

# Active Listening Skills and Perceptions of Clinical Empathy in a Stuttering Assessment

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## Background

In the medical and nursing literature, clients' perceptions of **clinical empathy** predict increased client disclosure, trust, satisfaction, and a stronger therapeutic alliance. Perceived clinical empathy is relevant when working with **parents of children who stutter**, who often experience challenging cognitive and affective reactions to their child's stuttering. Research suggests that **active listening behaviors**, including client-directed eye gaze and verbal restatements, are key to enhancing perceptions of clinical empathy. However, the influence of these active listening skills on perceptions of clinical empathy among parents of children who stutter has **yet to be explored**.

The **purpose** of this study was to determine whether a clinician's use of active listening skills influenced parents' perceptions of clinical empathy in a stuttering assessment and to identify predictors of perceived clinical empathy.

## Method

Participants ( $n = 51$  parents/guardians of children who stutter) watched two, counter-balanced videos of a clinician demonstrating either **high** or **low** frequency use of **active listening skills** (i.e., client-directed eye gaze and verbal restatements) during an initial assessment with the parent of a child who stutters. After each video, participants reported their perception of the clinician's empathy by completing the **Jefferson Scale of Physician Empathy for Observers** (JSPEO; Mallory et al., 2020). Participants then reported age, level of education, and level of concern.

Perceived clinical empathy **example item** (JSPEO):  
"The clinician understands the patient's emotions, feelings, and concerns."

### High Active Listening Condition:

Use of client-directed eye gaze and one verbal restatement



### Low Active Listening Condition:

Aversion of eye contact and no verbal restatement



## Results

**Question 1: Does a clinician's use of client-directed eye gaze and verbal restatements influence parents' perceptions of clinical empathy?**

**YES.** Paired t-tests demonstrated significantly higher ratings of perceived clinician empathy in the high frequency of active listening condition compared to the low frequency condition,  $t(50) = 3.563, p = 0.001, d = 0.548$ .

**Question 2: Does parent age, level of education, or level of concern predict perceptions of clinical empathy?**

**NO.** Simple linear regression analyses indicated parent age or level of education, did not predict perceived clinical empathy ( $p > 0.05$ ). An independent samples t-test indicated that level of concern (i.e., high or low distress) did not predict perceived clinical empathy ( $p > 0.05$ ).

## Conclusions and Implications

Clinicians working with parents of children who stutter with different ages, levels of education, and levels of concern should consider using **client-directed eye gaze** and **verbal restatements** to communicate a **sense of understanding** to their clients.

Given that parents are more apt to share thoughts and emotions about their child's communication with clinicians who demonstrate these qualities, the use of active listening skills should be emphasized in clinical training.

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