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Effects of the Lexipontix programme on children's overall stuttering experience. Early evidence.

George Furlas

M.Ed., M.Sc.SLT, EFS, MRCSLT.

Katerina Ntourou,

PhD, CCC-SLP.



STUTTERING RESEARCH &
THERAPY CENTRE
Athens, Greece.

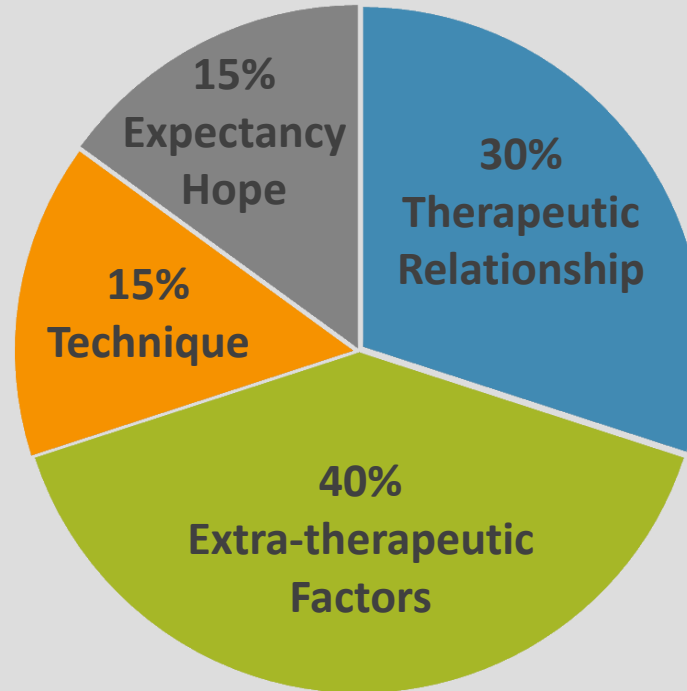


COLLEGE OF ALLIED HEALTH
The UNIVERSITY of OKLAHOMA
Oklahoma, USA.



- Preferred Future vs Problem
- Knowledge & Skills
- Technique
- Successful past
- Client's resources
- Exploration Reality
- Locus of control
- Clinical skills and practices
- Evidence Based Practice
Practice Based Evidence
- Therapeutic Relationship

COMMON FACTORS



Solution Focused Brief Therapy

Elicitation

“what are your best hopes?”
“what are you pleased to notice?”

Amplification

“What difference does it make?”
“How did you manage to...?”

Scaling 0 ----- 10

Identification of Resources

“What have you learned about yourself?”

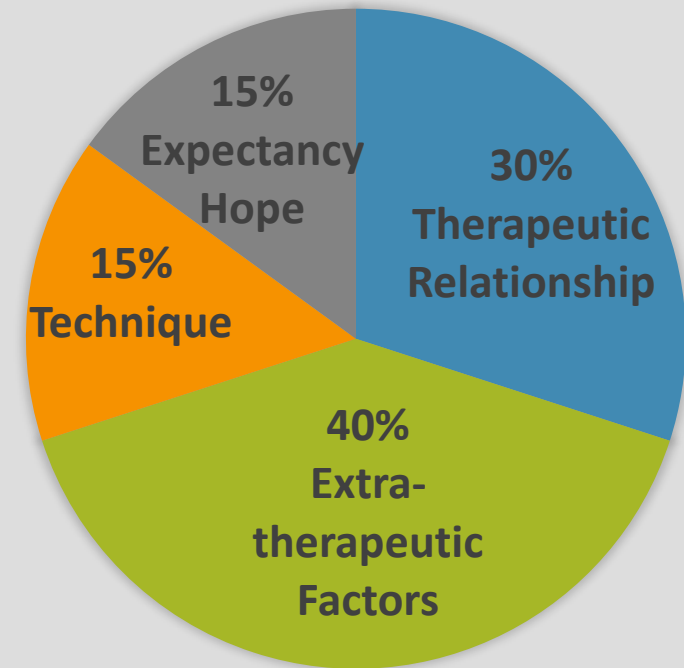


Lexipontix Program uses a **SFBT approach** to activate all common factors that account for effectiveness in a treatment programme

(Furlas & Marousos, 2019)



COMMON FACTORS



Common factors theory, proposes that different approaches and evidence-based practices in psychotherapy and counseling share common factors that account for much of the effectiveness of a psychological treatment.

(Herder, et al., 2006; Imel & Wampold, 2008; Law, et al., 2004; Tallman & Bohart, 2004; Zebrowski, 2008)



Lexipontix Programme

- Elicits clients' **Best Hopes** from therapy and encourages the child and his parents to move towards them (George, et al., 2013).
- Builds **therapeutic relationships**, engaging the child, his family and significant others and makes best use of the expertise of each participant.
- Focuses on **solutions**, on the successful part of the clients' experience of life, communication and therapy.
- Is brief and **minimal**, facilitates decisions that bring about the biggest possible change in the shortest amount of time, makes best use of the resources of the family and the child.
- Facilitates the change process by attempting **optimal use of** child and family's **resources** (Extra-therapeutic Factors) (Imel & Wampold, 2008).



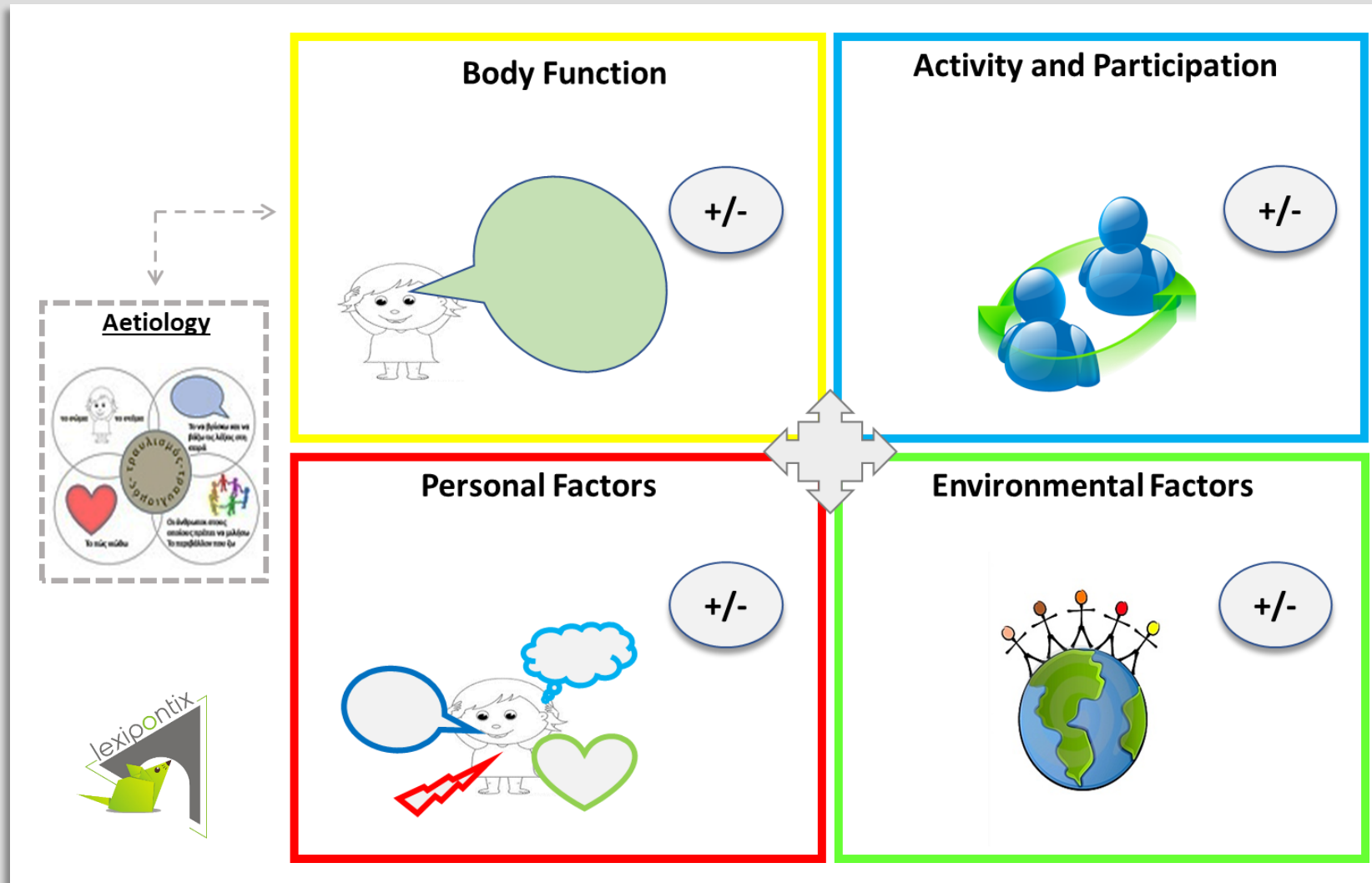
Lexipontix Programme

- Addresses the **overall stuttering experience** of the child and family and individualizes therapy according to the overall needs and expectations as well as available resources.
- Merges well known and **evidenced based** theories and clinical practices into a coherent whole.
- Introduces therapy as a **role play game** based on a theme, making therapy meaningful and fun, using child friendly material, enjoyable activities and card games.

(Furlas & Marousos, 2015, 2018, 2019)

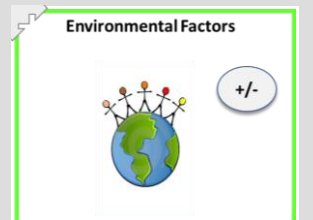
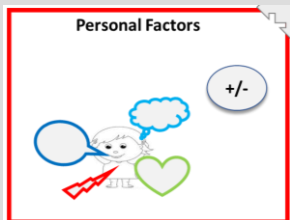
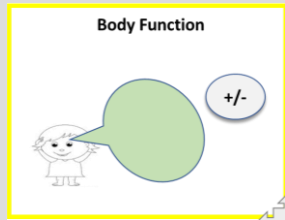
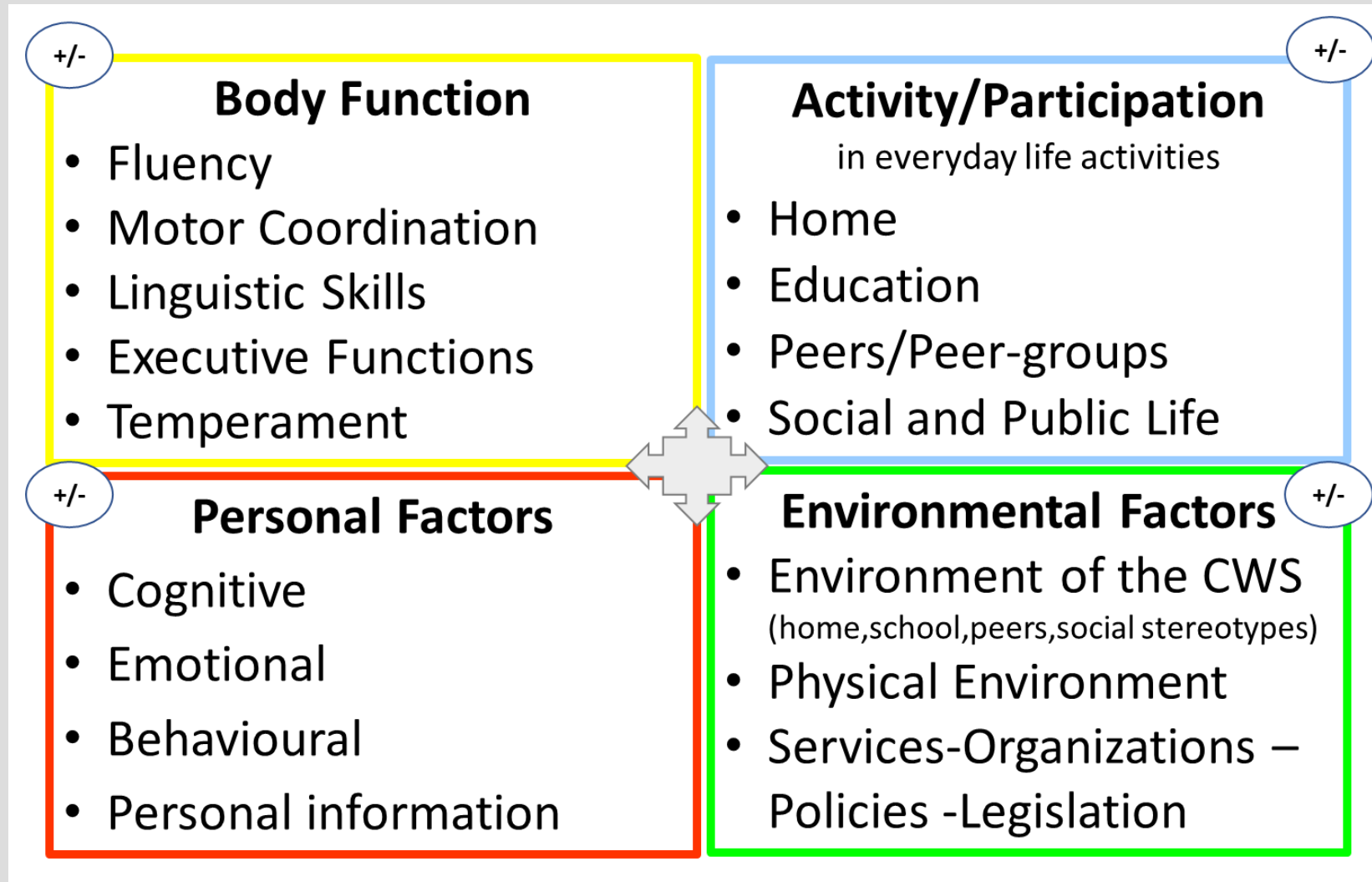
how ?

Lexipontix Formulation Chart



Fourlas & Marousos, 2014, 2018 (based on Yaruss & Quesal, 2004; WHO, 2001)

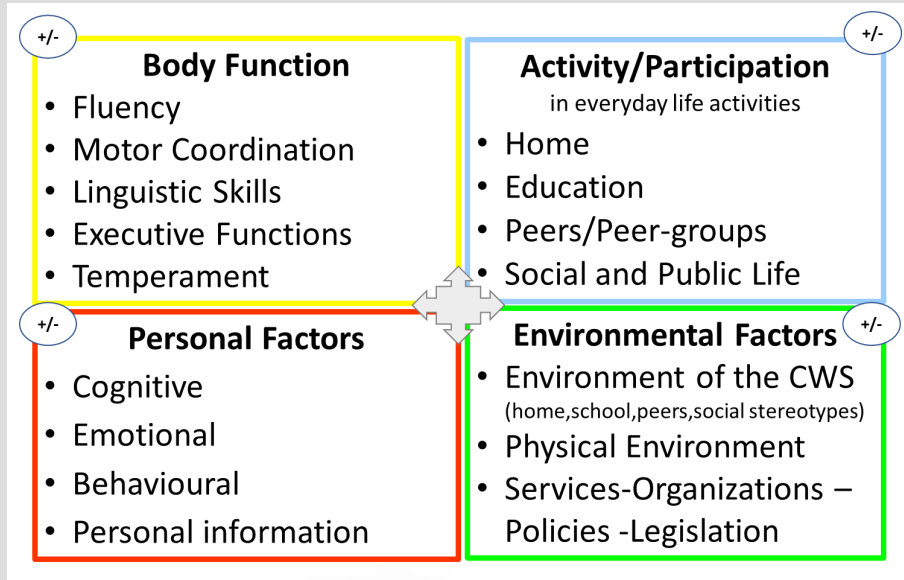
Lexipontix Formulation Chart



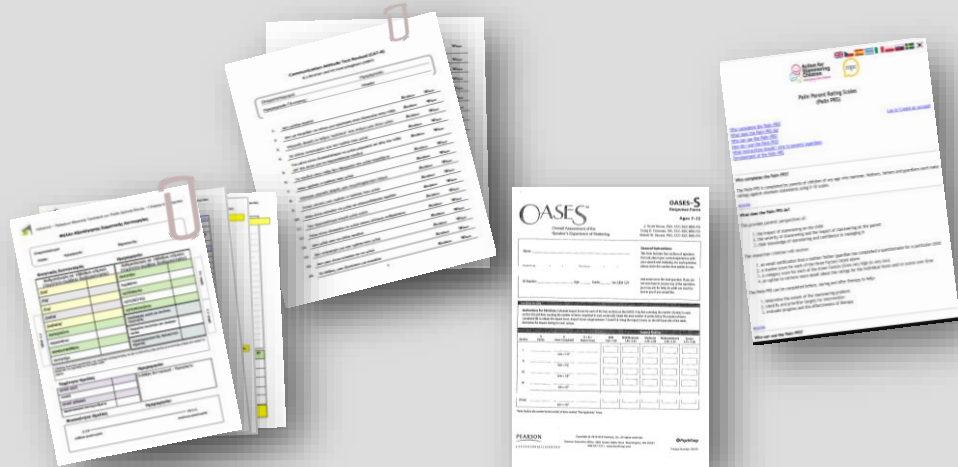
Fourlas & Marousos, 2014, 2018 (based on Yaruss & Quesal , 2004; WHO, 2001)

Lexipontix Assessment Protocol

Fourlas & Marousos, (2018)



STUTTERING	
Formal Measures	Informal Measures
<ul style="list-style-type: none"> • OASES-S (Yaruss & Quesal, 2010) • CAT (Vanryckeghem & Brutten, 2020) • Palin Parent Rating Scales (Palin PRS; Millard & Davis, 2016) 	<ul style="list-style-type: none"> • Lexipontix Body Functions Assessment Protocol (Fourlas & Marousos, 2018) <ol style="list-style-type: none"> i. Fluency ii. Oro-motor coordination iii. Rate of speech iv. Naturalness of speech



* Other areas of development such as receptive/expressive language, word finding, reading, working memory, and attention are also assessed if there is parental and/or clinician concern.

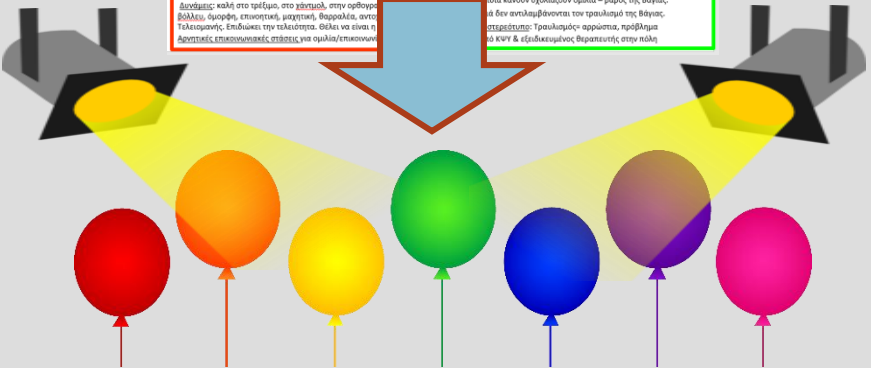
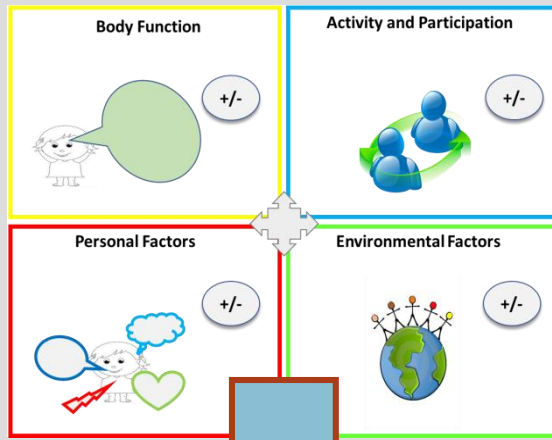
The Formulation Chart

A navigation tool for assessment and treatment

Formulation Chart

<p>+/· Συμμετέχουσα Λειτουργία</p> <p>Ουσιαστικά ιστορικά στοιχεία διαταραχής (μητέρα, γιαγιά)</p> <p>Πρώτα σημεία: Δυσφασία χαμηλής συχνότητας (1%) και Φ΄ άσκηση (8α-7)</p> <ul style="list-style-type: none"> • Μειωμένα μαθήματα μερικής διάρκειας (στην κηφισόρα) • Επαναλήψεις 1^η συλλαβής x10 (iterations) • Επιμονές • Τυπικές συμπεριφορές κινήσης: σβήσιμο βλεφάρων, σφολια στο πρόσωπο <p>Φωνολογικά: Φωνητικά διαφωρί /s-/z/ πραγματοποιούνται σαν ουρανικά</p> <p>Διαγνωστικές ενδείξεις: Τυπική ταχύτερη ομάδα</p> <p>Μέτρα φυσιοσύνταξης (6/10)</p> <p>Συναισθηματικές ενδείξεις: Προσκόλληση = δυσκολία κινητικού συντονισμού (σύντη-επίση)</p> <p>Παιδαγωγικές ενδείξεις: καλές για την ηλικία, δεν διατυπώθηκαν δυσκολίες</p> <p>Ψυχολογικές ενδείξεις: Αρνητική αντίδραση κινήσεων, υπερευαίσθητη στην κοινωνική αφοσίωση, χαμηλή ευελιξία (θέλει να γίνεται το δικό της), παρορμητική, ακούσια</p> <p>Επικοινωνιακές Λειτουργίες: Καλά δυναμικά.</p>	<p>+/· Αντίκτυπο στην ζωή του Παιδιού (Δραστηριότητα & Συμμετοχή)</p> <p>Είπε ακούσια: Συμμετέχει σε συνθήματα, έχει κέικρα, λέει ψέματα.</p> <p>Ανοχή στους γονείς (φόβος, ανασφάλεια και προβληματισμός λόγω της δυσκολίας)</p> <p>Στο σχολείο: Περιορισμός εκπαιδευτικής δραστηριότητας αλλά συμμετέχει στην τάξη.</p> <p>Στις συλλογές οργάνων (συμμαθητές / φίλοι / παππούς): Δυσκολία στην επικοινωνία, συμπεριφοράς</p> <p>Αποφυγή λέξεων, προσώπων, περιστάσεων επικοινωνίας, Επιτυχία = αποφυγή τραγουδιού με αποσπασμένα κείμενα</p> <p>Κοινωνική και Εμπειρία: Δεν κυριεύει ή εμπιστεύεται διαφόρων συναισθημάτων όπως φόβος, Ντροπή, Νέγρος, Άγχος.</p> <p>Περιορισμός κοινωνικής δραστηριότητας λόγω του τραυλισμού (προσπάθεια να μην μιλά).</p> <p>Περιορισμός ποιότητας ζωής: Μέτριος προς σοβαρός Τραυλισμός (DASES-Sr3.55)</p>
<p>+/· Ατομικοί Παράγοντες</p> <p>Παιδί (8α): Να βγει στον κόσμο να λέξει, να έχει περισσότερο θάρρος και να μην ντρέπεται.</p> <p>Π΄ Δημητρίου - καλή μάθητρα. Λογισμικό για 1 έτος: φωνολογικά επιδόσεις</p> <p>Σελίδη: Δεν θα τα πάει καλά. Θα με κοροϊφίζουν</p> <p>Καμυλή Αντιστοιχιστική</p> <p>Συναισθηματικά: Αποφυγή φόβου, γέλιο</p> <p>Συμπεριφορά: Αποφυγή, δεν μιλά με 3^η για τον τραυλισμό</p> <p>Παραπονο για μόνο σε: κέφαλι, κοιλιά, πόδι κλπ</p> <p>Τραυλισμός</p> <p>Για το στόμα: Δίνει πρόνο με ανάσα ή σημάδια και (ανάγει τη λέξη)</p> <p>Για τη σκέψη: Σκέφτεται ότι κάποιο εκεί κοντά είναι πρόσωπο της οικογένειας</p> <p>Διακρίσεις: καλή στο τρίψιμο, στο γέλιο, στην ορθότητα</p> <p>Βάλε, όμορφα, επιστητική, μαχητική, θαρραλέα, αυτο Τελειώνει, επίδοξη την τέλειση, θέλει να είναι η</p> <p>Αρνητικές επικοινωνιακές στάσεις για ομάδα/επικοινωνία</p>	<p>+/· Παράγοντες Περιβάλλοντος</p> <p>Προσδοκία γονέων: Να βγουν πιο τέκνα οι λέξεις, να έχει αυτοπεποίθηση και να είναι πιο ήρεμο.</p> <p>Αμυλή (Συνομιλία): Παιδί - Άλλο πρόνο στο σπίτι</p> <p>Μέτρα = βασική φωνολογία αναγνώρισης/παύσεων. Τ</p> <p>Μικαλιότερος αδελφός Στέργιος, 11% είναι</p> <p>Ο Τραυλισμός ενδέχεται ανοιχτά στο σπίτι.</p> <p>Ραίδη PRS: Καμυλή πληροφορία γονέων = υψηλή ανωριότητα</p> <p>Προσδοκία γονέων με προοπτική: «πες το συλλαβιστό», «πες το καθαρά, αφού μιλήσεις»</p> <p>Σε σχολικές περιόδους επιτείνεται η δυσχερέστερη ομάδα, υποστηρικτική δασκάλα, ανοιχτή σε συνεργασία.</p> <p>δύο κάνουν σχολιασμούς ομάδα - βάρος της θάλας, ή δεν ανταλλάσσονται τον τραυλισμό της θάλας</p> <p>στατιστικά: Τραυλισμός-οργανισμός, πρόβλημα το ΚΝΝ & εξιδικευμένος θεραπευτής στην πόλη</p>

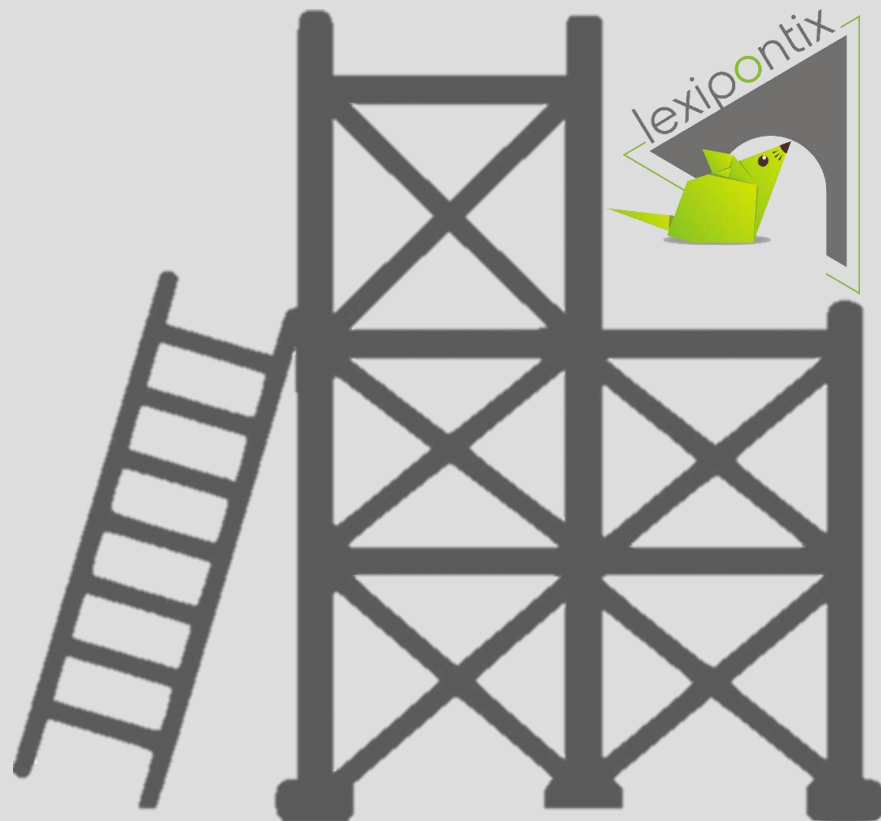
On-going data recording



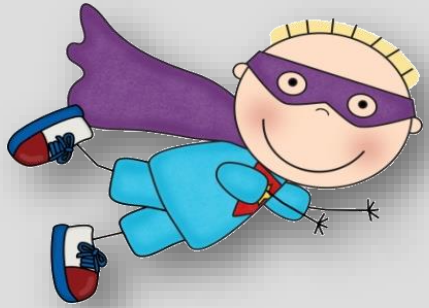
- Pre- and post-therapy comparisons
- Monitoring of treatment
- Additional therapy planning



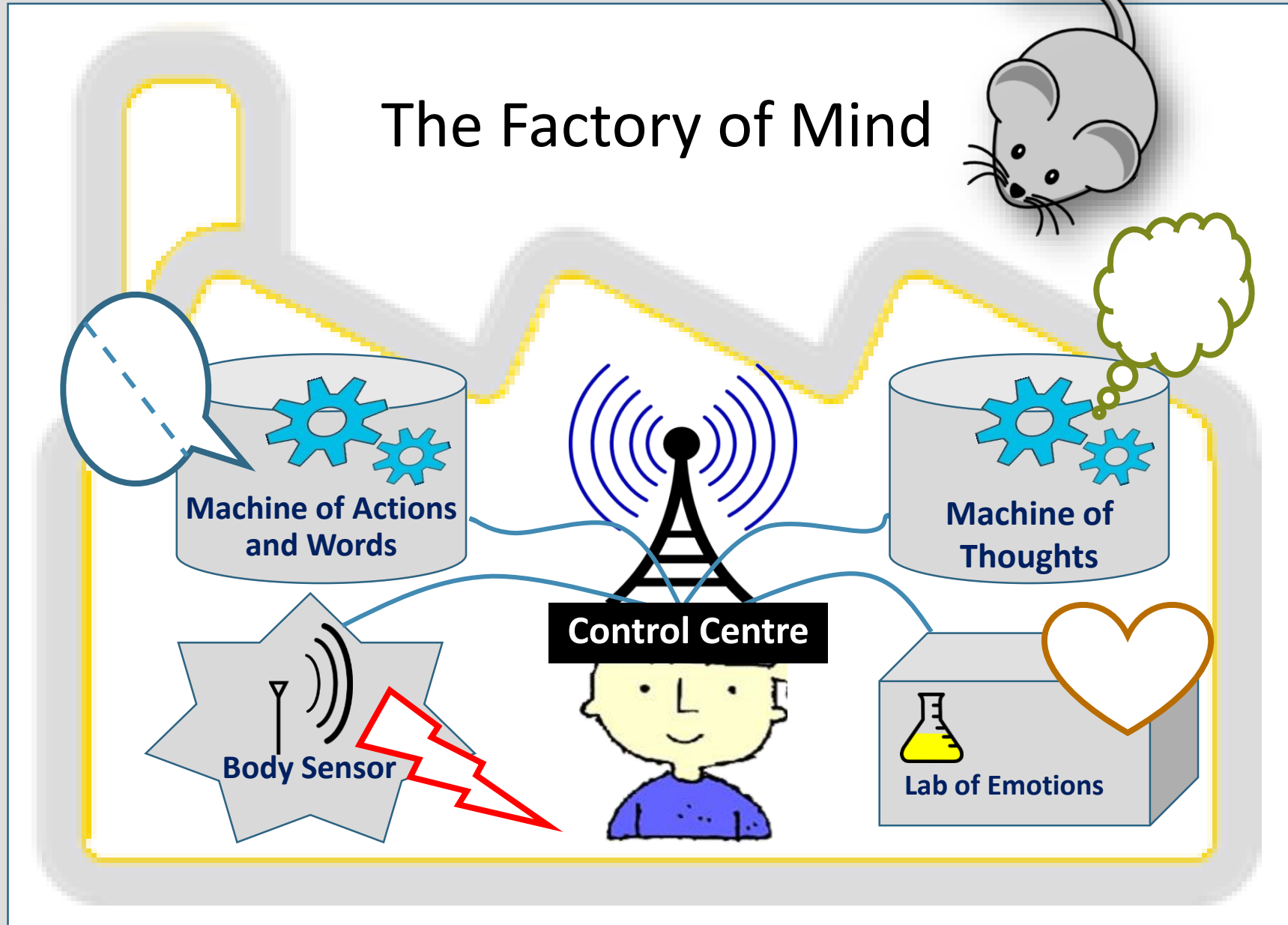
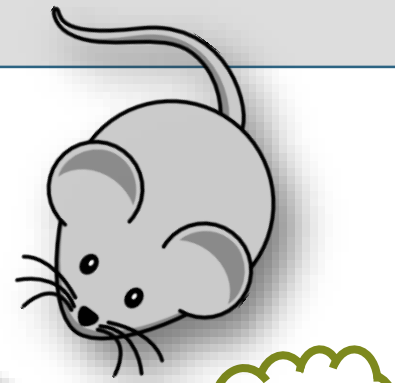
Lexipontix Programme merges well known and evidenced based theories and clinical practices into a coherent whole.



- **Parent-Child Interaction Therapy (PCI)** (Eyberg et al., 1999; Kelman & Nicholas, 2008, 2020)
- **Cognitive Behavioural Therapy (CBT)** (Beck, 1967a, 1967b; Beck, 1995)
- **Speech Control Techniques**
Stuttering Modification (Van Riper, 1971, 1973) and **Fluency Shaping** (Ingham & Andrews, 1973)
- **Solution Focused Brief Therapy (SFBT)** (de Shazer & Dollan, 2007; George, et al., 2013)



The Factory of Mind



Lexipontix Tools & Modules



BLUE TOOLS

Alliance component

- Alliance Interaction Strategies
- Alliance Empowering Strategies
- Alliance Expansion



RED TOOLS

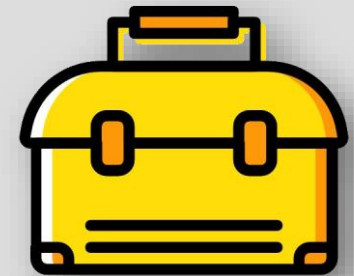
CBT component

- identification of Negative Automatic Thoughts (NATs)
- challenging of Cognitive Distortions
- Talking Back (processing of NATs)
- Voluntary Stuttering
- Problem Solving
- Behavioral Experiments
- reframing of NATs (NAT modification)

YELLOW TOOLS

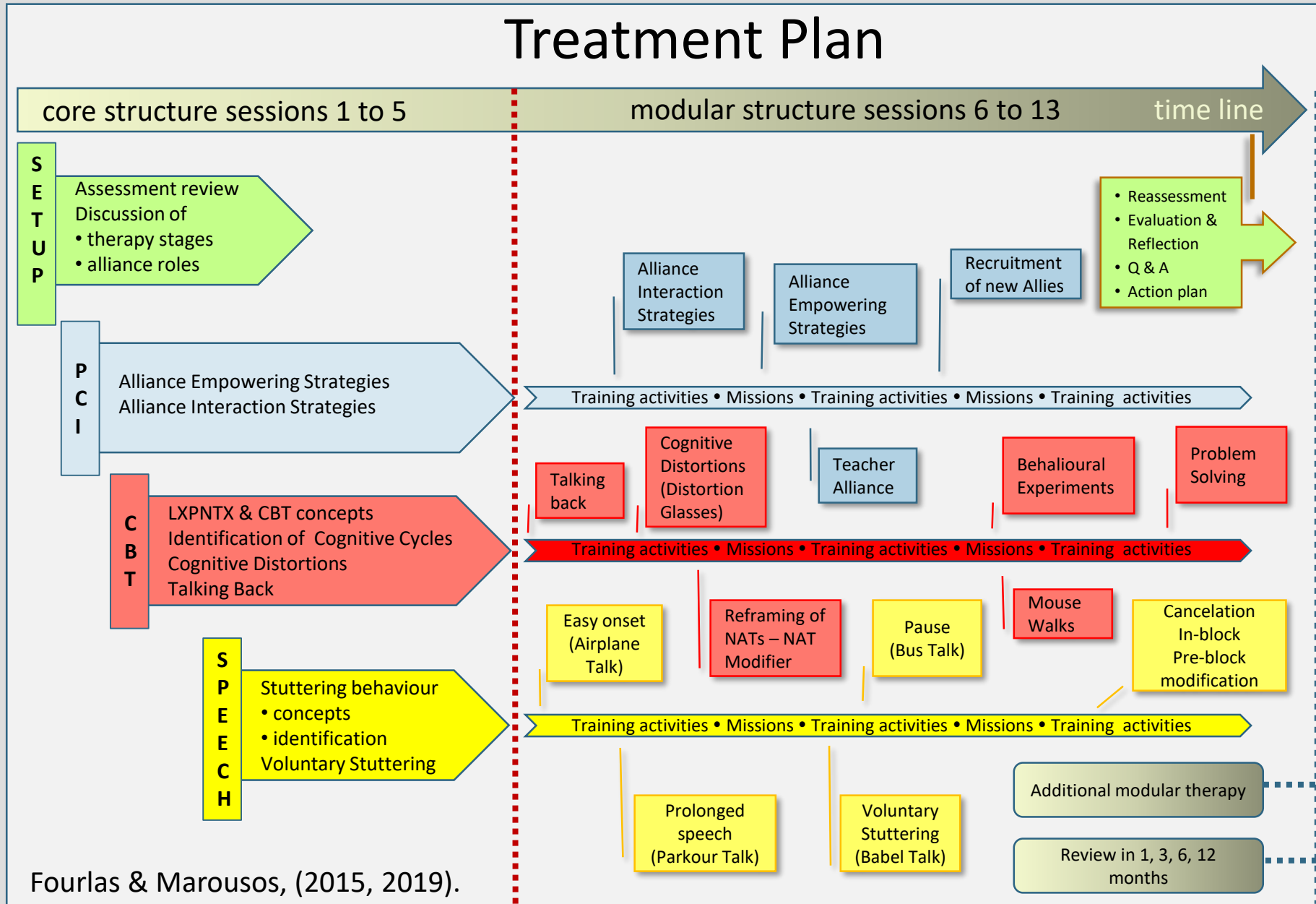
Speech Control component

- Fluency Shaping Techniques
- Block Modification Techniques



(Fourlas & Marousos, 2015, 2019, 2021)

Treatment Plan



Fourlas & Marousos, (2015, 2019).





Purpose of the study



The purpose of the study was to assess the **effectiveness** of Lexipontix on **behavioural, emotional, cognitive outcomes** using a **pre-post study** design with a clinical sample of Greek-speaking school-age children who stutter.

Method

PARTICIPANTS

- 26 children Greek-speaking children who stutter and their parents
- 24 ♂, 2 ♀
- Age: 7-12 years ($M = 9.6, SD = 1.4$)

CLINICAL SITE

Stuttering Research & Therapy Centre
(KEOT)

TIMELINE

Baseline/Pre: Initial Assessment

Post: End of therapy / 12th session.



CONSTRUCT	OUTCOME MEASURE (Pre- Post-)
Stuttering Frequency	%SS (conversational sample)
	%SS (reading task)
Stuttering Severity	Severity Rating (SR) on a 10-point scale (conversational sample)
	Severity Rating (SR) on a 10-point scale (reading task)
Attitude towards own communication	Communication Attitude Test (CAT)
Impact of stuttering on the child (child report)	Overall Assessment of the Speaker's Experience of Stuttering – School-age (OASES-S)
Impact of stuttering on the child (parent report)	Palin Parent Rating Scales (Palin PRS)
Severity of stuttering and impact on the parent	
Parent's knowledge of stuttering and confidence in managing it	



Statistical Analysis

A series of nonparametric Wilcoxon signed-rank tests.

Results

	Measurement	Baseline M (SD)	Post-therapy M(SD)	<i>p</i>
%SS	Conversation	4.99 (3.73)	2.62 (1.87)	.002
	Reading	5.83 (5.77)	3.20 (2.61)	.019
Severity Rating (SR)	Conversation	4.42 (3.92)	2.17 (1.31)	.001
	Reading	3.68 (2.28)	2.32 (1.32)	.004
CAT		15.77 (6.55)	10.68 (5.74)	.001
OASES-S		2.46 (0.54)	1.88 (0.49)	.001



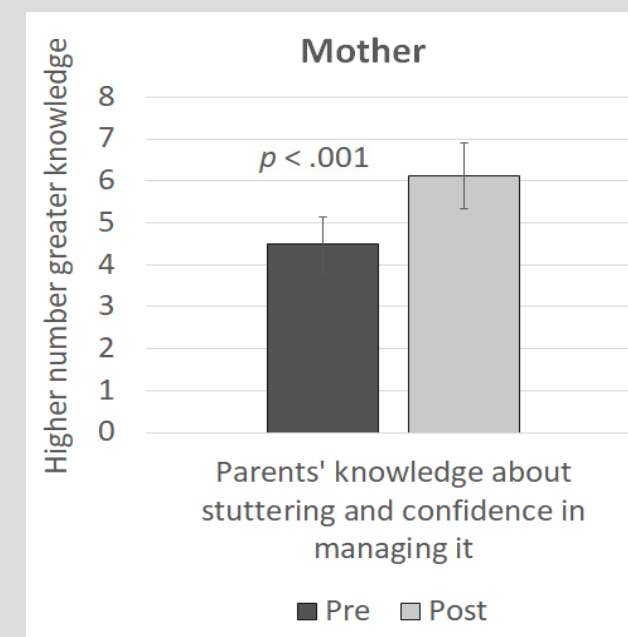
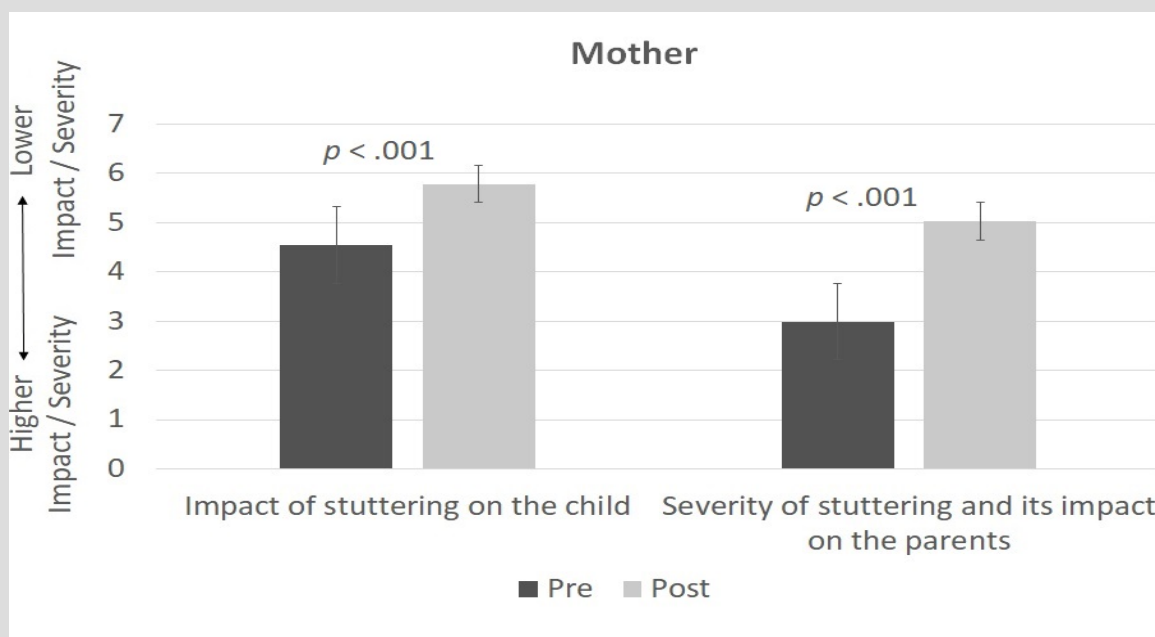
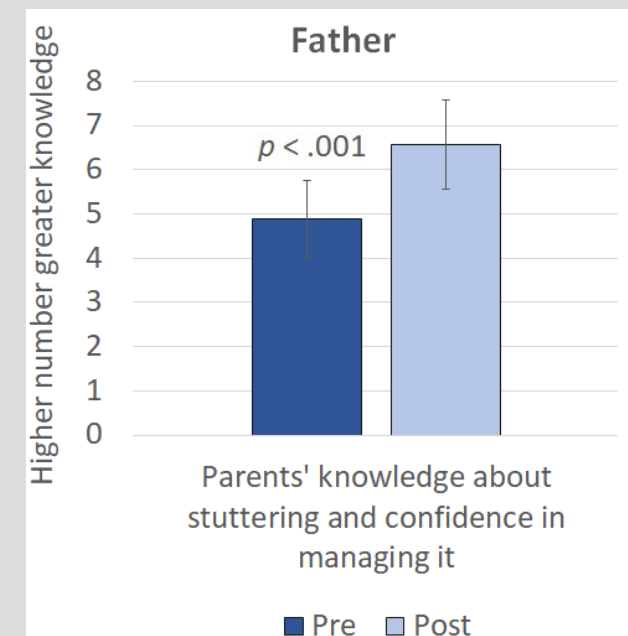
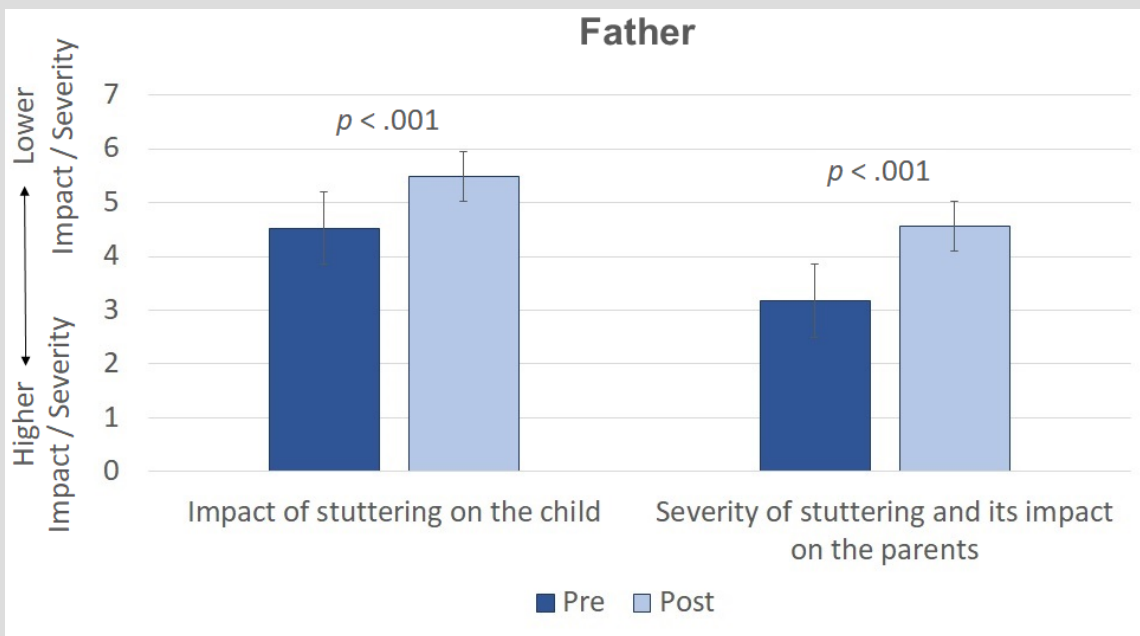
Palin PRS

Statistically significant changes in all the Palin PRS Factor scores.

Factor-1: Impact of stuttering on the child

Factor-2: Severity of Stuttering and its impact on parents

Factor-3: Parents' knowledge about stuttering and confidence in managing it





Conclusions



- Preliminary findings are supportive of the **effectiveness** of Lexipontix for school-age children who stutter and their parents.
- Children **benefited in all measurable variables** that contribute in their stuttering experience.
Specifically, at the end of treatment children presented with...
 - reduced **stuttering frequency** and **severity rating** of stuttering
 - more **positive attitude** towards speech
 - significant improvement in **communication** activities, **participation** in daily activities, and overall **quality of life**
- Parents observed these **improvements** in their child, they felt **more confident** in managing stuttering, and they were **less worried** about it.
- All children in the study completed therapy at the end of Phase-A and **none of them moved to Phase-B** for additional treatment.



Q & A



Thank You!

For additional data on the outcomes of Lexipontix please visit our poster...

Fourlas, G., Ntourou, K., Spyridis, I., Batzifoti, V. (2021)
Exploring parental perspectives, expectations, and experiences with Lexipontix.

Poster Number: 0129





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