School Age Stuttering Therapy: Understanding the stages of change

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Learner Objectives

• Discuss the relationship of stages of change and the stuttering treatment process
• List and define the 5 stages of change in the transtheoretical model
• Outline the role of the clinician in each stage of change

Citations and Credit

• Much of this presentation comes from “learning from the masters.”
• Please refer to the readings and resources we outline at the end of this session, as much of what is outlined is adapted from the work of Prochaska & DeClemente
• Amazing articles from Zebrowski and from Turnbull help us to related the stages of change to stuttering therapy

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Focus of the Presentation

- A Story of Change
- The Process of Change
- Some Tools to Facilitate Change

A Retrospective Journey

- Pre-School
- (Problem! What Problem?)
- Early School Experiences
  - (I'm here...now what? A nugget for the future)
- Later School Experiences
  - (Why me? Fix it! My friend...I'm not alone.)

A Personal Journey of Change

- College Years
  - (OMG, now what! What will become of me? "Put your hands on the radio...I have found the answer!!!")
- Relapse
  - (Where are you when I need you?)
- Adulthood
  - (Guess it's up to me.)

Considering The Process of Change

- Does the "process" matter?
- Could it be valuable?
Defining the Stages

• Prochaska and DiClemente developed a model to explain and define a series of stages people go through as they change behaviors. (Prochaska and DiClemente, 1986)
• Turnbull, 2000 applied Transtheoretical Model to stuttering
• Borkman described a different model to explain the process of change for those participating in self-help / mutual aid groups. (Borkman, 1999)

Stages of Change Model

• Precontemplation
• Contemplation
• Preparation
• Action
• Maintenance

Precontemplation

• Do not think there is a need for change
• Denial that the problem exists
• Turned off by previous unsuccessful attempts at change / therapy / self-help
• Fail to see the potential positive impact of change
• Overestimate the effort (time, energy, resources) or personal “cost” required

Contemplation

• Intends to change in the near future...thinking about it
• Still not sure about the effort / personal cost required
• May not be ready for certain activities
Preparation

- Begin to take some form of action
- searching the web
- getting phone numbers of people to contact
- getting dates/times of meetings, etc
- May not be ready for certain activities

Action

- Decision is made and action is taken
- Changes may or may not be observable to others; may be more subtle or internal
- Changes may also be dramatic

Maintenance

- Attempts to maintain progress and prevent relapse
- Not as much effort as in the action phase
- Often tends to “coast”

The process is not absolute

- Change is not static, it’s dynamic
- Change is not linear, it’s spiral
  - (Turnbull, 2000; Manning, 2001, 2006)
• Everyone is on a journey. Having some knowledge about where an individual is on that journey, regardless of age, can be very helpful to assisting them in setting a course, staying on course, changing course, or getting back on course.

Understanding the process of change can help us to help ourselves.

Therapeutically: Why is this Important?

Understanding the process of change helps us to help others

• Why is it sometimes difficult to get children to buy into therapy?
• What do we do when someone appears to be stuck?
• Why do some students flourish and others struggle over and over?

Role of the Clinician

• Facilitate Self-evaluation (after doing some of our own)
• Consider where your students (their parents, and others involved) might be on their own journey
• Recognize that everyone moves at a different pace and in different ways
• Be alert to small changes over time
• Realize that you are a facilitator for change…. Not an agent of change

Two Important Reminders

Spiral, Not Linear!
Understanding “readiness for change”

• Matching readiness (stage of change) to the process (therapy techniques/philosophy)
• Change in stuttering is cyclical (Manning 2001, 2006)
• Relapse, which is typical in stuttering (Manning 2001, 2006), is seen as a bridge back to an earlier stage where you can strengthen skills that make change more durable. (Brownell, Marlatt, Lichtenstein, & Wilson, 86)

<table>
<thead>
<tr>
<th>Processes of Change</th>
<th>Levels of Change</th>
<th>Stages of Change</th>
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<tbody>
<tr>
<td>Consciousness Raising (raising awareness levels)</td>
<td>Symptom</td>
<td>Precontemplation</td>
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<tr>
<td>Self Liberation (accepting responsibility/commitment)</td>
<td>Maladaptive Cognitions</td>
<td>Contemplation</td>
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<tr>
<td>Social Liberation (seeking new environmental alternatives)</td>
<td>Current Interpersonal Conflicts</td>
<td>Preparation</td>
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<tr>
<td>Counter Conditioning (substituting more useful responses)</td>
<td>Family/System Conflicts</td>
<td>Action</td>
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<tr>
<td>Stimulus Control (restructuring environment so problem less likely)</td>
<td>Intrapersonal Conflicts</td>
<td>Maintenance</td>
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<tr>
<td>Self Reevaluation (reappraising the problem)</td>
<td>all of these levels require a variety of therapeutic approaches</td>
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<tr>
<td>Environmental Reevaluation (reappraising effect on others)</td>
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<tr>
<td>Contingency Management (rewards from self/others for making changes)</td>
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<td>Catharsis (Dramatic) Relief (arousal of emotions)</td>
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Clinical Implications
Pre-contemplation

• The “you gotta’ be kiddin’ me” stage
• Not ready to change
• May have had bad Tx experiences
• Overestimating Cost;
  • Perceived cost too high for perceived benefit

• Processes to explore:
  • Consciousness raising
  • Dramatic relief

Precontemplation

• Reluctance, Resignation, & Rationalization are seen often

• Clinician’s Role
  • Empathy
  • Appropriate feedback
  • Reflective listening
  • Provide choices
  • Careful use of paradox
  • Instill hope
  • Explore barriers to change
  • Validate lack of readiness
  • Encourage Self-exploration/NOT action
Clinical Implications
Contemplation

- “I’m fixin’ to think about it” stage
- “Sitting on the fence” but considering
- Self-therapy
- Web surfing

Processes to consider
- Consciousness raising
- Self re-evaluation

- Ambivalence
  - Fear of change and fear of staying the same

Clinicians’ Role
- Don’t move too quickly
  - “Motivational interviewing” (Miller & Rollnick 1991)
- More encouragement of evaluation of plusses and minuses
- Identify and promote new, positive outcome experiences

Clinical Implications:
Preparation

- Ready to change
- Decreased resistance
- Increased resolve, more self-motivation
- “Testing the waters”
- “Saddlin' up!”

Processes to Consider
- Self-liberation
- Goal-setting

Clinician’s Role
- Pros and Con of change
- Identify and promote positive outcome EXPECTATIONS
- Encourage small steps
- Preparing for action
Clinical Implications: Action

• Modifications of environment, experiences, behavior, attitudes
• Must spend time in contemplation
• Increase awareness of cognitive, behavioral, emotional and environmental pitfalls to prevent relapse

• Processes to Consider
  • Self-liberation
  • Stimulus Control
    • Greater openness about stuttering
  • Contingency management
    • Rewards for changes made
  • Counter conditioning
  • Desensitization, relaxation, assertiveness training

Clinical Implications: Maintenance

• Ongoing, active work to maintain changes and prevent relapse
• Increases confidence and change continues
• Toolbox is a “first aid box”

• Processes to Consider
  • Social Liberation
  • Stimulus Control
  • Environmental re-evaluation
  • Contingency Management

• Clinician’s Role
  • Consultant role to allow more autonomous movement
  • Aid in restructuring cues and social support
  • Enhance self-efficacy in dealing with obstacles (EMPOWER)
  • Taking measures against relapse

• Clinician’s Role
  • Solidify support system
  • Plan for follow-up
  • Reinforce internal (rather than external) rewards
  • Discuss coping with relapse
A note about Relapse in stuttering…

- Relapse is the norm, not the exception
- Does not mean starting from scratch
- CAN be viewed as “cycling back” to learn more and gain strength
- Plan for it; rather than viewing it as a failure

Summary/Discussion

References