

Lexipontix: the threatening mouse becomes a companion pet.

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Slide-1 Title

Slide-2 Wizards

We all have fears. Ron Weasley fears spiders and the boggart in the film takes the form of his fear. Boggarts are shapeshifters. They know that “People are disturbed not so much by events themselves as what they make of them”.

Slide -3 Greek philosophers and CBT

Greek philosophers Socrates and Epictetus expressed similar ideas but it was Aaron Beck in 1967 (Beck, 1967) and Cognitive Behavioural Therapy (CBT) who explored this idea in relation to psychotherapy.

Slide-4 CBT diagramme

CBT helps us to understand the links between a person's thoughts, emotions, physical reactions, and behaviours. By applying the CBT model in stuttering, we can understand the cycle of responses, commonly associated to the stuttering experience. Negative automatic thoughts affect how the PWS feels, which may have physical consequences, and affect his behaviour. They will think I am stupid if I stutter - that makes me feel nervous – my heart beats fast - and I avoid to talk.

Thoughts emotions physical reactions and behaviours may form a vicious cycle at the moment of stuttering.

CBT has been widely used in therapy of adults. But what about children? How can we adapt this useful framework for the school-age in a way that children can make better sense of their stuttering experience and benefit from CBT therapy techniques ?

Slide-5 Fourlas & Marousos (2014)

These, among others, are serious questions that my colleague Dimitris Marousos and I, gave some thought. As a result the Lexipontix programme was born. The steps of development were presented here in Antwerp 2 years ago, and we are here again, having the experience of 3 years of implementation, to further discuss, different aspects of the programme. I would like to thank ECSF for inviting me for this presentation and I'm happy to be here with you today, with so many colleagues and friends.

In this presentation I am going

- to give an outline of the programme

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- to talk about clinical practices of the programme in relation to the rationale behind
- and to give some emphasis on the therapeutic relationship and the way that the programme makes use of the resources of the client and his system.

Slide-6 "The Factory of Mind"

In LXPNTX we introduce a child-friendly concept, the **"Factory of Mind"**. In the **"Factory of Mind"** there are four interrelated factory components that work before, during and after a communicative event: **"The machine of thoughts"**, the **"lab of emotions"**, the **"body sensors"** and the **"machine of actions and words"**. These components correspond to the CBT concepts: "Thoughts", "Emotions", "Somatic reactions" and "Behaviours" respectively.

The concept of "Factory of Mind" and its illustration helps the school age child become aware and explore his own cognitive, emotional, physical and behavioural cycle of reactions.

Part of the factory of mind is the **"control centre"**. It is the central control panel of all the components, it receives and sends information to them, regulates their functioning, production and interrelation, keeping all factory components in equilibrium.

The child is helped to make use of his resources and to learn how to use the necessary tools in order to be the one who operates the control center at all times.

Slide-7 Interpretation of the stuttering event

The metaphor, involves two protagonists:

- the child in the role of a *'Superhero'*, who tries to defend his *'Factory of Mind'*
- a naughty mouse called *'Lexipontix'* which tries to *'Intrude'* into the *'Factory of Mind'* in order to "invade" the factory or *'Sabotage'* the *'Factory Machines'*

Stuttering occurs when Lexipontix:

- Attempts to intrude into the factory of mind.
- Sabotages any of the factory machines.
- Invades the control centre of the factory.

Slide-8 Therapeutic Alliance

Like most super-heroes the child has a social supporting network of friends and co-workers. This is the therapeutic alliance which the child gradually builds and broadens. Parents, as part of the alliance, are allocated their own cognitive, emotional and behavioural therapy aims.

They are empowered to:

- achieve a shared understanding of their child's difficulty (cognitive level)
- empathize by recognizing child's thoughts and emotions (emotional level)
- act as fluency and communication facilitators (behavioural level)

In Lexipontix, teachers, classmates, relatives and friends gradually are recruited in the alliance. By keeping an open attitude, informing others about therapy and collecting signatures in a way that simulates “likes” in facebook, the child expands the alliance. Research on resilience and stuttering indicates the role of social support as one of the “protective factors” against the adversity of chronic stuttering (Craig, Blumgart & Tran, 2011).

Slide -9 VIDEO: the child recruits his sister in the alliance

This 8 years old child, recruits his sister in the alliance.

Slide-10 The ridiculous charm

Ron used the Ridiculous charm to turn the spider into an amusing creature that tries to stand on its rollers. As a result of the charm, the threat is gone as well as the fear.

Unlike the wizard’s world, in Lexipontix, there is no magic spell or magic wand but the resources of the child and his alliance, that they activate, in the course of therapy.

Slide-11 Therapy Aim1

In Lexipontix terms: therapy aims, to empower the child to gain, retain, maintain or regain control over the “control center” of the factory. The child keeps Lexipontix under control as a result of his powers. Lexipontix invasions are manageable and have no significant impact on the functioning of the factory of mind.

Lexipontix is not to be ridiculed, fought or eliminated but to be transformed into a controllable pet, a life companion that the child masters/ and knows how to take care of.

Slide-12 Therapy Aim2

In therapy term: Therapy aims at communication restructuring. ‘*Communication restructuring*’ is our definition of stuttering therapy. That is the person:

- to reconstrue his communicative role,
- to alter the definition of communicative success and failure and
- respond in a functional and meaningful way to the demands of a communicative event

Through communication restructuring, the child gradually experiences a rationalized and harmonious relationship with his stuttering and stuttering is not a worrying threat any more.

Well, easy to say hard to do.

Slide-13 How

And the question of interest may be “How”?

Slide-14 The “dodo effect”

Patricia Zebrowski has discussed the -what is called- “dodo effect” in relation to stuttering therapies. She discusses research findings in relation to the “common factors” and the view that it is the *similarities*, rather than the *differences*, between approaches that account for the observation that all approaches are, in general, effective. [Zebrowski, (2012); Herder, et al (2006); Robey,(1998); Law, et al (2005)].

Slide-15 “Common Factors”

Dr House would definitely disagree but our thought is far beyond the medical model because reviewing the literature, “the common factors” on treatment responsiveness, include:

1. 30% - Therapeutic Relationship (the strength of the therapeutic alliance between the therapist and client)
2. 40% - Extratherapeutic Change (characteristics of the child and family that facilitate or hamper progress)
3. 15% - Technique (evidence based, theoretically orientated, therapeutic methods, strategies, or tactics)
4. 15% - Hope /Expectancy (How much the client becomes hopeful and believes in therapy as well as how much the therapist believes in the credibility of the treatment).

Hubble et al (1999), Miller et al (1997), Lambert & Bergin (1994), Assay & Lambert (1999), Bernstein Ratner (2005), Franken, Kielstra-Van der Schalk & Boelens (2005)

Slide-16 The programme bridges the child’s potential to his preferred future

In Lexipontix we combined, theories and clinical practices that are commonly used and been proved effective in Stuttering Therapy. There are three components in the programme PCI, CBT, and Speech control (block modification and fluency shaping) that are the pillars of the programme. Beyond these pillars, it is the client and his system who drives therapy. It is everything that the child carries in his backpack.

Clinical practices and tools are used as a means of triggering behavioural activation that is, to produce small changes that lead to bigger changes. Clinical practices and tools are used to improve understanding of the stuttering experience, to make participants to commit to therapy as a result of making sense of it. Therapy is based on Socratic and SFBT questions asked by the therapist with genuine interest. Therapy” is considered to be in the answers of the child and parents’ rather than in the therapist’s questions. It is by the answers, that the resources of the child and his system, that are activated. Solution Focused Brief Therapy is the framework for problem free, solution focused talk in all sessions. It is also used as the method of helping the child and the family to notice everyday instances of success and based

on their successful past, to move towards their preferred future. What they already do that it is helpful to make more of.

Slide-17 Considerations

Viewing therapy in a different angle there are more things to consider...

Therapy should

1. address the overall experience of stuttering
2. be minimal, but sufficient and appropriate.
3. be structured but flexible to cover individual needs
4. provide ongoing feedback and adaptation of the therapy plan
5. liberate the therapist to make best use of his individual clinical skills and knowledge within the given structured framework
6. guide therapist to learn from/ and make best use of / the expertise of his clients

Slide-18 Programme Structure & Content

Taking into consideration all the above factors and following a period of clinical trials we ended up with the following structure: There are two phase in the programme. Phase A lasts for 12 weeks. Then progress is assessed and additional therapy may be proposed according to individual needs in phase B.

The programme consists of a Core Structure and several optional Modules. Modules are distinct entities adjacent to the Core Structure that are activated from session 6 onwards. This adaptable modular structure provides the programme with the necessary flexibility to meet individual needs.

Slide-19 Lexipontix Core & Modular Structure

Here is a schematic presentation of the Core Structure & Modules. The blue parts are the PCI components, the red parts are the CBT modules and the yellow parts the Speech Control modules. Labels on the flags correspond to the names of the modules and are indicative of their content. The selection of modules is based on initial and on-going **data collection**.

Slide-20 ICF – Formulation Chart

As a guide for data collection we use the “formulation Chart”. The formulation chart is an adaptation of the ICF model for the purposes of the Lexipontix program, based on Yaruss and Quesal (2004). We record all data collected in assessment in a blank formulation chart to keep a record of the child’s abilities and strengths as well as needs.

We use programme specific informal assessment protocols for the assessment of “body functions” (that includes overt stuttering characteristics, oro-motor coordination, language, executive functions and temperament). We make use of specifically designed structured interviews for collecting information from parents

and child. We also use formal assessments such as the OAESES, CAT-R and Palin PRS, for data collection. Similar procedures are followed on the 12th week of the programme to monitor change.

The formulation chart gives the flexibility to the clinician to select his own assessment instruments as long as the boxes in the formulation chart are filled in, with the necessary information.

Slide-21 selection of modules

Making use of the “formulation chart” we discuss assessment findings with the child and his parents, we take decisions on therapy and select the modules for the modular phase of the programme. The formulation chart is the “dynamic compass” that directs therapy towards specific therapy modules and tools during the course of therapy. In an earlier paper published last year you can find examples of selecting modules to cover individual needs. You can download it from www.lexipontix.gr

Slide -22 The Therapy programme in Action

Let's now move on to discuss the components of the programme in more details!

Slide-23 The PCI component

The Parent-Child Interaction Therapy (PCIT) component is introduced from day one in the form of '*Alliance Interaction Strategies*' and '*Alliance Empowering Strategies*'.

Special time is introduced:

- to help the child and the family make use of their own potential
- to help therapist to get additional information on individual strengths, family dynamics and family communication
- to prepare the ground for family board games,
- to strengthen the '*Alliance*' relationships, and
- to build a safe and desensitized environment for practicing '*Yellow Tools*' and '*Red Tools*' (i.e. '*Tools*' for speech and '*Tools*' for thoughts and emotions, respectively).

Slide-24 VIDEO: Special Time reflection

Here is a taste of family reflections on special times. As early as session 2, family commits to special time because it makes sense to them and strengthens the relationships

Slide-25 The CBT component

Using CBT principles, many games and therapy activities have been developed as autonomous clinical tools and modules. Early on, in the 'Core Structure' we help children to identify emotions and attitudes related to stuttering. We start with recognition of emotions and attitudes in general and not specifically related to stuttering. A simple spin game is used for this purpose.

Slide-26 The CBT component - NATs

We then move on to the identification of specific Negative Automatic Thoughts, commonly called NATs. NATs are generated automatically in the child's mind in relation to a moment of stuttering. Identification of NATs is not a straightforward process for a child of this age - it takes motivation, concentration and self-reflection abilities. Apart from the card-games designed to achieve this goal, the child is given a noticing task for picking up NATs. He is provided with a form in order to keep a record of those situations in his everyday life. He brings this information in the session for discussion, elaboration and for learning to practice red tools.

Slide-27 The CBT component – Cognitive distortions

Another significant CBT concept is that of “Cognitive distortions”. It is used to describe exaggerated or irrational thought patterns that influence the way we perceive reality. Cognitive distortions are “filters” through which we see and distort real events. Distortion of events leads to unhelpful thoughts which trigger unhelpful vicious circles. Imagine a child who stutters while reading aloud in class. At the same time he listens to classmates giggling somewhere behind. Just like a mind reader, the child is convinced, that the children behind are laughing at him. Mind reading, tunneled vision, all or nothing, overgeneralization, discounting the positives are examples of cognitive distortion. In Lexipontix, we introduce cognitive distortions as “traps” that Lexipontix places to the machine of thoughts.

In the core structure we work with cognitive distortions merely at identification level. A separate module is used in the modular phase of the programme to work extensively in cognitive distortions for those children who need it, where behavioural experiments may be carried out for testing them.

Slide-28 VIDEO: Talking back

A well-known CBT technique which is used to challenge cognitions is the “Talking Back”. We introduce Talking back in the core structure. The name of the game here, is, the child to backtalk to lexipontix which plants negative thoughts in his machine of thoughts. The game ends with one winning the debate. In the video, the therapist, plays the role of Lexipontix and the child defends the factory of mind. The ultimate aim of the “talking back tool” is the child to do this process as in internal dialogue.

Slide-29 Other CBT components

Other optional CBT modules which correspond to well-known CBT techniques are:

- problem solving
- behavioral experiments
- reframing of NATs by means of modification using a tool called NAT-modifier

These modules are activated to cover individual needs. For example problem solving is activated to deal with bullying at school. Reframing of NATs is used to deal with

increased anxiety at the moment of a “mission” and behavioural experiments are used to challenge cognitions. “Missions” are activities, usually out doors that the child attempts to practice therapy tools. For example to go to a shop and pseudostutter and use the talking back tool to deal with his NATs.

Slide-30 Functional speech control

In ‘Lexipontix’ we focus on “functional speech control” (Fourlas, 2011). What we mean by that is that:

- techniques are used to produce meaningful results (e.g. I use easy onset to control the initial sound of the first word so as to feel confident to continue with the rest of the phrase)
- techniques are used to gain control over the speech production mechanism at a level that is required by the demands of the current communicative event. (e.g. I’ll pause as many times it is necessary to resist the pressure of time when reading loud in class)
- techniques are used in purpose. (e.g. If my purpose is to attract you attention I can do that with pausing)
- techniques are used to challenge cognitions and to control emotional reactions at ‘Missions’ and behavioural experiments. (e.g. I’ll pseudostutter to see if they will laugh)
- children bring along their own techniques. Children are helped to build up on what they already do that helps, developing it into their own technique. Yet, they may be helped to transform their own dysfunctional manners of dealing with the moment of stuttering into a helpful management tool. (e.g. a pause for avoidance can be transformed into a pause for onset control).

Slide-31 Speech control modules

Both fluency shaping and stuttering modification techniques are included in the programme. Different speech techniques constitute separate modules. Labels for the techniques are not fixed. Children are encouraged to negotiate and set up their own jargon. This, enhances understanding and personalizes the technique. The criterion of “minimal-sufficient-effective” is applied in the selection of speech module. We only select the technique(s) that are sufficient to make the biggest difference.

Slide-32 VIDEO: “Alert in the machine of actions and words”

A first attempt to control speech is introduced in session 5 by playing an identification game called “alert in the machine of actions and words”. One of the players produces a stuttering event and the others have to identify the type and severity of the stuttering symptom. The one who identifies the type and severity first wins a point. It is Fun and an excellent identification and desensitization game too.

Slide-33 Session Structure

We discussed so far the structure and the content of the programme in terms of the CBT, PCI and Speech control components. Let's now have a look at the structure of the session

A Lexipontix session follows the structure of CBT sessions.

- Check on Mood
- Briefing from previous session & review of homework
- Discussion of issues on the agenda: Introduction of Modules, Tools, Board Games, Missions, Homework.
- Final summary and feedback
- Thought of the day

Although a CBT session structure is followed, we adopt a SFBT approach in all session talks. Clients' attention is directed to their moments of success and the positive outcomes of their doings. What they do that works well and has a positive outcome for them.

Elicitation

- What is better? "what are you pleased to notice?"

Amplification

- "What difference does it make?"
- "How did you manage to do...?"

Scaling

- on a scale of 0 to 10 where are you now
- At the time you will be at the next point of the scale how would you notice?

Identification of resources

- "What have you learned about yourself?"

Slide-34 Educating therapists

Research has shown that SLTs are insecure in working with fluency disorders. (Chrichton-Smith, Wright, Stackhouse, 2003). Setting up Lexipontix, one of our concern was that a structured and manualized programme would probably narrow down the expertise of an experienced therapist and it may have an adverse effect on the development of skills for the unexperienced.

Our experience so far from training other colleagues in our centres is that:

- a fundamental skill to start working with Lexipontix is to be ready to acknowledge the expertise of your client.
- therapists' best learn from their clients. As part of the alliance the therapist develops his own therapy skills interacting with his clients
- by acknowledging their clients' expertise therapists can identify what other skills are required and to make use of their own resources to develop them.
- therapists can safely learn by doing, if clients are let to "drive therapy"

Training in Lexipontix is about changing attitudes rather than learning the programme “the proper way”. It is learning how to make use of your clients’ potential rather than making use of your own.

Slide-35 Efficacy

Is Lexipontix an effective therapy programme? We do not know yet, at least in terms of a statistically based evidence. However:

- The “common factors” criterion is met. The programme is using clinical practices to build therapeutic relationships, to trigger extratherapeutic factors and to empower the client to move towards his expectations and hopes
- The programme is based on evidenced based theories and clinical practices
- Pre and post therapy measurements indicate considerable change. (See the presentation of two case studies in Fourlas & Marousos, 2015)
- Parents and children report positive changes

Slide -36 –VIDEO: 1month follow up session description of change

Here is the video of T. and his family taken on the 1 month follow up session. Please watch it having in mind the ICF model and the definition of communication restructuring that is the treatment goal.

Slide-37 Our preferred future

At the moment therapy is implemented in two centers by 4 therapists, and 2 more that are under training. Our hope is to give free access to the programme for all. We are currently looking for funding to develop a free access web application. We are also in the process of setting up workshops for other therapists. We consistently collect data and we hope to provide more evidence on the effectiveness of the programme.

Slide-38 VIDEO: children talk about LXPNTX

Before closing the presentation I would like to thank all children and parents for everything we’ve learned from them and to let them speak for Lexipontix.

Slide-39 Thank you

We see Lexipontix as a challenge for therapists. I invite you to take this challenge up.

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Lexipontix

*the threatening mouse becomes
a companion pet*

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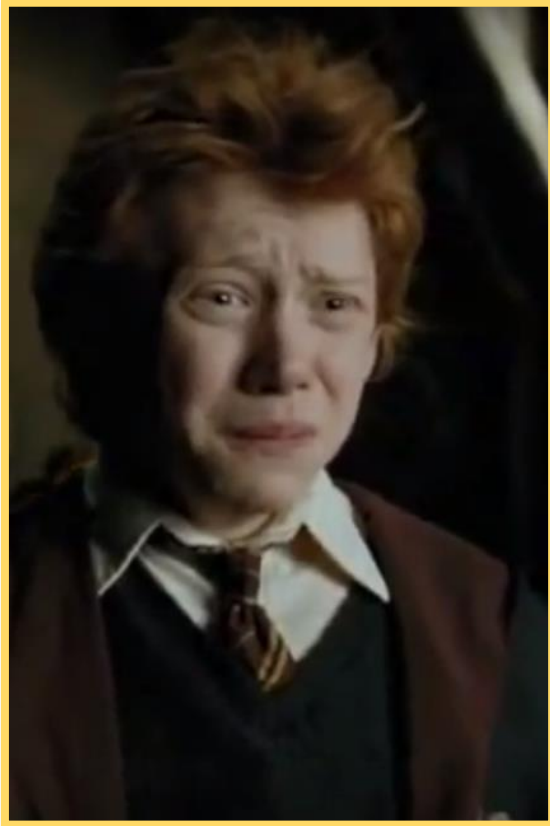
Stuttering Research and Therapy Centre

Athens – Greece.

ECSF Symposium • Antwerp • 27 February, 2016



Nobody knows what a ***boggart*** looks like. It takes the form of the person's worst fear.

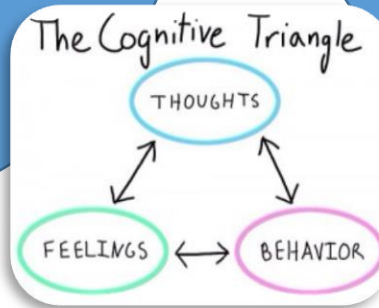




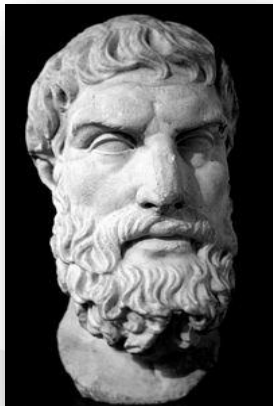
From Greek Philosophers to CBT

We are disturbed not by what happens to us, but by our thoughts about what happens

You don't see things as they are, you see things as you are

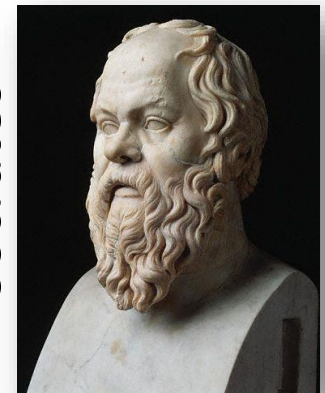


Epictetus



“People are disturbed not so much by events themselves as what they make of them”
Beck (1967)

Socrates

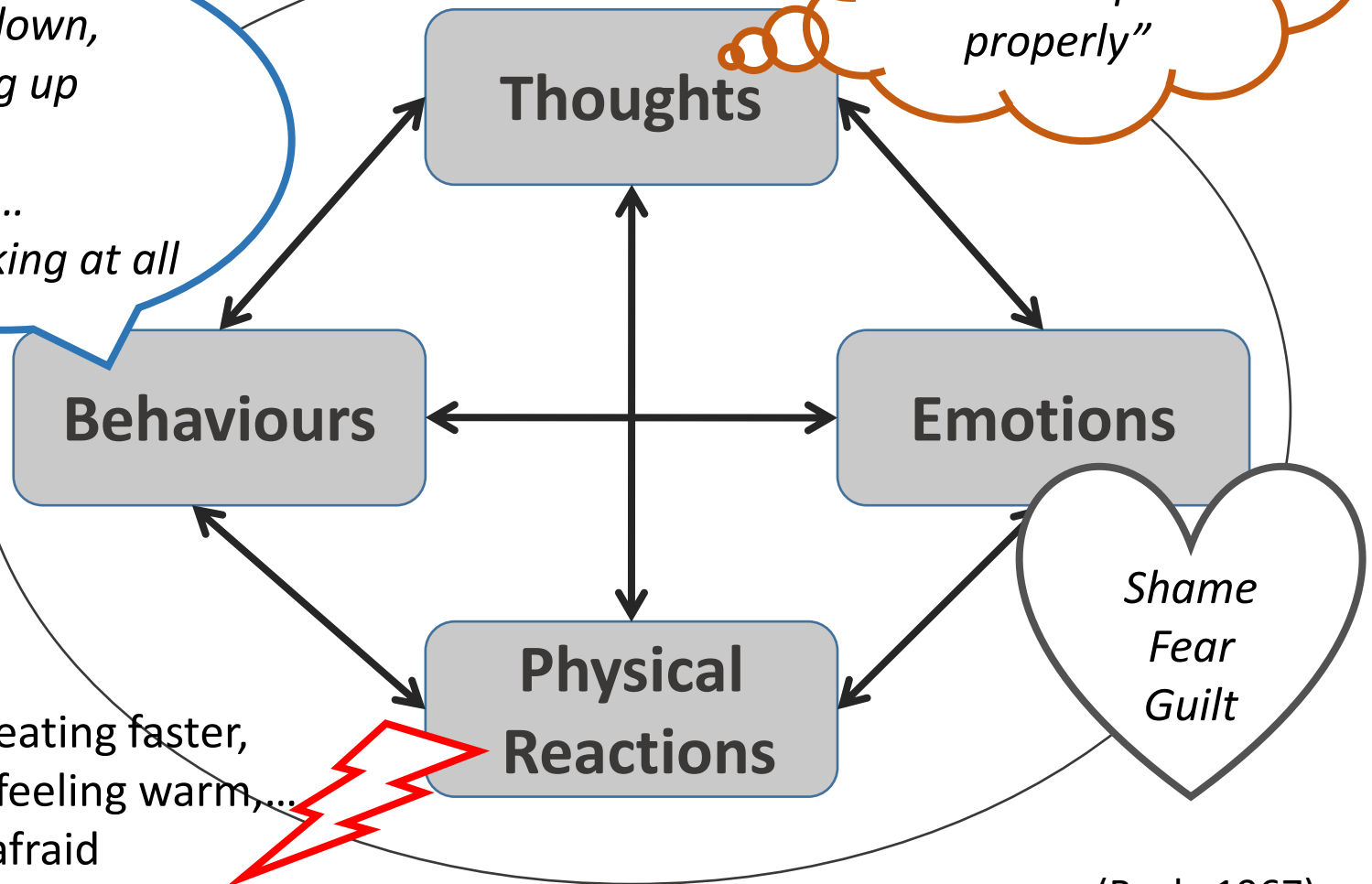




Cognitions, emotions and sensations are crucial in dealing with stuttering

Looking down, tightening up muscles, blocking,... not speaking at all

*"He thinks I am stupid"
"I cannot speak properly"*



Heart is beating faster, blushing, feeling warm,... nervous, afraid sweating, aching stomach...

(Beck, 1967)



Bringing Theory into Clinical Practice



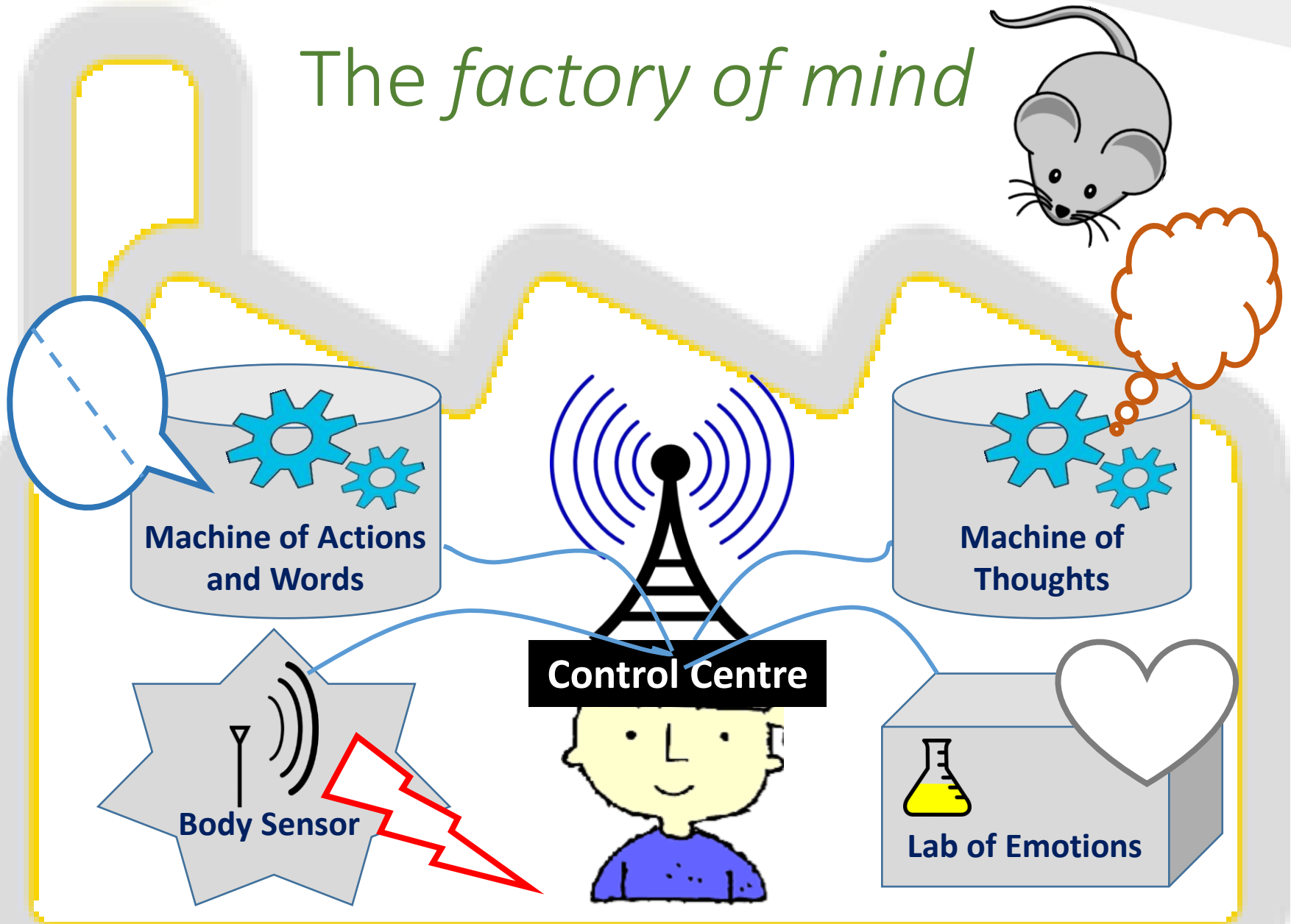
George Fourlas
Stuttering Research & Therapy Centre
Athens, Greece.



Dimitris Marousos
Eu-legein Centre
Volos, Greece.



The factory of mind





Interpretation of the Stuttering event



Stuttering occurs when Lexipontix:

- is trying to intrude into the factory of mind
(anticipating a stuttering event)
- sabotages one of the factory machines
(experiencing of a stuttering event)
- invades the control centre of the factory
(communicative outcome of a stuttering event)



Therapeutic Alliance

Parents, as part of the alliance, are allocated their own aims:

- To achieve a shared understanding of their child's difficulty (*cognitive level*)
- To empathize by recognizing child's thoughts and emotions (*emotional level*)
- To act as fluency and communication facilitators (*behavioural level*)

Social support is one of the “protective factors” against the adversity of chronic stuttering
(Craig, Blumgart & Tran, 2011)





Session 6

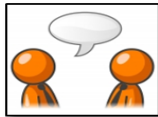
The child recruits his sister in the alliance

Alliance Network Expansion

I have things to tell you...

- | | | |
|----------------------------|----------------------------|---------------------------|
| 1. about my factory | 2. about Lexipontix | 3. about my powers |
|----------------------------|----------------------------|---------------------------|

What I ask you, as an ally, is:



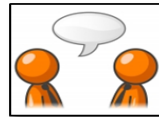
To sign here as an ally:

.....

To speak with you in different ways

To freely stutter with you

To



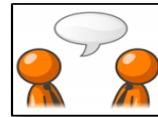
To sign here as an ally:

.....

To speak with you in different ways

To freely stutter with you

To



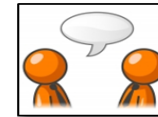
To sign here as an ally:

.....

To speak with you in different ways

To freely stutter with you

To



To sign here as an ally:

.....

To speak with you in different ways

To freely stutter with you

To

You are also in my Alliance

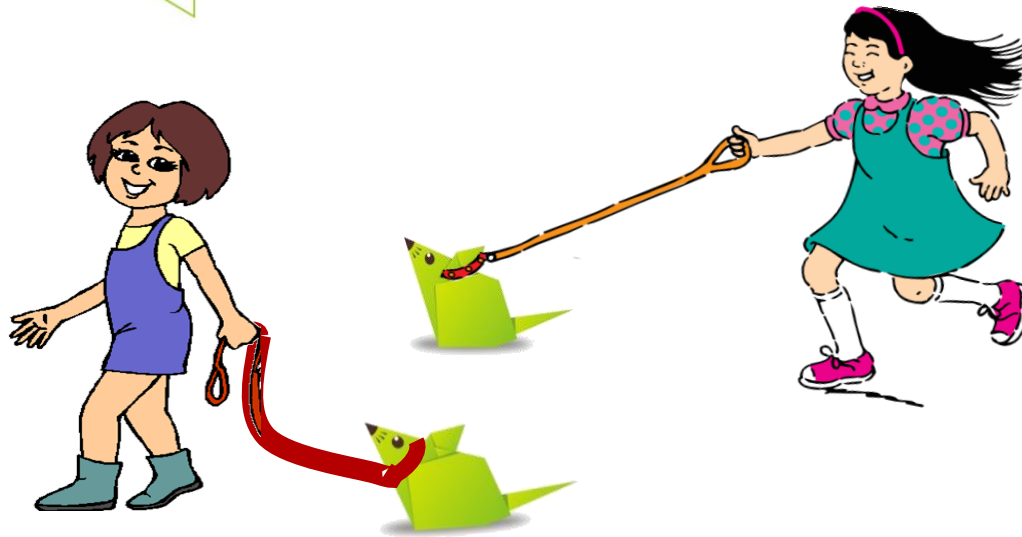


The “Ridiculous” charm forces the *boggart* to take the form of a funny and amusing creature that causes laughter





Towards “Communication Restructuring”



Lexipontix is kept under control.
Invasions have no significant impact
on the functioning of the factory of mind.



Treatment Goal

The therapeutic process that leads a person

- ✓ to reconstrue his communicative role
- ✓ to alter the definition of communicative success and failure
- ✓ to respond in a functional and meaningful way to the demands of a communicative event







“the dodo effect”

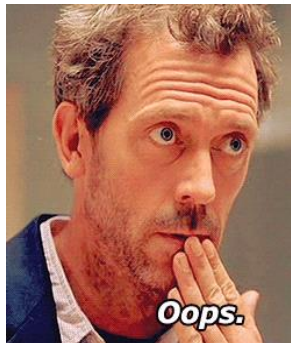
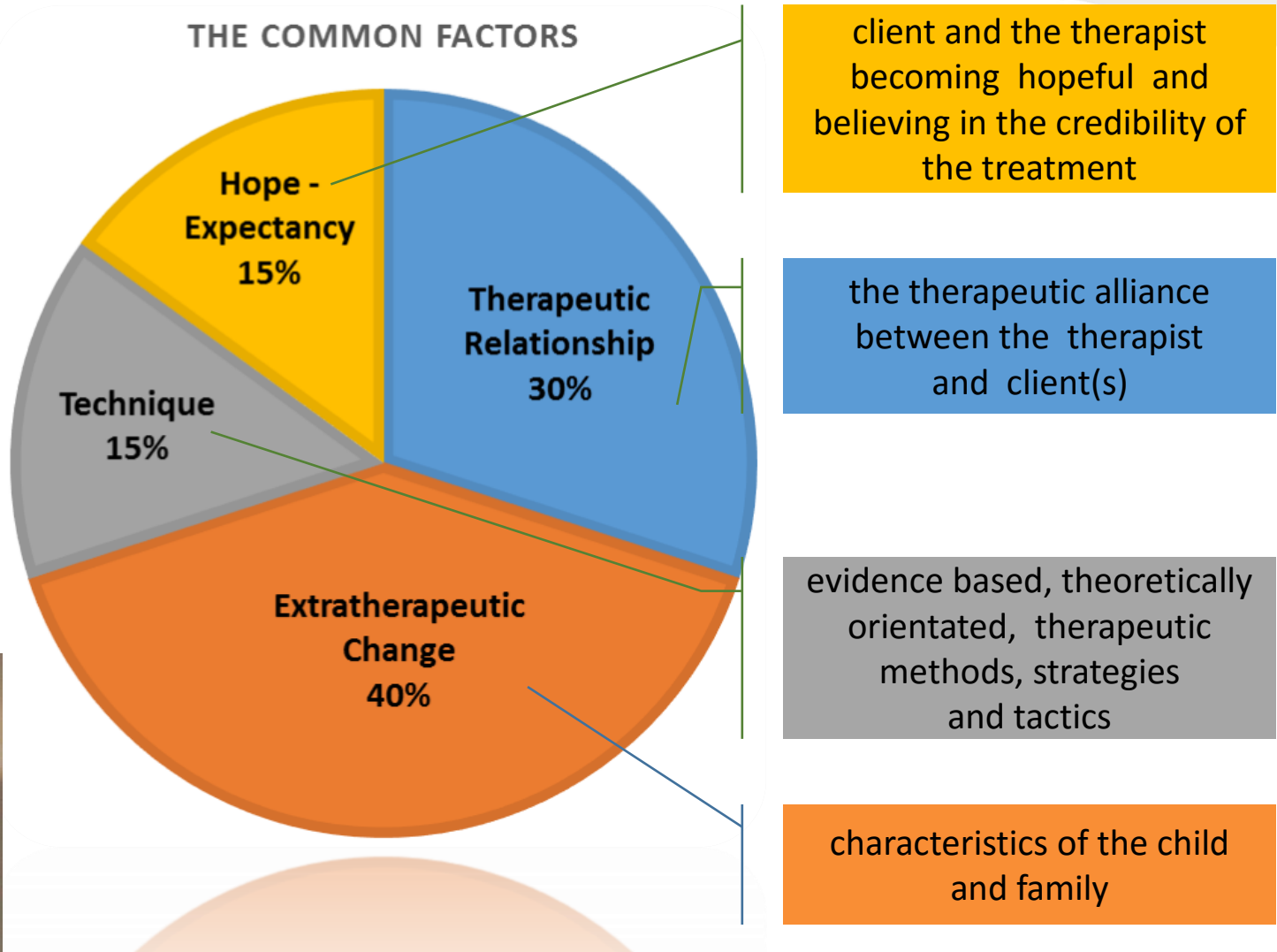
“With rare exception, research has uncovered little significant difference on therapy effectiveness among different psychotherapeutic approaches”. (Tallman & Bohart, 2004)

It is the similarities, rather than the differences, between approaches that account for the observation that all approaches are, in general, effective.

Zebrowski, (2012); Herder, et al (2006);
Robey, (1998); Law, et al (2005)



Carroll Lewis, "Chapter 3: The Caucus Race and a Long Tale", *Alice's Adventures in Wonderland*.



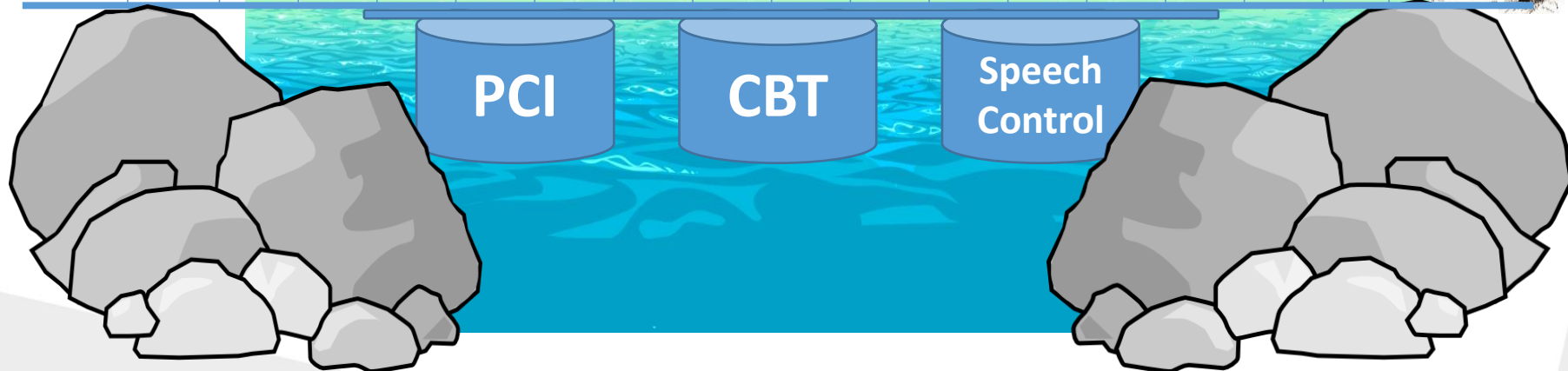
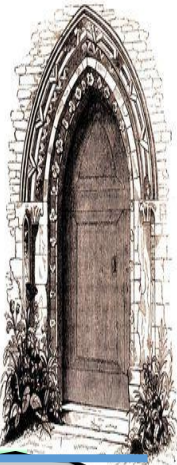
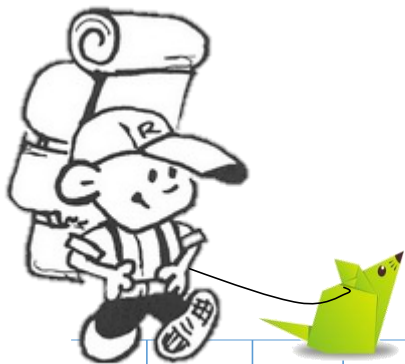
Hubble et al (1999), Miller et al (1997), Lambert & Bergin (1994), Assay & Lambert (1999), Bernstein Ratner (2005), Franken, Kielstra-Van der Schalk & Boelens (2005)



Heading towards my direction

The programme bridges the child's potential to his preferred future.

The three components
PCI, CBT & Speech Control components
are the foundations of this bridge.





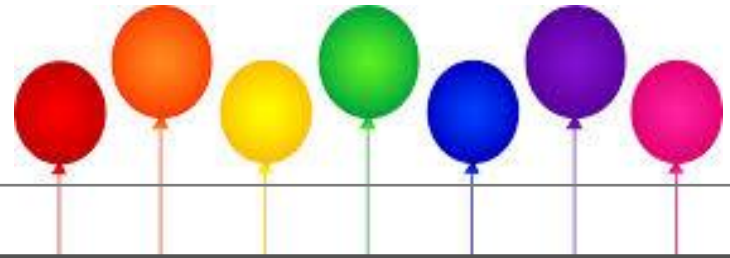
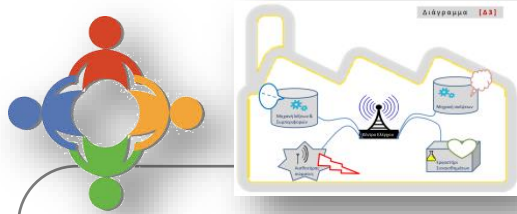
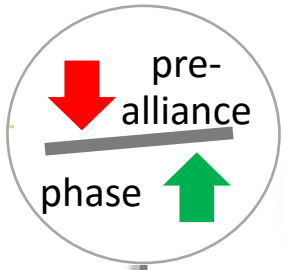
More to consider...

Therapy should:

- address the overall stuttering experience
- be minimal, sufficient and appropriate
- be structured but flexible to cover individual needs
- provide ongoing feedback and adaptation
- liberate the therapist to make best use of his individual clinical skills and knowledge within the given structured framework
- guide therapist to learn from and make best use of the expertise of his clients



Programme Structure & Content



Sessions: 1 → 2 → 3 → 4 → 5 → 6 → 7 → 8 → 9 → 10 → 11 → 12

PHASE A

Core Structure

modules

Alliances - Tools - Missions - Experiments

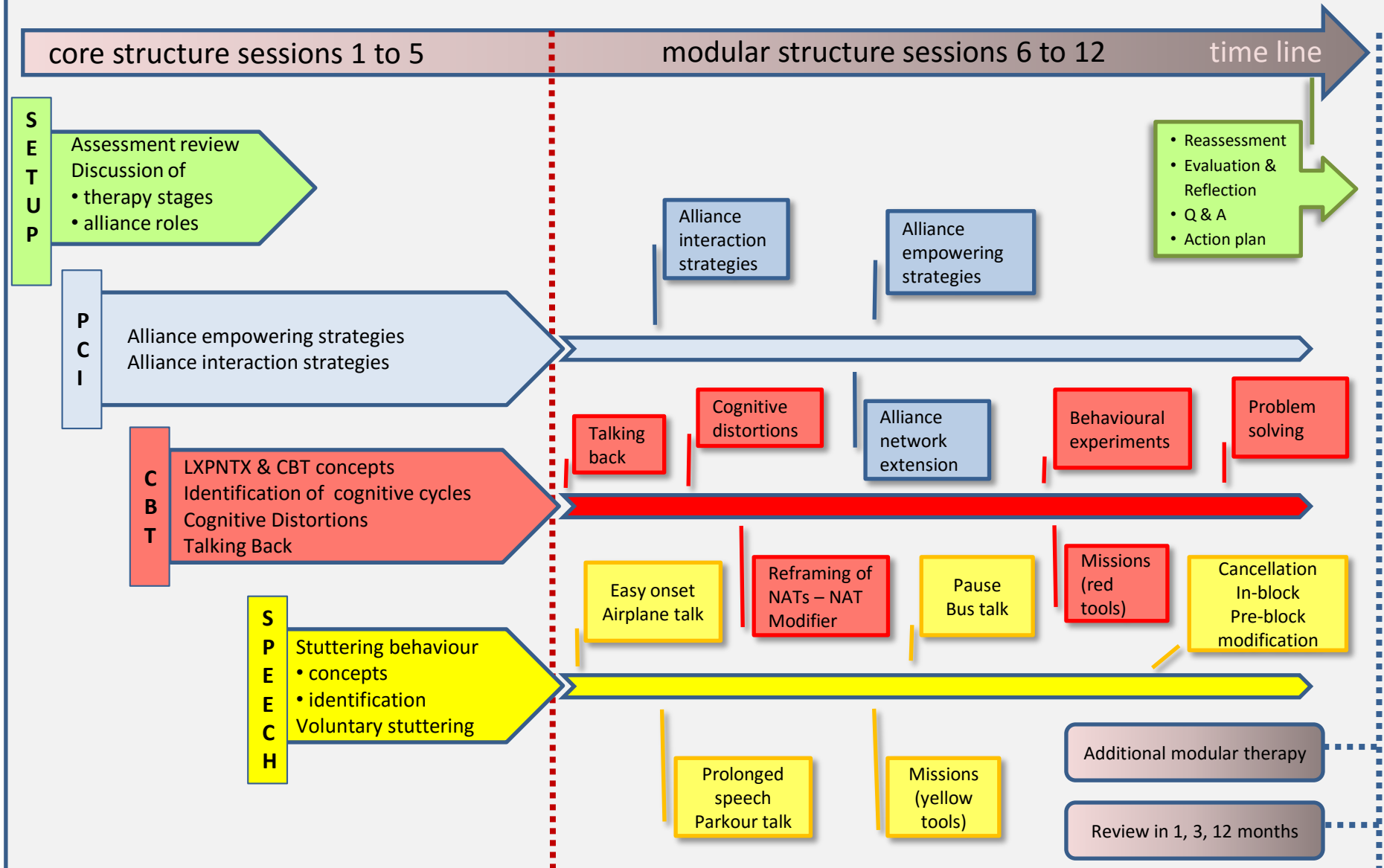


PHASE B

Sessions: 13 + → → → → → →



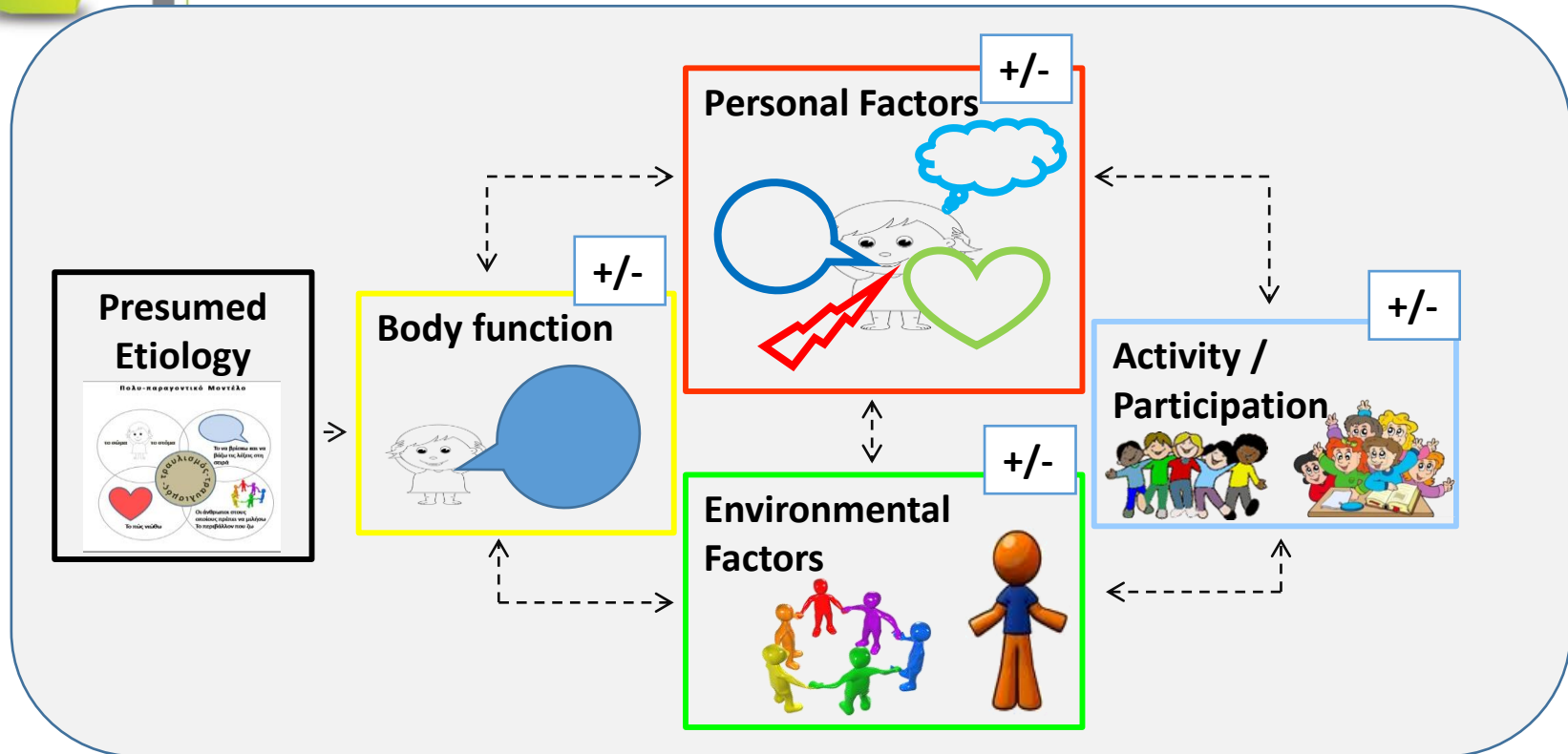
Lexipontix *Core* and *Modular* Structure





The Formulation Chart

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



- Description of the overall stuttering experience
- Identification of areas of assessment
- Identification of individual needs
- Selection of modules
- Ongoing assessment and monitoring of therapy

- Color Coding
- “Dynamic compass”
- Assessment protocols
- Especially designed instruments
- OASES, PalinPRS, CAT-R, other...

Treatment Plan

core structure sessions 1 to 5

modular structure sessions 6 to 12

time line

**S
E
T
U
P**

Assessment review
Discussion of
• therapy stages
• alliance roles

- Reassessment
- Evaluation & Reflection
- Q & A
- Action plan

**P
C
I**

Alliance empowering strategies
Alliance interaction strategies

Alliance interaction strategies

Alliance empowering strategies

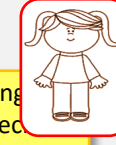
**C
B
T**

LXPNTX & CBT concepts
Identification of cognitive cycles
Cognitive Distortions
Talking Back



**S
P
E
E
C
H**

Stuttering behaviour
• concepts
• identification
Voluntary stuttering



Easy onset
Airplane talk

Timing of
NATs – NAT
Modifier

Pause
Bus talk

Missions
(red blocks)

Cancellation
In-block
Pre-block
modification

Prolong speed
Parkour talk

tools)

Additional modular therapy

Review in 1, 3, 12 months

Talking back

Cognitive distortions

network extension

Behavioural experience

Problem solving



Lexipontix in Action



The PCI Component of Lexipontix

based on:

Eyberg, et al, (1999); Eyberg ,(2005); Kelman & Nicholas, (2008)

“Alliance Interaction Strategies”

- child takes the lead in play (*Core Structure*)
- child regulates/leads the alliance (*Core Structure*)
- communication rate modification (*module*)
- linguistic modifications (*module*)

“Alliance Empowering Strategies”

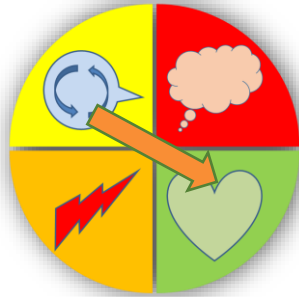
- special time (*Core Structure*)
- praise (*Core Structure*)
- desensitization / openness about stuttering (*Core Structure & module*)
- turn taking (*module*)

“Alliance Network Expansion” (*module*)



Session 2

Members of the family discover their own meaning of special times



The CBT Component

Red tools



CBT components in the Core Structure

- identification of feelings and attitudes
- identification of Negative Automatic Thoughts (NATs)
- initial processing of NATs by means of “talking back”
- identification and challenging of cognitive distortions

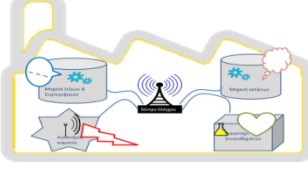

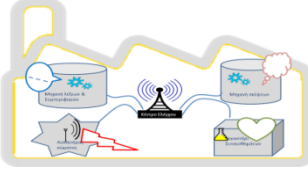

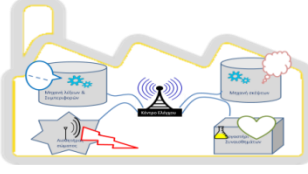

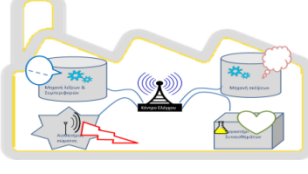


CBT Modules

- problem solving
- behavioral experiments
- talking back
- reframing of NATs by means of modification



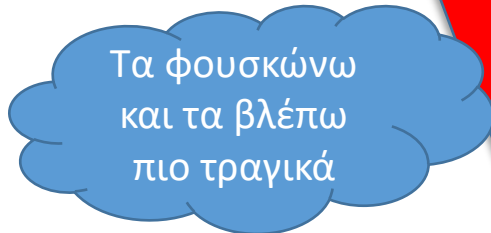


Identification of Negative Automatic Thoughts (NATs)

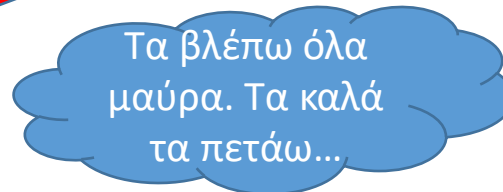
Date	Situation I noticed Lexipontix visiting my factory!!! (where I was, speaking with whom, doing what)	GPS ✓ Mark Lexipontix position in the factory	Did he try to trap me? (Distortion Glasses)	What I did (safety behaviour)
				
				
				
				<div data-bbox="1238 872 1850 1382" style="border: 2px solid blue; padding: 10px;">  <p>NATs are challenged in therapy using red tools for learning purposes</p> </div>



Examples of Cognitive Distortions



OVERGENERALIZATION



DISCOUNTING POSITIVES

MIND READER



ALL OR NOTHING



Session 5 – Talking Back tool

The child “Talks Back” to Lexipontix which attempts to “plant” a thought in his machine of thoughts .




The child learns to use
“Talking back” as an internal
dialogue for challenging
irrational thoughts



Optional CBT modules :

- problem solving
- behavioral experiments
- reframing of NATs by means NAT-Modifier

NAT - Modifier

	IDENTIFICATION	Identification of the automatic thought
	COUNTER ATTACK	Search for alternative explanations / ways of thinking / viewing the situation
	MODIFICATION	NAT modification: an alternative & more empowering thought which <u>makes sense</u> !

10

9

8

7

6

5

4

3

2

1

0

worry
scale



The Speech Control Component

Yellow Tools



Functional Speech Control:

- techniques are used to produce meaningful results
- techniques are used to gain control over the speech production mechanism
- techniques are used in purpose
- Techniques are used to challenge cognitions and to control emotional reactions
- Children “bring along” their own “techniques”.



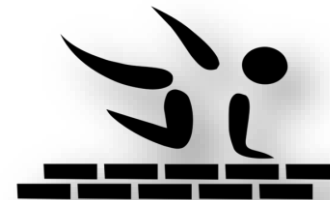
The Speech Control Component

Yellow Tools



Speech Control Modules

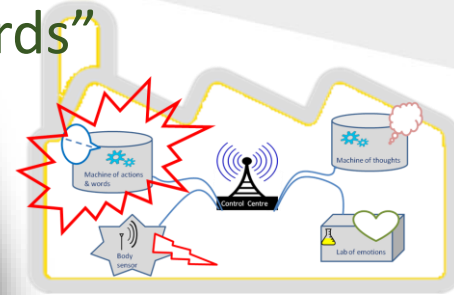
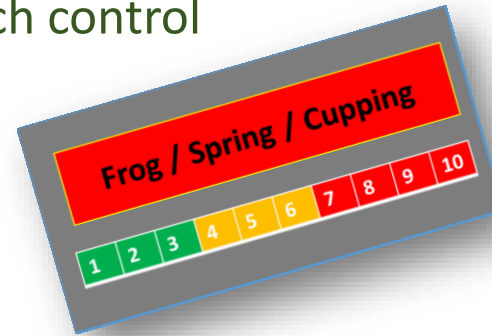
- "Parkour Talk" → *Prolonged Speech*
- "Airplane Talk" → *Easy onset*
- "Bus Talk" → *Pause*
- "Rebound Talk" → *Cancellations*
- "Instant Parkour Talk" → *Pull outs*
- "Cassandra Talk" → *Pre-block modification*





“Alert in the machine of actions and Words”

- Introduction to speech control
- Desensitization
- identification



Session Structure & Management

CBT

1. Check on Mood
2. Briefing from previous session & review of homework
3. Discussion of issues on the agenda. Introduction of
 - Modules
 - Tools
 - Board Games
 - Missions
 - Homework
4. Final summary and feedback
5. Thought of the day

SFBT

Elicitation

“what are you pleased to notice?”
 “What else?”, “What else?”,

Amplification

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

Scaling

0 _____ 10

Identification of Resources

“What have you learned about yourself”



Training Therapists in LXPNTX

- a fundamental skill to start working with Lexipontix is to be ready to acknowledge the expertise of your client
- therapists best learn from their clients
- acknowledging the clients' expertise, therapists can identify what other skills are required
- therapists can make use of their own resources to develop these skills at the course of therapy
- therapists can safely learn by doing, if clients are let to “drive” therapy





Is LXPNTX an effective therapy?

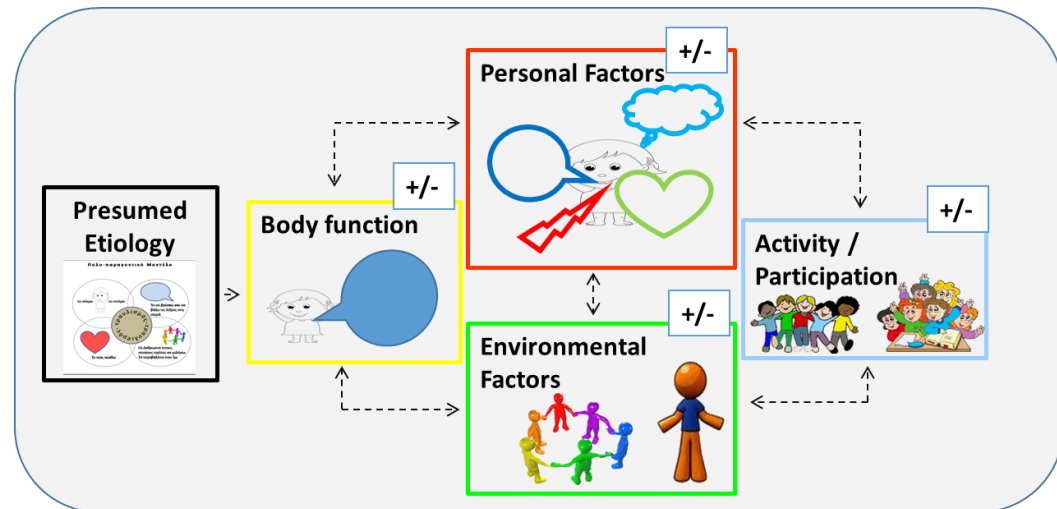
- The “common factors” criterion is met
- It is based on evidenced based theories and clinical practices
- Case studies: Pre and post therapy measurements indicate considerable change (Fourlas & Marousos, 2015)
- Parents/children report positive changes





Communication Restructuring:

- Reconstruing
- Altering the definition of Success and Failure
- Responding in a meaningful way to the demands of the communicative event





Our preferred future

- free access to all
- web based application
- manual and workshop on the way
- efficacy research





Children talk about Lexipontix



Q & A

www.lexipontix.gr