CBT and stuttering

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MPC approach

Communication skills
Speech management
Thoughts & feelings

Balance

Control
Acceptance
Social Anxiety Disorder (SAD)

Persistent fear of performance or social situations

Fear of negative evaluation and rejection

(APA DSM-5; 2013)

Clark & Wells, 1995

People with SA...

• have negative assumptions about social situations
• go into these expecting the worst
• experience physical and cognitive symptoms of anxiety
Clark & Wells (cont.)

- Monitor themselves closely
- Adopt safety behaviours e.g. avoidance
- Go over things afterwards – bias to negative

AWS at risk for anxiety and social anxiety

- Mahr & Torosian, 1999
- Blumgart, Tran & Craig, 2010
- Craig & Tran, 2014
- Iverach et al., 2009
- Iverach & Rapee, 2013
- Smith et al., 2015

Anxiety a consequence not a cause of stuttering

- Alm, 2014
- Kefalianos et al., 2014
- Reilly et al., 2009
- Kefalianos et al, 2012
- Smith et al., 2014
Tendency for CWS to develop negative attitudes about communication

- De Nil & Brutten, 1991
- Vanryckeghem & Brutten, 1997
- Vanryckeghem & Brutten, 2007

Negative listener reactions may contribute to this

Langevin et al., 2010
Langevin et al., 1998
Davis et al., 2002
Evans et al., 2008
Weidner et al., 2015
Panico et al., 2015

<table>
<thead>
<tr>
<th>Source</th>
<th>Group</th>
<th>% Meeting criteria for SAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paulton &amp; Andrews (1994)</td>
<td>Adults</td>
<td>27</td>
</tr>
<tr>
<td>Stein et al. (1996)</td>
<td>Adults</td>
<td>16</td>
</tr>
<tr>
<td>Schneier et al. (1997)</td>
<td>Adults</td>
<td>22</td>
</tr>
<tr>
<td>Menzies et al. (2008)</td>
<td>Adults</td>
<td>32</td>
</tr>
<tr>
<td>Blumgart, Craig &amp; Tran (2010)</td>
<td>Adults</td>
<td>200</td>
</tr>
<tr>
<td>Iverach et al. (2011)</td>
<td>Adults</td>
<td>140</td>
</tr>
<tr>
<td>Messenger et al., (2015)</td>
<td>School-age / Adolescents</td>
<td>23</td>
</tr>
<tr>
<td>McAllister, Kelman &amp; Millard (2015)</td>
<td>School-age / Adolescents</td>
<td>35</td>
</tr>
<tr>
<td>Iverach et al., (2016)</td>
<td>School-age</td>
<td>70</td>
</tr>
</tbody>
</table>

%
NATS

- Predictions about listener reactions
- Predictions about listener judgement
- Negative judgements (stuttering, self)

Clinical effectiveness of CBT

- Reduces anxiety in AWS (Menzies et al., 2008)
- Can be delivered on-line (Helgadottir et al., 2009, 2014)
- Can be used with children and parents (Kelman & Caughter, 2014; Berquez et al., 2007)
- Increases resilience (Caughter & Dunsmuir, 2017)
- Effective as part of an integrated programme (Fry et al., 2009; Millard, 2011)
- ACT and Mindfulness Based approaches show promise (Boyle, et al., 2011; Beilby et al., 2012)

Identify negative automatic thoughts (NATs) and feelings
Via

• Questionnaires: Unhelpful Thoughts and Beliefs About Stuttering (UTBAS) (St Clare et al., 2009)
• Past, imminent, hypothetical events
• Changes in affect
• Therapy tasks

Questions therapists ask

• What went through your mind?
• What did you imagine might happen?
• What was the worst thing that could happen?
• Suppose that were to happen, what would be the worst thing about that for you?
• Supposing you did stutter, what would be the worst thing about that for you in that situation?
• Did you have a mental picture at that moment?

Video: going beyond the first thought

Child: I really don’t want to do this
Therapist: Because if you do have to do it what then?
Child: I’ll be thinking how are people going to react?
Therapist: How might they react?
NATS: I won’t be able to say it. He’ll think I’m weird.

FEELINGS: Nervous

PHYSIOLOGICAL RESPONSE: Heart rate up. Tense

SAFETY BEHAVIOUR: Leave the shop without asking

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N, 15 years

NATS: They won’t understand me. They’ll walk away.

FEELINGS: “blind panic”

PHYSIOLOGICAL RESPONSE: Feel hot, go red, heart rate up

SAFETY BEHAVIOURS: Say anything even if off topic. Disengage.

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D: 35 years

The Family Maintenance Model
(adapted from Biggart, Cook & Fry, 2007)

<table>
<thead>
<tr>
<th>CHILD</th>
<th>PARENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’ll stutter; I can’t do it.</td>
<td>He’ll stutter</td>
</tr>
<tr>
<td>Nervous, panicky</td>
<td>Anxious</td>
</tr>
<tr>
<td>Hang back, look to parent</td>
<td>Speak for him</td>
</tr>
<tr>
<td>Hot and shaky</td>
<td>Tense up</td>
</tr>
</tbody>
</table>
Thought record

<table>
<thead>
<tr>
<th>Situation</th>
<th>Emotions (Intensity 0-100%)</th>
<th>Negative Automatic Thoughts (Belief 0-100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaking at a meeting</td>
<td>Terror (90%)</td>
<td>I'll stutter (100%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>They'll interrupt me (80%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>They'll think &quot;what's wrong with her?&quot; (90%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>They'll think I can't do the job (100%)</td>
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<tr>
<td></td>
<td></td>
<td>They won't respect me (100%)</td>
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</table>

Cognitive restructuring

Consider evidence
Alternative perspective
Helpfulness
More compassionate view
• What’s the evidence? What’s the evidence it isn’t true?
• Am I expecting the worst? Is there another possibility?
• Is there another way of seeing things?
• How helpful is this thought? Is there something more helpful I could be saying to myself?
• Is there something kinder I can say to myself? Am I being a fair judge?

<table>
<thead>
<tr>
<th>Situation</th>
<th>Emotion</th>
<th>Action</th>
<th>Evidence that supports this</th>
<th>Evidence that it’s not true</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaking at a meeting</td>
<td>Terror</td>
<td>I'll stutter (100%)</td>
<td>One of my colleagues made a negative comment about my stammer.</td>
<td>I've been given more responsibility. People ask me for my opinion. People thank me. I'm asked to come back to companies. People want to introduce me to their colleagues.</td>
<td>On the basis of the evidence, people may notice my stammer (chances are they do) but people do actually respect me and respect what I have to say.</td>
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</tbody>
</table>

‘Thinking traps’

• Catastrophising (expecting the worst)
• Mindreading, fortune telling
• Overgeneralising (“I’m no good at anything”)
• Thinking in all or nothing terms
• Applying excessively high standards (shoulds oughts and musts)
• Magnifying negatives and ignoring positives
• Labelling (“I’m rubbish”)
Behavioural Experiments & exposure

Test predictions about listener reactions

Test the assumption that Safety Behaviours are helpful

Checking listener reactions

<table>
<thead>
<tr>
<th>Situation</th>
<th>What I did</th>
<th>What happened? (As I expected? Not as I expected?)</th>
<th>Conclusions, Re-rate belief and intensity Problem solve</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Checking things out

<table>
<thead>
<tr>
<th>What I did to check this out</th>
<th>What happened?</th>
<th>What do I think now?</th>
</tr>
</thead>
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<td></td>
<td>?</td>
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Problem solving and coping

- Creates a win-win
- Supposing the worst does happen...
- What is your goal?
- What are your options?
- What could you do, or say to yourself, to deal with that?
- What is likely to work best?
- Try it out and review

What is the purpose of exposure?

Feel the fear and do it anyway
Standard CBT
Reduce anxiety

ACT
Tolerate anxiety / increase willingness

Attentional shift
Internal to external
Negative to positive

Nurture attention to positives

• Specific enquiry: What went well? What have you been pleased to notice?
• Group/peer feedback
• Good news diaries
• Focus on strengths
• Praise work with parents
Communication skills

- Awareness of attention focus and intentional shift
- Focus on listener rather than internal experience
- Family-based therapy for children
- Group-based therapy for teenagers

ACT and mindfulness

Defusion: not buying into thoughts

Mindfulness: allowing rather than struggling with

Being mindful

- Bring attention / awareness to the present, including thoughts, emotions here, now
- Accept inner experience
- “Openhearted, friendly presence and interest” (Kabat-Zinn, 2003 p145)
- Observe not change
Defusion

References


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