GUIDED BY A ROADMAP OR A SAT-NAV?

FRANCES M. COOK

MRCSU Cert CT (Oxon),
The Michael Palin Centre for Stammering Children

Introduction

Over the years, much of the debate and controversy surrounding stuttering treatment appears to have centred on whether this disorder is a simple speech problem or a more complex disorder of communication. In this author's opinion, if stuttering were a simple speech disorder, treatment would be relatively straightforward, successful outcomes incontrovertible and there would be no need for International Conferences such as this one in Rome. Debates about the "right approach" would not arise and a whole industry would never have developed!

The paper will aim to reflect on some of the issues in the ongoing debate about providing the best possible clinical service - with a personal reflection on the complexity of stuttering, the current issues about evidence based practice and therapy choices. The title of the paper represents the challenges of engaging and guiding our less experienced colleagues towards becoming confident and competent in working with stuttering; it is, after all, the most intriguing and perplexing topic in the speech and language pathology basket.

So how has stuttering achieved its reputation as being such a difficult disorder to understand and to treat? (Bristol, Healey & Hux, 1997, St Louis & Lass, 1981)

Clearly the curriculum hours in many universities have been reduced and opportunities for practical experience within the clinical setting are often minimal or lacking, but a range of other factors continue to contribute to its notoriety.

Complexity Matters

From its onset, it is a complicated disorder which is unlike other speech and language problems. The stuttering frequently arises when the child is over 3 years of age, often with no signs of any difficulty prior to this. No wonder parents panic and worry about their role in its development (Barrin, Ratner, 2010).

Stuttering can vary on an hourly and daily basis, seemingly with no pattern.
Therapy choices: the challenges of evidence-based practice

Currently, and correctly, there is ongoing debate about what constitutes best practice and the need for therapy to be evidence based. Straus, Richardson, Glasziou & Haynes defined it thus: “Evidence-based medicine (EBM) requires the integration of the best research evidence with our clinical expertise and our patient’s unique values and circumstances” (page 1, 2005). This definition emphasizes the importance of accounting for three aspects in implementing therapy: A skilled clinician will offer therapy that is embedded in current scientific knowledge, ensuring that the experiences, perspectives, and expectations of the individual client are accounted for (Manning, 2010).

This clearly reflects practice at its best but is it likely that less experienced clinicians can provide this?

In September 2011, Nan Bernstein-Ratner presented an excellent and thought-provoking keynote address at the Oxford Dysfluency Conference (Bernstein-Ratner, 2011) where she raised many of the topical questions in relation to providing the best possible clinical practice which is evidence-based but that this largely relates to the nature of stuttering rather than treatment outcomes. However, she also reported that rather than looking for the evidence base for current treatment approaches, many clinicians are more likely to return to traditional textbooks written by “experts” or to seek advice directly from colleagues. She raised some key questions: Who is this “expert”? What is the evidence for current published research? Do the research subjects represent the real clients?

Bernstein-Ratner went on to conclude that there are significant challenges facing clinicians in providing “best practice” for clients, including whether EBK is the right and only choice for all. She discussed the potential limitations of adhering to “manualized” step by step programme of therapy with set goals related to the research findings rather than considering the needs of the individual client and family.

Bernstein-Ratner introduced the possibility that Practice Based Evidence (PBE) could make an important contribution to everyday clinical services. Brief PBE requires clinicians to collect the ‘evidence’ in their everyday clinical practice to demonstrate that the therapy is genuinely making the difference that fits with the client’s needs and expectations.
Developing clinical skills

The title of this paper, “The therapeutic journey: guided by a road map or by Sat Nav (GPS),” was inspired by the discovery that the exclusive use of satellite navigation systems for guiding drivers could result in very real narrowing of a person’s competence in planning and navigating a journey. Of course, the Sat Nav often successfully guides a person from one location to another by the shortest route. On these occasions, there are no barriers to progress, no roadblocks, no unexpected changes and no challenges to face. All that is needed is a qualified driver who can follow instructions and who doesn’t (usually) question the route by unexpectedly seeking alternatives. If minor challenges arise, the Sat Nav system competently re-calibrates and offers a new instruction “turn around where possible,” or “at the next junction, turn left”. No fuss, no stress, no arguments.

But when the driver is asked “Where did you actually go?” Or “How did you get there?” the answer is the postcode or address rather than any detail. However was this route the most efficacious? Could there have been more interesting options? Would another destination have proved more successful? Could the driver find the same place again without the technology? What would have happened if the device had failed? What if the Sat Nav provided a route that was too narrow and became impassable?

This analogy fits with the challenges faced by a clinician with limited knowledge and skill in providing stuttering therapy. This clinician has received some basic training and possesses a manual for the treatment of stuttering. The goal of the treatment is clear and fits with the assessment of the severity of stuttering - the research has shown this “route” to be the shortest and fastest. It works well and both client and clinician are satisfied that they reached the right goal. But taking the analogy a little further, what if the client problem was actually much more complicated and it was difficult to assess the severity and complexity of the problem from the available test? Futhermore, number of different potential goals were identified, but there were no environmental factors which complicated matters. It could be that the client had been tried before, but the progress had not been maintained or the client did not match up to the expectations. Therapy would not be successful as there are no options.

The road map (provided it is modern) in this analogy equates to experienced therapist who knows how important it is to take all factors into consideration before embarking on the therapeutic journey. The client has a clear goal in mind, but has also identified a number of high expectations about the final destination. He or she is not quite sure what the journey involved and does not want to risk getting stuck anywhere. This experienced clinician recognises the importance of getting to know the client well, to have empathy with the current challenges they face. their strengths and needs, to be aware of their expectations and their readiness to embark on the journey. The “roadmap” therefore represents the options that are available in therapy and the various destinations that might be possible, this therapeutic journey, or road map, based on scientific evidence as well as on observations and data from clients’ experiences in therapy. Some therapeutic journeys may be challenging, while others offer the possibility of going slowly enough to discuss issues as they arise. The clinician examines the pros and cons of certain direct approaches with strategies or techniques, discards ideas that seem less helpful and retains ideas that are proving more beneficial. The clinician has the “map”, shares it with the client who examines the options, selects possible routes, and engages in a partnership with the clinician to select the likely destination.

It is not necessarily an either/or decision in selecting whether to travel guided by Sat Nav or by roadmap – a combination may be the best approach. However the Sat Nav will certainly be very useful technology for the new clinician who wants to concentrate on developing driving skills, but it will soon become important for this clinician to take independent responsibility for journeys, discover new routes and alternative destinations. In the same way, the new therapist will develop confidence by being trained in a particular evidence-based therapy programme with a manual in the early stages, but a creative and enthusiastic therapist will quickly discover that there are other routes which fit individual client’s needs more closely. The analogy works too in relation to working in partnership with the client, the novice clinician will also find the rela...
Of the relationship between the client and the therapist and making sure that there are different goals in therapy for different clients, it's important to ensure that they fully understand the real life goals of clients. Klein-Rainer proposed that quality of life issues, the more subjective goals, might go unmet in the real world. Constructive questioning, therefore, needs to be informed by tangible and objective measures. For example, "What is exactly is the therapy working well for you?" "What is in what specific ways is this making a difference?" "What is making therapy working well for you?" "What is the client doing now that you were unable to do before?" "What is the client doing now that you were unable to do before?" Klein-Rainer led the importance of the partnership with the client in making sure that therapy does resonate with the client's expectations and have credibility for the individual.

**What is the route?**

The title of this paper "The therapeutic journey: guided by a roadmap or by GPS?" was inspired by the discovery that the exclusive use of satellite navigation systems for guiding drivers could result in very real narrowing of a driver's competence in planning and navigating a journey. Of course, the Sat Nav successfully guides a person from one location to another by the route. On these occasions there are no barriers to progress, no obstacles, no unexpected changes and no challenges to face. All that is needed is a question about the route by unexpectedly seeking alternatives. If minor changes arise, the Sat Nav system competently recalibrates and offers an alternative route. "Turn around where possible," or "at the next junction, turn left." No stress, no arguments.

When the driver is asked "Where did you actually go?" or "How did you get here?", the answer is the postcode or address rather than any detail. Were there any route changes? Would another destination have proved more successful? The driver finds the same place again without the technology. What if the Sat Nav provided a route that was too narrow and became impassable?

The analogy fits with the challenges faced by a client with limited resources of skills in providing stuttering therapy. The clinician has received basic training and possesses a manual for the treatment of stuttering. The treatment is clear and fits with the assessment of the severity of stuttering. The research has shown this"route" to be the shortest and is well tested. It works well and both client and clinician are satisfied that they have "reached the right goal. But taking the analogy a little further, what if the client's problem was actually much more complicated and it was difficult to analyze the severity and complexity of the problem from the available test? Perhaps a number of different potential goals were identified and there were environmental factors which complicated matters. It could be that this therapy had been tried before but the progress had not been maintained or the goal did not match up to the expectations. Therapy would not be successful and there are no options.

The road map (provided it is modern) in this analogy equates to the experienced therapist who knows how important it is to take all factors into consideration before embarking on the therapeutic journey. The client may have a clear goal in mind, but has also identified a number of high expectations about the final destination. He or she is not quite sure what the journey involves and does not want to risk getting stuck anywhere. This experienced clinician recognises the importance of getting to know the client well to have empathy with the current challenges they face, their strengths and needs, the basis of their expectations and their readiness to embark on the journey. The "roadmap" therefore represents the options that are available in therapy and the variety of destinations that might be possible. This therapeutic journey of "roadmap" is based on scientific evidence as well as observations and data from other clients' experiences in therapy. Some therapeutic journeys may be short but challenging, while other options offer the possibility of going slowly enough to discuss issues as they arise. Examine the pros and cons of certain directions, experiment with strategies or techniques, discard ideas that seem less helpful and retain ideas that are proving more beneficial. The clinician has the "map", shares it with the client who examines the options, selects possible routes and engages in a partnership with the clinician to select a likely destination.

The same analogy is not necessarily an either/or decision in selecting whether to travel guided by Sat Nav or by roadmap - a combination may be the best approach. However, the Sat Nav will certainly be very useful technology for the novice driver who wants to concentrate on developing driving skills, but it will soon be important for this driver to take independent responsibility for journeys, to discover new routes and alternative destinations. In the same way, the novice therapist will develop confidence by being trained in a particular - evidence based - therapy programme with a manual in the early stages, but a creative and innovative therapist will quickly discover that there are other routes which fit individual client's needs more closely. The analogy works too in relation to working in partnership with the client, the novice clinician will also find the real
benefits of helping the client to find their own routes for maintaining progress and dealing with setbacks.

A final thought about the “roadmap”: the novice clinician will become experienced through further training, expert supervision and joint working. Confidence and competence are the hallmarks of an expert, the “journey” to expertise should be challenging and inspiring.

Summary

The best possible therapeutic service will be grounded in evidence-based practice which has three key strands: empirical evidence, the clinician’s knowledge and skills and the clients’ needs and values. This offers the possibility that the clinician must be able to resist the pressures of adhering to research findings based on studies which have been carried out on a population which is different to the individual client who is seeking help. A selected therapy approach should have an evidence base, it must have a justified reason or focus which fits with the client’s particular experiences and concerns. The therapy approach must be monitored carefully and if positive change is not evident or reported by the client, a new direction should be considered with the client’s agreement.

References


Bernstein Ratner (2011) Evidence-Based Practice & Practice-Based Evidence the Gap DVD produced by the Stuttering Foundation for the Oxford D. Conference.


