

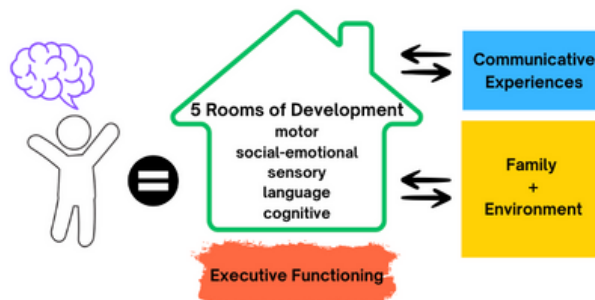
Client Centered Stuttering Therapy: Evolving Perspectives & Finding Balance

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“Evolve” is a choice resulting in continued professional growth, expansion of ideas, careful self-reflection, and increased clarity. All serve to enhance our clinical outcomes.

Pathways to persistence differ (Smith & Weber, 2017; Chow et al., 2023). School-age children who stutter showed presence of at least 1 or more challenging conditions (Briley & Ellis, 2018; Choo, 2020). A **holistic approach** understands the ever changing big picture of the client-student and often a multidisciplinary approach (Sheikhbahaei et al., 2023).



Adapted by Chmela from Anderson & Ofoe, 2019; Chmela & Campbell, 2014

A holistic approach involves growth across both psycho-social and behavioral components.

C & Delpeche, S. (2022, March). A Multidimensional Approach for School-Aged Children who Stutter. (Caughter et al., 2022; Higuera, 2009; Palasik & Michise, 2015; Beilby & Yaruss, 2018; Hart et. al, 2024; Caughter and Dunsmuir 2017; Carter et al., 2017; Technor et al., 2022; Tichenor, Herring, & Yaruss, 2022)



What is person-centered therapy? Primary focus is on the person as opposed to the task; valuing personal knowledge and experience, autonomy & competence in terms of decision making and problem solving (Rogers, 1942; Rogers, 1951; DiLollo & Favreau, 2010; Grosch, 2008).

The **client/student is in the center**, honoring their individual and unique **life experiences** with stuttering, and **guiding** them to be able to cope with the **dynamic challenges** associated with stuttering. **Development changes** how one thinks, feels, and reacts to one's stuttering.

Person Centered Stuttering Therapy seeks to help the kids **find autonomy** and **control** over their lives by engaging in and developing **problem solving** and **advocacy skills** as they **evolve as communicators**.

Creating a Goal Planning Vision Board:

- Visual representation of the “person” in the center
- Holistic perspective of relevant internal and external factors including negative impacts
- Clinical tool for developing and refining impact directed goals & cognitive development driven strategies; monitoring ongoing progress; stakeholder education

Adapted by K. Chmela 2021 from Brown, T. E. (2005) Circles inside Squares: A Graphic Organizer to Focus Diagnostic Formulations J. AM.ACAD. Child Adolesc. Psychiatry, 44:12, December 2005 1309-1312; further adapted by K. Chmela 2024 from Malman, Morean, & Chmela, 2023

Teacher & Parent Education

- Compared to normally fluent peers, **school-age children viewed as less popular, and are more likely to be rejected and bullied** (Davis, Howell, & Cooke, 2002; Langevin et al., 1998, 2003; Stewart & Turnbull, 2007; Blood et al., 2010)
- **Teachers have little knowledge about stuttering** and hold **negative perceptions of children who stutter** (Allard & Williams, 2007; Clauson & Kopatic, 1975; Crowe & Walton, 1981; Lass et al., 1992; Dorsey & Guenther, 2000)
- **Teachers and student teachers** need **increased knowledge** about stuttering and information about how **best to accommodate** students who stutter in the classroom (Panico, Daniels, et. al, 2018)
- Teachers had **positive attitudes** but **knowledge gaps** and a **limited set of ideas to help**; recommended a "short online package;" stuttering resources should be available to all teachers (Hearne et. al, 2021)
- **SLPS** need to "**listen to and incorporate the voices of students** who stutter into **school, classroom, and therapy decision-making practices**" (Cobb, Daniels, & Panico, 2019)
- Possibility that students who stutter do not feel the need to talk about their stuttering, **teachers can acknowledge the stuttering and likely encourage the students to approach them when they feel the need.** (Adriaenssens & Struyf, 2016)
- Need for **teachers to focus upon school well-being of children who stutter** in order improve their social inclusion in the classmates group (Berchiattia Et. Al, 2020)
- Three most helpful things were for **teachers to collaborate** with the child's SLP, to be patient when the child talks, and to **know how to react** when the child stutters (Cozart & Wilson, 2022)
- **Parents need education** regarding how to best help their child manage the problem (Bielby, 2014)
- Professionals need to consider how they can **combat ableism** (Reeves et al., 2023) when it comes to stuttering (Gerlach-Houck & Constantino, 2022); involving client; terminology; behavioral observations and feedback focus
- Education of preservice teachers can create positive change in perceptions and feelings about students who stutter (Williams et al., 2023)

Teaching Advocacy Skills

- Individual process; scaffolded support based upon developmental stage & present circumstances
- To know one's own needs and rights and the ability to communicate and make decisions about those needs and rights. (Waller, 2020)
- Self-advocacy skills may help in solving problems that might otherwise stand in the way of improved quality of life (Hollander et al., 2011)
- May be key to accessing accommodations (Sчена et al., 2022)
- Research suggests self-advocacy skills are related to adaptability to college (Adams & Proctor, 2010); persistence, academic performance, & GPA in students with disabilities (Fleming, Plotner, & Oertle, 2017)

Teaching Advocacy Skills, cont.

Conceptual Framework Teaching Advocacy Skills Kids and Teens Who Stutter; (Adapted by Chmela from Test et al., 2005*; McGahee et al., 2021)

Advocacy requires the following:

- 1) **knowledge of one's abilities and needs** sufficient to recognize problems & address them
- 2) **preparedness to pursue the fulfillment** of these needs and the solution to these problems
- 3) **aptitude to communicate to others** to solve problems and fulfill needs
- 4) **the skills needed** to be **assertive** and the initiator of change

(Martin & Huber-Marshall, 1995; Test et al., 2005)

4 Types of Advocacy for Kids Who Stutter:

Holding & Creating Space: *verbal or non-verbal request for more time or a turn to speak*

Self-Disclosure: *telling someone you stutter*

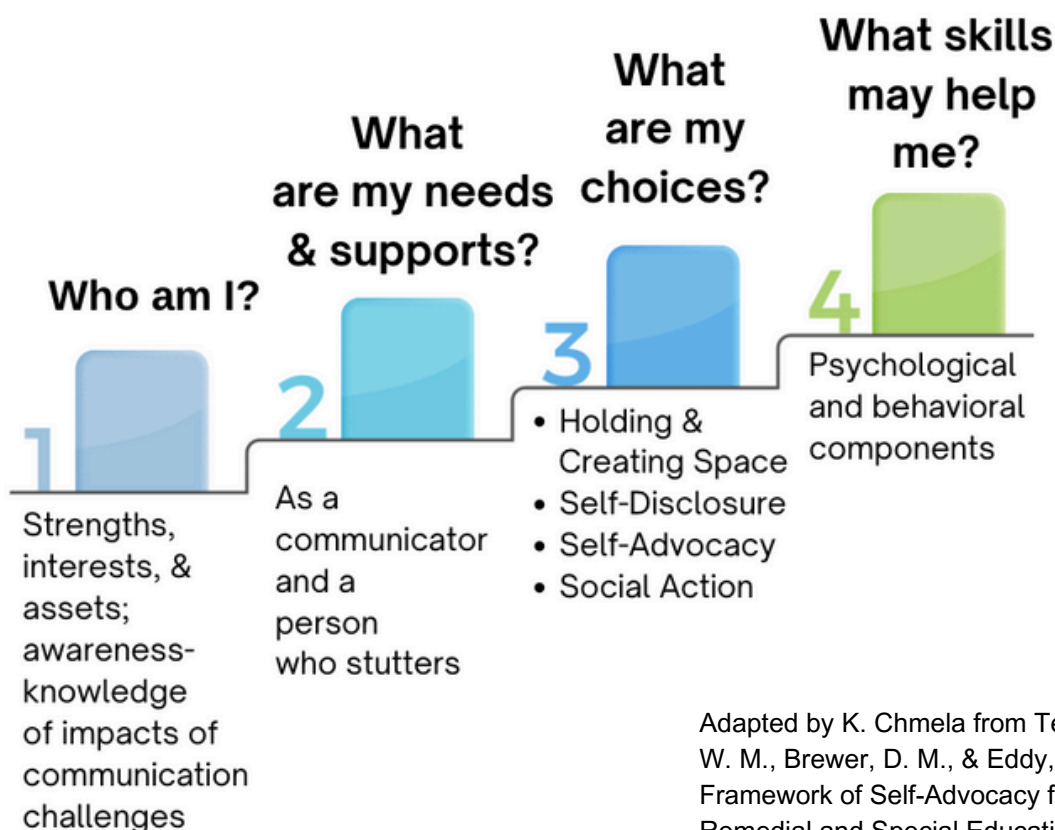
Self-Advocacy: *talking with someone about your stuttering and making a request*

Social Action: *teaching a group, writing an article, having a podcast, creating a poem or play about stuttering, making mint green ribbons etc., to impact positive social change*

Process of teaching advocacy:

Take client-student through the four steps below on the right (use creativity based upon interest (board with words, pictures, etc.) and role play

implement strategies **as warranted** within therapy (Use Problem Solving pie for Advocacy)



Adapted by K. Chmela from Test, D. W., Fowler, C. H., Wood, W. M., Brewer, D. M., & Eddy, S. (2005). A Conceptual Framework of Self-Advocacy for Students with Disabilities. Remedial and Special Education, 26(1), 43–54