Stuttering therapy when the problem isn't stuttering:

Using narrative practices in a fluency-centric society

by Voon Pang

Voon Pang is a speech language therapist working in narrative ways with people who stutter. He is based at the Stuttering Treatment and Research Trust (START) in New Zealand. Voon's work at START is predominantly with school-age children and teenagers who stutter, in individual and group settings. He also works with pre-schoolers (children below the age of six) who stutter and adults who stutter.

Abstract

Since the early 2000s, practitioners have developed beneficial ways of using narrative practices in work with adults who stutter. This article extends their work to apply narrative practices to work with children and young people who stutter. In a speech language therapy context, externalising conversations were used to determine how young people understood their own speech 'problems' – sometimes in ways that contrasted with dominant fluency-centric models, which seek to eliminate or reduce stuttering. Listening for 'unique outcomes' and 'sparkling moments' enabled the development of alternative stories, in which the hard won skills and knowledges of these young people were made clear. This work was supported by the use of letter writing to support people's campaigns against the effects of stuttering, and methods to archive and disseminate the knowledges of these young people with regard to living with stuttering. Adopting a narrative approach also enabled a more collaborative way of working and provided opportunities to address issues of power and privilege in the therapeutic relationship.

Key words: speech language therapy; externalising conversations; re-authoring conversations; therapeutic documents; letter writing; children; young people; narrative practice; narrative therapy

Introduction

Speech language therapy with young children often focuses on eliminating or reducing stuttering and developing 'fluency'. Narrative practices invite therapists to join with young people who stutter in questioning social discourses that depreciate stuttering and value specific ways of talking (speaking fluently). In addition to working on communication skills that can assist people to speak effectively and spontaneously, narrative practices open possibilities for placing young people's own understandings and knowledges at the centre, so that we can support them in working towards their own hopes, values and intentions, whether or not these include the reduction of stuttering. This paper shows how externalising conversations, re-authoring conversations and therapeutic documents were used in speech language therapy with young people aged between 8 and 23 years. The ideas discussed in this paper are directly applicable to speech language therapists and counsellors who work with individuals who stutter. However, I believe they are also relevant those who work with people at risk of having 'spoiled identities' due to a diagnosis of a range of speech and language difficulties (e.g. people who are diagnosed with autism; attention deficit and hyperactivity disorder; dyslexia or aphasia).

Background

Stuttering

Stuttering is commonly viewed as a multidimensional 'disorder', characterised by what we see: the involuntary part-word and whole-word repetitions, prolongations and blocks (Conture, 2001; Shapiro, 2011; Smith & Kelly, 1997). A multidimensional understanding of stuttering takes into account the emotional and cognitive factors associated with the 'out of control' moments experienced by the speaker. People who stutter often describe feelings of frustration, embarrassment, shame and guilt in speaking situations.

Approximately 1% of the population are people who stutter, with higher prevalence rates in preschool children (Yairi & Ambrose, 2013). Approximately 5–10% of children begin stuttering between the ages of two and five years. This is thought to be because children experience rapid growth in language skills during this period and stuttering is most likely due to a temporary 'imbalance' between motor and language skills and the interactions between this imbalance and a child's environment. However, as quickly as children begin to stutter, many children stop stuttering and develop fluent speech without formal intervention within 12 to18 months of starting to stutter.

Stuttering and speech language therapy

Speech language therapists become involved with children who stutter when risk factors for persistent stuttering are present (risk factors include a family history of stuttering and being male). Early intervention seeks to facilitate 'recovery' from stuttering. It aims for children to become fluent speakers (that is, to speak without stuttering) through a variety of treatment approaches (de Sonneville-Koedoot, Stolk, Rietveld, & Franken, 2015; Jones et al., 2005; Millard, Nicholas, & Cook, 2008). These approaches aim to reduce the 'imbalances' or 'glitches' in the child's speech system in the brain and thus develop neural pathways for the fluent execution of speech. Although many preschool children become fluent speakers with or without therapy, a small proportion continue to stutter into their school-age years. Many of the children who stutter in their school-age years continue to stutter into adulthood. This is because the neural pathways of people who stutter become more 'intractable' the longer they have been stuttering. If a person has been stuttering for longer than five years, then it is highly likely that they will continue to stutter throughout their lifetime. Therefore, therapy for children aged nine years and above typically focuses on improving fluency skills and reducing the emotional and cognitive impact of stuttering.

The most common goal of stuttering therapy for people who continue to stutter is to help people 'say what they want to say, when they want to say it and to communicate with confidence and joy'. Stuttering therapists aim to develop the agency of people who stutter so they are 'in charge of stuttering'.

The use of externalising conversations

Practitioners in the United States (DiLollo & Niemeyer, 2014; DiLollo, Neimeyer & Manning, 2002), United Kingdom (Logan, 2007, 2013), and Ireland (Leahy & Warren, 2007; Ryan, O'Dwyer & Leahy, 2015) have used narrative approaches with adults who stutter, and have reported positive outcomes through deconstructing stuttering-dominated personal narratives and developing alternative narratives that are more compatible with being a fluent speaker.

I was curious about extending the use of externalising conversations to my work with children who stutter. I found that externalising conversations allowed me to make enquiries in ways that respected a person's position on a problem. This was interesting territory for me to explore as I was often positioned as an 'expert' on the problem and I had previously made the assumption that people came to me to reduce their stuttering (or to improve their fluency skills). I felt that parents expected that I would focus on reducing stuttering and 'treat' their children's speech and language difficulties.

Externalising questions also helped me to listen out for 'unique outcomes' or a 'sparkling moment'. I found these conversations to be an important step in separating the problem from the young person and assisting them to experience an identity separate from the problem. Using the four categories of enquiry in externalising conversations (White, 2007), I was able to elicit various names for the problem and invite people to take a position on the problem. This provided a platform for new pathways and territories of stuttering therapy and allowed me to move away from traditional fluency 'work/practice' (where the focus of therapy is on practising fluency skills to reduce stuttering) towards more collaborative ways of working.

Young person	Characterisation or naming of the problem	Effects of the problem	Evaluating the effects/ taking a position on the problem	Justifying the evaluation/ values	Focus for stuttering therapy
10-year-old boy who stutters	The Red Demon	Makes me feel abnormal. Makes me hide. I stop talking to people I want to talk to.	I don't like Red Demon. I want to make him smaller. I want to beat him up.	I don't like being judged. I want to make new friends. I like talking.	Desensitisation, connecting with friends, disclosure and openness about stuttering, some fluency skills practice.
19-year-old man who stutters	The Excitement	Makes me look forward to meeting new people. Makes me stutter more. Makes me rush. Makes me put a lot of pressure on myself.	In some cases, Excitement has helped me, in others it has held me back. Excitement was a problem when I went into university but it helped me make a good impression.	Excitement is helpful in some instances. When Excitement combines with High Expectations this can be a problem. I don't like Excitement and High Expectations putting pressure on me.	Exploring communities of care (support systems), openness and appropriate forms of disclosure; enabling contribution to others (younger people who stutter).
8-year-old boy who stutters	The Worry	Makes me get nervous before talking. Makes me talk quickly. Makes me stutter more.	It is not okay that Worry is making me nervous.	I want to be able to do my class speech without Worry telling me people will laugh at me. I like to talk.	Letter to teacher explaining Worry's influence on Luke's speech.
9-year-old boy who stutters	People's ears are broken	I have to repeat myself. I get frustrated.	Well I can't fix peoples' ears but I do tell them I stutter.	The problem isn't with me, it's with them. People need to pay attention better or give me more time. People need to be patient.	Encouraging Oliver to continue being open and advocating for himself so other people give him time to speak (and don't interrupt).

Table 1. *Mapping responses to externalising questions to the focus for stuttering therapy*

It was fascinating to see that many of the younger people I worked with were easily drawn into naming and characterising the problem, and did so in creative ways. The externalising conversations invited parents to see the problem in a different way – one in which their child was not the problem. Parents generally bring their child to stuttering therapy in order for their child to gain more fluency. Through externalising conversations, the parents of the individuals above came to realise that society's valuing of fluency had a role in creating problems for their child.

The use of re-authoring conversations

The problem of stuttering (and its allies, such as shame, worry, fear and embarrassment) lends itself to re-authoring conversations about exceptions to the problem. It is highly unlikely that a person stutters every single time they speak. It is also highly unlikely that stuttering will permanently silence an individual and stop them from talking. Questions in the early stages of therapy seek to determine when talking is hard and when it is easy, and when stuttering is most likely to occur. Some common responses to these questions include: ‘Talking is hard when there is a group of people and easier with my parents’ or ‘Talking is most difficult on the phone; I dread the phone and stutter most then. I think it’s because I can’t see the person’ or ‘Talking is easiest when I’m with my friends’. These responses are typical in the early stages of therapy. Re-authoring conversations provide a pathway to move from these responses to exploring the steps an individual has taken to counteract the problem. They also allow the individual to assign meaning to these steps and what they say about their identity.

Prior to my training in narrative therapy, I would often lose sight of the unique outcomes that were present when people discussed living with stuttering. I would hear the dominant problem story and latch onto what I was familiar with, proceeding to offer skills and strategies to reduce stuttering in a way that was supportive, but didn’t look back at unique outcomes. Re-authoring conversations have opened up space where new territories of people’s resistance to the problem can be explored. Although I am positioned to teach skills and strategies, I can now also hold unique outcomes and accounts of people’s resistance to the problem and use these events as entry points to re-authoring conversations later in the therapeutic journey.

A re-authoring conversation can also help people who stutter to maintain progress and live according to their intentions, values, hopes and commitments. Raymond (a twenty-three-year-old who stutters) consulted with me about Fear and its effects on his ability to come across as confident during a telephone interview for a job. Tracing the history of Raymond’s life, there was a time where Fear ruled Raymond’s childhood as Raymond hid his eczema from his classmates. Over time, Raymond came to ‘care less’ and began showing the eczema. As we spoke about how Raymond had handled eczema, I asked Raymond to consider whether his caring less with eczema would be helpful with Stuttering and Fear.

Voon: Have there been times where in life Fear hasn’t been such an issue with talking?

Raymond: Well, I’ve always been pretty shy throughout my life because I was born with a skin condition called eczema. That made me shy and my confidence wasn’t as high.

Voon: Yep, okay, eczema affected you when you were younger as well. Affected how you felt about yourself? Eczema caused you to be a bit shyer and not as forthcoming?

Raymond: Yeah.

Voon: So how old were you when you had eczema?

Raymond: I think I was born with it. So my whole life I had it and back then my hands were real bad and dry and my knuckles came out and the inside and flesh were all dried up and then, you know, kids would make fun of me about that, so I used to hide my hands a little bit.

Voon: Okay.

Raymond: And then as I got older, I cared about it less. Then my confidence went up.

Voon: Okay, whoa, hold on a sec. Kids made fun of you and then you got older over time and you became more confident or you cared about that less?

Raymond: Yep, I cared about it less and then my confidence grew more, but I do stutter less than I did back then.

Voon: Do you think the stuttering and the confidence or the ‘caring less’ aspect, do you think there is a relationship for you?

Raymond: I do, yeah.

Voon: And would you say that relationship is a positive one where caring less helps with stuttering or negative one where when you care less there is more stuttering? What sort of relationship is that?

Raymond: I think when I care less I stutter less. ’Cause, I used to have some negative thoughts and ...

Voon: So you care less and you stutter less [writing down]. And why was that again? It was because of the negative thoughts; am I correct?

Raymond: Yeah.

Voon: So if I go back to the eczema, you’ve handled eczema or the eczema is still something that you live with? Is that right?

Raymond: Yeah, like every day, yep.

Voon: How do you live with that every day now? You care less and you're not as self-conscious about it as an adult?

Raymond: Yep.

Voon: How has that developed over time? Can you tell me when there was a point where as a teenager, or where recently as an adult, you've learnt that you can just talk about it?

Raymond: Yeah [head nodding]. I think I just grew to not care about it as much.

Voon: And what effect did that have?

Raymond: Back then I didn't really want to express myself or sell myself or anything, you know? Even stuff like Facebook and all that stuff, back then I didn't used to post to anything like that.

Voon: Is that just photos or is that posts in general?

Raymond: Posts in general. Photos and all that as well.

Voon: Yeah. And now?

Raymond: Now I, you know, just post it! [smiles and laughs]

Voon: So not caring has really helped you to push eczema away.

Raymond: Yeah.

Voon: The reason why I'm trying to link up eczema and caring less about stuttering is that I'm wondering if the caring less with stuttering also might help with also combating Fear?

Raymond: Maybe a little bit. Yeah.

Re-authoring conversations provided me with a way of linking a skill Raymond developed in a separate event (Eczema) to Raymond's current difficulties with Stuttering and job interviews. As Raymond spoke about Eczema, Fear and Stuttering, it turned out that he had become more and more open about stuttering and had begun advertising that he is a person who stutters. Prior to our conversation, Raymond learned from a guest speaker at an intensive fluency course that he could use stuttering to his advantage, and that being open about stuttering could help future employers understand that he valued being hard working and being honest. The events of handling Eczema when he was younger, becoming more open and not caring about Eczema, learning from a guest speaker that he could use stuttering to his advantage and linking Eczema to stuttering became part of an alternative storyline about reducing the influence of Fear. I never saw Raymond again as he continued seeing his original speech language therapist for a few more sessions. At the time of writing, I heard that Raymond had been successful in gaining employment and that no further follow-up sessions with his original clinician were planned.

The use of letter writing

Letters are used within narrative practices to assist with thickening the alternative story. Historically, stuttering therapy has focused either on motoric speech behaviours as a means of improving fluency or cognitive therapy as a way of changing one's thoughts on the problem. Being trained in these ways of working meant that the use of letter writing, documentation and certificates was not something that I had a lot of confidence in. However, it was something I wanted to experiment with after reading the letter campaigns Stephen Madigan (2011) mounted to counterbalance a problem-saturated story and memory, and White's (1995) chapter on the use of therapeutic documents. I began my first letter to an eleven-year-old boy I had been working with. Before I sent the letter, I consulted with Joseph's family about the idea and asked if they would be interested in receiving a letter. I then outlined the purpose of the letter and asked if they would be interested in reading it out aloud at home. I posed questions such as 'Where would you keep it?', and 'Would you read it more than once?' The letter I wrote provided a summary of the session Joseph and I had that day (see Morgan, 2000, for an overview of other types of therapeutic letters).

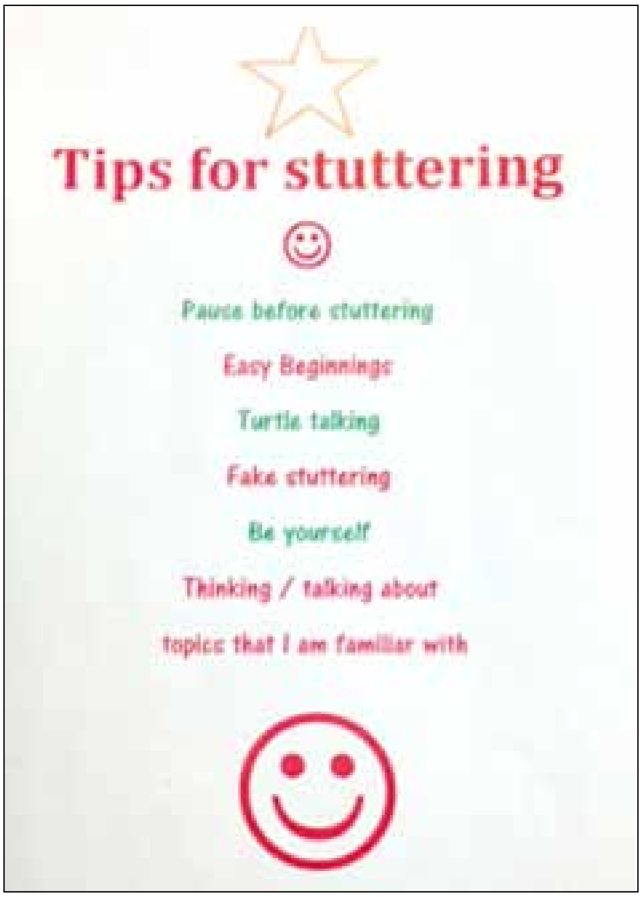
> Dear Joseph,
> Yesterday's session was a standout as you've made big strides towards 'making Stuttering a smaller issue'. I also thought that it was timely that it was National Stuttering Awareness Week in the US and that we were able to read a post someone posted on Facebook. After reading the post, you mentioned that the thing that stood out the most was that 'stuttering is just a difference in some humans. Much like blonde, brunette, tall, short, et cetera'. I wonder whether remembering this when Stuttering says 'you must be fluent' will help turn down its voice? I would be interested to know what effect saying 'stuttering is just a difference' has on Stuttering. Maybe you can try this out when/if you notice Stuttering becoming an issue and you're feeling upset or down about it?
>
> Your mum and dad watched a DVD about kids growing up into adults who stutter. Mum told me that you watched parts of this too. I forgot to ask you what you thought about the DVD. I know that Mum and Dad enjoyed it and that it helped them be less worried about stuttering.

> The other thing that you said that was really important was that **stuttering is the size of a seed right now** (compared to a watermelon or grapefruit you have to carry). Mum said that you told her you speak up to five times in class now. This is a big change from last year when Stuttering was a big issue in the school environment. You mentioned that **'Courage'** is something that you can bring to your new school next year and you mentioned that courage has helped you this year. When was a time when courage was present this year? What did this say about what was important to you when there was Courage? Would there be friends or pets that would have noticed your Courage this year?
>
> Speaking of 'Courage' and your new school, I discovered that you will have a school interview for Sacred Heart in a couple of weeks. We discussed how effective communication can be affected by the speed limit of our speech. We discovered that you, Mum and Dad talk between 70 and 80 km/h (on a scale of 0 to 100) and that you could change your talking to around 55–60km/h. The things to try out for you would be to spend some time four or five days a week for three or four minutes a day paying attention to the speed of your talking. Mum even offered that you can indicate to her when her speech is speeding! You also said that it was okay for Mum to let you know once per day that your speech was closer to 100 than 60km/h. It is great that you could come up with a policy for Mum so that it didn't become annoying.
>
> With your talking becoming more flexible and not stuck at 80km/h, I wonder what difference this will make to your interactions with Mum and Dad. What do you hope Mum or Dad will notice about your talking? I look forward to seeing you again early next week.
>
> Warm regards,
> Voon.

At our next session, the letter was read out aloud by Joseph's mum. I noticed a sense of pride in Joseph, and an even larger sense of pride in his mum. After writing my first letter and noticing its effects, I have taken an interest in letter writing and will be excited to write more letters as a way of thickening alternative stories. I believe it is a skill that will require practice and diligence and something that could really make a difference to the young people I work with.

Archiving solution knowledges, sharing these knowledges among people and enabling contribution

As I begun to experiment with externalising conversations, re-authoring conversations and therapeutic letters, I noticed that many of the people I worked with had hard-won knowledges that needed to be shared (see Leahy & Warren, 2007; Logan, 2007). This was particularly true when I consulted with school-age children who had reduced the problem of stuttering and wanted their stories or knowledges to be passed onto others. One way of sharing knowledges was creating a 'tips for stuttering' poster, which was hung on my clinic wall. Brenna, an extraordinary nine-year-old I met with, was more than happy to devise a poster for me in one of our sessions. It had become apparent in the first few sessions that she didn't really want to get rid of her stutter as it was like a 'friend'. However, she did want to change the role Stuttering had in her life as Stuttering was beginning to take over her communication by telling her to use fillers in her sentences. Over time, we revised her relationship with Stuttering and worked on learning ways of talking that would enable Breanna to keep Stuttering as a friend rather than a pest that made her switch her words around. Her knowledge about stuttering is still on my pin board for others to see:



Tips for stuttering

Pause before stuttering

Easy Beginnings

Turtle talking

Fake stuttering

Be yourself

Thinking / talking about

topics that I am familiar with

Brenna's poster is a conversation starter about 'what helps' when learning how to handle stuttering. A learning point for me was that in the future, a short explanation of each tip (e.g. what 'fake stuttering' and 'turtle talking' are) and why these tips helped the speaker would ensure that knowledges and solutions are more fully shared with others who are interested in learning about ways to handle stuttering.

Another way I have shared knowledges and enabled contributions among people has been through asking for permission to share a story, or something which resonated with me, on my blog for the Stuttering Foundation of America. Prior to posting a story online, I check with the person I'm working with to see whether they would like me to use a pseudonym or their real name. I send a draft to the person and welcome their additions or edits to the story. This process (asking for permission, writing a first draft, getting feedback and input from the person, and then posting it on the blog) often takes two to four weeks. Although time-consuming, I feel it is important that the words I 'rescue' from a session are well represented in our writing. Gaining consent to share a person's story, and accurately representing that story, is about authorship rights: ultimately, that person's story is theirs to tell. Power differences between a clinician and a person who stutters should also be addressed when permission is sought, and particular care taken to emphasise that saying 'no' to the spreading of a story will not affect the therapeutic relationship.

Below is a blog post based on my work with Robert (not his real name), a twelve-year-old who has revised his relationship with stuttering to the point where it isn't a dominant part of who he is. My words segue into his words of advice to others who stutter.

Making changes over time

This is a story about a young man's stuttering journey and his road to effective communication and self-acceptance as a person who stutters. I began working with Robert in 2012 when he was turning eight. Together we learned strategies to have 'easier' speech and 'easier' stuttering. We also talked about stuttering (myths and facts) and effective communication skills. Robert made significant progress in six months and we gradually reduced the frequency of sessions for the rest of the year before having a break in 2013.

In 2014, when Robert was turning ten, we resumed therapy as Robert's parents and Robert himself had noticed an increase in stuttering and a growing frustration associated with his difficulties. The work we had done up to this point had set the foundation for future communication skills training and we decided that, along with individual therapy, Robert would participate in our Confident Communicators Group (a group for seven- to ten-year-old children who stutter). Robert excelled in the group and, not only did he learn that there are others just like him who stutter (and brushed up on his speech tools), but he was also a positive role model for younger children who stutter. The group was a turning-point for Robert and we didn't see each other for all of 2015.

At the beginning 2016, Robert changed schools and had to navigate meeting new students and teachers who were unfamiliar with stuttering. This year, we have worked on disclosing stuttering or telling others that he stutters, giving himself permission to stutter, voluntary stuttering, and pulling-out of a stuttering moment. We continue to check in every so often to see if therapy or support is needed.

Robert's attitude to and acceptance of stuttering over time epitomises the importance of learning that there are many others who stutter and that there are ways to combine this with speech tools to help with 'easier' speech or 'easier' stuttering. His participation and support from his family has meant a team approach to ensuring that our long-term goal is for Robert to continue to say what he wants to say when he wants to say it. Robert's therapy goals have changed over time and will continue to change as he grows into a young adult. He is mature beyond his years and I am privileged to have been a part of his stuttering journey. Here are some words of advice from one of my best teachers.
On fluency and 'speech tools':

- I don't focus on stuttering, just talking.
- It is good to learn techniques and, after reaching a level of fluency, to just talk.

On people who tease or bully others because of stuttering:

- It's important to see these people as jerks who are making up for their own insecurities.

On giving oneself permission to stutter:

- If I allow myself to be okay with stuttering then my listener knows that I am okay with stuttering.
- I can stutter and raise awareness about stuttering so that a larger number of people understand stuttering.
- If I become more open about stuttering I don't have to worry about it as much.

On what stuttering has taught:

- Stuttering has taught me about confidence and what it means to be confident.
- Stuttering has taught me to be calmer (more accepting) about who I am as a person.
- Stuttering has taught me about being better with communication skills.

Power and privilege in stuttering therapy

Fluent therapist and stuttering 'client'

With the low prevalence rate of stuttering, the majority of speech language therapists are not people who stutter. This creates a power imbalance between the clinician and a stuttering 'client'. The imbalances of power and privilege within the therapeutic relationship between a 'client' and a clinician invites speech language therapists (particularly those who are 'fluent' speakers) to work 'on' those who stutter, and to inadvertently continue the discourse that stuttering should be reduced, minimised and/or controlled in order for people who stutter to 'fit' into society. At its worst, this type of positioning blames the person who stutters for not conforming, and is individualistic in its focus on enabling people to 'pass' as fluent. Speech language therapists need to be aware of the implicit messages this sends to children and their parents. It is understandable that parents have anxieties about the effects of bullying and teasing due to stuttering and want to prevent this from occurring. However, to assume that one needs to not stutter in order to escape bullying simplifies the problem and locates this abuse of power as one that should be solely prevented by the person who stutters.

The dangers of labelling people who stutter as having personality disorders

Another concern in the stuttering world is that there are some researchers who report that people who stutter may have a higher risk of personality disorders (Iverach, et al., 2009). Iverach's team reported that 'the presence of any personality disorder was significantly higher for adults in the stuttering group than matched controls, demonstrating almost threefold increased odds ... stuttering appears to be associated with a heightened risk for the development of personality disorders' (p. 173). While not wanting to discount the negative experiences of bullying and or teasing experienced by some people who stutter; labelling people who stutter as more likely to have personality disorders has implications for those positioned as helpers to those who stutter. Iverach and colleague's research has had a powerful effect on how speech language therapists and mental health professionals view people who stutter. The impact of this kind of research feeds into the medical model that stuttering should be 'fixed', and there is pressure for speech language therapists to 'fix' people so they become fluent in order to prevent the development of personality disorders. This pressure to 'fix' stuttering may also extend to parents of children who stutter, who wish to protect their child in a fluency-centric world. Worry and fear for a child's wellbeing can be amplified for a parent when they see research such as that of Iverach and colleagues, and this can feed into the belief that stuttering should not be accepted and fluency is to be valued.

Working in narrative ways and considering power and privilege

Narrative approaches have enabled me to work with people in more respectful ways. Unlike approaches that seek to eliminate stuttering, my goal in stuttering therapy is to provide strategies to help children improve speech fluency and to help increase acceptance of their stuttering and diminish its negative consequences. This is similar to the way many of my American and British colleagues work when helping school-age children, teenagers and adults who stutter (Yaruss, Coleman & Quesal, 2012). Working in narrative ways has allowed me to consult with individuals about what the problem actually is for them (the Worry, the Judgement, the Fear). It has allowed me to co-author alternative stories through re-authoring conversations, letters, archiving solution knowledges, and enabling contribution. It has enabled me to work in ways that provide choice about to how to respond to moments of stuttering. I see parallels between the way SuEllen Hamkins (2016) has positioned herself in narrative psychopharmacology and the way I position myself in stuttering therapy with respect to power and privilege. Hamkins (2016) described a person's experience of medicine as being dependent on both the medicine's biological effects and on the meaning that a person gives to those effects. By taking a collaborative stance and asking a person to evaluate the helpfulness of medication, therapists can honour the person's choice and agency in deciding what the medicine is like for them. Similarly, in stuttering therapy I have to be mindful that the fluency strategies I 'prescribe' suit the individual and that they create space for people to speak freely rather than creating pressure to be fluent. I have modified the questions Hamkins tentatively asks her patients to invite the people I work with to make choices about the usefulness of fluency strategies. These questions include:

- Did you decide to try the fluency technique/stuttering modification technique?
- What has it been like?
- What do you think about its effects?

- How does that suit you?
- Does it seem to you that the benefits of the speech techniques outweigh the negative effects of stuttering or what Fear/Worry is telling you?
- Are there negative effects to the speech techniques?
- What fits with you about using techniques and doesn't?
- Do you want to continue with techniques?

These questions can be revisited throughout the therapeutic journey and pave the way for further conversations when a person who stutters wants to modify the way he or she speaks, or when they want to speak freely (with or without stuttering). Discussions that flow from these questions can then focus on what is important (or of value) to the person who stutters and lead into re-authoring conversations.

Conclusion

In this paper, I have used many stories to demonstrate narrative practice, however, the stories of two young individuals sum up my experiences and enthusiasm for integrating narrative practices into my work as a speech language therapist. One individual positioned stuttering as a 'friend' that she didn't want to get rid of. Rather, she wanted to make their relationship friendlier. Another individual positioned the problem of stuttering in 'people's ears' and felt that the problem belonged to others and not him. Both of these individuals have had a profound influence on the way I see stuttering and the ways my profession can position the problem of stuttering within the individual. Working in narrative ways is a reminder that we, as speech language therapists, have a role in deconstructing societal discourses of stuttering and the value of fluency, in addition to working on communication skills to assist those who have difficulties communicating effectively and spontaneously. Conture (2001), a prominent clinician and researcher in the field of stuttering, summed up his thoughts on stuttering:

> While a sizeable proportion of the lay public may remain relatively intolerant of individual difference in fluent speech, we as speech-language pathologists must demonstrate our tolerance in word and deed for such differences in speech and language. Certainly, we want to recognise the importance of fluent, articulate, and coherent speech to a full and productive life, but we also need to stop trying to fix what may not be broken but merely different ... Such differences do not mean that they are bad persons, just persons. (Conture, 2001, p. 55)

Working in narrative ways can take this position further, ensuring that speech language therapists work respectfully with people with differences and contextualise the problem of stuttering in a fluency-centric society. By co-constructing narratives in which stuttering isn't a problem located within the person, and in which it can be seen that a fluency-centric society contributes to the problem, we provide people who stutter with the freedom to stutter and to live according to their intentions, purposes, hopes and dreams without allowing stuttering to get in their way.

References

Conture, E. G. (2001). Stuttering: Its nature, diagnosis and treatment. Boston, MA: Allyn & Bacon.

de Sonneville-Koedoot, C., Stolk, E., Rietveld, T., & Franken, M. C. (2015). Direct versus indirect treatment for preschool children who stutter: The RESTART randomized trial. PloS one, 10(7), e0133758.

DiLollo, A., & Neimeyer, R. A. (2014). Counseling in speech-language pathology and audiology: Reconstructing personal narratives. San Diego, CA: Plural.

DiLollo, A., Neimeyer, R. A., & Manning, W. H. (2002). A personal construct psychology view of relapse: Indications for a narrative therapy component to stuttering treatment. Journal of Fluency Disorders, 27(1), 19–42.

Hamkins, S. (2016, November 24). The Art of Narrative Psychiatry by SuEllen Hamkins [Video file]. Retrieved from dulwichcentre.com.au/the-art-of-narrative-psychiatry-by-suellen-hamkins/

Iverach, L., Jones, M., O'Brian, S., Block, S., Lincoln, M., Harrison, E., Hewat, S., Menzies, R. G., Packman, A., & Onslow, M. (2009). Screening for personality disorders among adults seeking speech treatment for stuttering. Journal of Fluency Disorders, 34, 173–186.

Jones, M., Onslow, M., Packman, A., Williams, S., Ormond, T., Schwarz, I., & Gebski, V. (2005). A randomized controlled trial of the Lidcombe Program for early stuttering intervention. British Medical Journal, 331, 659–661.

Leahy, M., & Warren, A. (2007). Making stuttering manageable: The use of narrative therapy. In J. Au-Yeung, & M. M. Leahy (Eds.), Research, treatment and self-help in fluency disorders: New horizons. Proceedings of the 5th world congress on fluency disorders (pp. 320–324). International Fluency Association

Logan, J. (2007). From client to consultant: Developing 'outsider–witness practices' with adults who stammer. In J. Au-Yeung & M. M. Leahy (Eds.), Research, treatment and self-help in fluency disorders: New horizons. Proceedings of the fifth world congress on fluency disorders (pp. 325–332). International Fluency Association.

Logan, J. (2013). New stories of stammering: A narrative approach. In C. Cheaseman, R. Everard & S. Simpson (Eds.), Stammering therapy from the inside: New perspectives on working with young people and adults (pp. 79–123). Croydon, UK: J&R Press.

Madigan, S. (2011). Narrative therapy. Washington, DC: American Psychological Association.

Millard, S. K., Nicholas, A., & Cook, F. M. (2008). Is parent–child interaction therapy effective in reducing stuttering? Journal of Speech, Language, and Hearing Research, 51(3), 636–650.

Morgan, A. (2000). What is narrative therapy? An easy-to-read introduction. Adelaide, Australia: Dulwich Centre Publications.

Ryan, F., O'Dwyer, M., & Leahy, M. M. (2015). Separating the problem and the person: Insights from narrative therapy with people who stutter. Topics in Language Disorders, 35(3), 267–274.

Shapiro, D. (2011). Stuttering intervention: A collaborative journey to fluency freedom (2nd ed.). Austin, TX: Pro-Ed.

Smith, A., & Kelly, E. (1997). Stuttering: A dynamic, multifactorial model. In R. F. Curlee & G. M. Siegel (Eds.), Nature and treatment of stuttering: New directions (2nd ed., pp. 204–217). Boston, MA: Allyn & Bacon.

White, M. (2007). Maps of narrative practice. New York, NY: W. W. Norton.

White, M. (1995). Re-authoring lives: Interviews and essays. Adelaide, Australia: Dulwich Centre Publications.

Yairi, E., & Ambrose, N. (2013). Epidemiology of stuttering: 21st century advances. Journal of fluency disorders, 38(2), 66–87.

Yaruss, J. S., Coleman, C. E., & Quesal, R. W. (2012). Stuttering in school-age children: A comprehensive approach to treatment. Language, Speech, and Hearing Services in Schools, 43, 536–548.

Dear Reader

This paper was originally published by Dulwich Centre Publications, a small independent publishing house based in Adelaide Australia.

You can do us a big favour by respecting the copyright of this article and any article or publication of ours.

All enquiries should be made to the copyright owner at:
Dulwich Centre Publications, Hutt St PO Box 7192, Adelaide, SA, Australia, 5000
Email: dcp@dulwichcentre.com.au

Thank you! We really appreciate it.

You can find out more about us at:
www.dulwichcentre.com

You can find a range of on-line resources at:
www.narrativetherapyonline.com

You can find more of our publications at:
www.narrativetherapylibrary.com