Introduction

Stuttering is a complex, individualized disorder. Treatment for stuttering is no less complex. Therapy approaches for stuttering include everything from programmatic, single-focus fluency shaping methodologies, to holistic programs that incorporate psychotherapy approaches, mindfulness, and community activities. For the average speech-language pathologist who needs to craft an appropriate treatment plan for a specific, individual client, sifting through the myriad of evidence-based options can be overwhelming (especially given that equally evidence-based treatments may have entirely conflicting philosophies). It is not surprising, then, that speech-language pathologists consistently report that they are uncomfortable assessing and treating stuttering (Sansut, Tella, & King, 2019; Tella, Drescher, & Emerson, 2008). Research is being released daily revealing new aspects of the nature of stuttering, but these findings are often not applied clinically. In addition to typical research-to-practice lag times, clinicians who are already overwhelmed or confused by the quantity of existing treatments may be especially hesitant to adopt new approaches that incorporate current research.

We propose a new framework for stuttering therapy: the 3Es. The purpose of this framework is twofold. The first purpose is to provide non-specialist SLPs with an evidence-based tool for identifying, analyzing, selecting, and implementing stuttering interventions for an individual client. The second purpose is to present newer evidence-based interventions alongside “classic” treatments, facilitating therapy that is up-to-date with current research and socially relevant for people who stutter living in the 2020s.

Research Base

The need for a new model became abundantly clear upon taking a close look at research trends and developments from the last decade (2010-2020). Most of this new research is not accounted for in a current therapy model. The emerging trends that have challenged these existing approaches include redefining the stuttering experience, understanding the stigma of stuttering, anticipation of the stuttering moment, disability rights, and self-help and support.

Efforts to define stuttering often come from the individual's experience of stuttering. Researchers at Michigan State University are working to redefine stuttering from the perspective of the person who stutters (Titchén & Yaruss, 2018). This desire to conceal may result from a high amount of felt stigma (shame, fear) even with low levels of enacted stigma. Efforts to redefine stuttering include using the term “stuttering” to replace “stutter.” Research indicates that this term is more preferred and valued by people who stutter. This shift in terminology allows for a broader understanding of the experience and incorporates concepts such as “passing” and “emerging.” The term “stuttering” is not only more inclusive but also aligns with the linguistic and cultural context in which it is used (Yaruss & Milewski, 2015).

Almost half of all people who stutter feel the need to hide the fact that they stutter (Boyle, Milewski, & Beita-Ell, 2018). This desire to conceal may result from a high amount of felt stigma (shame, fear) even with low levels of enacted stigma. Efforts to redefine stuttering include using the term “stuttering” to replace “stutter.” Research indicates that this term is more preferred and valued by people who stutter. This shift in terminology allows for a broader understanding of the experience and incorporates concepts such as “passing” and “emerging.” The term “stuttering” is not only more inclusive but also aligns with the linguistic and cultural context in which it is used (Yaruss & Milewski, 2015).

Stigma is a complex, individualized disorder. Treatment for stuttering is no less complex. Therapy approaches for stuttering include everything from programmatic, single-focus fluency shaping methodologies, to holistic programs that incorporate psychotherapy approaches, mindfulness, and community activities. For the average speech-language pathologist who needs to craft an appropriate treatment plan for a specific, individual client, sifting through the myriad of evidence-based options can be overwhelming (especially given that equally evidence-based treatments may have entirely conflicting philosophies). It is not surprising, then, that speech-language pathologists consistently report that they are uncomfortable assessing and treating stuttering (Sansut, Tella, & King, 2019; Tella, Drescher, & Emerson, 2008). Research is being released daily revealing new aspects of the nature of stuttering, but these findings are often not applied clinically. In addition to typical research-to-practice lag times, clinicians who are already overwhelmed or confused by the quantity of existing treatments may be especially hesitant to adopt new approaches that incorporate current research.

We propose a new framework for stuttering therapy: the 3Es. The purpose of this framework is twofold. The first purpose is to provide non-specialist SLPs with an evidence-based tool for identifying, analyzing, selecting, and implementing stuttering interventions for an individual client. The second purpose is to present newer evidence-based interventions alongside “classic” treatments, facilitating therapy that is up-to-date with current research and socially relevant for people who stutter living in the 2020s.

The 3Es Model

The 3Es is a stuttering therapy planning tool for clinicians working with clients who stutter. The model can be used to understand different approaches and how they relate and compare to one another. This is not a treatment approach or intervention itself. This tool is conceptualized by identifying three key thematic components of stuttering therapy, incorporating a mnemonic for easy recall and application. These three stuttering therapy elements are education, ease, and empowerment.

Education includes any activity where the client is learning about the science, psychology, or sociology of communication. This could include high-level concepts like code switching or the approach-avoidance hypothesis, or technical knowledge like vocal anatomy and the rationale behind techniques.

Ease includes any activity that focuses on skill or proficiency. Anything that requires “practice” typically falls in this category. This includes common interventions like working on rate of speech, voice or fluency techniques, or anything related to reducing struggle.

Empowerment includes activities that focus on the nexus between the individual person and the world that they live in. Communication exists only in context, and a challenging or unsupportive environment can derail even the most effective speakers. Empowerment activities include everything from role-play to self-disclosure to taking on a new challenge, like a presentation or blind date.

Ease overlaps in unique ways to create communication outcomes, or in another word, goals. These outcomes are the 3Es.

Future Directions

What Am I Missing? A Framework for Figuring Out What To Do In Stuttering Therapy

Courtney Luckman, MA, CCC-SLP

The 3Es tool is a treatment planning tool. Once values-based treatment goals are established, the tool directs clinicians to a specific set of evidence-based therapy activities. It does not go far enough to specify which activity to do in which session—but it’s an individual choice for the clinician and client to make. The purpose is to provide an accessible, robust, and structured “menu” of activities that can be flexibly combined throughout the course of treatment.

Current and future treatment planning materials include creating an exhaustive list of traditional and non-traditional stuttering therapy activities, with an associated E or C value and developing a mini-curriculum that walks clinicians and clients step-by-step through the first four seasons of treatment.

References


Eichorn, E. H., Beck, J. G., Manning, W. H. (2020). The Speaker’s Experience of Stuttering: Measuring outcomes for clinicians. Research validation will focus on strengthening the efficacy and efficiency of this model, implementing new research as it becomes available. Resource development includes continued creation of learning modules and therapy materials for clinicians.

Future work will include research-based validation and continued development of associated treatment resources for clinicians. Research validation will focus on strengthening the efficacy and efficiency of this model, implementing new research as it becomes available. Resource development includes continued creation of learning modules and therapy materials for clinicians.