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CHILD AND PARENT PERSPECTIVE OF EFFECTIVE AND INEFFECTIVE
THERAPEUTIC ALLIANCE DURING TREATMENT FOR STUTTERING

by

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A thesis submitted in partial fulfillment of the requirements
for graduation with Honors in the Speech Pathology and Audiology

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All requirements for graduation with Honors in the
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Child and parent perspective of effective and ineffective therapeutic alliance during treatment for

stuttering

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**Abstract**

        The purpose of this study was to describe the underlying factors that children who stutter (CWS) and their parents believe contribute to a successful or unsuccessful therapeutic relationship with their clinician. Six participants, three children and three mothers, who have received 1.5 to 6 years of therapy for stuttering were studied. The participants were asked to consider what characteristics of any of their fluency therapists made them effective or ineffective in promoting change in their ability to communicate. Analysis of this data resulted in 10 primary categories and the structure of effective and ineffective interaction was described.

**Introduction**

        Stuttering is described as an abnormally high frequency of stoppages in speech that usually take the form of repetitions of sounds or syllables, prolongation of sounds, or "blocks" of airflow or voicing in speech (Guitar, 2006). These disruptions have been shown to have negative behavioral and social outcomes in children who stutter (CWS), such as increased anxiety, worry, and perfectionist tendencies (Giorgetti, Oliveria, & Giacheti, 2015). In combination with fluency treatment, speech-language pathologists need to address these negative feelings though behavioral therapy.

        Parents of CWS face a new experience, as sometimes, their child is the first person who stutters they've met. Parents must cope with fears that their child will live a restrictive lifestyle or experience negative behaviors. As a way to help themselves cope, parents will often suggest stuttering management strategies to their children (Plexico & Burrus, 2012). Parents of CWS should be viewed as a valuable part of the therapeutic process.

        Therapeutic alliance has been long discussed in the domain of behavioral therapy and is thought of as the collaborative, healthy, and trusting relationship established between the client and clinician (Frank & Frank, 1991). There is also evidence to suggest that the therapeutic relationship between the client and clinician is primarily important to therapy outcomes

(Bachelor & Horvath, 1999). CWS and their parents both need to establish a positive therapeutic alliance with the clinician in order to facilitate the most positive change in the child's communication abilities.

**Purpose**

This study is a preliminary examination of the working therapeutic alliance between CWS, their parents, and the speech-language pathologists with whom they work. The primary goal of this study was to undercover the factors that contribute to both positive and negative therapeutic alliances in treatment for children who stutter. Additionally, we were interested in observing similarities and differences between children who stutter and their parents regarding those characteristics that support a therapy relationship that facilitates change.

The long-term goal of this study is to show the benefits of positive therapeutic alliance between CWS and their clinician, as well as the ramifications of a negative alliance. Additionally, we hope to open the door for future studies of therapeutic alliance between CWS and their clinicians.

**Method**

*Participants*

Three CWS and their mothers were recruited through the Wendell Johnson Speech and Hearing Center. To be included in the study, children must have spent at least 3 months in therapy for fluency, and seen at least one speech-language pathologist.

Table 1
Description of children

| Child | Age | Grade | Gender | Length of time in therapy | Number of therapists seen |
| --- | --- | --- | --- | --- | --- |
| C1 | 7 | 2nd | Male | 1.5 years | 4 |
| C2 | 15 | 9th | Female | 6 years | 5 |
| C3 | 16 | 11th | Female | 1.5 years | 3 |

Table 2
Description of parents

| Parent | Age | Education | Occupation | Gender |
|--------|-----|-----------|------------|--------|
| P1 | 40 | Master's Degree | Program Manager | Female |
| P2 | 44 | Bachelor's Degree | Owns Pilates Studio | Female |
| P3 | 49 | Ph.D. | SLP | Female |

*Data Collection*

All participants were interviewed at a location of their choice, with one interview occurring over Skype. The children and the parents were interviewed separately so that the opinions of one party did not influence the responses of the other. All conversations were audio recorded. Participants and parents were asked to think back to their experiences with their speech-language pathologist(s) and respond to the following four core questions.

1. Describe the characteristics of a speech-language pathologist that you thought really helped your/your child's ability to communicate

2. Try to describe how you felt in that situation

3. Describe a time in therapy that you felt did not help your/your child's ability to communicate

4. Try to describe you felt in that situation

*Analysis*

Thematic analysis was used to analyze the data; all conversations were transcribed, and read to achieve a more holistic view of the participant's experiences. Meaning units were then extracted out of the transcripts and then openly coded. Codes with the most meaning units attached to them were then developed into themes. Meaning units were extracted and sorted into

codes out of the child interviews first. Parent interviews were coded next; then themes were built

from both parties.

**Results**

Table 3
The 10 categories and the number of meaning units contributed to each category

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Characteristics of a speech-language pathologist that are effective in promoting change in the CWS's ability to communicate
1. SLP willing and able to tailor therapy around the child ($N = 17$)
2. SLP authentic ($N = 16$)
3. SLP and client communicate goals ($N = 14$)

Impact of an effective therapeutic alliance
1. Clients of clinicians who were perceived as effective felt they experienced more positive change in communication ($N = 8$)
2. Clients of clinicians who were perceived as effective found more enjoyment in attending therapy ($N = 8$)

Characteristics of SLPs that are not effective in promoting successful change in a CWS
1. SLP unwilling or unable to tailor therapy around the child ($N = 13$)
2. SLP inauthentic ($N = 3$)
3. Unestablished or uncommunicated goals ($N = 5$)

Impact of ineffective therapeutic alliance
1. Clinicians who were perceived as ineffective made the child uninterested in attending therapy and/or decreasing disfluencies ($N = 5$)
2. Clinicians who were perceived as ineffective failed to listen to the child and focus on the client's goals and needs ($N = 7$)

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*1. Characteristics of a speech language pathologist that are effective in promoting change in the*

*CWS's ability to communicate*

*1.1 Effective clinicians are willing and able to tailor their therapy plans around the child*

Seventeen meaning units were contributed to this category between the children and the

parents. When the SLP took the child's feelings and strengths into account, the CWS reported

feeling that they trusted their clinicians to help them more than a clinician who was unwilling or

unable to tailor their therapy to the child, "I trusted them to like push me, like, out of my comfort

zones to do things like that would be good for me in the long run," (C2).

Parents also contributed heavily to this theme, claiming that they saw it as part of the SLP's job to be able to tailor their therapy to their child, "it—they should be able to read the client, and I think, have a—a number of different strategies they can try, and if one's not working… it isn't the client's fault, in my mind; but that the therapist is the one that needs to change things," (P3). Effective clinicians were also noted to be able to quickly identify the personality of the child and readily tailor the therapy.

*1.2 Effective clinicians were perceived as authentic by the CWS and the parent*

CWS who viewed their clinician as authentic claimed to have a greater desire to participate in therapy, which lead to facilitating more positive change. Clinicians that shared personal experiences helped CWS to believe that they could change, "And she like—she told me that she had, um, problems with—well not problems but she lost her confidence sometimes, too, but then like, this is how she got it back. So that just kinda helped me know that I can do that, too," (C2). CWS wanted their clinicians to be someone they could look at as a "friend" and "someone they could relate to."

Parents shared similar feelings; they wanted the clinician to be authentic them as well as with their child. Parents claimed that effective clinicians, "tried to establish that personal relationship and tried to get to know you a little bit better and your child," (P1). Effective clinicians made parents feel "comfortable" around them and fostered an open relationship where parents could feel "like it was therapy for the both of us [C2 and P2]," (P2).

*1.3 Effective clinicians communicated goals with their clients and the parents*

Parents and children both wanted to be a part of the goal setting process. Children wanted to be informed about why they had certain goals and how the strategies were going to help them achieve them. CWS reported feeling more control in their ability to change when goals were

effectively established and communicated, "oh, the last time I set goals was for high school, and that just really helped me like, feel secure and feel like I was in control with myself, and like I could do it," (C2). CWS enjoyed having something tangible to work towards, and goals helped CWS feel empowered to control their own outcomes.

All parents commented on their desire to be included in the goal setting process. "And uh, it's just—it just all ties into that—they—that you feel understood. That they really listen to what you're trying to work on and then you work on those goals;" (P1). Being included in goal-setting helped parents feel like a valuable member of the therapeutic process. Clinicians who included parents in goal-setting helped the parent's ability to see change in their child and view their child's therapy as worthwhile.

2. *Impact of effective therapeutic interaction*

   *2.1 Clients of clinicians who were perceived as effective felt they experienced more positive*
      *change in communication*

Effective clinicians helped CWS believe in their ability to change and control their stutter. Effective clinicians made CWS feel like they were more of a friend as opposed to their clinician who was there to fix them. Parents reported seeing more change in their children as well as feeling like they could help their child with the support they received from the clinician.

   *2.2 Clients of clinicians who were perceived as effective found more enjoyment in attending*
      *therapy*

Effective clinicians created a more enjoyable therapy session for CWS, which resulted in CWS having a greater desire to participate in therapy. Children also trusted effective clinicians to push them out of their comfort zones to achieve more change, while being sensitive to the child's wishes.

*3. Characteristics of SLPs that are not effective in promoting successful change in a CWS*

*3.1 SLP unwilling or unable to tailor therapy around the child*

Thirteen meaning units were contributed to this category. CWS found clinicians who could not change the layout of their therapy to suit the child highly ineffective, "But she was like under—like I got the impression that she thought that like, because it works for some people that it should work for me, so I should try it," (C3). Furthermore, children wanted their opinions of therapy techniques to be considered when the clinician designed therapy plans.

Parents suggested the reason a clinician would be unwilling to change their therapy would be due to a lack of experience treating fluency disorders, "And so—it was just kinda this like mismatch of what C3 thought was important or what she thought—how would help her and then what the therapist thought would help her—and then it was just kinda like, I don't know if the therapist had any other strategies to try," (P3). Parents thought an effective clinician should consider their child's opinions, feelings, and personalities when designing therapy plans.

*3.2 SLP inauthentic towards CWS*

Ineffective clinicians were noted to be "scripted" by both the child and the parent. CWS viewed their clinicians as ineffective if they did not establish a personal relationship with them that included dialogue outside of speech training. "the one I saw in 2nd grade. I didn't like her. But um, I don't know, it's just she didn't really ask questions, just kinda like down to business, like here's what we're gonna do," (C3).

Parents considered an ineffective clinician to be someone who did not get to know their child personally, "I think she was a little nervous and a little rushed. And I think C2 didn't like that there wasn't a relationship developed. And, um, sh—I think C2 felt like she didn't understand her as a person," (P2).

*3.3 SLP not establishing or not communicating goals with the CWS or parent*

CWS and parents considered a clinician who did not establish or communicate goals with them to be ineffective because the CWS and parent did not know what they were supposed to be working on. "What's life without goals, right? Otherwise you just keep on, trying to like, fix something…or you try to fix everything at one time, and again, that's not really realistic," (P1). CWS thought goals were helpful in the therapy sessions, while parents felt that the goals were helpful for the time they spent with their child outside of the therapy room so they could measure change and help their children work on their strategies.

*4. Impact of ineffective therapeutic alliance*

*4.1 Clinicians who were perceived as ineffective made the child uninterested in attending therapy and/or decreasing disfluencies*

When a clinician was inauthentic with a client, children expressed feelings of boredom, which lead to a decreased interest in attending and participating in therapy. Furthermore, CWS admitted general dislike of their ineffective clinicians. When goals were not established, children and parents felt helpless in their ability to make improvements in communication. Children also felt less confident when they couldn't see their own progress.

*4.2 Clinicians who were perceived as ineffective made the child feel as though they were not active members of the therapeutic process*

If a clinician did not tailor their therapy approach to the child, children did not feel like active participants in the therapeutic process, which was a reason for one CWS to wish to terminate therapy. Parents viewed ineffective clinicians as inexperienced, which lead to decreased trust between the parent and clinician. Clinicians that did not communicate goals to

parents made parents feel disconnected from the process and question their decision to put their child into therapy.

**Discussion**

The purpose of this study was to understand the characteristics of speech-language pathologists who were perceived as effective and ineffective in promoting positive change in a child's ability to communicate from the perspective of the children and parents. These findings agree with the conclusions from the Plexico, Manning, & DiLollo, 2010 study which looked at the therapeutic alliance between adults who stutter and their clinicians. The adults and children displayed similar themes in effective characteristics, however the children expressed that the clinician's ability to tailor therapy was of high importance, whereas adults did not. Themes were similar for ineffective clinicians, and the SLP's ability to tailor therapy is still of greater importance to the children than adults. These findings also concur with the results from Frank & Frank 1991 that emphasize the importance of therapeutic alliance to positive outcomes in behavioral therapy.

These findings suggest that clinicians working with CWS need to understand the personality of their clients and have a breadth of knowledge in the treatment of fluency disorders to create a therapy plan the child will enjoy. The SLP must also be willing to change their therapy approach if the child expresses dissatisfaction in the methods the clinician is using. Clinicians also must make an effort to be authentic with both the child and the parent in order to establish a trusting and collaborative relationship.

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