SOME BASIC CLINICAL TECHNIQUES

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Introduction

The following is a list of suggestions the clinician might find helpful during the therapy process. This list is by no means inclusive but point out some of the primary techniques that enhance learning.

Discuss Speech and Speaking Problems in a Context of Natural Fluid Behavior

When one is faced with helping a person change behavior, it is helpful to describe (talk about) "behavior" and “behaving” in a context that is meaningful to the client. Ordinarily, it is helpful to discuss altering behavior in relation to something that the client can actually experience rather than just discuss. Guide the client in discussing what he is doing as he talks in relation to natural, easy speech or the feeling of “fluid” speech and movement. The enables the clinician and client to:

1. Discuss the problem of interrupted speech in the context of natural fluid speech rather than just “fluent” speech or talking without stuttering.
2. To discuss his speaking behavior in the context of general (nonspeech) behavior .
3. To discuss his feelings about and during speaking in relation to or in the context of the normal feelings that a person has in various situations. The clinician should be attempting to provide a context of "normality” within which the feelings, tensing, holding breath while speaking can be discussed, observed and changed.

Make Activities Relevant

All activities and experiences should be meaningful and **RELEVANT** to the client’s life and treatment goals. Learning is shown to increase when the individual can identify the relevancy of the behavior being learned. That is, the client can integrate the behavior into their life in a meaningful way. Always reinforce the rationale for each goal and activity relative to the short terms and long term effects it will have on the client’s life.

Experiential versus Intellectual Learning

Experiential learning is the process of learning through actual experience, that is, learning by doing. The emphasis is placed on feeling and remembering what a behavior, thought, emotion, etc. is like and how it influences effective talking. The key to learning new behavior patterns and integrating them into our natural process is by focusing attention on the behaviors while we are actually doing them. It is also important that this experience has relevancy to the client, that is, the client must understand what they are trying to learn and how it will help them in the long run.

SAST is based on using natural speech process to better understand and effectively change the stuttering response. All new behaviors should be explored and experienced in the presence of appropriate perceptions regarding the behavioral response.

Intellectual learning refers to learning from reading, someone talking, etc. While this certainly plays a significant role in certain aspects of treatment it is the least effective means of helping a client learn to shape their speech or to come to believe that they can talk or feel in a different way. The client must feel the desired behavior while they are producing it. Activities designed to show the client what to do and how to feel the behavior are far superior to only telling the client what to do or what they can do.

What is “Attending” and Why is it So Important to Success?

Attending refers to the ability to actually be aware of and feel a what we are doing while we are actually doing it. Another term for this is “body awareness”. The client must learn to effectively “attend” to the feeling of different movement patterns as they are occurring. This promotes a feeling of being in charge of ones own body. This is similar to the accomplished gymnast or dancer who is constantly in touch with where their body is and how they are moving at each moment in time. Attending is not a natural process of talking but it can be taught and learned. Attending also is more difficult with the presence distracters, particularly variations in emotion and arousal. With time and effort the client can learn to focus their attention not just on what they are saying, but on the feeling of fluid movement and forward speech while they talk. Attention is drawn from negative thoughts and images and focused on positive, proactive ones. The following are a few ways the clinician can help the client “focus” their attention on the feeling of specific movements while they are talking.

- Use your voice, body posture, and hand gestures to signal the specific movement or structure you want the client to focus on at that moment. Tell the client to begin attending to the movement or "feeling" what they are doing" before they begin the movement or while they are making the movement.
- Knowing **when** to focus the client’s attention is very important. Both the client and clinician should be developing “NOWNESS SKILLS”. It is important that the clinician control the client’s focus of attention to maximize the learning experience. The clinician should draw the client’s attention as follows.

    (1) **Before** the client begins the action or movement. This is very important in developing a proactive feeling of being in charge instead of waiting for something bad to happen. This is usually before the client begins an utterance. This is typically during the Pre-Onset Phase of the utterance or movement.

(2) **During** the utterance or movement. A recent client provided an analogy that is particularly helpful here. He described this cueing process as how directors of the old silent movies directed their actors. They actually talked and gestured to the actors **while the scene was being filmed**. This provides immediate feedback and focusing ideas at the time they are most needed. In a similar manner the clinician can talk to the client **while the client is engaged in the speaking act**. The clinician must be sure to inform the client of what will be happening to reduce confusion.

(3) **After** the utterance or movement is finished. This reinforces drawing attention directly to the behavioral goal rather than on distracting cognitive or emotional response patterns that may have occurred during the activity. The clinician should be aware that cueing the client after the utterance is finished not actual attending. It involves having the client remember the feeling of the movement after it is over.

Figure 15 shows when the clinician can provide cues to the client to "feel" the to the client for a single utterance. This takes some practice since we are typically trained not to interrupt while someone else is speaking. Discuss this issue with the client before hand, letting him or her know that you might be speaking or signaling to them to "attend" while they are talking.

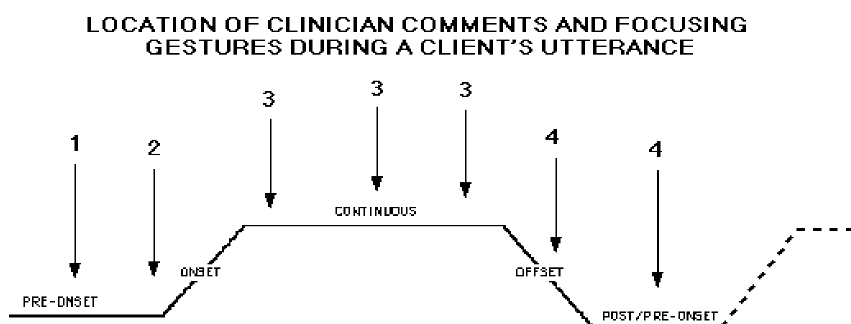

Figure 15. Points in the client's utterance where the clinician should focus attention on behaviors to be identified or shaped.

When and Where to Provide Attending Cues

1. Tell the client to feel what they are doing (relative to specific goal being worked on) before they begin talking. Do not allow the client to begin talking until you are sure s/he is "attending".

2. Signal the client to begin talking or creating a movement. The clinician can use any type of cue agreed upon in advance. Often a gesture or a speech model is very helpful where the client "shadows" the pattern of the clinician.

3. Continuously signal either verbally or with gestures to shape the movement in the desired manner.

4. Continue to focus the client's attention on the "offset" of the utterance or movement. Be certain the client does not stop attending mid-way through the utterance. The offset of the movement is just as important as the onset.

Teaching the Client How to Feel Movement Using Scaling and Contrast Methods

Scaling: Fluid movement and speech is based on a continuum, not a yes and no scale. That is, the client learns they can create varying degrees of fluid speech behaviors. It is helpful to use a continuum scale, such as 1-5. A value of 3 refers to the most natural degree of a behavior under normal conditions. A 5 refers to an extreme excess of the behavior and 1 extreme minimum of a behavior. The client then learns to feel and produce varying degrees of speech behaviors and determines which are most natural and effective under different speaking conditions. Typically, as psychological and emotional stress increases the client should use lower degrees of the behavior.

Contrast: One of the best ways of teaching the continuum scale and the feelings of movement that go with each level is by contrast. That is, the client learns what each level feels like relative to other levels. For example, the client can imitate the clinicians for a #3 level of movement onset abruptness. The client then imitates the clinician's model of a #5 and #1. In this way, the client learns the relative degree of each level relative to other levels. Use **CONTRAST** as a primary tool for learning new behaviors. This is particularly helpful for learning movement parameters or when exploring the nature of facilitory versus inhibitory speech behaviors. Contrasting one level of a behavior (such as speed or force) with a different level allows the client to establish a

continuum for that behavior. This enhances the ability to store and retrieve that behavior from memory.

How to Structure a Speech Activity

The clinician should follow a basic structure for each activity and experience presented to the client. This structure is designed to facilitate the learning process. This structure is presented below.

1. Present the behavioral goal
2. Present the relevance of the goal (rationale) for both long and short-term objectives of the client. Explain what the client will learn from the activity and why it is important.
3. Model (demonstrate) the behavioral goal for the client.
4. Have client model the behavioral goal to show that he or she understands what is expected
5. Discuss all procedures that will occur during the activity, such as what cues you will give, if and how you will record responses, etc.
6. Have the client perform the activity
7. Immediately assess the client's performance. This can be clinician assessment, client self-assessment, or both. Be sure the assessment and feedback are relative to the specific behavioral goal.
8. Discuss any observations, perceptions, response, etc. that either facilitated or inhibited completion of the goal.
9. Make appropriate changes as needed and complete another trial of the activity.