

Preface to the First and Second Editions



Preface to the Second Edition

In essence, this second edition is a love story. It is about uniting one's head with one's heart and giving freely the gifts that effective clinicians have. What brings us together, and what brings us together with people who stutter and their families, might be coincidence if not serendipity. Each of us is pursuing a career in communication sciences and disorders and a specialized interest in stuttering intervention for various reasons. Nevertheless, the message to which we commit and that which we impart is absolutely essential: Indeed it is the birthright of every person to be able to use speech and language freely and to enjoy communication freedom. Yet, at a certain point, the message of communication sciences and disorders transforms into a medium for an even larger message: When gathered with a common interest and shared focus, we create an opportunity to realize the best of human potential. In fact, there is probably nothing that we cannot accomplish when we are willing to shift perspective so as to consider alternative points of view and to learn and grow together. This is our calling; this is our passion. It is through this passion that we express and demonstrate our confidence in the human condition and in each other. Perhaps to my last breath, I will know that life is about love, and love is about giving, and laughing, and learning in every moment; this is living.

Since the first edition of this book was published, I have lived and learned so much. I could not have imagined that the first edition would be received so positively and with such a wide audience, both nationally and internationally. Early on, one of the reviewers indicated that the book would serve not only as guide for fluency assessment and treatment, but also as a guide for our clinical profession of speech–language pathology as a whole. Another reviewer commented that one of the most positive elements was that the book was filled with real and instructive stories of clients' challenges and successes in communication and in life. A third noted that the message (i.e., one of humanness) radiates through both the book's content and its manner of expression. This second edition has remained true to these themes, while significantly expanding its scope to account for what we and our discipline have learned over the ensuing decade. Let me explain.

In the preface to the first edition, I underscored the moments of magic that occur within the process of fluency intervention. Also, I highlighted the questions that clinicians tend to ask. Like the first edition, this edition is divided into four units. Unit I provides a conceptual foundation for clinical intervention, with chapters addressing the uniqueness of the book and concepts that are essential for understanding stuttering and people who stutter (Chapter 1); the onset, development, and nature of stuttering and related literature (Chapter 2); the etiology of stuttering from past and present perspectives (Chapter 3); and other disorders of fluency (Chapter 4). Unit II focuses on the central

and guiding assumptions that ground the design of effective intervention, including intrafamily considerations (i.e., personal constructs and family systems; Chapter 5), extrafamily considerations (i.e., interdisciplinary teaming and multicultural perspectives; Chapter 6), and psychotherapeutic considerations (i.e., stuttering modification and fluency shaping, with exemplar treatments; Chapter 7). Unit III, the largest and most substantive section of the book, addresses assessment and treatment across the life span with people who stutter. These chapters discuss preschool children (Chapter 8); school-age children (Chapter 9); and adolescents, adults, and senior adults who stutter (Chapter 10). Finally, Unit IV addresses the clinician from multiple perspectives by focusing on the clinician and the client–clinician relationship (Chapter 11) and the roles of professional preparation and lifelong learning (Chapter 12), all of which are essential to becoming and being a clinician.

This edition also covers the significant advancements that have been made over the last decade. These advancements include but are not limited to the following: evidence-based practice, the Lidcombe Program, data from longitudinal investigations of the onset and development of stuttering, risk factors to distinguish between transient and chronic stuttering, neurophysiological research, genetics and twinning research, theoretical explanations for stuttering from Western and non-Western perspectives, other fluency disorders, multicultural considerations in research and treatment for stuttering, electronic devices with altered auditory feedback, neuropharmacology, severity rating and impact assessment, assessment and treatment of children who stutter and have co-existing disorders, collaboration with parents and teachers, confronting and overcoming bullying and relapse, demographic shifts of aging and implications for fluency intervention, revision in training standards, models of clinical and supervisory development, specialization and globalization, self-help and mutual aid, national and international foundations and associations, and international and electronic websites and congresses. This edition thus reflects the most current thought across multiple disciplines as applied to assessment and treatment of people who stutter across the life span.

As with the first edition, ease of reading was one of the principles guiding the book's design and writing. The book is as gender neutral as possible and avoids cumbersome pronoun constructions such as *she or he* and *her or his*. People who stutter are referred to as *he* and student clinicians and professional speech–language pathologists are referred to as *she*. The rationale is that the majority of people who stutter are male; the majority of speech–language pathologists are female.

As I end this preface—which appears at the beginning of the book but was written last—I am experiencing mixed emotions. This book has taken on a life of its own and has become my friend. I have looked forward to our regular interaction, and though I am happy to see the fruits of my labor, I am a bit sorry that this interaction is about to end. My friend and I have spent a lot of time together. We have shifted perspective; we have been companions through significant personal, national, and global events. We have challenged each other; we have comforted each other. We have looked into each other's eyes and, at the most challenging moments, confessed, “I believe in you.” We have given to each other selflessly and we have both learned and grown. We are older and, I think we would agree, a tad wiser for the wear.

As I prepare to share these words and this journey with you, I find myself reflecting on the sentiments of my daughter, Sarah Shapiro. In her high school commencement speech, she said:

As we cross the stage today, we must remember that each and every one of us matters. As we enter a world of uncertainty, we must be guided and strengthened by life's certainties. To me, life's certainties are love, language, and faith. There is no problem too great

that love cannot resolve. There is no weapon more effective than the spoken and written word. And there is no greater promise for tomorrow than faith.

With these thoughts, I thank you—student clinicians, speech–language pathologists, and people who stutter and their families, all comrades—for the opportunity to focus on a labor that is an expression of love, on a product that is a process in progress, and on a mission that is second to none: to enable everyone to enjoy and to relish communication and fluency freedom.

I celebrate you as you embark or continue on your path to understand stuttering and to design and implement assessment and treatment with and for people who stutter. As you reflect on people who stutter and their families, speech–language pathologists, and other colleagues across allied educational, human service, and medical disciplines, remember that “each and every one of us matters.” I encourage you to dialogue with others who also are committed to stuttering intervention. Talk about what you are learning: the excitements, the challenges, the fears. We are in this mission together. You are welcome to contact me at Western Carolina University (shapiro@email.wcu.edu) to share your experiences and those of your clients and their families. I applaud you; I am confident that you are doing your best to do well and that, in the process, you are doing “good.” Good luck to you.

Preface to the First Edition

The word *therapist* rarely is used today in speech–language pathology and audiology. I like that word. It comes from the Greek root *therapeuein*, meaning “comrade in a common struggle.” This book is designed for all comrades, including student clinicians and professional speech–language pathologists, who are committed to understanding stuttering and people who stutter. Stuttering continues to be one of the most perplexing communication disorders. People who stutter and their families are the beneficiaries of our best clinical and scientific efforts to unveil the mysteries of stuttering, as well as our source of motivation to approach the challenge of informed and effective intervention with insight and vigor.

Over the past 2 decades alone, more than 1,400 articles and 30 books have been written about stuttering (Culatta & Goldberg, 1995). Some present a compendium of knowledge to date about stuttering. Others emphasize precise measurements of stuttering and related behaviors. Still others transform these data into intervention strategies based on a particular clinical philosophy. The purpose of this book is to present a specific point of view—i.e., a unique approach to intervention with people who stutter, based on what is known about learning and communication, speech and language fluency, stuttering, and people who stutter. You might say, “Aha! This book presents a recipe.” It does not. It shares with you some of my ideas and what I do. I am convinced that as clinicians, we have an obligation to share with each other what we do, the rationale for what we do, and accountability for what we do, in order to ensure the highest quality of service for our clients and maximum growth for our profession. The procedures presented are what I find successful. You, the reader, are free to sift through, select, change, or even drop any of the procedures according to the strengths and needs of your individual clients or your own theoretical orientation, as long as what you do, why, and your accountability are clear. This book tells a story. Every good story has a moral. This story has two. First, design and implementation of intervention with people who stutter are not arbitrary events. Assessment and treatment are based on decision rules that are guiding principles to effective and reliable intervention. Second, the future for people who stutter is, and

must be, sincerely viewed as bright and optimistic. This interpretation is based on promising clinical data and an understanding of the impact that the clinician's attitude has on the success of the treatment experience.

You might have noticed that this is not a traditional textbook. It has had no less than a 20-year gestation. Over this period of time, my professional motivation has been maintained by working continuously as a speech–language pathologist providing assessment and treatment services to people of all ages who stutter and their families. Also, in teaching undergraduate and graduate courses in communication disorders (including stuttering), supervising clinical practica required for professional preparation of speech–language pathologists, and providing workshops for literally thousands of professional clinicians in the field, I continue to address a series of predictable questions, including (a) What is stuttering? (b) What is known and not known about stuttering and people who stutter? (c) How do I distinguish stuttering from normal speech disfluencies? (d) How do I assess people who stutter? (e) How do I treat people who stutter? and (f) How do I work with the families and significant others of people who stutter? Such families, teachers, and allied service providers, among others, continue to ask (g) What can I do to facilitate the process of intervention and development of long-term communication independence by the person who stutters? This book is intended to address these and other questions. Specifically, the book addresses, outlines, and accounts for an individualized, collaborative approach to assessment and treatment (within the framework of communication systems) across the life span *with* (i.e., not *for*) people who stutter. This is done from an interdisciplinary perspective and with sensitivity toward multicultural and otherwise diverse realities.

It is said that lightning does not strike the same place twice. It should be said, however, that magic in fluency intervention strikes at least three times. Magic, used here, is the overpowering quality within the process of effective interpersonal communication (i.e., clinical intervention) that distinguishes and enchants the event as a quintessential human experience. The first time magic strikes is when a clinician first experiences the gestalt, the “aha!,” the predictable shift in a clinician's focus from oneself (i.e., What do I do if the parent begins to cry? What should I do if my behavior management techniques don't work for the young child? What do I do if the adult client asks me something I don't know?) to the client (i.e., When the child denies that he stutters, is this child unaware or emotionally unprepared to address the issue? When the client fails to complete her assignment, does this mean that she truly forgot, as reported, or is this client unmotivated? What is the clinical significance of what the client is not saying?). This shift in focus from oneself to the client typically is built upon a foundation of academic and clinical knowledge and successful clinical experience and renders the process of intervention thoroughly enjoyable and rewarding. Magic strikes a second time when, within a supportive and open clinical relationship, the client experiences, perhaps for the first time, either controlled or spontaneous fluency. As will be seen, fluency shaping—i.e., more behaviorally oriented techniques (e.g., choral reading with slower, gentler, and more natural sounding speech)—will render all people who stutter temporarily fluent. This experience can offer a client a glimmer of fluency freedom that can be powerfully motivating. From this experience, I have seen clients laugh and cry with the mixed emotions of joy, fear, and wonderment of their fluency future.

Magic strikes a third time when the families of people who stutter feel that they are sincerely cared for and understood, actively involved in the process of intervention, and contributing meaningfully to the communication improvement of their family member who stutters. Expressions of thanks are frequent, and family bonds within a communication system are strengthened. When magic has struck three times, it strikes a fourth.

At this point, clinicians, clients who stutter, and their families are communicating and learning with and from each other. At an earlier time, a colleague and I described the ability to shift perspective as “the hallmark of communication” (Shapiro & Moses, 1989). This type of communication is professionally gratifying, if not exhilarating. I have found these experiences to be communicatively intimate, rendering the dialogue among the participants within the clinical interaction both timeless and placeless. It has not been uncommon for me to lose track of time and place because of my focus on and communication with a person who stutters and the family. I continue to be intrigued by and concerned about the number of clinicians who have completed programs of graduate study, yet fail to experience this magic. Although the printed word has limitations in conveying the multidimensionality of the clinical experience, I hope this book helps impart the magic of fluency intervention to you.

To this point, it might seem that my motivation for writing this book is strictly professional. That is a major part, but not the whole story. This book also has a personal motivation. I was anything but communicatively independent for nearly a quarter of a century. I stuttered miserably for many years and experienced frequent disappointments in scheduled treatment. I have enjoyed fluency freedom for nearly 20 years and perhaps am making up for lost time. In a way, I feel it is unfortunate that I must credit myself for most of my own progress. My commitment to write such a book is in part the settlement of a debt—to myself. I inform my many clients that I will expect them to return the favor, in a way of their own design, to the field or to an individual who might not have been as fortunate and who is still in pursuit of the fluency that seems so elusive. I have always been one to put my actions where my mouth is, and to lead by example so that others may do as I do, rather than do only as I say. Indeed I know firsthand what it is like to be unable to speak, to only dream of enjoying the freedom of speech enjoyed by so many others. More than a freedom, I have come to believe that fluent speech is one’s natural right. I have become convinced from the many clients and their families I have worked with, as well as the feedback I received from former students, that my ideas need to be written. I remain positive by nature and believe that every experience, particularly the most challenging, becomes meaningful and instructive. So, this book is my way of integrating my academic and clinical training; my experiences (both professional and, as appropriate, personal); my own positive, collaborative, whole-person, systematic, and systems-based approach to individualized and interdisciplinary intervention with persons who stutter; and yes, my way of saying thanks. I believe that ultimately our legacy will be our caring for and dialogue with others who also are seeking to improve the human condition and to make even better the communicative world in which we all live.

As you begin reading *Stuttering Intervention: A Collaborative Journey to Fluency Freedom*, and thereby your own journey to understanding stuttering and people who stutter, it is helpful to know what to expect along the way. As I indicated earlier, this book is intended for all student clinicians and professional speech–language pathologists who are interested in and committed to designing and implementing effective intervention with people who stutter. This book may be used in upper-level undergraduate or graduate-level courses addressing disorders of speech fluency, including stuttering. It may be used in one semester or across a two-semester sequence. Furthermore, the book may serve as a clinical guide for practitioners who are looking for a clinical method that is practical, directly applied, reliable, and accountable, while based upon theoretical concepts and research across human service disciplines. The concepts and content in the book are presented developmentally in such a way that earlier chapters serve as the instructional foundation for later chapters.

The book contains four units. Unit I contains Chapters 1 through 4 and provides the reader with a conceptual foundation for clinical intervention. Chapter 1 introduces the reader to the uniqueness of this book and to concepts that are critical for understanding stuttering and people who stutter. Chapter 2 addresses the onset, development, and nature of stuttering and reviews related literature. Chapter 3 covers the etiology of stuttering from past and present perspectives and conveys how present thinking relates to ideas we once believed to be true. Chapter 4, the last in Unit I, helps clinicians distinguish and differentially diagnose stuttering from other disorders of fluency, some of which are not mentioned in any other book to date in speech–language pathology. Unit II contains Chapters 5 through 7 and addresses central and guiding assumptions that are critical to the design of effective intervention. Chapter 5 addresses intrafamily considerations (i.e., personal constructs and family systems); Chapter 6, extrafamily considerations (i.e., interdisciplinary teaming and multicultural perspectives); and Chapter 7, psychotherapeutic considerations (i.e., stuttering modification and fluency shaping), including exemplar forms of treatment. Unit III, the largest and most substantive of the book, contains Chapters 8 through 10, which address assessment and treatment across the life span with people who stutter. Chapter 8 focuses on intervention with preschool children; Chapter 9 with school-age children; and Chapter 10 with adolescents, adults, and senior adults. Finally, Unit IV contains Chapters 11 and 12, which address the clinician from multiple perspectives. Chapter 11 focuses on the clinician and the client–clinician relationship. Chapter 12 discusses the roles of professional preparation and lifelong learning as critical processes for developing and maintaining effective speech–language pathologists.

One additional point of information is necessary. Ease of reading was one of the principles guiding the design and writing of this book. For this and other reasons, the book is as gender neutral as possible. When it was not possible—and to avoid use of cumbersome pronoun constructions such as *she or he* and *her or his*—people who stutter are referred to as *he* and student clinicians and professional speech–language pathologists are referred to as *she*. This rationale is based on the documentation that the majority of people who stutter are male; the majority of speech–language pathologists are female.

As you begin your own journey, I encourage you to dialogue with your colleagues in speech–language pathology who, like yourself, are working to understand stuttering and people who stutter. Talk about what you are learning—the excitements, the challenges, the fears. In our shared commitment to providing the best intervention services possible, I would love to hear your reactions, as well as those of your clients and their families, to the material presented here. Feel free to contact me. I can be reached at Western Carolina University, Department of Communication Sciences and Disorders, Speech and Hearing Center—McKee G-30, Cullowhee, NC 28723. Good luck.