



## Group therapy for school-aged children who stutter: A survey of current practices

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### ABSTRACT

Although group therapy is recommended for school-aged children who stutter (CWS), it is not widely researched. This study aimed to explore this provision, using a postal survey which investigated the current practices of Speech & Language Therapists (SLTs) in the UK. Seventy percent of SLT services provided some group therapy, but the level of provision was variable. There was a lack of consensus on what the main aims of group therapy should be. Important barriers to group therapy provision were identified, including a perceived lack of clients' interest in group therapy, and insufficient numbers of clients able to travel to group venues. This study enhances the profession's understanding of the provision of group therapy for CWS by identifying patterns of service delivery and highlighting areas of need.

**Educational objectives:** Readers should be able to: (1) Provide a rationale for the provision of group therapy for school-aged CWS; (2) Summarize the factors affecting group therapy provision for school-aged CWS; (3) Summarize the aims of therapy identified by the respondents to this survey.

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### 1. Introduction

Group therapy is widely recommended to Speech & Language Therapists (SLTs) as an effective way of managing stuttering in school-aged children (e.g. Stewart & Turnbull, 2007). In recent years, the evidence base for intervention with young children who stutter (CWS) has increased significantly (e.g. Franken, Van Der Schalk, & Boelens, 2005; Jones et al., 2005; Millard, Edwards, & Cook, 2009). In contrast, studies exploring the effectiveness of therapy, including group approaches, for older children and adults remain more limited. Nevertheless, from a theoretical perspective, there is a persuasive rationale for offering this type of approach. By adolescence, many aspects of an individual's life may become shaped around a negative self-image and fear of stuttering (Guitar, 2006). Addressing affective, behavioural and cognitive responses to stuttering is therefore a critical aspect of the therapeutic process when working with CWS (e.g. Murphy, Yaruss, & Quesal, 2007a). Evidence from psychotherapeutic literature suggests that group approaches may be particularly effective in addressing negative thoughts and feelings by eliminating the participant's sense of isolation and invalidating his 'heightened sense of uniqueness' (Yalom & Leszcz, 2005, p. 6) CWS may have difficulty 'fitting-in' at school and being accepted by peers (Evans, Healey, Kawai, & Rowland, 2008), and one of the greatest challenges facing many school-aged CWS is bullying (e.g. Davis, Howell, & Cooke, 2002). Group therapy offers an opportunity for peer support which has been identified as having an important role in counteracting victimisation (Boulton, Trueman, Chau, Whitehand, & Amatya, 1999) and reducing children's anxiety about bullying (Cowie, Hutson, Oztug, & Myers, 2008). Furthermore, Hearne, Packman, Onslow, and Quine's (2008)

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qualitative study suggests that adolescents who stutter have a strong preference for group rather than individual therapy, and Murphy et al. (2007a) suggest that group therapy can play a useful role in therapy for school-aged children.

Whilst there is a strong rationale for believing that group therapy can form a useful element of therapeutic intervention for school-aged children, little is known about the level and nature of this provision or about how group therapy provision operates in practice. In other areas of stuttering research, SLTs' practices and attitudes have been documented using surveys. These have been useful, for example, in identifying wide variations in practice (Davidson Thompson, Mcallister, Adams, & Horton, 2009) and in highlighting the need for ongoing professional development (Crichton-Smith, Wright, & Stackhouse, 2003). The aim of the present study was to explore the provision of group therapy for school-aged CWS, by investigating current practices of clinicians.

## 2. Method

### 2.1. Design

The design of this study was a survey by postal questionnaire.

### 2.2. Procedure

One questionnaire was sent to each of the 205 paediatric SLT departments in the UK. An accompanying letter requested that the questionnaire be completed by a dysfluency specialist or, where this was not possible, by another SLT in the department who had responsibility for providing a service to school-aged CWS.

### 2.3. Questionnaire development

A questionnaire was developed and piloted. A mixed format of open and closed questions addressed the following areas of practice:

1. Respondent and service characteristics;
2. Level and mode of group therapy provision;
3. Factors affecting group therapy provision;
4. The main aims of group therapy.

### 2.4. Analysis

Data was analysed using SPSS (Windows version 15.0). Descriptive and inferential statistics were used to summarise information obtained and to explore factors that affect group therapy provision.

## 3. Results

Percentage figures are reported to the nearest whole number.

### 3.1. Respondent and service characteristics

Of the 205 questionnaires distributed, 143 completed questionnaires were returned, representing a 70% response rate. Sixty-eight percent ( $n=95$ ) of respondents reported that they were dysfluency specialists. Thirty-five percent ( $n=44$ ) of respondents reported that they served inner city/urban communities with 65% ( $n=83$ ) serving rural/mixed (rural and urban) communities.

### 3.2. Level and mode of group therapy provision

Seventy percent ( $n=100$ ) of respondents reported that their services provided group therapy for school-aged CWS, with 70% ( $n=70$ ) of these reporting that they had provided some group therapy within the past year. The majority of group therapy was delivered on an intensive (43%) or a weekly (31%) basis. Forty nine percent ( $n=61$ ) of respondents reported that their services had accessed some out-of-district group therapy provision for school-aged CWS in the previous two years.

### 3.3. Factors affecting group therapy provision

Inner city and urban services were significantly more likely than rural/mixed services to provide group therapy ( $\chi^2 (1, n=127)=4.11, p<.05$ ), and specialists were more likely to provide group therapy than non-specialists ( $\chi^2 (1, n=140)=15.60, p<.001$ ).

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