important factor in

fluency therapy success. Each participant had their own specific motivations/drive that made them want to work on their speech. For Michael he responded, “I want to fly, so talking on the radio and stuttering doesn’t work.” As for Jon he said, “I guess not perfection but to get those little small things out of the way. I don’t think it’s possible to be perfect ... but I’ll always be working on it. To try to get all the little things taken care of.” In this he meant that he wanted to achieve the highest level of success, and that was motivation for him to continuing to work on his strategies. These were all great motivators to keep pushing the clients.

Trusts in Speech–Language Pathologist & Connection with Speech-Language Pathologist

Findings concluded that each of the participants had complete trust in their speech-language pathologist (SLP). Each of the participants stated that they could talk to their clinician about anything. When discussing the relationship between client and clinician Michael stated, “I’d say it’s a pretty friendly one, kinda joke back and forth.” It is important to note that Michael’s past speech therapy experience was not positive. When he was younger, he worked with a clinician that he did not connect with and he did not experience much success with his speech. Thus, his statement suggests a huge change in experience from his previous clinician and speech therapy. In addition, when asked if the participant felt comfortable enough to tell his clinician anything Michael responded, “Extremely.” Reinforcing the fact that the client and clinician feel very comfortable with each other, and that this is contributing to their positive connection. Plexico et al. (2010) suggest a strong SLP and client connection is crucial. Conversely Jon’s first experience with speech therapy was positive, but when his clinician moved he did not want to go to another speech therapist. Jon stated:

...I was like you know I’m just kind of fine. I don’t want to do the whole process—meeting another therapist, doing all this stuff, so I just said you know I’ll

just be fine and for a while it was the same, but it gradually came back.

This quote shows that the personal connection between client and clinician appears to be very important. Jon suggests that it might also be difficult for a person who stutters to find a speech-language pathologist with fluency expertise that they connect with which could explain why Jon didn’t want to go to another SLP. The connection that grows between an SLP and their client appears to be a critical factor in the success in fluency therapy.

Not only did the clients feel comfortable enough to talk to their clinician about anything, but they also felt that their clinician was very knowledgeable. Both participants stated that coming to their clinician had really helped them succeed. Jon also stated, “I can probably stop coming but I’m afraid that it’s going to come back... I kinda trust xxxx to let me know when she thinks I’m good enough to stop coming.” Jon believes that his clinician is knowledgeable about his stutter and knows what is best for him. Michael also showed trust in his SLP’s knowledge, “Every one of xxxx’s clients that I have seen is doing better than the first time I saw them.” Having a knowledgeable SLP was a factor that contributed to the trust the client’s developed. Speech-Language Pathologists

Strong Passion for Working with People who Stutter

Having a passion for their career has also been identified as an important factor based on what the article said (Plexico et al., 2010). The participants who stuttered in the Plexico et al. described effective clinicians as, “Passionate and enthusiastic people”. The three clinicians interviewed, for the present study, acknowledged passion for their career as important aspects as well. They all felt that this career was rewarding and that their clients had taught them a lot on many different levels. Clinicians identified the people who stuttered as courageous and caring people. Clinicians also mentioned how they have each been inspired and have learned a lot from the people who stutter. On many of the interview

questions asked, clinicians always had a story to add about one of their clients, showing how much of an impact their clients have made on their lives. All clinicians interviewed stated that they enjoyed their career and had a positive experience working with their clients. Emily said:

...I look at my life differently and the things I have to go through sometimes based upon their experiences and what they have had to go through because of their stuttering how it has limited them and how it has affected them... I have gotten a lot back from my clients in terms of just wonderful life experiences...

Clinicians participating in the study all had positive views of people who stutter and all stated that they had been impacted by the lives of their clients on many different levels, which contributed to their passion in working with this population.

Motivation that the SLP provides

The SLPs involved in this study all did an excellent job at providing motivation and providing positive feedback for their clients. Adriana believes that the “clinician needs to offer a ton of encouragement to be effective, and give motivation.” All the clinicians thought that their motivation and positive feedback was important for the improvement and a successful therapy session. Although they thought it was important for motivation to come from within the client they also thought the SLP played an important role in providing this kind of support. Not only was it important to teach them techniques but it was also important to them that they provide positive feedback, and to “push” them along a bit more. Two of the clinicians believed that they needed to provide the right amount of push so that it can be encouraging for the person who stutters.

Client Independence

Clinicians believed in order to successful clients needed to be independent. They each wanted their client to know when they believed it was necessary to use a certain tool and they

wanted their clients to be in control without having the clinicians there. Emily stated:

... I think the worst thing that a therapist can do is enable your client to need you...you know I don't want them to need me. I want them to like me because they need to be their own speech therapist.

Emily believes that independence is important because clients are able to be their own speech therapist when she is not there. They are able to use what she has taught them outside of the clinical setting without needing her present. When Wendy described one of the techniques that she had seen work well with people who stutter she said bounces worked really well because they “empower” the people who stutter because, “...they are in charge of the stuttering they make it easy and it really puts the control back on them.” Helping create feelings of independence for the people who stutter appears to be important because they are the ones who can make decisions based on what they have learned. These decisions can be applied in real situations when their clinicians are not there. An example that Adriana gave of independence in her clients was when one of her clients, when stuttering really badly while talking to Adriana realized this and said, “... I need to stretch out my words...” Adriana was really proud of that because her client was only 5 and knew when he should use some of his speech tools by himself, showing independence. Adriana also mentioned the importance of having the person who stutters feel good about themselves without this comment coming from anyone else first. This can be a sign of independence because the client was able to recognize that they did something well on their own, and they also understood what speech tools they needed to use on their own. Adriana goes on to say that this can also be “inspirational” as well.

Acknowledging Emotional Aspects

Findings concluded that not only were techniques important but it was also important for the counseling piece to be in effect in speech therapy. The importance of the emotional aspect of stuttering was apparent in all interviews.

Wendy, the second clinician interviewed, said “I think they are completely intertwined I can’t really think of when doing fluency therapy—when you aren’t thinking about the emotional component to it because it’s always a huge part of who they are.” This was very similar to what, the last clinician, Adriana said, “And the thing with fluency therapy is that you focus a lot on their emotions... with fluency it’s a lot of counseling and we really bonded about things that she never had been able to talk about...” When Adriana worked with her first client, her client really opened up with her, and through this both Adriana and her client were able to bond. Emily also had a client come in and say that one of his encounters with a speech therapist was not a very positive experience. The speech therapist he had spoken to was very impersonal and not once asked him how his fluency disorder was affecting his life. Wendy stated that one of her younger clients came in in tears the first time he talked to her and said, “I can’t talk and no one listens to me and everyone just finishes my sentences.” This could be when the emotional piece is more important than the techniques because the clinician would need to listen to their client and be understanding before they can begin to work on speech techniques at all. Because at this time validation and acknowledgement of emotions can be more important to the person who stutters than anything else. As stated by Blumgart et al. (2010), the emotional aspects cannot be overlooked, and all the clinicians had a good understanding of how important emotional aspects can be for a person who stutters. Throughout all the clinician’s interviews, themes on emotions came up multiple times and were believed to be a huge component in speech therapy.

Individualizing Speech Therapy

As stated in the lit review there might be some techniques that works best for certain people but just because they work best for some does not mean they work best for all (Yarus, 2004). This is why it is important to individualize therapy for each person. This concept was mentioned in the interviews by the three clinicians. The first clinician, Emily, really exemplified what all the

clinicians said about speech therapy, “I think that the key to being successful in therapy is identifying the things they bring into therapy and what their needs are and tailoring therapy to meet their specific needs...” Throughout her interview this was a main theme. She felt strongly about having therapy revolve around individual needs and not going off what works for the majority. This can be really important when treating someone because you are able to pin point what he or she needs most help in. This can make speech therapy more beneficial and meaningful to the person who stutters. The notion of having tailored speech therapy was apparent in the two individuals who stuttered.

SLP Flexibility

As stated by the more experienced clinician, Emily, flexibility and being “unclinical” can be very important to create a comfortable and more successful environment. Emily stated that she is “very unclinical” when working with her clients, “Oh sure, I am very laid back and very unclinical in therapy I can’t imagine having a client feel like they can’t tell me something.” Emily stated here that she is very unclinical and laid back which helps her clients come to a welcoming environment. It also provides an environment where they feel free to tell their clinician anything. Adriana believed in providing successful experiences for her clients:

...to be successful in the therapy room...we structure it so that they are successful. So we don’t take data during fluency because we want them to be 100% successful so that they feel that success and they can just get stronger and stronger...so they feel better just by themselves...

Because the clinician cares about the most optimal learning experience and successful environment for the people who stutter she is flexible and does not take data during therapy so she can focus her attention on her client and so her client realizes that it’s not only about the number.

Being a Good Listener

Research suggests that ineffective clinicians fail to have patients, actively listen, and fail to focus on the client's needs (Plexico et al., 2010). The SLPs ideas and beliefs supported these findings. Two of the SLPs thought this aspect was important in speech therapy; Adriana, responded "I think it's a huge part just to be patient with people who stutter and just listen to what they are saying instead of how they are saying it." She believed that clients have something important to say whenever they speak, so it is important that the SLP listen to their client and really pay attention to their message. Wendy knew the importance of having these listening skills as an SLP and she acknowledged that sometimes she needed to work on these listening skills:

...I think something that we miss a lot is that we need to listen more. I think we need to listen what is actually being said and why they are saying those things...I had a kiddo and at the first part of session

she said something I was like oh well we can do that later...then I found out like the third time she asked that it was actually something that she wanted to practice for school but she didn't want to tell anyone that she was practicing it for school because she was really nervous about it...

Like Adriana, Wendy also believed that listening to the comments clients have to say is really important because they might have more input on what they want to work on that can be beneficial to them. So it can be very important for clinicians to remember to listen to their clients no matter how young or old they are.

Recurring Themes Across all Participants

In examining the data across all participant interviews it was observed that there were 5 themes recurring across all respondents. Table 3 provides the list of recurring variables noted and discussed in the findings.

Table 3
Recurring themes across all participants

Understands stuttering disorder

Confidence level and views on personal stuttering

Internal locus of control

Motivation

Trust and connection with SLP

DISCUSSION

In the present study, the researcher identified two participants who both showed to have a successful experience with current speech therapy. The researcher also identified 3 clinicians who worked with people who stutter. Both groups of people involved with speech therapy helped the researcher determine the factors contributing to success in speech therapy. The present research

found that the contributing factors of success is not only about the techniques and treatment being used, but how it is being carried out by the clinician, and the client's attitude towards therapy, clinician, and themselves. Although this study had a small sample of participants conclusions were drawn, and many of the conclusions correlated with past research.

This study can provide future SLP's with a better understanding on what should be taken into

consideration when conducting speech therapy. Since this study provides perceptions from both the people who stutter and the speech-language pathologist involved with fluency therapy, it can give SLP's an overall knowledge on what has made therapy successful for the participants who stuttered.

Although there is no exact definition on what the factors contributing to success in fluency therapy are, the recurring themes across all participants can be looked as guidelines. The guidelines can be used to understand what has worked in previous cases of people who stuttered. These guidelines can also serve as reminders for future speech-language pathologist, because they can provide a deeper understanding about stuttering therapy and the other factors that might be forgotten such as: the importance of connecting with the client on an emotional level. It is important to keep in mind that the factors of success can come in many forms, and there isn't one method that works for everyone. As all the speech-language pathologist participants stated, speech therapy is very individual because each client is unique.

FUTURE DIRECTIONS

The stories and interaction that were obtained from the qualitative study helped with the collection of more in depth information on what some successful factors are in fluency therapy. This qualitative study should be replicated and expanded by (a) having a larger sample of participants who stutter and clinicians; (b) obtaining participants, who stutter, who have been successful in speech therapy and some who haven't; and (c) obtaining an equal number of female and male participants. Obtaining a larger sample of both people who stutter and clinicians can provide more stories and experiences that can be used as more evidence to back up the themes. Acquiring participants who stutter and have been successful, and some who stutter and haven't been successful can give us more evidence that shows what hasn't worked. Data collected on those who haven't and have been successful in speech therapy can be compared and also used to back up

themes. Participant that are both female and male might be interesting to see in future research as well because contributing factors of success might be different between males and females who stutter. This can present more information that can lead us to more conclusions about contributing factors of success in speech therapy.

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