

The background of the cover features a light blue gradient. In the lower-left and center, there are dark blue silhouettes of two people climbing a rocky, uneven terrain. One person is higher up the rock, leaning forward and reaching out with their right hand to assist the other person who is lower down. The person lower down is also leaning forward, reaching up with their right hand to grasp the other's. The overall scene conveys a sense of teamwork, support, and overcoming challenges.

**Clinical  
Decision Making  
in Fluency Disorders**

**FOURTH EDITION**





# Clinical Decision Making in Fluency Disorders

FOURTH EDITION

**Walter H. Manning**, PhD, CCC-SLP

**Anthony DiLollo**, PhD, CCC-SLP





5521 Ruffin Road  
San Diego, CA 92123

e-mail: [info@pluralpublishing.com](mailto:info@pluralpublishing.com)  
Website: <http://www.pluralpublishing.com>

Copyright © 2018 by Plural Publishing, Inc.

Typeset in 10.5/13 Palatino by Flanagan's Publishing Services, Inc.  
Printed in the United States of America by McNaughton & Gunn

All rights, including that of translation, reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, recording, or otherwise, including photocopying, recording, taping, Web distribution, or information storage and retrieval systems without the prior written consent of the publisher.

For permission to use material from this text, contact us by  
Telephone: (866) 758-7251  
Fax: (888) 758-7255  
e-mail: [permissions@pluralpublishing.com](mailto:permissions@pluralpublishing.com)

*Every attempt has been made to contact the copyright holders for material originally printed in another source. If any have been inadvertently overlooked, the publisher will gladly make the necessary arrangements at the first opportunity.*

#### Library of Congress Cataloging-in-Publication Data

Names: Manning, Walter H., author. | DiLollo, Anthony, author.  
Title: Clinical decision making in fluency disorders / Walter H. Manning, Anthony DiLollo.  
Description: Fourth edition. | San Diego, CA : Plural, [2018] | Includes bibliographical references and index.  
Identifiers: LCCN 2017027856 | ISBN 9781597569972 (alk. paper) | ISBN 1597569976 (alk. paper)  
Subjects: | MESH: Stuttering--therapy | Stuttering--etiology | Speech-Language Pathology--methods  
Classification: LCC RC424 | NLM WM 475.7 | DDC 616.85/54--dc23  
LC record available at <https://lcn.loc.gov/2017027856>

# CONTENTS

---

<i>Preface</i>	<i>vii</i>
<i>Acknowledgments</i>	<i>xiv</i>
<i>Reviewers</i>	<i>xv</i>
<b>1</b> The Effective Clinician	1
<b>2</b> The Nature of Fluent and Nonfluent Speech: The Onset of Stuttering	41
<b>3</b> A Historical Perspective on Etiologies and the Development of Stuttering	81
<b>4</b> The Assessment Process With Young Speakers: Preschool and School-Age Children	141
<b>5</b> Beginning the Assessment Process With Adolescents and Adults	187
<b>6</b> Understanding the Nature of Change	233
<b>7</b> Counseling and People Who Stutter and Their Families	253
<b>8</b> The Therapeutic Process: Facilitating a Journey of Change	283
<b>9</b> Facilitating Fluency for Preschool and School-Age Children	305
<b>10</b> Successful Management of Stuttering for Adolescents and Adults	369
<b>11</b> Assessment and Management for Atypical Fluency Disorders	435
<b>12</b> Indicators of Successful Change During Treatment	471
<b>13</b> Indicators of Successful Change Following Treatment	509
<i>Appendix A. Useful Links for Information and Support</i>	<i>539</i>
<i>Appendix B. The Fluency Bank</i>	<i>541</i>
<i>Epilogue</i>	<i>543</i>
<i>References</i>	<i>545</i>
<i>Author Index</i>	<i>609</i>
<i>Subject Index</i>	<i>629</i>



# PREFACE

---

*The writing of the book proved one of its central points: that we write to find out what we know and what we want to say. I thought of how often as a writer I had made clear to myself some subject I had previously known nothing about by just putting one sentence after another—by reasoning my way in sequential steps to its meaning. I thought of how often the act of writing even the simplest document—a letter, for instance—had clarified my half-formed ideas. Writing and thinking and learning were the same process. (p. ix)*

—William Zinsser (1988). *Writing to Learn*.

A primary goal of this book is to convey to the reader the enthusiasm and creativity associated with assisting people who stutter. We also want to provide the reader with the principles and clinical insight that enable those who stutter to improve their ability to communicate and enhance the quality of their life. Although increasing fluency is, of course, a high priority during treatment, the therapeutic journey is far more expansive and interesting. Throughout the book we also emphasize the primary goals of enhanced communication and the creation of an autonomous and agentic lifestyle.

The readers we have in mind as we write are graduate students who are beginning their first in-depth experience in fluency disorders. We also want to communicate with professional clinicians who want to learn more about this specialty area. The information and ideas discussed in these pages may also be useful

for individuals who stutter (and the parents or spouses of people who stutter), for another purpose of this book is to make stuttering less of a mystery and to provide a sense of direction for the process of therapeutic as well as self-directed change.

During the formulation and development of the profession of speech pathology, particularly during the decades from the late 1920s through the 1960s, the area of fluency disorders was a major area of interest in our professional journals and texts. A review of the early issues of the *Journal of Speech Disorders* (published from 1936 through 1946) or the initial volumes of the *Journal of Speech and Hearing Disorders* (published through 1990) confirms that a large proportion of the articles addressed the nature and treatment of stuttering. As the scope of practice continues to expand in the field of communication disorders, fluency and fluency disorders have become but one of many

areas that students are expected to learn about during their academic and clinical programs. Graduate students in speech-language pathology are expected to become generalists across the wide range of human communication and related problems. As early as 1994, Henri suggested that “our clinical areas have simply become too substantial” (Henri, 1994). Because clinicians are asked to become knowledgeable about so many different communication disorders and related areas, there is concern that the qualifications of professionals for serving any one disorder are being compromised. One response to this concern, driven in part by consumer demand for better services, is the development of Special Interest Groups (SIG) by the American Speech-Language-Hearing Association that provide enhanced professional qualifications and continuing education opportunities. One of these groups, SIG 4, focuses on fluency and fluency disorders.

The depth of the field is also changing. Reading the volumes of literature associated with but one specialty area of the field can be intimidating, even for someone who has been a clinician and researcher for many years. It is difficult to negotiate the amount of (sometimes conflicting) information that has become available about the many aspects of stuttering. But, reading through the thoughtful and often elegant comments of those who have spent a lifetime trying to understand and explain the nature of stuttering onset and development can be an enjoyable experience. One of the most difficult choices in preparing a text is not what to include but, given the space limitations, what to omit. The citations in this text are intended not only to provide support for the ideas that are offered but

also to furnish readers additional, more detailed, sources of information about a topic. There is also the desire to pay homage to the people who have preceded us and to credit coworkers in the field for their creative and insightful clinical and research ideas. It is enjoyable to acknowledge the colleagues you feel privileged to be working together with—as Charles Van Riper so often said—in the vineyard of stuttering.

We would like to comment on the writing style of this book. We have used the active voice throughout, with the intention of engaging the reader. The “editorial we” has been used for the main body of the text and the first person for boxes titled *Clinical Decision Making* and *Clinical Insight*. Clinical Decision Making boxes are designed to address some of the options a clinician is likely to consider during the assessment and treatment processes. Clinical Insight boxes reflect a particular philosophical view about aspects of therapeutic change for individuals who stutter. On other occasions a third type of (untitled) box is used to provide information that in other ways supplements the text.

As we write, we are often thinking of the busy graduate student who (we hope) is under pressure to read hundreds of pages each week in books and journals. Despite the many demands on their time, we would like these students to be instinctively drawn to these pages. We hope the words and ideas provide a connection to the individual reader and that, for a textbook at least, the reading is pleasurable.

Related to the style of the writing are choices about some of the terminology used throughout the book. For example, it has been suggested that the term *stutterer* is insensitive, too all-encompassing, and serves as a label to negatively stereo-

type and limit how we define the problem and the person. Nonetheless, it is a term that the general public has used and will likely continue to use. Fortunately, there is evidence that the term *stutterer* has less influence than once assumed in creating a stigmatizing effect (Dietrich, Jensen, & Williams, 2001; St. Louis, 1999). Indeed, many people who stutter have no difficulty referring to themselves as stutterers even when they become highly fluent. Some speakers even show pride in using the term, particularly as they achieve successful management of their stuttering or become actively involved with a self-help group.

The approach we have chosen for this book is to use a variety of terms, including speaker, individual, client, participant, or person who stutters. On a few occasions we also use the term *stutterer* when it facilitates the clarity of the writing. As we indicate throughout the text, this issue has more to do with a speaker's interpretation of himself or herself and the communication situation rather than the listener's (mis)understanding about stuttering. The view that the person we are assisting is vastly more than someone who stutters is at the heart of any comprehensive and humanistic approach to the problem.

Some features in this edition have been expanded and added to assist both instructors and clinicians. We have refined and expanded the *Clinical Decision Making* and *Clinical Insight* boxes. Because this, the fourth edition of this text, was prepared by two authors, the initials of the authors (WM and AD) are indented at the end of the boxes. We have revised the study questions at the end of each chapter to correspond with the new organization of the book and the fresh information included in each of the chapters. Finally, an online companion website has

been (and will continue to be) developed that provides the reader with a variety of materials, including video comments by the authors, PowerPoint slides that coincide with the chapters, and video and audio examples of various fluency problems and therapeutic sessions.

This fourth edition contains 13 chapters. In the following paragraphs, the major issues presented in each chapter are described. In addition, each chapter contains a Conclusion that highlights the basic issues, along with Topics for Discussion and Recommended Readings.

## Chapter 1. The Effective Clinician

As with the first three editions of this book, the first chapter describes the personal characteristics and clinical skills of the effective clinician and their potential impact on the therapeutic process. As others have suggested, we continue to believe that the experience and expertise of the clinician is a major factor in a successful therapy experience. Extensive empirical support continues to support this idea. We also are interested in immediately engaging readers with the core personality and clinical attributes they will be acquiring and developing during and following their academic and clinical preparation. Topics discussed include clinician personality attributes, clinician intervention and critical thinking skills, the development of expertise, and decision making with rules and principles. As in the previous editions, the final section of this chapter describes the potential of humor as a notable characteristic of a successful therapeutic alliance and an important cognitive-affective variable in the process of therapeutic change.

## **Chapter 2. The Nature of Fluent and Nonfluent Speech: The Onset of Stuttering**

---

In order to fully appreciate the nature of stuttered speech, Chapter 2 begins by describing the salient features of fluent speech as produced by young adult speakers. Definitions and commonly used terms for describing stuttering are provided, and factors that influence the onset and development of stuttering are presented. Although often described as a low-incidence communication problem, estimates of individuals who have experienced stuttering in the United States are as high as 32.9 million people with world estimates as high as 360 million. The epidemiological characteristics of early child-onset stuttering as reported by Ehud Yairi and Nichole Ambrose (2005) are discussed along with behavioral characteristics that typically accompany the onset of stuttering. This chapter sets the stage for subsequent chapters describing theories of etiology and assessment procedures intended to distinguish typically fluent from stuttered speech in both younger and older speakers. Speaker characteristics and conditions that influence the possibility of stuttering onset are contrasted with less influential factors.

## **Chapter 3. A Historical Perspective on Etiologies and the Development of Stuttering**

---

This chapter describes the many attempts to explain the onset and development of stuttering. The various related and sometimes contrasting theoretical views provide a historical perspective that places more recent models into context. The discussion of each theoretical perspective is followed by descriptions of empirical

investigations that provide—to varying degrees—supporting evidence for each point of view. Recent evidence from genetic and neuroimaging investigations indicating the presence of anatomical and physiological aberrations underlying the onset and development of stuttering is described.

## **Chapter 4. The Assessment Process With Young Speakers: Preschool and School-Age Children**

---

The evaluation of younger speakers focuses on two major decisions to be made with this population—distinguishing the possibility of stuttering from more common and typical fluency breaks and, given that stuttering is the case, determining the likelihood that stuttering will either subside or persist. The role of the parents and the child’s cognitive and behavioral responses to stuttering in making these decisions are emphasized, and factors that help to distinguish the likelihood of chronicity from remission are described. Also discussed are the many adverse effects that stuttering can have on a child’s educational experience. The importance of the initial (diagnostic) meeting is emphasized, and helpful take-home messages for the parents are suggested. The chapter concludes with a summary of several formal assessment measures designed for preschool and young school-age children.

## **Chapter 5. Beginning the Assessment Process With Adolescents and Adults**

---

The assessment of older speakers presents the clinician with overt and covert characteristics of stuttering as they are manifested in a fully developed form. As with younger speakers, the importance of the initial (diagnostic) meeting is empha-

sized. Fundamental considerations that influence the desire for treatment (e.g., the natural variability of the speaker's stuttering, the speaker's level of social anxiety, and the speaker's readiness for change) are considered. A new section describes the relationship of the person's level of anxiety to measures of severity. While emphasizing self-assessment by the speaker, the diagnostic process is described as a multifactorial approach that includes not only the more obvious overt features of the problem but also the many important cognitive and affective features of the stuttering experience that have evolved over the years. Another addition is an elaborated discussion of the nature of covert (interiorized) stuttering. The chapter concludes with a discussion of formal assessment measures designed for adolescents and adults.

## Chapter 6. Understanding the Nature of Change

This chapter is intended to provide an understanding concerning the nature of the affective, behavioral, and cognitive changes that take place during successful counseling and therapeutic experiences that are described in subsequent chapters. Although the process of change may take place over several years, particularly for adults who have stuttered for decades, some adults are able to become effective communicators and achieve high levels of spontaneous fluency. Although the change process can be daunting and messy, it can also be exciting and rewarding for the clinician as well as the speaker. Beyond the obvious extrinsic behavior goals of improved fluency and enhanced communication skills are the basic adaptive goals related to altering the speaker's intrinsic cognitive and affective response

to stuttering. Many individuals experience a much improved quality of life. The constructivist perspective is introduced as a framework for understanding and facilitating change and informing the process of counseling that is presented in Chapter 7. Kelly's Personal Construct Theory is employed as a way of understanding the speaker's way of interpreting himself and becoming open to alternative and more functional ways of construing himself or herself and his or her relationship with stuttering. Stages of change and readiness for change are presented in detail along with the important issue of matching the client's stage with processes that facilitate change. The chapter concludes with a discussion of how individuals experience the social context of change and the "rights of passage" associated with the transitions associated with each stage.

## Chapter 7. Counseling and People Who Stutter and Their Families

Regardless of the therapeutic protocol selected for those who stutter, counseling is an integral part of a truly comprehensive therapeutic process. In spite of a lack of courses that address counseling in our training programs, and the resultant reluctance of clinicians to deal with the emotional aspects and adaptive challenges associated with the stuttering experience, counseling is clearly within the scope of practice and the preferred practice patterns for speech-language pathologists. Although the large majority of individuals who stutter are not likely to have a serious psychological problem, they are likely to sustain a natural, emotional response to the many adverse effects that accompany a serious communication problem. In addition, any successful treatment of stuttering requires the

client to deal with the process of change. Following a review of several counseling perspectives, the postmodern constructivist-narrative approach is elaborated in order to provide the clinician with a framework for his or her clinical interactions from a person-centered counseling perspective. The chapter concludes with a description of counseling skills including reflective listening, empathy, silence, asking questions, and humor.

## **Chapter 8. The Therapeutic Process: Facilitating a Journey of Change**

---

This chapter concludes the grounding and conceptual framework for the subsequent chapters that focus on the technical aspects of the therapeutic process for children, adolescents, and adults who stutter, as well as individuals with other—sometimes related—fluency problems. It is hoped that the many underlying perspectives and themes presented thus far will echo for the reader throughout the remaining chapters. The fundamental aspects of evidence-based practice are considered along with the unique perspectives of both the medical and common factors models for informing the possibilities of a successful treatment outcome. The importance of an effective therapeutic alliance is described as the client and the clinician together map out the therapeutic journey. Three primary goals of therapy are described along with variables that impact the possibility of a successful therapeutic experience.

## **Chapter 9. Facilitating Fluency for Preschool and School-Age Children**

---

The evolution of procedures for working directly with the child rather than focus-

ing on the child's environment alone is described. The Lidcombe program for young children is described and compared with the demands and capacities protocol indicating that direct and indirect protocols are similarly effective. Suggestions for assisting the child in responding to and altering his or her stuttering, as well as for enhancing fluent speech, are presented. Counseling techniques appropriate for children are discussed, with particular attention devoted to procedures for helping a child respond to teasing and bullying. The impact of coexisting problems that may impact fluency or make treatment more complex, are discussed. The chapter concludes with a discussion of transfer and termination, the possibility of relapse for young speakers, and the importance of informing the child's classroom teacher(s) about the nature of stuttering and the teacher's role in facilitating change.

## **Chapter 10. Successful Management of Stuttering for Adolescents and Adults**

---

Elaborating on the three primary goals of treatment introduced in Chapter 8, we describe four basic principles of therapeutic change for individuals who stutter. A variety of treatment strategies and techniques for altering the technical, behavioral features of stuttering for adolescents and adults are presented. Also addressed are techniques for assisting the speaker in the process of cognitive restructuring that is so essential for long-term change. New sections include the importance of the spouse's participation in therapy, the goal of spontaneous speech, cognitive constructs that indicate one's ability to promote change, the development of agency, the rationale for voluntary stuttering, and a description of therapy approaches that

incorporate mindfulness, Acceptance and Commitment Therapy, Avoidance Reduction Therapy, and motivational interviewing for adolescents.

### **Chapter 11. Assessment and Management for Atypical Fluency Disorders**

---

This chapter is devoted to both the assessment and treatment of less typical fluency problems. Cluttering, the most common of these problems, is described at the outset. The characteristics of this somewhat neglected (until recent years) fluency problem are described in detail along with a variety of assessment measures and treatment options. Next, fluency disruptions as a result of neurological and psychological factors are described, along with criteria for distinguishing these two forms of acquired stuttering. A new section describes assessment and treatment suggestions for fluency problems resulting of combat-related traumatic brain injury and posttraumatic stress disorder. The chapter concludes with a description of the rarely described but intriguing occurrence of malingering, along with criteria for distinguishing forms of malingering from genuine stuttering.

### **Chapter 12. Indicators of Successful Change During Treatment**

---

As with earlier chapters concerning assessment and treatment, this description

of successful change during the formal treatment process accounts for the multidimensional nature of successful therapy. Successful change is most certainly informed by the speaker along with judgments by the clinicians, often with the assistance of the same devices used to obtain pretreatment assessments. Variables that influence progress are described along with many helpful indicators of successful change (e.g., the speaker's ability to self-monitor, acquire desirable levels of speech naturalness, increase approach behavior, and develop an agentic lifestyle). The chapter concludes with a consideration of factors that indicate the timing and appropriateness of terminating treatment.

### **Chapter 13. Indicators of Successful Change Following Treatment**

---

The characteristics of continued success following the conclusion of treatment are discussed in this, the final chapter. By appreciating the importance of the speaker's ability to transfer and maintain newly acquired abilities as well as actively confronting the possibility of regression and relapse, the clinician (and the speaker) has the opportunity to predict and enable long-term success. The chapter concludes with a commentary about resilience and other protective factors that help to maintain success following formal therapy the critical roles that support and advocacy groups play in the maintenance and enhancement of therapeutic change.

# ACKNOWLEDGMENTS

---

There are several people who played an important role in the creation of this, the fourth edition of this book. The constant support, understanding, and encouragement of our wives, Cheryl and Lara, were essential during the many months of ups and downs that typically accompany such a project. We also want to express our

admiration to the people whose journeys we have been able to share during many therapy sessions over the years. It is with courage and persistence that these individuals who stutter are able to expand their ability to communicate and improve the quality of their lives.

# REVIEWERS

---

Plural Publishing, Inc. and the authors would like to thank the following reviewers for taking the time to provide their valuable feedback during the development process:

**Katharine A. Blaker, MS, CCC-SLP**  
Clinical Instructor/Lecturer II  
Department of Speech and Hearing  
Sciences  
University of New Mexico  
Albuquerque, New Mexico

**Julie Marshall, MA, CCC-SLP, BRS-FD**  
Clinical Associate Professor  
School of Communication Sciences and  
Disorders  
The University of Memphis  
Memphis, Tennessee

**Deanna M. Hughes, PhD, CCC-SLP**  
Assistant Professor  
Department of Communication Sciences  
and Disorders  
Chapman University  
Irvine, California

**Charlie Osborne, MA CCC-SLP**  
Clinical Assistant Professor  
School of Communication Sciences and  
Disorders  
University of Wisconsin–Stevens Point  
Stevens Point, Wisconsin

**Farzan Irani, PhD, CCC-SLP**  
Associate Professor  
Department of Communication  
Disorders  
Texas State University  
San Marcos, Texas

**Jean Sawyer, PhD**  
Associate Professor  
Department of Communication Sciences  
and Disorders  
Illinois State University  
Normal, Illinois

**James M. Mancinelli, PhD, CCC-SLP**  
Director of Clinical Education  
Department of Communication Sciences  
and Disorders  
La Salle University  
Philadelphia, Pennsylvania

**Vivian Sisskin, MS, CCC-SLP, BCS-F**  
Clinical Professor  
Department of Hearing and Speech  
Sciences  
University of Maryland  
College Park, Maryland



*We would like to dedicate the fourth edition of this book to the following individuals who, as mentors, colleagues, and dear friends, played a major role in our lives.*

*Eugene B. Cooper*

*Thomas A. Crowe*

*Glyn Riley*



*Nothing is more dangerous than a dogmatic worldview—nothing more constraining, more binding to innovation, more destructive of openness to novelty.*

—Steven J. Gould  
*Dinosaur in a Haystack, 1995, Crown Paperbacks, New York, NY*

*Perhaps the hardest of all the things a clinician must learn is how to live well. You cannot heal a person's wound if you are a dirty bandage. Unless you are a healthy, strong person, your impact will be minimal, no matter what methods you use. There have been times when I resented my clients' expectations of what I should be, but I have noticed that over the years I have become a much better man than I hoped (or desired) to be. I have found that therapy is a two-edged chisel; it shapes the therapist as well as the client. (p. 140)*

—Charles Van Riper (1979)  
*A Career in Speech Pathology*  
Englewood Cliffs, NJ: Prentice Hall



# The Effective Clinician

## CHAPTER OBJECTIVES

The purpose of this chapter is twofold. Because the quality of the clinician is a central factor in determining the success of any therapeutic approach, we begin by examining the characteristics of individuals who are viewed as being especially effective in working with children and adults who stutter. We discuss the personality attributes, attitudes, and skills that have been suggested as desirable for the clinician who effectively guides a person through the process of therapeutic change. The nature of developing expertise as studied in a variety of human endeavors will be applied to this process and intertwined with the concepts of rule versus principle-based decision making. We conclude the chapter by describing an attribute of the clinician and the therapeutic relationship that encapsulates many of the essential properties of successful therapeutic change—humor. We describe how the dynamic nature of behavioral

and cognitive change is often echoed in a spontaneously humorous response to the achievement of a conceptual shift and a distancing from and mastery of the problem.

## THE IMPORTANCE OF THE CLINICIAN

Beginning a book on fluency disorders by discussing the characteristics of the effective clinician is unusual. Typically, the first chapter describes the nature of stuttering, or provides the reader with historical or theoretical views of the problem—topics that are presented in the early chapters of this book. But because a primary goal of this book is to emphasize the ability of the clinician to make wise clinical decisions during assessment and treatment, it seems an ideal place to begin. In earlier editions of this book we proposed that as much as, or perhaps even more than, any other component, the clinician is central to the success of the treatment process. Clinical research in a variety of fields has

continued to provide support for this idea. Not all clinicians—even those who are clinically certified, specialty certified, or have years of experience—are equally effective in assisting children and adults with fluency disorders.

Having indicated in the Preface that another primary goal of this book is to convey the enthusiasm and excitement of working with people who stutter, we now step back a bit and place the learning process into a larger perspective. Following the intense years of formal education, you will soon be on your own. Your role will no longer be that of a graduate student who is continually challenged by your instructors to demonstrate your knowledge and clinical skills. You will be a professional who is likely to be considered the resident expert on the topic of communication disorders in general and stuttering in particular. This change in roles may be difficult because during the years of graduate school, many student clinicians have relatively little exposure to the field of fluency disorders. Most students have the opportunity to take, at most, one (hopefully three-credit) course in stuttering and obtain clinical experience with relatively few individuals. Student clinicians typically observe the progress made by individuals for only a few weeks or months. When clients achieve success it is often difficult for the student clinician to appreciate how much of a role she or he played in promoting change. Even if the student is fortunate enough to take a course on stuttering that is an especially good one and the clinical experiences are instructive, it is only the beginning of learning about the experience of stuttering.

You may occasionally find yourself exhausted as you successfully negotiate the rigors of a good graduate program. Nevertheless, in order to become

an experienced professional your learning must continue long after graduation. The clinical decisions you will be making one or two decades following graduation will have little to do with some of the information you are currently learning. Ongoing research and reinterpretation of old data, as well as basic and applied research, continually lead to new constructs and ways of making informed clinical decisions. When people of earlier generations were students, many things they were taught—including the role of parents in the onset and development of stuttering, the linear development of stuttering through primary and secondary stages, the likelihood of spontaneous recovery in young children, the possibility of relapse following treatment, and the role of genetics in the etiology and epidemiology of stuttering—have since been shown to be partially or completely inaccurate. The evolution of information occurs in all scientific fields, and the shelf-lives of textbooks are not nearly as long as authors would like them to be. Of course, your instructors are not intentionally providing information that is incorrect. It is just that the profession is still climbing the hills and mountains necessary to allow us a more accurate view of the phenomena we are investigating and the people we are attempting to assist.

Carl Sagan's (1996) caution that "One of the great commandments of science is to mistrust arguments from authority" (p. 28) is probably good advice for many aspects of life. It is also good advice for consumers of all information, including the information discussed in this text. As you expand your knowledge through years of clinical experience with many different people and your participation in continuing educational activities, you will begin to create your own style of doing

things. You will choose new ideas and approaches that will spring from basic and applied research yet to be conceived or conducted. Moreover, as you continue to be a student of your field, you will achieve additional insight, wisdom, and enthusiasm for your work.

Experienced clinicians, and—perhaps more importantly—clients who have experienced treatment for stuttering that was more or less successful, have suggested certain clinician characteristics that are more desirable than others. If this is your first exposure to the field of fluency disorders, this initial chapter may help you to determine whether or not helping people with such communication problems is likely to be satisfying, both for you and those you are trying to help.

There is no exclusive set of attributes that define the ideal clinician. Even if this were the case, no clinician could be expected to possess all or even most of the desirable characteristics described in this chapter. Each client comes to us with different needs and requires, at various points during the treatment process, different attributes and roles to be played by the clinician. The professional and personal attributes of the clinician will interact with the characteristics of the client, resulting in a unique and dynamic combination during each therapeutic alliance. After many years of observing both student and professional clinicians, as well as asking clients about their perceptions of their clinicians, it is clear that some clinicians are considerably better than others at supporting and motivating their clients throughout the treatment process. The attitudes and abilities that these clinicians possess distinguish them from the clinicians who are less effective. It is the effective clinicians who are able to select appropriate therapeutic strategies and

use or design related techniques. Perhaps more than any other qualities, the best clinicians are uncommonly effective in understanding, encouraging, supporting, and experimenting as they guide their clients along the path of treatment.

In contrast to the numerous investigations of children and adults who stutter, relatively few questions have been asked about the attributes of the individuals who provide the treatment. Those authors who have considered this side of the therapeutic process, specifically in the area of fluency disorders (Cooper & Cooper, 1985c; Emerick, 1974; Guitar, 2006; Hood, 1974; Plexico, Manning, & DiLollo, 2005, 2010; Shaprio, 1999; Van Riper, 1975), provide convincing arguments supporting the concept that the clinician is a critical part of the process. For example, regardless of the treatment strategy and the associated techniques, Cooper and Cooper maintain that the person who is administering the treatment is the most important variable in creating the process of change. In Chapters 7 and 8 we discuss empirical evidence indicating that not only is this the case for our field but also in related fields such as counseling and psychotherapy.

The importance of the clinician is perhaps more apparent when a counseling-based treatment is used. Murphy and Fitzsimons (1960) contend that during counseling, the “most important single variable affecting the success in the treatment of stutterers is—the clinician” (p. 27). Even if treatment takes the form of an archetypal program of behavioral modification, Cooper and Cooper (1985b) propose that “it does matter who is doing the conditioning” (p. 21). Regardless of the treatment strategy, authors have consistently found that the clinician plays a critical role in orchestrating a successful treatment program (Emerick, 1974;

## CLINICAL INSIGHT

One summer, I was contacted by a colleague from the Psychology Department at the University at which I was working. He had a 14-year-old nephew, Luke, coming to town for the summer and was hoping to get some help with Luke's stuttering. I agreed to see Luke at his house, and was then told that Luke was not a big fan of speech therapy and would not be told I was coming. When I arrived, Luke and I met in the basement of the house and I could tell from the start that Luke was not happy to meet me! His first words to me were, "I don't need any help with my speech, so you are wasting your time!" I responded, "Well, I promised your uncle that I would come and see you, so would it be okay if we just hung out for an hour, so I can at least say that I tried?" Luke agreed, so we just hung out and talked about what he liked and what life was like in his hometown. I didn't try to do any "treatment" but I did ask Luke about how he handled his stuttering, and I suggested a few things he could read if he wanted to (he was an avid reader). At the end of the hour, as I was preparing to leave, Luke said, "So, maybe you could come back a few times while I am here." I told him that if I did, we would need to do some work on his speech, but that we would do it in a way that would be more like the conversations that we had just had and less like his school experiences of speech therapy (that involved primarily naming pictures). I saw Luke a number of times over that summer and the subsequent two summers.

The important aspect here is that, rather than pushing my agenda as the speech pathologist, or the agenda of Luke's uncle, I was able to engage Luke where he was at and build a relationship that then allowed us to move forward in working on his stuttering. (AD)

Hood, 1974; Reeves, 2006; Shapiro, 1999; Van Riper, 1975; Yaruss, Quesal, & Murphy, 2002). For that matter, the clinician is often a major factor in whether or not an individual makes the choice to initiate treatment or to continue in treatment long enough for meaningful change to occur. Just as in parenting, teaching, and coaching, when treating fluency disorders, it makes a real difference who is serving as the guide and mentor.

### **Clinician Attitudes About Stuttering and People Who Stutter**

---

Our attitude about those who come to us for help and our understanding of their

communication problems have a fundamental influence on how we approach them as people during both assessment and treatment. What the clinician has learned and understood about the stuttering experience and what he or she has been able to observe about people who stutter will determine whether he or she will even have the desire to work with such clients.

One unique characteristic of the field of fluency disorders is that a substantial number of people who stutter (or have a history of having stuttered) have gone on to become professional clinicians, often specializing in stuttering and related fluency disorders (see Chapter 11). Assuming that clinicians with a history of stut-

tering have also acquired the necessary academic and clinical knowledge, their life experiences may provide some understanding about a client. The experience of having traveled within the culture of stuttering and survived the many tribulations along the way tends to promote the insight and empathy necessary for guiding others through the process of therapeutic change. It is generally easier to understand and relate to another's situation if we have shared the same or a similar experience (e.g., undergoing surgery, losing and searching for a job, loss of a loved one, experiencing a divorce). There are many examples of this understanding in the helping professions. For example, people with a history of substance abuse

are often extremely effective therapists in alcohol and drug rehabilitation programs. They understand from their experience the nature of the problem and the many tricks that people use to deny the problem or avoid change.

This does not mean, however, that people who stutter or who have stuttered in the past will be more effective as clinicians or will necessarily have a greater understanding of the stuttering experience. With good preparation and experience, clinicians without a history of stuttering can have equal understanding and do not have to acquiesce when individuals who stutter offer the challenge, "How can you understand? You don't stutter!" (Manning, 2004b). It may be that one day

## CLINICAL INSIGHT

Speaking as a person with a history of stuttering, I believe that there are many experienced clinicians who, although they have never stuttered, unmistakably understand the experience of those who do. These individuals demonstrate their understanding in the diagnostic procedures they use and create, the way they measure the success of their interventions, and the research questions they ask. They further their understanding by attending local and national meetings of stuttering support groups (see Appendix A) and by listening attentively to understand the essential themes of their clients' stories (see Chapter 7). Although we can never know every aspect of another's experience, we can learn enough so that we can provide accurate and timely help that enables our clients to more effectively cope with their situation. (WM)

On the other hand, speaking as a person who does not have a history of stuttering, I, too, believe that clinicians who do not stutter can understand the experiences of their clients who do. My personal journey in this regard started with a willingness to engage in pseudostuttering as a student clinician—to throw myself into a role that was unfamiliar to me and try to experience some of what my future clients were living every day. Reflecting on those experiences, and comparing those feelings to experiences in my own life from times I had to deal with some form of challenge, enabled me to start to develop a deeper understanding of the experiences of my clients. Also, seeking out the stories of persons who stutter—not just about therapy but about living with stuttering—became a passion that led me to seek out books and movies about living with stuttering, and to take every opportunity to engage in conversations (and build friendships) with persons who stutter. (AD)