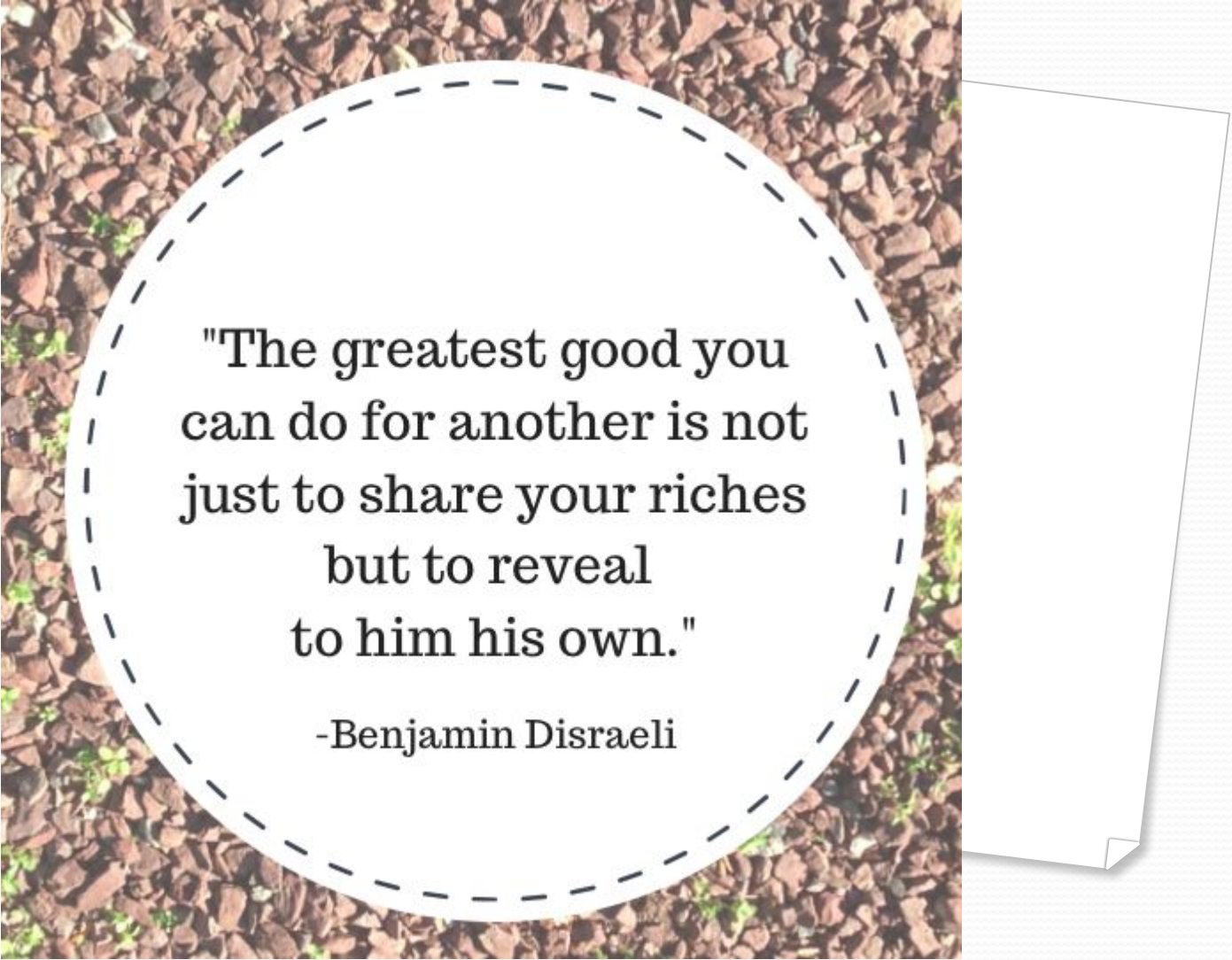# Is Mentoring Effective for Adults Who Stutter?

The experiences of the mentees

Presented by Melissa Mendoza (nee Dore), University of Auckland
in collaboration with Roz Young, Janelle Irvine, Voon Pang (START), Suzanne Purdy
(University of Auckland) and Wendy Baker (New Zealand Coaching and Mentoring Centre)

"The greatest good you can do for another is not just to share your riches but to reveal to him his own."

-Benjamin Disraeli

START and NZCMC

- Stuttering Treatment and Research Trust (START)
  - Specialist centre in Auckland, New Zealand providing treatment for children, teenagers, and adults who stutter
- New Zealand Coaching and Mentoring Centre (NZCMC)
  - Works with a range of clients throughout Australasia and further afield on a range of coaching and leadership development projects

What is Mentoring?

- "A **supportive learning relationship** between a caring individual who shares his/her knowledge, experience and wisdom, with another individual who is **ready and willing to benefit** from this exchange" (Faure, in NZCMC 2014)

- "'Off-line' help by one person to another in **making significant transitions** in knowledge, work or thinking" (Clutterbuck, 1998)

- "A mentor is a person who listens and observes the best in you even when you can't hear or see it yourself" (NZCMC, 2014)

Evidence for Psychosocial Support

- Psychosocial aspects of stuttering need to be addressed as much as speech/fluency (Cooper & Cooper, 1996; Plexico et al, 2005; Altholz & Golensky, 2004)

- Stuttering can negatively impact self-esteem, reduce educational opportunities and limit occupational progress (Yaruss, 2010)

- Blumgart et al (2014)
  - PWS had significant levels of negative affect and lower levels of social support
  - Looked at importance of relationship between social support and negative affect for PWS
  - Important to integrate social support into therapy

Background to START Mentoring Programme

- Idea evolved in 2013
- Previous clients of START enquired as to how they could help other PWS
- Pilot Mentoring Programme ran for 6 months in 2014 (6 pairs), second programme ran for 6 months in 2015 with a second cohort of mentees/mentors (8 pairs)
- START Mentoring Programme is first of its kind world-wide

Aim

- To investigate the experiences and perspectives of PWS who participated as mentees in a formal Mentoring Programme
- To address the psychosocial aspects of stuttering and complement Speech Language Therapy
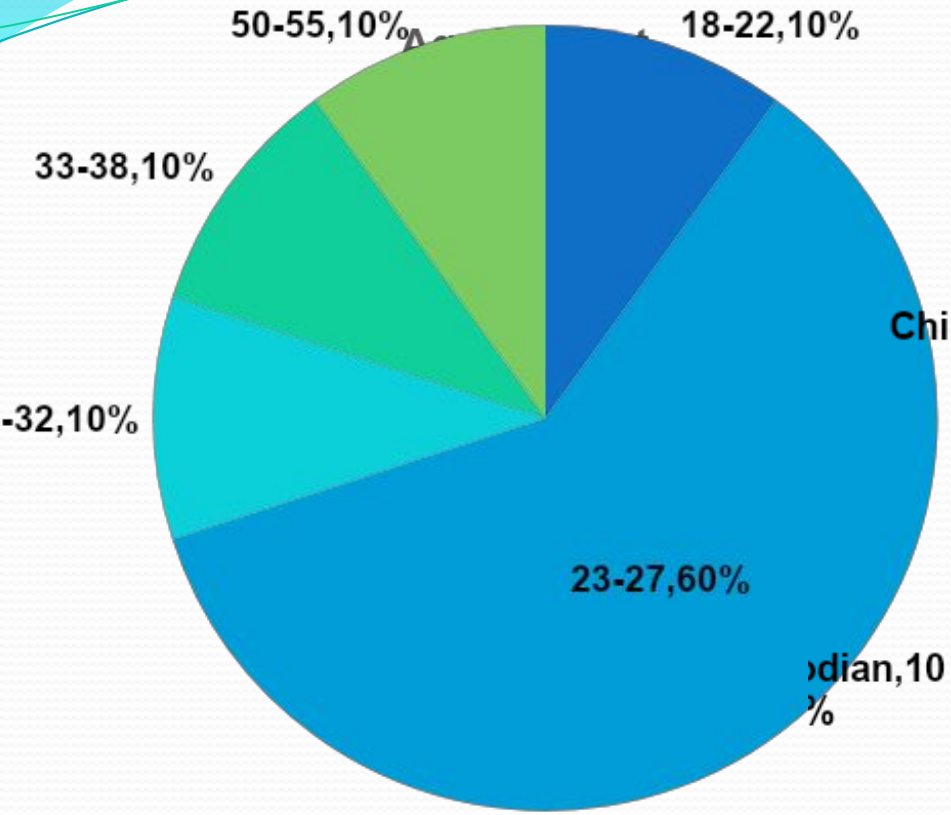
Method

- START approached NZCMC to design Mentoring Programme for PWS

- Mentors were known to START and were approached by START or volunteered their time

- Mentees were current/previous clients at START
  - Identified by SLTs as potentially benefitting from a supportive learning relationship with another PWS

- Mentors and mentees were matched by START SLTs
- Factors considered included: geography, age of individuals, type of work
- Mentors and mentees attended separate initial training sessions (facilitated by director of NZCMC) and met informally in between
- Initial training sessions (May), midway review (August) and a final evaluation session (November) – 6 months total
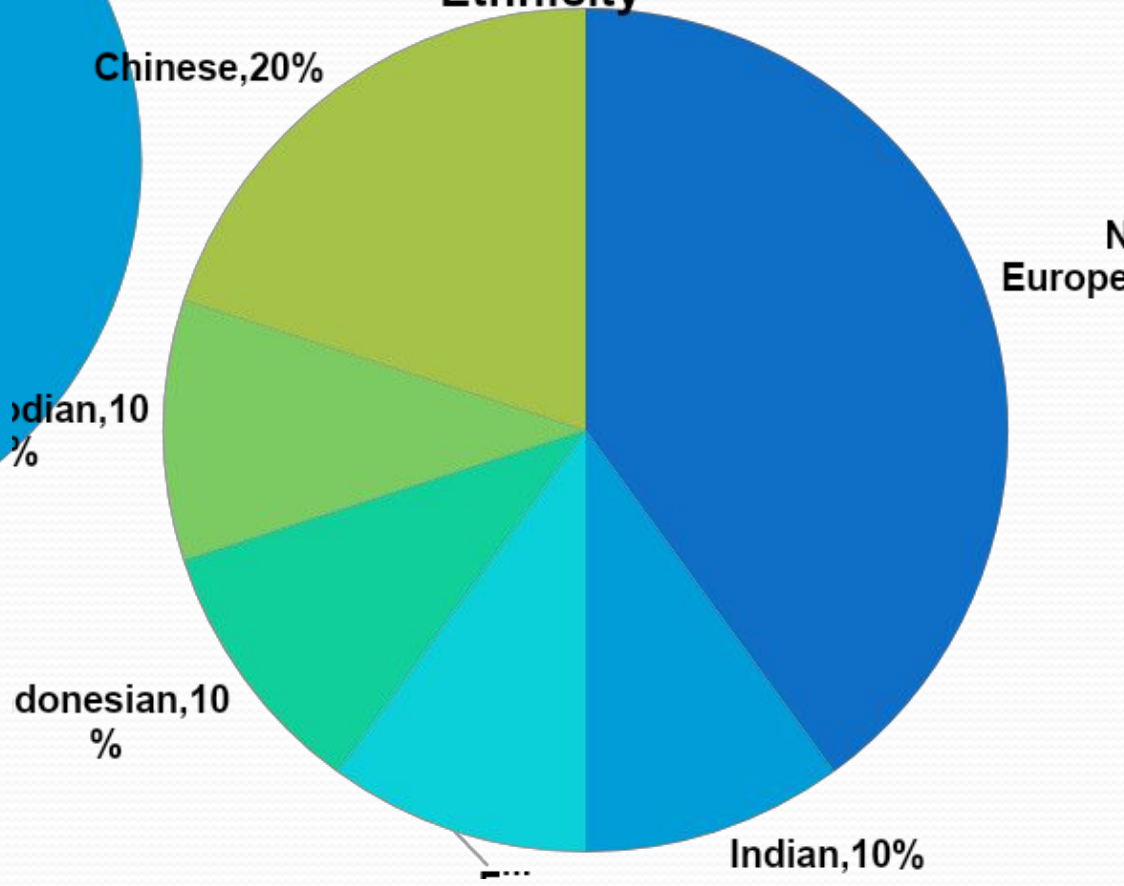
Demographic Data – 2014 and 2015 Mentees

- Males: 8, females: 2
- 4 additional mentees did not complete the Mentoring Programme after initial training (2 male, 2 female)
- All either students, transitioning into the workforce, or employed and reported stuttering was limiting life choices

Age Bracket

- 50-55, 10%
- 18-22, 10%
- 33-38, 10%
- 32, 10%
- 23-27, 60%

Ethnicity

- Chinese, 20%
- N... Europe...
- ...odian, 10%
- ...donesian, 10%
- Indian, 10%

sample size: 10

Assessments for mentees

- Overall Assessment of the Speaker's Experience of Stuttering - OASES-A (Yaruss et al, 2010)
- Locus of Control of Behaviour - LCB Scale (Craig et al, 1984)
- New General Self-Efficacy - NGSE Scale (Chen et al, 2001)
- Semi-structured interviews (audio recorded and transcribed) – pre- and post-programme

Pre-Programme Assessment Data for Mentees

	OASES	LCB	NGSE
2014	Mild-Moderate (2) Moderate (3)	24-38 (M= 30.8)	27-34 (M= 31.6)
2015	Moderate (1) Moderate-Severe (3) Severe (1)	34-49 (M= 41.4)	25-33 (M=29.0)

- Overall, mentees in the 2015 cohort presented with more severe stutters in terms of life impact, a more external perception of control which might suggest poorer treatment outcomes (Andrews & Craig, 1985), and similar views regarding their ability to achieve success across a variety of contexts.

The Mentoring

- Frequency of meetings: 4-8 times over six months
- Length of meetings: 60-90 minutes (average)
- Location of meetings: homes, offices, pubs and cafes
- Topics of discussion: work, challenging situations, fitting speech techniques into busy life, setting personal goals, reducing stuttering-related fear and stress, and improving communication skills

Mentoring and Therapy

- Mentees were encouraged to participate in therapy and mentoring at the same time

- 2014: no mentees participated in therapy during or after mentoring

- 2015: 2 mentees participated in therapy during and after mentoring, 2 mentees had only one therapy session near the start of the mentoring, 1 mentee did not attend any therapy during or after mentoring

Mentoring is not therapy

- you need both

"It's a person who isn't really there to benefit out of it. He's doing it because he wants to help"- Arthur

"We weren't doing so much technical techniques, but we were more kinda talking about, you know, interaction in day to day life" - Andrew

"Going to the mentor program as well provided a few more benefits together with the [therapy] treatment" - Adam

Mentoring is a two-way street

"It would be upon [the mentee] to make it work.... to not rely too much on the mentor to make it work 'cause...it's a two way street - you need to work on it also" – Bradley

"And so it's establishing that two way relationship as opposed to therapy it is really directed at you...where as the mentor and mentees you kind of take turns to really talk to each other about things, yea..." – Adam

My mentor "gets it"

"I never really knew anyone who had a speech impediment so it was good to have someone you could speak to" – Blake

"The fact my mentor had a stutter… that was unique. He knows how it feels…so I guess [he's] just more understanding and he could relate to me" – Brooke

"He understood how I felt about things better than a therapist would" – Arthur

Learning from sharing experiences

"[Mentoring] helped me because there was someone who could relate to me and give me guidance through their experience... Because they've already been through those hard times" – Blake

"I know that my stutter doesn't have to be a barrier, because it wasn't in his case" – Arthur

"It gave hope... hope that I can excel in business and all of that despite a speech impediment"- Arthur

Acceptance of stutter

"I guess I'm more aware that there are more people out there...At first I thought it was just me and a few celebrities...Actually there are a whole lot of people [who stutter]" – Austin

"I think kinda working with (mentor's name) it's helped me put [stuttering] in perspective really...and helped me to work out what's important and what's not important...and what's worth worrying about and what's not" – Andrew

Increased confidence

"I'm more confident now that I can survive this job market" – Bradley

"I make conversation with people, at work... in lunchtime...before I used to be quiet, but now I'm talking to people that I haven't talked to before" – Brooke

"I'm not that scared to speak anymore" – Benjamin

"It inspired me that [stuttering] doesn't stop you from achieving your goals" – Brooke

Discussion

- Themes show positive outcomes of Mentoring Programme across both years
- Very few mentees decided to attend therapy during or after mentoring
  - Cost?
  - Strategy required to lift attendance in therapy while doing mentoring, and then look at outcomes for mentees who attended therapy as well

Limitations

- Still a relatively small sample size – 10 mentees Purposive sample: Some intential bias as mentees were already seeking treatment from START. Also a limited pool of suitable and available mentors (who stutter)

- Limited information regarding why some pairs discontinued the mentoring programme in 2015 and were not engaged in therapy either

- No control groups for comparisons:
  - Mentoring only vs. therapy and mentoring
  - Mentoring vs. therapy
  - Mentoring vs. no treatment

Future Considerations

- Continue to refine mentor/mentee matching process, e.g. level of stuttering, personality compatibility

- Take further steps to ensure that mentees understand the mentoring process and are ready to commit to the programme and make changes (establish readiness)

- Incorporate mentees of other ethnicities (specifically Maori and Pasifika in the NZ context)

- Identify more effective ways to encourage mentees to attend therapy while participating in Mentoring Programme

"Since meeting with (mentor) on a regular basis…he's got a kinda interesting perspective on it… and that's something you can **only** learn from someone who has lived with a (stutter) most of his life" - Andrew

Acknowledgements

- The mentors and mentees; for being open to mentoring and for teaching us that social support is as important as therapy

- Roz Young, Janelle Irvine, Voon Pang (SLT colleagues at START)

- Sharné Lucas (interviews and transcriptions), Aimee Burgess (interviews and transcriptions), Suzanne Purdy (research design and statistical analysis), Wendy Baker and NZCMC (funding and support), ANZ Staff Foundation (funding), Ministry of Health Disability Information Advisory Service (funding)

Questions?

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