A personal construct psychology view of relapse: indications for a narrative therapy component to stuttering treatment

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Abstract

Relapse following treatment for stuttering is a common problem for many clients. It has often been suggested that one factor contributing to relapse is the client’s difficulty in adjusting to a new role as a fluent speaker. In this tutorial article, we first present a personal construct view of relapse, which suggests that this difficulty may be addressed by increasing the meaningfulness of the fluent speaker role for the speaker. Section 3 proposes that post-treatment success for persons who stutter may be facilitated by the use of a narrative approach to counseling in which the meaningfulness of the fluent speaker role is elaborated. In this approach, clients are guided through a process of deconstructing their stuttering-dominated personal narrative, followed by the reconstruction of an alternative narrative that is more compatible with being a fluent speaker.

Educational objectives: The reader will (1) learn about a personal construct psychology perspective on resistance and relapse in stuttering therapy, (2) be able to describe a narrative approach to counseling for people who stutter that is directed toward the long-term maintenance of fluent speech and the steps of deconstructing the dominant stuttering narrative and reconstruction of a new, more fluent personal narrative, and (3) be able to prepare a series of narrative interview questions with which to engage clients in conversations.

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1. Introduction

The purpose of this tutorial is to present a theoretical framework for understanding the problem of relapse following successful treatment of stuttering and to propose a potentially useful approach to counseling persons who stutter with the goal of increasing the long-term maintenance of fluent speech. Section 2 is framed within the problem of relapse following successful treatment and presents a detailed description of “personal construct psychology” and how it may be applied to the understanding of relapse in stuttering. Section 3 presents a rationale and framework for engaging stuttering clients in narrative therapy that is aimed at facilitating the long-term maintenance of fluent speech.

2. Relapse and personal construct psychology

2.1. The problem of relapse

Although it has been well documented that a number of different approaches to the treatment of stuttering consistently have achieved success in establishing fluent speech for persons who stutter (e.g., Bloodstein, 1987, 1995; Guitar, 1998; Harrison & Onslow, 1999; Sheehan, 1975; St. Louis & Westbrook, 1987; Van Riper, 1971), relapse following successful treatment continues to be a major cause for concern for both clients and professionals working in this field. It has been said that relapse is “the rule” not the exception for adults who stutter (Van Riper, 1973), and relapse has even been called the “Achilles heel” of stuttering intervention (Kuhr & Rustin, 1985). Silverman (1992) reported relapse rates for stuttering at over 50% for adults and older children, while Craig and Hancock (1995) reported rates in excess of 70%, figures that have been supported by numerous other studies (e.g., Boberg, 1981; Craig, 1998; Craig & Calver, 1991; Culatta & Goldberg, 1995; Perkins, 1983). Relapse rates for younger children, however, appear to be significantly lower than that for adults and older children (Silverman, 1992; Starkweather, Gottwald, & Halfond, 1990).

Cooper (1977) suggested that relapse might be part of the human condition, a statement supported by the high rate of occurrence of relapse in other areas of clinical intervention such as addictions, weight loss, and marital problems. Craig (1998), in a review of the relapse literature, reported relapse rates in the treatment of addictive disorders to be similar (40–60%) to those reported for stuttering. Craig and Hancock (1995) suggested that there may be similarities between the process
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