



ASHA
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RISING
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What Am I Missing?

A Framework for Figuring Out What To Do In Stuttering Therapy

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speech 

Who we are and why we care

Courtney Luckman, MA, CCC-SLP

SLP & PWS, stuttering specialist

Witness of harmful stuttering therapy from both sides of the table



Katie Gore, MA, CCC-SLP

SLP, stuttering specialist

Clinical mentors: non-client PWS



Disclosures

Courtney Luckman, MA, CCC-SLP

Financial: None

Non-financial: former co-chair of Shared Voices junior board, former chair of NSA young adults

Katie Gore, MA, CCC-SLP

Financial: Owner of speech IRL

Non-financial: Co-founder and Board Member of Shared Voices, former NSA Board Member

Stuttering Therapy: ???

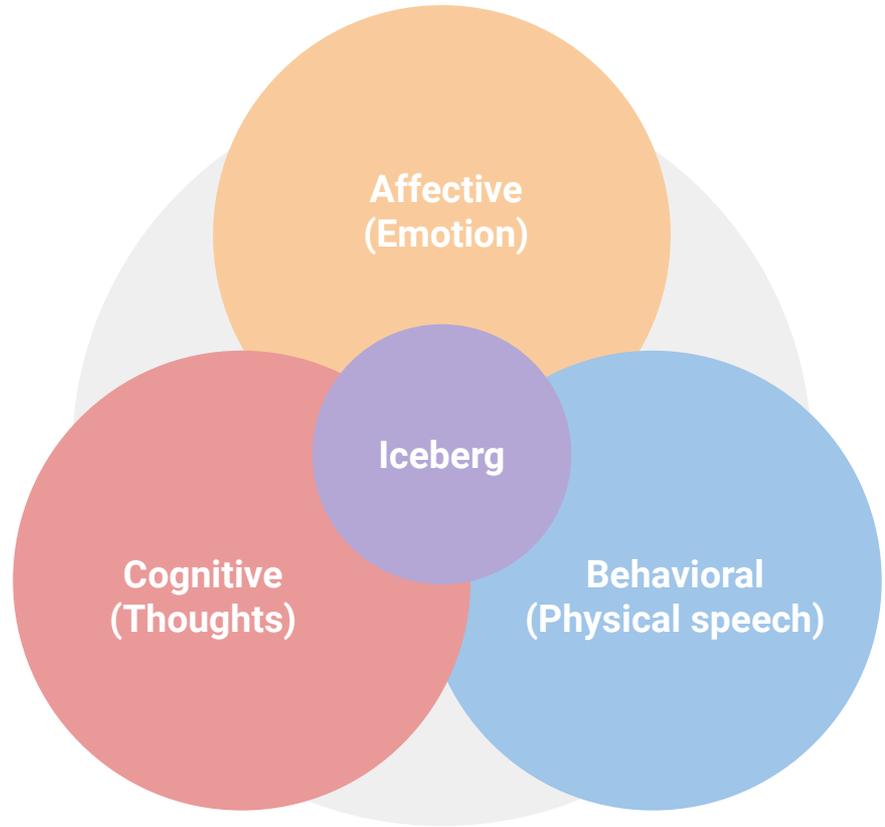
ABC model

WHAT should happen in therapy

RESULTS of therapy

??? model

HOW you make that happen



Client Values: In Their Own Words

Section 1: General Information = 3.94 (severe)

Section 2: Reactions to Stuttering = 3.23
(moderate/severe)

Section 3: Communication in Daily Situations =
3.08 (moderate/severe)

Section 4: Quality of Life = 2.32 (moderate)

Overall: 3.07 (moderate/severe)

Notable “5s” from OASES:

Reported that he is **not at all knowledgeable** about factors that affect stuttering and what happens with his speech when he stutters

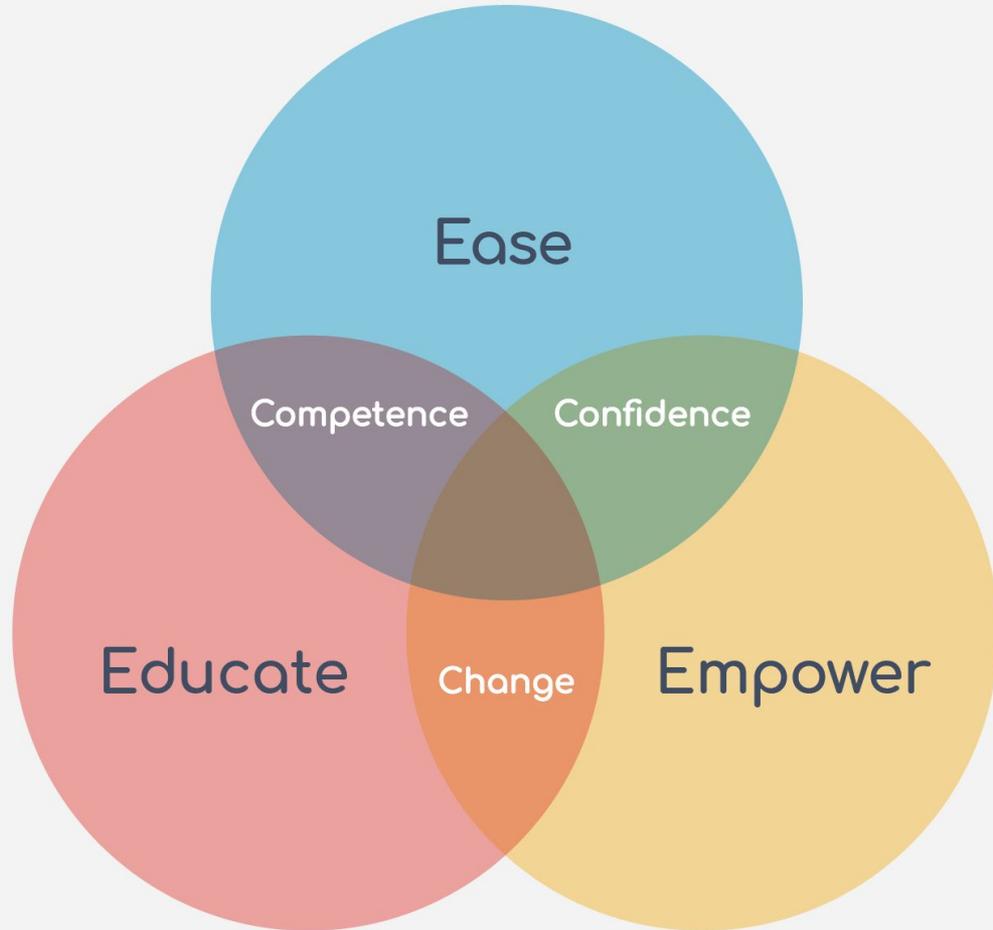
Stated that he **feels very negatively** about how he sounds when he speaks

Stated that he **always feels lonely, anxious, embarrassed, guilty, and frustrated** when he thinks about his stuttering

Strongly agrees with “I do not want people to know that I stutter”

Reported that it is **extremely difficult** using the telephone at work and talking with supervisor

Said that **stuttering completely interferes** with his ability to advance in his career



THE THREE Es OF STUTTERING THERAPY

Foundational Principles of the 3Es

This is a model for stuttering THERAPY, not the stuttering experience itself

- Compare/contrast with ABCs

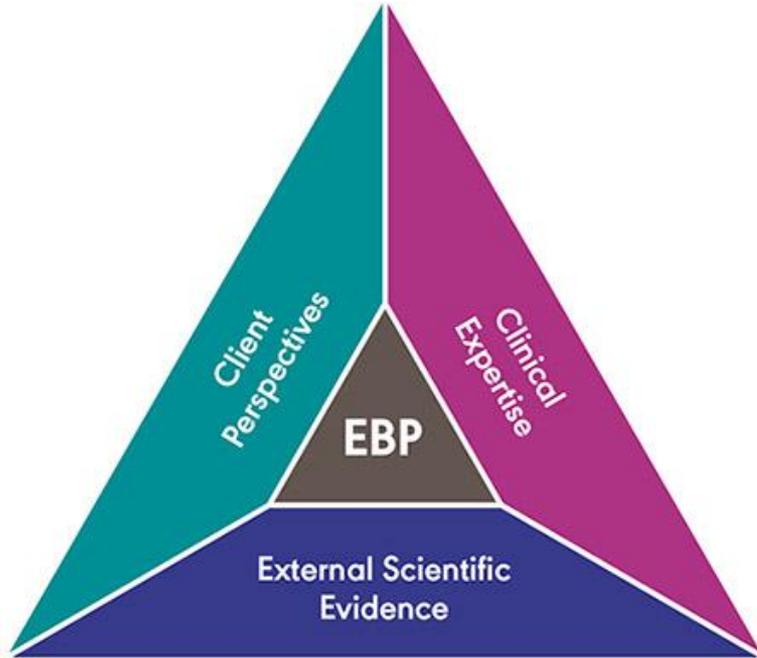
Each circle represents a clinically thematic **class of therapy activities**

Activities combine for different **therapeutic effects**

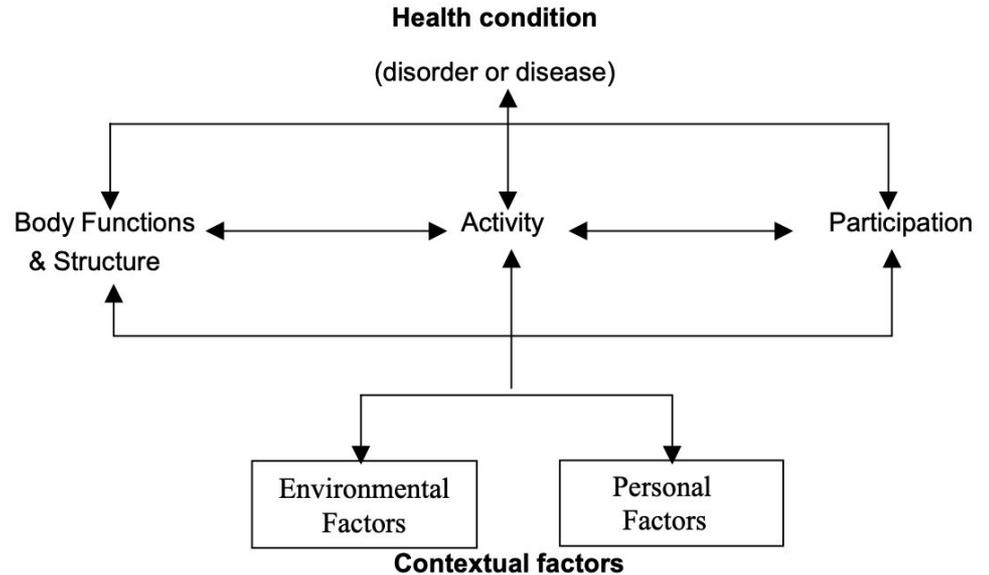
- May be applied to OASES results: “Where should we start with therapy?”

Addresses **developing skills** as well as **removing barriers**

3Es foundation

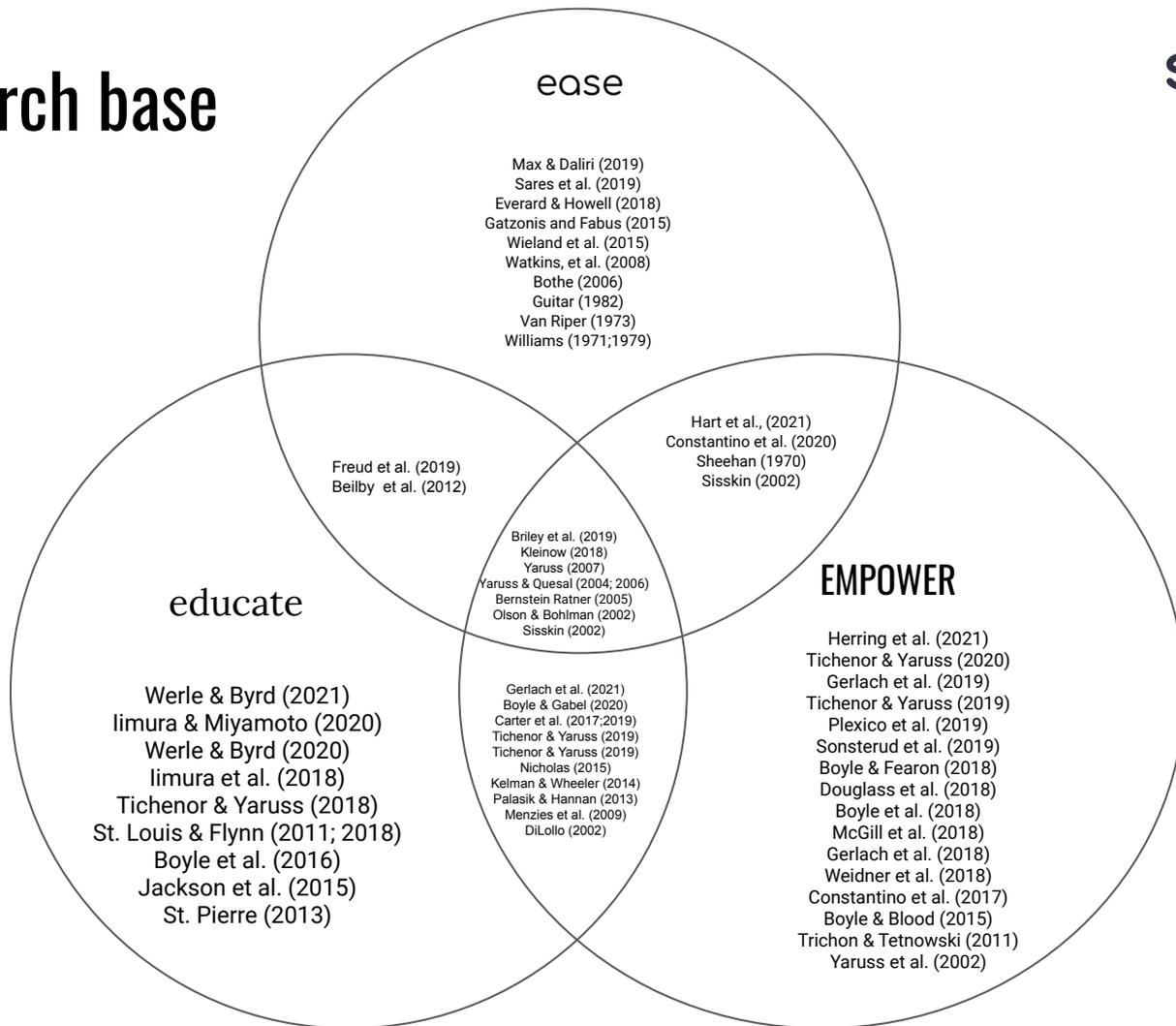


American Speech-Language-Hearing Association, 2005



World Health Organization, 2002

Research base



Research



Practice

This is problematic!

Research from the last 10 years that is not accounted for in a current therapy model:

Stigma

Disability rights

Stuttering experience

Covert stuttering

Anticipation

Psychotherapy approaches for

Support/community

stuttering treatment

Educate

Know your why

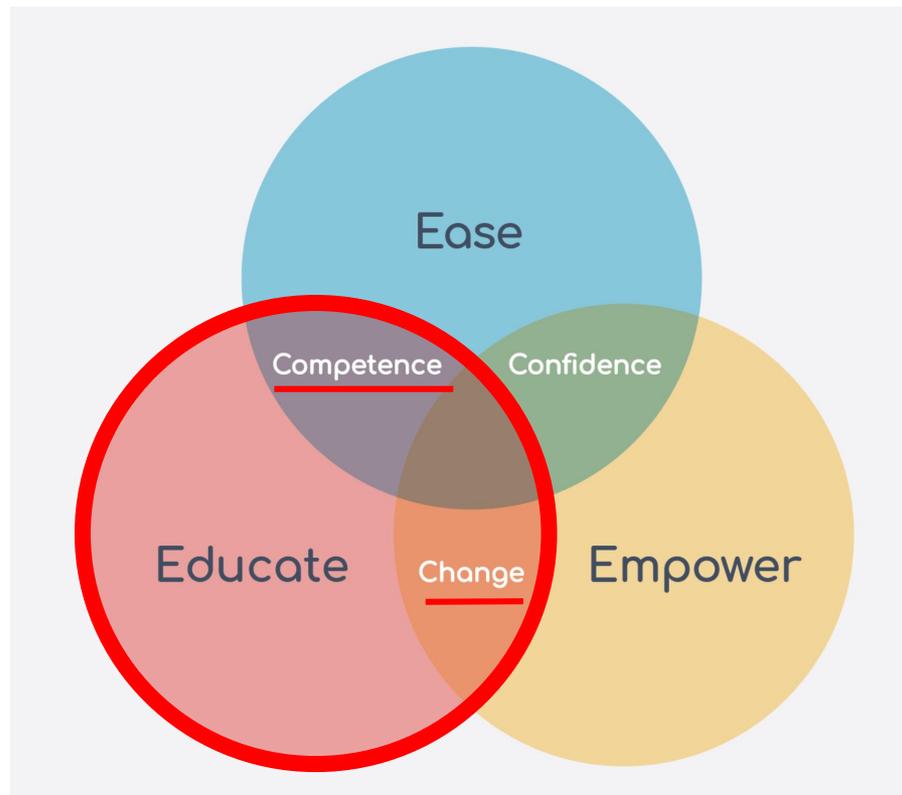
Education

Definition

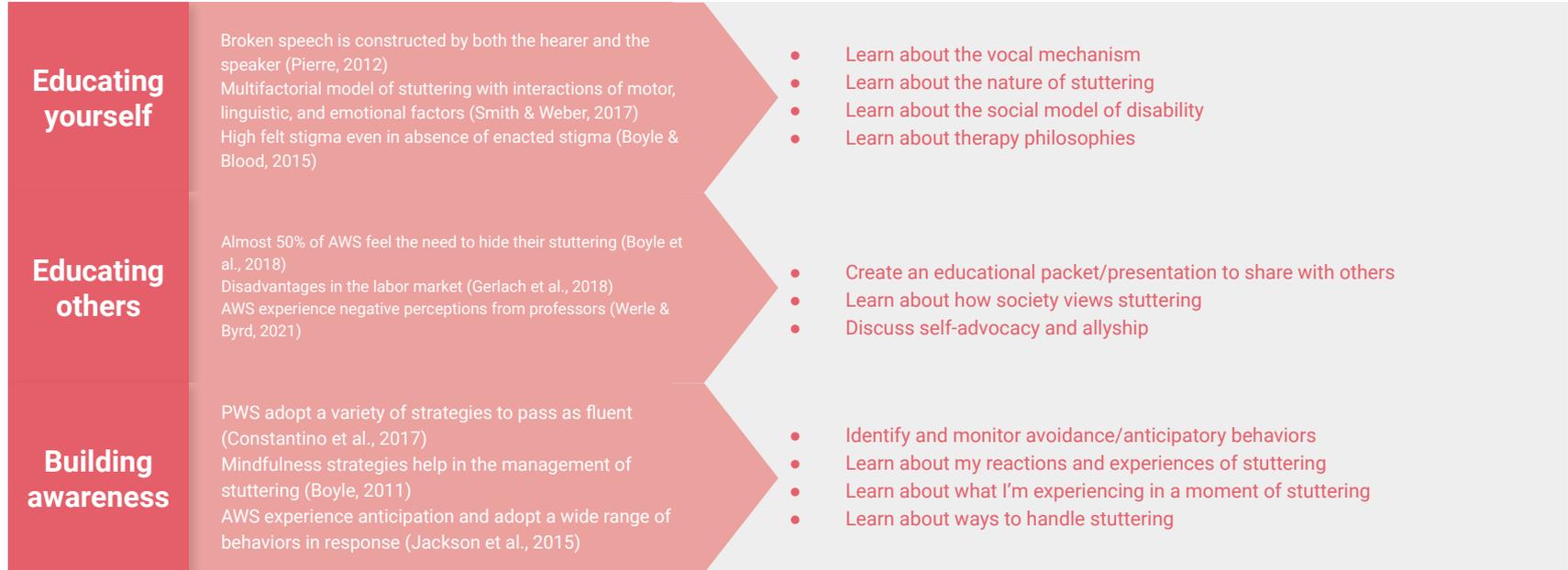
- Learning about the science, psychology, or sociology of communication
- Includes learning about stuttering in general, and learning about the client's individual experience of stuttering.
- Maps onto C (cognitive aspects of stuttering) of the ABC model of stuttering

Why

- To increase knowledge about stuttering and stuttering treatment approaches
- To self-advocate in communication situations
- To be an active participant in their speech therapy



Educate: thoughts and knowledge (cognitive)



Empower

We can't stop the waves, but we can learn to surf

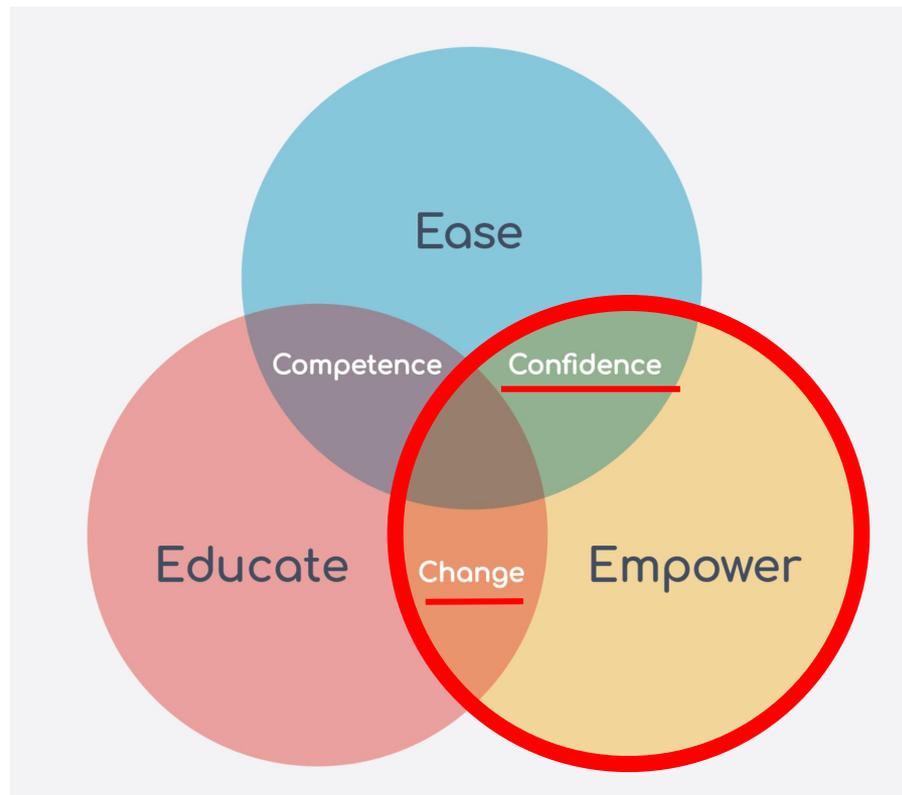
Empower

Definition

- Engaging in activities that focus on the nexus between the individual person and the world that they live in
- An empowered person who stutters is someone who is able to take on new challenges and progress toward their communication goals independently, or with minimal support from a professional
- Maps onto A (affective components of stuttering) of the ABC model of stuttering

Why

- Increase participation/decrease fear and avoidance
- Empower confident communication
- Improve quality of life associated with stuttering



Empower: choices, behavior, and identity (affective)

<p>Self disclosure</p>	<p>Self disclosing in an informative manner leads to positive listener reactions (Byrd et al., 2017) Self-disclosure is associated with better quality of life and well-being (Boyle et al., 2018; McGill et al., 2018) More positive perceptions when person who stutters discloses their stuttering themselves (Snyder et al., 2020)</p>	<ul style="list-style-type: none"> • Create functional self-disclosure statements and practice them up the fear hierarchy • Give a classroom/workplace presentation on stuttering • Post on social media about stuttering
<p>Support</p>	<p>Benefits of attending a stuttering support group for both kids and adults with results maintained at 3 month follow up (Gerlach et al., 2019; Trichon & Tetnowski, 2011) Participation in support groups is associated with reductions in adverse impact of stuttering with results maintained at 6 month follow up (Herring et al., 2021)</p>	<ul style="list-style-type: none"> • Watch videos, listen to podcasts, and/or read books about stuttering • Attend a stuttering support group • Attend a National Stuttering Association or FRIENDS convention • Attend a stuttering camp like SAY • Have a phone chat with another person who stutters
<p>Desensitization</p>	<p>Voluntary stuttering is most beneficial when it matches client's own stuttering (Byrd et al., 2016) Negative thoughts about potential listener reactions combine with fear of speaking and lead to avoidance (Sisskin, 2018) Desensitization can help improve communication attitudes, increase fluency, and reduce concern about stuttering (Murphy et al., 2007)</p>	<ul style="list-style-type: none"> • Watch videos, listen to podcasts, and/or read books about stuttering • Engage in voluntary stuttering • Avoidance reduction - work toward saying feared words and participating in feared situations • Make phone calls to restaurants/stores/hotels

Ease

We can't stop the waves, but we can learn to surf

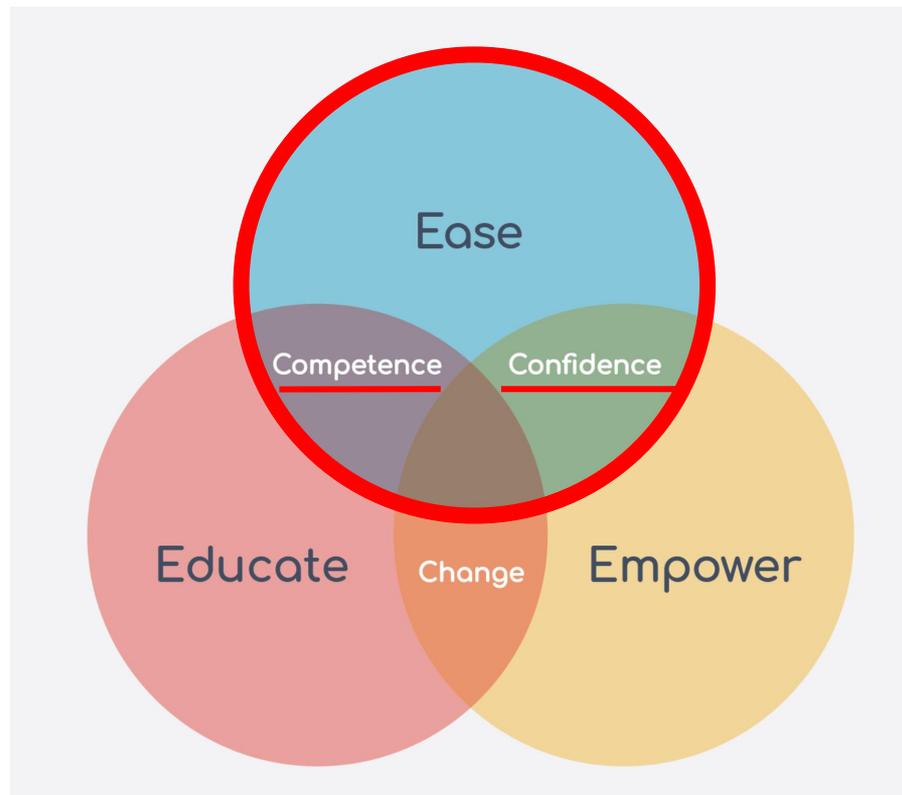
Ease

Definition

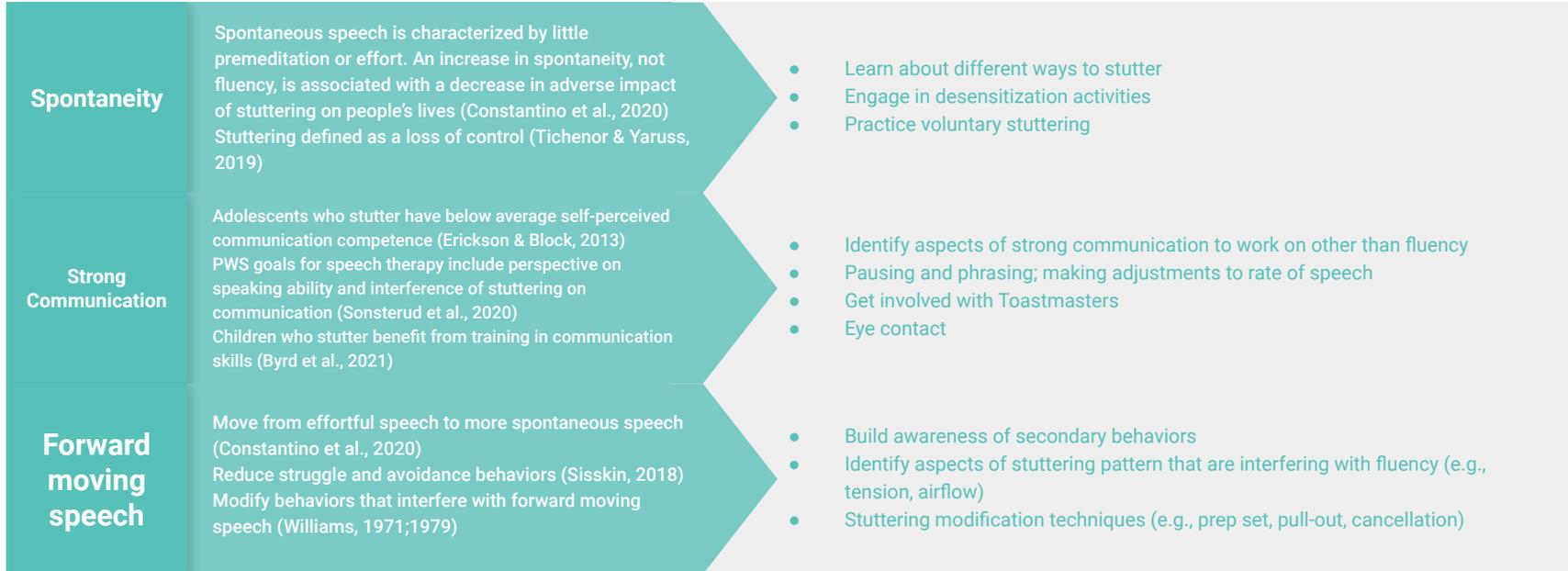
- Engaging in activities that focus on building a skill or proficiency associated with communication
- May include exercises that focus on rate, articulation, voice, fluency, or reducing struggle
- Improve spontaneity of speech
- Maps onto B (behavioral components of stuttering) of the ABC model of stuttering

Why

- Improve communication skills
- Decrease tension/struggle
- Increase intelligibility
- Increase comfort with speaking



Ease: physical speech work (behavioral)



Ease

Figure 5. Spontaneous fluency through effortful fluency.

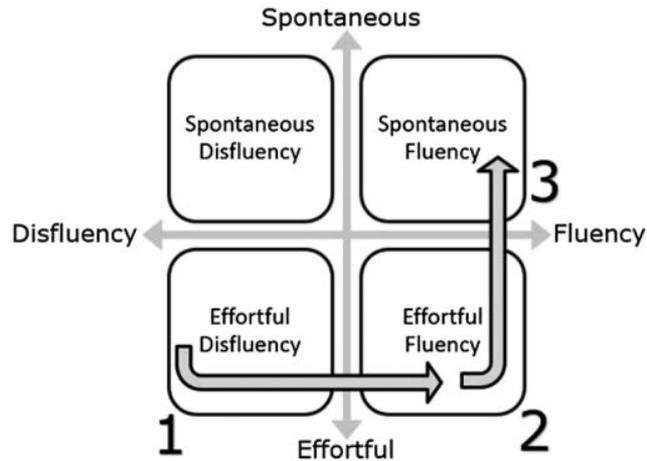
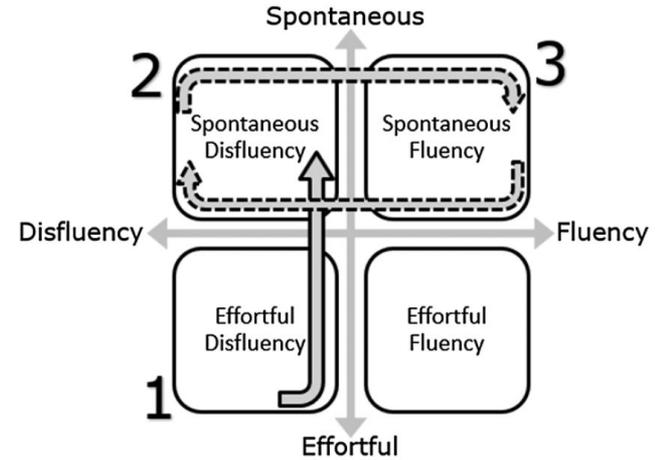


Figure 6. Spontaneous fluency through spontaneous disfluency.



Case Study: Memorable quotes

“Why does my body make it difficult to talk? Maybe I overcomplicate speaking”

“The more I practice this, it’s easier to talk”

“Feels good to be in control of my speech and not have it control me”

“Stuttering is my superpower because I feel like it has made me resilient, extremely hard working, and makes you handle adversity better”

“I approach speaking situations with more confidence now”

“I don’t care as much about what people think. I’m more comfortable.”

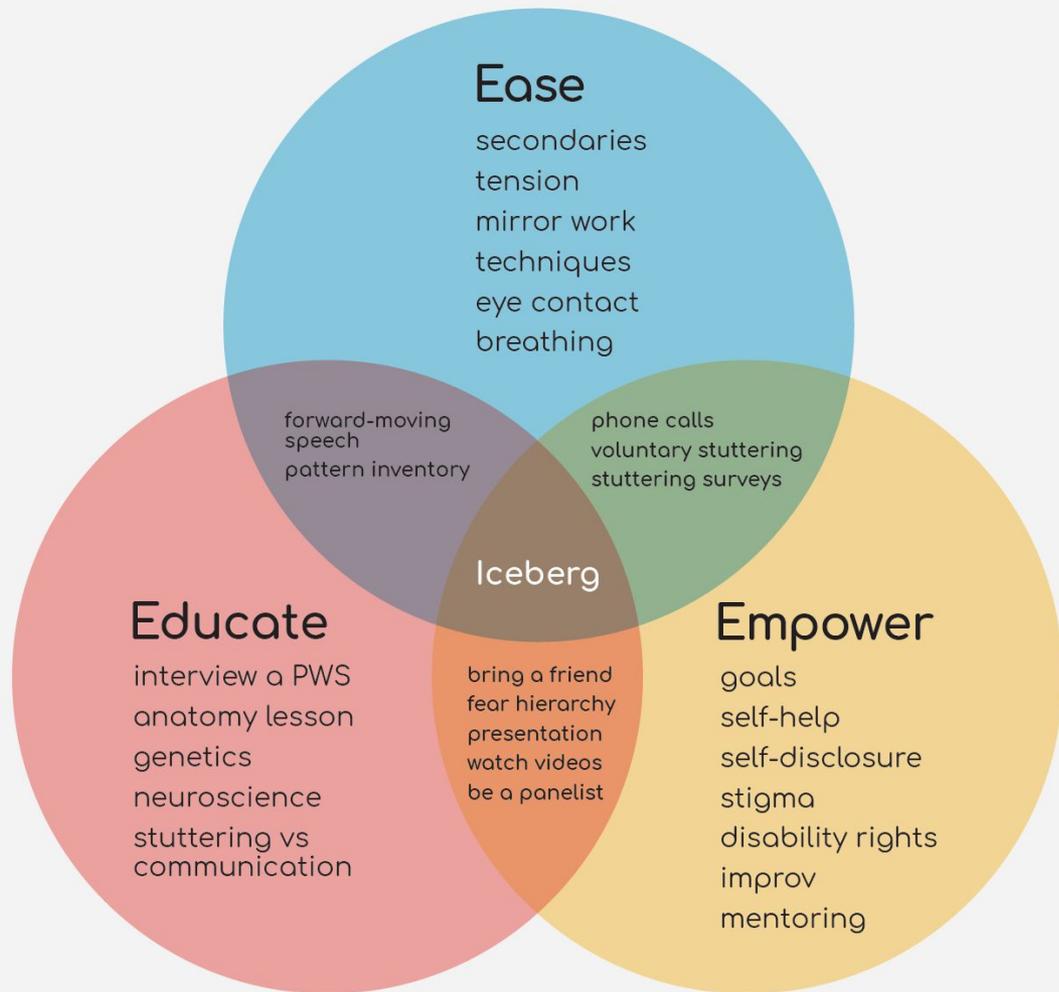
“I’m communicating with less fear and anxiety and not allowing stuttering from keeping me from participating”

Closing Thoughts

This is not a therapy approach...simply a way to think about *how* and *why* you will choose goals and activities for therapy

Truly holistic therapy needs to incorporate truly holistic (aka, not-just-speech) activities

Am I doing the right thing?
Are you covering your Es?
Then EBP says you are!



Questions?

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<https://www.speechirl.com/3es>

<https://www.teacherspayteachers.com/Store/Speech-Irl>

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