Successful Stuttering Management in Adolescents Who Stutter: A Qualitative Analysis

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Abstract. The purpose of this investigation was to explore themes, from the participants' perspective, that help to explain the ability of seven participants to successfully manage their stuttering. Semi-structured interviews were conducted to collect the individual experiences of each participant across three-temporal stages (past, transitional, and current). The primary focus of this investigation was on the transitional stage, where participants progressed from unsuccessfully to successfully managing their stuttering. Interpretive Phenomenological Analysis was the methodology used to identify recurring themes among the participants. Recurring themes in the transitional stage included (1) successful therapy, (2) support group, (3) family involvement, and (4) acceptance of disfluencies. The results indicated a difference between the management of stuttering in adolescents and previous research with adults who stutter.

1. Introduction.

It is well documented that, save for very young children, there is a very high rate of unsuccessful long term outcomes in stuttering treatment, with relapse rates between 50-70% (Craig, 1998; Craig & Hancock, 1995). Several investigations have attempted to identify factors associated with successful outcomes by surveying or interviewing individuals who have recovered or who are successfully managing their stuttering (Anderson & Felsenfeld, 2003; Plexico, Manning, & DiLollo, 2005; Sheehan & Martyn, 1966; Wingate, 1964).

Wingate (1964) conducted one of the very first investigations on stuttering recovery by surveying 50 self-identified recovered persons who stutter (PWS). He found self-appraisal, self-acceptance, and speech practice to be the most reported factors associated with recovery. Sheehan and Martyn (1966) explore this topic by surveying 58 college students who self-identified as recovered PWS. Similarly to Wingate (1964), attitude change (e.g.: self-acceptance, increased self-esteem) and speech modification were the highest reported factors in recovery. Successful management of stuttering has also been explored qualitatively with the use of interviews for data gathering. Anderson and Felsenfeld (2003) used thematic analysis to investigate the experiences of six adults who recovered from stuttering. Three thematic categories emerged from the data: increased confidence, increased motivation, and direct speech changes. In a similar study Plexico et al. (2005) conducted a phenomenological study on successful stuttering management which included seven adult participants. The aim of the study was to capture the participants’ perspectives on their experiences which led them to successfully manage their stuttering. Successful stuttering management was associated with support from others, successful therapy, self-therapy and behavioral changes, cognitive changes, utilization of person experiences, and high levels of motivation.

The qualitative and quantitative investigations in successful management and recovery of stuttering have identified several common factors which include cognitive and behavioral changes. These findings are of great clinical significance and demonstrate support for stuttering treatment programs which employ affective and cognitive intervention approaches. A significant limitation of these studies is the use of adult participants exclusively. This limitation constrains the clinical applications of the findings to only adults who stutter.

Stuttering is a complex disorder associated with various psychological and social distresses which peak in adolescence (McAllister, Collier, & Shepstone, 2012). Compared to their fluent peers, adolescents who stutter report heightened levels of anxiety (Blood et al., 2007), communication apprehension...
bullying (Erickson & Block, 2013), and lower levels of self-perceived communication competence (Blood, Blood, Tellis, & Gabel, 2001). Adolescents who stutter are confronted with different expectations and challenges than adults who stutter and thus it is important that clinical intervention is tailored to this age group (Blood, 1995). At this time, no published investigation has explored factors associated with successful management of stuttering by adolescents. The current investigation aims to employ a research approach similar to Plexico et al. (2005) relating to successful management of stuttering but to specifically study this phenomenon in adolescents. As Plexico et al. (2005), the current investigation defines successful management not as the complete absence of stuttering but as the continued attention to a variety of communication behaviors, including cognitive and attitudinal factors. The purpose of this investigation is to explore themes, from the participants’ perspective, that help to explain their ability to successfully manage stuttering.

2. Methods

The qualitative methodology utilized in this investigation was phenomenology. Phenomenology attempts to understand an individual’s reality and experiences through their description of their lived experiences (Giorgi, 1997). In this approach, it is believed that the individual who experienced the phenomenon is the most suitable source for describing the experience of the phenomenon (Moustakas, 1994; Plexico et al., 2005). The participant is given the opportunity to provide a descriptive account of their experience from their point of view, and the goal of the investigator is to describe, clarify, and explain the participants’ lived experience (Tetnowski & Damico, 2001; Kordosh, 2011).

Seven adolescents participated in this study. Inclusion criteria were that participants needed to (a) be between the ages of 10-19, (b) to have been identified as a PWS by a speech-language pathologist, (c) to self-identify as a person who stutters or stuttered, (d) to be identified as successful in therapy by a board certified fluency disorders specialist, and (e) to self-identify as being successful at managing stuttering. As in Plexico et al. (2005) there was no criteria for the self-identification of successful management. The addition of the fluency disorders specialist identification of successful management of stuttering was implemented to increase the reliability of the adolescents’ self-identification. The authors did not provide the fluency specialist with a criteria for successful management.

The seven participants included in this investigation were Lafayette Parish residents and all but one were males. All the participants had a history of stuttering since childhood and had a history of stuttering treatment with multiple speech-language pathologists. The Stuttering Severity Instrument-4 (SSI-4; Riley & Bakker, 2009) and the Overall Assessment of the Speakers Experience of Stuttering scores (OASES; Yaruss, Coleman, & Quesal, 2010) were conducted by the first author immediately following each interview. Table 1 provides the participants information and assessments scores. None of the participants had SSI-4 scores greater than mild (range 6-17) or OASES scores greater than Mild/Moderate (range 1.3-1.9).

The adolescents participated in a face-to-face semi-structured interview with the first author which lasted between 35-55 minutes and were recorded and transcribed verbatim for data analysis. In order to collect the true lived experiences of the participants only two opened-ended non leading prompts were used: “Tell me about your experience with stuttering” and “tell me about your stuttering and your personal relationships”. Topics initiated by the participants spontaneously or from the prompts were further expanded and clarified by the use of unplanned prompts (e.g.: “tell me more about that”). This procedure allowed for a phenomenological understanding of the participants’ lived experience with minimal interviewer bias.
Interpretive Phenomenological Analysis (IPA; Smith & Osborne, 2003) was the method used for data analysis. IPA makes use of a cyclical type of analysis where the researcher interprets the discussion provided by each participant. The data is refined and themes are developed for each participant. The researcher then identifies recurring themes among participants until all themes are exhausted. Similarly to Plexico et al. (2005) the data was divided into three-temporal stages (past, transitional, and current). Individual experiences were identified as “past” if the participant was describing events when the stuttering was unsuccessfully managed, “current” if the participant was describing events when the stuttering was successfully managed, or “transitional” when the participant was describing a period of transition from unsuccessful management to successful management of stuttering. The current investigation will only focused on the transitional stage. To ensure credibility, member checking was used to validate the interpretation of data provided by the participants and investigator triangulation was achieved with two investigators in separate reviewing of the transcripts.

### Table 1. Participant information and assessment scores.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Gender</th>
<th>Age</th>
<th>SSI-4 Score</th>
<th>OASES Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>MW</td>
<td>Male</td>
<td>13</td>
<td>Very mild</td>
<td>Mild</td>
</tr>
<tr>
<td>EB</td>
<td>Male</td>
<td>11</td>
<td>Mild</td>
<td>Mild/Mod</td>
</tr>
<tr>
<td>CW</td>
<td>Female</td>
<td>18</td>
<td>Mild</td>
<td>Mild</td>
</tr>
<tr>
<td>LC</td>
<td>Male</td>
<td>12</td>
<td>Mild</td>
<td>Mild</td>
</tr>
<tr>
<td>BP</td>
<td>Male</td>
<td>18</td>
<td>Mild</td>
<td>Mild</td>
</tr>
<tr>
<td>YN</td>
<td>Male</td>
<td>12</td>
<td>Mild</td>
<td>Mild/Mod</td>
</tr>
<tr>
<td>FG</td>
<td>Male</td>
<td>16</td>
<td>Very mild</td>
<td>Mild/Mod</td>
</tr>
</tbody>
</table>

### 3. Results

The purpose of this investigation was to understand, from the participant’s perspective, the factors which help to explain their ability to successfully manage their stuttering. The data revealed the following recurring themes in the transitional stage: (1) successful therapy, (2) support group, (3) family involvement, and (4) acceptance of disfluencies. Table 2 displays these recurring themes with their supportive minor themes. The following section provides details about the recurring themes and supportive quotes from the participants.

#### 3.1 Successful therapy

provided the participants with an education and awareness of stuttering. It also taught individualized fluency enhancing techniques which became automatic with practice. The following quotes supports this theme:

Participant EB, “I came to speech therapy and I’m like ‘Wow’ I can do these things called techniques and it can really help.”

Participant BP, “I tried to use them [techniques] all the time when we first started the therapy. I tried to use them 24/7. Now I don’t really have to think when I use the technique.”

#### 3.2 Support groups

were reported to be important in the transitional stage for the reasons that it (1) normalized stuttering by allowing the participants to meet others who stutter, (2) provided an insight into stuttering from listening to other people’s experiences, (3) it allowed for a safe place to practice the
speech techniques learned in therapy, and (4) it educated family members about stuttering. The following quotes supports this theme:

Participant LC, “It made me feel like there’re others out there and that it didn’t make [me] feel that it was like wrong or bad. It made me feel it’s a thing that happens.”

Table 2. Recurring themes for the transition stage from the participants individual experiences.

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<table>
<thead>
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<tbody>
<tr>
<td>1.</td>
<td>Successful Therapy</td>
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<tr>
<td></td>
<td>Education</td>
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<tr>
<td></td>
<td>Individualized techniques</td>
</tr>
<tr>
<td></td>
<td>Practice</td>
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<td></td>
<td>Naturalization of techniques</td>
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<tr>
<td>2.</td>
<td>Support Group</td>
</tr>
<tr>
<td></td>
<td>Normalization of stuttering</td>
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<td></td>
<td>Insight into stuttering</td>
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<td></td>
<td>Safe place to practice</td>
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<td></td>
<td>Family Education</td>
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<tr>
<td>3.</td>
<td>Family Involvement</td>
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<tr>
<td>4.</td>
<td>Acceptance of disfluencies</td>
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<tr>
<td></td>
<td>Devaluation of perfect fluency</td>
</tr>
<tr>
<td></td>
<td>Selective control</td>
</tr>
</tbody>
</table>

Participant YN, “I was learning a lot more about it [stuttering] in the support groups and I think it really helped it’s a great like little ‘add-on’ while you are taking therapy.”

Participant FG, “After I started going I kind realized that it was okay to mess up and that it didn’t matter, it was a good place to be in to practice my speech.”

Participant YN, “I think it was probably very interesting for them [family] as well, because I don’t recall them knowing many PWS and I think that [there] was also insight for them and they could understand more about stuttering.”

3.3. Family involvement was reported to be an essential component of successful management. Participants stated that family members were a source of motivation and provided reminders to use speech techniques. The following quotes illustrates family involvement:

Participant YN, “Whenever I had a big repetition or block sometimes I would just pass on the sentence and not say the rest of the sentence because I just didn’t feel like it. But my brother would say ‘you need to finish the sentence instead of just passing off on it’ because he knew it would help me. It motivated me to finish the sentence.”

Participant EB, “My mom says, if I don’t use my tools then this [hand gesture] will remind me to use them.”

3.4 Acceptance of disfluencies was described by participants as the devaluation of fluent speech and the selective use of fluency enhancing techniques. The participants recognized that disfluencies were a
normal part of communication and were not bothered by moments of stuttering. They also did not attempt to sound fluent in every situation. The following quotes supports this theme:

Participant LC, “I would use it [techniques] anytime I stuttered a lot like if it just happened one or two times then I went on, I would just forget it.”

Participant BP, “At home I’m more relaxed so it’s like ok I don’t have to speak fluently all the time. With friends at school I would speak fluently all the time.”

4. Discussion and conclusions:

The purpose of this investigation was to understand, from the perspective of adolescents who stutter, the recurring themes that helped them transition from unsuccessful to successful management of stuttering. Previous investigations on this topic revealed that behavior changes, cognitive changes, and support from others were factors associated with successful management of stuttering. Similar descriptions were provided by the adolescents in the current investigation. The participants described the importance of therapy with includes stuttering education, individualized speech techniques and practice. As previous investigations, acceptance of disfluencies and support from others emerged as a recurring themes among the participants. However, the major source of support among the current participants came from family members. This theme has not been found in previous investigation which involved adults who stutter. Family members also provided reminders to use speech techniques. All of the adolescent interviewed lived with family members during the transitional stage, thus it is not surprising that family members played a role in their success. In contrast to Plexico et al. (2005), self-therapy was not an emergent theme among participants. It could be that since participants were enrolled in therapy during the transitional stage that there was no need for self-therapy.

Although this investigation reflects the experience of only seven adolescents and therefore may lack generalizability, it does provide valuable information. The current findings indicates that adolescents who have been successful in stuttering therapy report that a comprehensive intervention which combines the use of individualized techniques, support group, family involvement, and acceptance of disfluencies to be keys to successful management of stuttering.

References


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