



## Developing the therapeutic relationship: From ‘expert’ professional to ‘expert’ person who stutters

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### ABSTRACT

This article looks back over the years and identifies some of the most influential thinkers, writers, and researchers who have had a profound effect on the way the therapy at the Michael Palin Centre for Stammering Children in London has evolved. It tracks the changes that have occurred in theoretical perspective, treatments offered, and the delivery of therapy. In particular this author is interested in the changing nature of the therapeutic relationship between professionals and people who stutter (PWS), and describes the way it has developed from the “expert professional” towards a more collaborative relationship that recognises the “expert patient”. It was inspired by a book written in 1902 by Mr Beasley, a person who stammered. After several unsuccessful attempts to find a ‘cure’ he found his own solution to his stuttering and then used what he had learned to help many others. Much of what he wrote was well ahead of his time and reminds us, the professionals, of the importance of listening to and taking account of the views of PWS in therapy and designing treatment that meets the needs of the individual. This article also looks briefly at evidence based practice (EBP) and the issues involved in measuring outcomes that reflect the complex and individual nature of the problem. Finally the importance of the research in developing the knowledge and skill base of clinicians as well as PWS is acknowledged and discussed and the way ahead sign-posted.

**Educational objectives:** The reader will learn about (1) the early history and development of stuttering therapy, (2) the influence of a variety of psychotherapeutic approaches, (3) the relevance of designing therapy to meet the needs of the PWS, and (4) discuss the role of ‘common’ factors in EBP.

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### 1. Introduction

This special edition of the JFD has asked us to consider what we have learned from the past and how that has influenced our current understanding of the nature of stuttering and its treatment, as well as the implications this has for the future. As one of the original specialists who developed clinical services at The Michael Palin Centre for Stammering Children (MPC) in the UK, this author reviews 100 years of therapeutic endeavour, the development of treatment approaches, and their differing theoretical perspectives, and considers the role these have had in shaping the current therapy delivered at the Centre.

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The MPC opened as a specialist centre in 1993 as result of the vision and determination of Travers Reid a person who stammers and Dr Lena Rustin a speech and language therapist who was a pioneer in the treatment of stuttering children in the UK.

For twenty or more years prior to the opening of the centre Dr Rustin worked with a small group of speech and language therapists (SLT) in London, developing their knowledge, skills and confidence working with children who stutter and encouraging innovation. As an early member of this group we experimented with new ways of working and sought training from a variety of sources to help answer the questions we continued to have.

There have been many speech and language therapists, psychologists, researchers and people who stammer who have profoundly influenced the way therapy is now conducted at the MPC. It is striking that, when looking back over time, much of “what goes around comes around”. Treatment approaches in particular have been remodelled and repackaged many times over the years and are now also benefiting from a growing body of literature and research. This paper will trace some of these influences over time and show how these have shaped the way we have evolved from the “expert” professional role towards a more collaborative relationship with our clients, recognising the importance of the client as the expert in their own lives. As clinicians we have moved from teaching new skills to developing a therapeutic relationship that recognises and employs the skills and abilities the client brings to therapy. This involves the person who stutters (PWS) in the process of understanding the nature of their difficulties and designing therapy appropriate for their individual needs. This requires that clinicians not only have the knowledge and skills to offer a variety of therapy approaches but also have the confidence to follow the client in therapy as they make small self determined steps towards their goals.

It is not within the scope of this paper to detail the current approaches available at the MPC or to describe the specific evidence base for our work (see Biggart, Cook, & Fry, 2007; Botterill & Kelman, 2010; Cook & Botterill, 2005; Fry, Botterill, & Pring, 2009; Fry & Cook, 2004; Kelman & Nicholas, 2008; Millard, Edwards, & Cook, 2009). Rather this is an attempt to present the philosophy and principles behind the practice and to recognise how these have been influenced by great creative thinkers from a variety of fields over many years including people who stammer.

## 2. A brief look back in time

Throughout history, PWS have sought professional help from diverse fields such as medicine, psychiatry, psychology, and speech pathology, all of which have, in various ways and at different times, contributed to our knowledge. Just as importantly, PWS have added to the literature, and offered practical help and support to others. It is salutary to reflect on the reasons why so many individuals who stutter have themselves elected to become professional experts in the field of stuttering, both as clinicians and as researchers. Some of these individuals, for example Wendell Johnson, and Charles van Riper, were amongst the first to take advantage of specific training in speech disorders at the University of Iowa in the 1930s. Clearly they were seeking a better understanding of the problem and solutions to their own difficulties, as well as ways to offer help to others who sought it.

Throughout history people have searched for and often claimed to have found a “cure” for stuttering. To this day, advertisements on the Internet abound with promises of cures by non-professional organisations or individuals. For a century and more, a variety of professionals have proposed a wide range of theories and models to try to explain the nature of stuttering. There is now a wealth of literature and research cataloguing what stuttering is, when and where it happens, hypothesizing about what causes it, and describing treatment programmes intended to remediate it.

Despite this vast literature, there is still no conclusive support for a single or simple cause of stuttering and there is no one type of therapy programme that has been shown to resolve the difficulties of all PWS. Rather, there is a growing body of evidence that many factors have a role to play in the onset and development of stuttering and that most therapies help some PWS, some of the time.

So the search continues for new and better ways to examine and explain what we know, what we think we know and what we don't know. This paper will consider some interesting issues that emerge from a brief look at the past and the present which lead to some speculations about the future.

Research for this paper unearthed a remarkable book written by Mr B. Beasley and published in 1902 called *Stammering: Its treatment*. Mr Beasley, who stuttered for much of his life before he “cured” himself, went on to set up two “Establishments for the Cure of Stammering and Stuttering” in London and Huntingdon in the UK. Astonishingly, in this small book Mr Beasley wrote about many of the issues that continue to exercise us to this day and are as relevant now as they were then. Mr Beasley's journey took him from passive recipient of “quack” therapies, advocated by so called experts, to becoming an expert patient out of desperation and necessity. He understood better than most the importance of *self help* and devoted himself to understanding his own stuttering and then helping others. Furthermore, he was living and writing at a time when there was scant information available and he had very little to help him other than his own experience and that of those he was trying to help. Nevertheless, Mr Beasley understood the importance of listening to PWS, and tailoring therapy to meet the needs of the individual. As a result, he argued that therapy could not be written down as a programmed series of steps and should be conducted by someone who really knew and understood the problem. These ideas were many years ahead of their time and continue to resonate across many areas of healthcare, as well as within the field of stuttering, and they will be used to provide some thought-provoking insights from the past.

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