

## **Intensive Group Therapy For Stutterers: A Report.**

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In rehabilitation programs of stuttering, a variety of techniques have been tried during the past few decades to facilitate fluent speech. Most of these programs have focussed on individualized training with little opportunities provided for the stutterers to interact with others, apart from the therapist. The fluent speech thus achieved during the individual clinical situation is hardly maintained in extra clinical situations and speech therapists too are unable to provide sufficient guidance in this area due to lack of resources, access to and control over real life situations. Even when, follow-up and maintenance guidelines are advised, it is not always possible to monitor the same.

With this in mind, an intensive group therapy program was planned to find the efficiency of the group therapy program over the individualized program. To effectively carry out the program it was decided to maintain the homogeneity of the group participants. Hence only eight stutterers were chosen based on the following criteria: Adult stutterers (a) in the age range of 18 to 25 yrs (b) who would converse in English, (c) with moderate degree of stuttering and mild to moderate anxiety as per the speech and psychological evaluations reports.

The program was scheduled for ten days.

Initially, a pretherapy evaluation including a detailed history and assessment of stuttering behaviour was performed on each of the participants using the stuttering evaluation checklist and the self reporting questionnaire prepared for the purpose (see Appendix).

After the mutual introduction of the participants, they were briefed about the aims and objectives of the program, nature of the stuttering problem, its cause and different treatment techniques used in stuttering rehabilitation. Demonstrations and discussions were held in both individual and group sessions to familiarize the participants with some of the commonly used therapy procedures.

The program was conducted with the following goals in mind:

(1) to provide daily intensive training (3 to 4hrs) in the use of coping mechanisms to overcome the primary and secondary problems of stuttering in reading, discourse and spontaneous speech in (a) individual sessions and (b) group sessions.

(2) to generalize the fluent speech behaviour outside the clinical set up and to reduce their situation fears. They were given practice in addressing the group, participate in group

discussions, singing in a group, narrating experiences, role playing, facing interviews, conversing on telephones, etc. Accompanied by a professional person they were given opportunities to meet strangers, make enquiries, purchases etc.

Helpful hints were given to the participants through handouts. This included a transcript of the "Self therapy for stutterers" by M. Fraser.

A post therapy assessment was made using the stuttering evaluation checklist and the stuttering severity rating scale. An analysis of these showed that the group members exhibited less fear, anxiety and tension and good control over their speech in stressful situations and also expressed confidence in maintaining fluency in other situations.

The program was concluded after obtaining introspective reports, and terminal counselling. A function was arranged in which all the group members participated in welcoming, singing invocation, and narrating their experiences in group therapy in front of a small audience.

A follow up was made 6 months after the completion of the program using: (a) a questionnaire (b) self assessment on the stuttering evaluation checklist and (c) stuttering severity rating scale. Only four of the participants responded. These were found to be the same participants who were highly motivated, who had maintained fluency and showed good control over their speech during post therapy assessment. The questionnaire was prepared to probe into: the adequacy of the program, percentage of improvement, fluctuations in fluency and further guidance required if any. The respondents expressed that (a) the duration was insufficient and suggested a minimum of fifteen days for such programs, (b) the opportunities pro-

vided for group interactions should have been more intense. Although improvement in speech behavior was reported by all of them, none of them could express it in terms of percentage. Fluctuations in fluency were still reported though to a lesser degree, depending on the speaking situations, anxiety and tensions felt. Regarding the follow up guidance/treatment required two of the participants stated that they do not require any further guidance/treatment. One has reported that the material given during program is sufficient to guide him and another participant requested for guidance through correspondence.

Self assessment ratings on the stuttering evaluation checklist during the follow up could not be compared with the pre and post therapy ratings as the latter were made by professional persons. Also, there were discrepancies and incomplete responses given by the participants which made the comparisons difficult.

On the stuttering severity rating scale, situational ratings of stuttering behavior showed considerable reduction compared to the pretreatment ratings.

The results in general indicate that the group therapy program is beneficial to the stutters by way of (a) providing opportunities for group interactions in different difficult situations (b) better orientation towards their problems and its management through mutual helping and sharing of ideas and knowledge. The stutterers who managed to speak fluently using the coping techniques, served to motivate and encourage the others to improve their speech fluency. This is very important since it reduces the role of the clinician in the management program, thus overcoming the scarcity of professional resources.

All the participants strongly expressed

that the group program was very useful to them compared to the individual therapy programs they had undertaken earlier. This enabled them to improve their confidence, and reduce their situational fears and anxiety.

It was felt that it would be most economical and fruitful to conduct such group programs on a routine basis, atleast twice in a year including a large number of participants, if necessary by dividing them into different groups based on age, education, severity etc. It is also hoped that the stutterers would benefit more if they have mutual contacts even after conclusion of such group programs, so that they would gain knowledge and support from each other. This could be done by helping them to associate themselves or form a club, which would enable the members to meet frequently or correspond with their fellow members and take guidance from the professionals whenever needed.

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## **APPENDIX A**

### **Self-Reporting questionnaire:**

1. Please answer the following questions with 'Yes' or 'No' or by briefly explaining wherever necessary:
2. Did your stuttering problem start after some illness or some incidence (as you remember or as reported by your parents)? If yes, please explain how: Yes/No
3. Have you been exposed to any other stutterers any time? If so, specify the relationship (near relative/far relative/neighbour/friend) and mention and duration of exposure approximately.
4. Do you feel your stuttering is due to the problem in the oral cavity/throat/brain/lungs or stomach?
5. Do you have any problem in breathing, especially while speaking? If so, describe.
6. Do you sweat or shiver and/or feel that your heart thumps when you face a stressful speaking situation? If so, explain.
7. Do you stutter more on specific sounds? If so, specify.
8. Do you stutter more on specific words? If so, specify.
9. Do you know any other language other than your mother tongue? If so, list them in the order of familiarity.
10. Do you experience the same amount of stuttering in all the languages you know? If so, please list them in the order of difficulty (from the least to the most difficult).