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Stages of change and stuttering: A preliminary view

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Abstract

As a way to better understand the process of change that occurs in stuttering, Craig [Craig, A. (1998). Relapse following treatment for stuttering: a critical review and correlative data. *Journal of Fluency Disorders*, *23*, 1–30] compared the behavioral changes that people who stutter often experience with and without treatment to those that have been observed for certain (non)addictive behavior disorders such as smoking, overeating, phobia and anxiety disorder. The process underlying these behavioral changes has been described by the transtheoretical or "stages of change" model, which is a model of behavior change that can illuminate "where" a person is in the process of change, and how this may relate to the outcome of either treatment or self-change attempts [Prochaska, J. O., & DiClemente, C. C. (1986). The transtheoretical approach. In J. C. Norcross (Ed.), *Handbook of eclectic psychotherapy*. New York: Brunner/Mazel]. The purpose of the present study was to analyze the extent to which the responses of adults who stutter on a modified Stages of Change Questionnaire yield interrelations among questionnaire items that are consistent with a stage-based interpretation. Results of both confirmatory and exploratory factor analyses indicated that while the modified questionnaire was a relatively good fit for participant responses, the structure derived from the exploratory analysis provided a significantly better fit to the observed data. Results suggest that a questionnaire incorporating items that better reflect the unique behavioral, cognitive and affective variables that characterize stuttering may better discriminate stages of change in people who stutter as they move through therapy, or are engaged in self-directed change.

Educational objectives: After reading this paper, the learner will be able to: (1) describe the transtheoretical or "stages of change" model; (2) describe the various processes that are associated with different stages of

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change; (3) summarize research findings in stages of change as they apply to a variety of clinical populations; (4) discuss the applicability of the findings from the present study to stuttering treatment, and (5) relate conventional strategies and techniques used in stuttering therapy to different stages in the process of change.

Keywords: Stages; Change; Stuttering

In an attempt to explain the different factors that contribute to treatment responsiveness in stuttering therapy, Zebrowski and Conture (1998) identified both "client independent" and "client dependent" variables that may affect treatment outcome. So-called client independent factors include observable and measurable stuttering behaviors, such as the frequency, duration, and type of speech disfluency an individual produces, as well as environmental factors that might influence the frequency, severity and variability of stuttering. Client dependent variables, on the other hand, are comprised of those affective and cognitive factors or characteristics that have been implicated in the development of intractable stuttering. For example, a number of studies of stuttering treatment have shown that variables such as avoidance, external locus of control, production of learned compensatory behaviors, negative attitudes about speech, and high levels of trait anxiety are associated with poorer long-term gains from therapy as well as relapse (e.g., Blood, 1993; Craig, 1998; Guitar, 1976, 1998; Guitar & Bass, 1978). In a more recent study, Huinck et al. (2006) showed that a pretreatment profile consisting of measures of stuttering severity and severity of both negative emotions and cognitions yielded subgroups that experienced different treatment outcomes. Finally, a number of authors have argued that the client's motivation and willingness to change have a critical impact on stuttering treatment outcome. In particular, the client's readiness for change as it relates to the timing of therapy enrollment is an important factor in success; that is, beginning therapy when one is most ready for change leads to a more positive outcome and maintenance of therapy goals (Blood, 1993; Manning, 2001, 2006; Shapiro, 1999).

In 1998, Craig published an excellent review and extension of the research in stuttering treatment outcome, with a special focus on the factors that may predict relapse. He concluded that there are limited factors that alone can reliably predict relapse; rather a multifactorial model of relapse has the most validity. Craig further noted that relapse in stuttering therapy is relatively typical, and that it is strikingly similar to the "relapse-success cycle" (p. 23) that characterizes the change process in therapy for other behavioral and psychological disorders and addictions (e.g., smoking, eating disorders, phobia, etc.). For example, the cyclical nature of the smoking cessation process, with its alternating periods of improvement and relapse over time, also characterizes the movement toward long-term change in speech fluency that individuals who stutter experience over the course of therapy. Manning (2001, 2006) echoed this point by describing stuttering therapy as a "pattern of cyclical movement through a process of gradually more successful management of stuttering-related behaviors and processes" (2006; p. 140). Until the new behaviors the client is learning in therapy become stable and predictable, it is likely that he or she will move back and forth between periods of more and less fluency on the path to recovery, at times even reverting back to pre-therapy levels of stuttering (or "relapse").

Like Craig, Manning noted that the pattern of change and relapse seen in stuttering therapy is very similar to that observed in other disorders, and suggested that previous research in the broader area of change (e.g., Prochaska, DiClemente, & Norcross, 1992), would be a good place to start to examine the change process in the stuttering population, with an eye toward developing effective anti-relapse strategies.