**Supplementary Table 1:** Further information in regard to the gatekeeping bodies contacted**.**

## 

|  |  |
| --- | --- |
| **The professional bodies, and the national and international stuttering associations contacted by the Primary Investigator for the recruitment of participants** | **Further information in relation to the professional bodies, and the national and international stuttering associations contacted** |
| Irish Association of Speech &  Language Therapists (IASLT) | The recognised professional body representing speech and language therapists in Ireland. |
| Royal College of Speech and  Language Therapists (RCSLT) | The professional body for speech and language therapists in the UK. |
| American Speech-Hearing  Association (ASHA) | The professional association for speech and language therapists, audiologists, and speech, language, and hearing scientists in the  United States and internationally. |
| Speech-Language & Audiology  Canada (SAC) | The Canadian national organisation supporting and representing speech and language therapists, audiologists and communication health assistants. |
| Special Interest Groups (SIGs) | The Irish Stuttering and Cluttering SIG,  The National Dysfluency Clinical Excellence Network (National  Dysfluency CEN),  North West Fluency CEN,  South East and London Stammering (SEALS) CEN,  West Midlands Disorders of Fluency CEN,  Yorkshire & Humber Dysfluency CEN, South West Dysfluency CEN. |

**Supplementary Table 2:**

**E- Delphi Round One Questionnaire**

Please provide the following information:

* First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Second name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender

* Female
* Male
* Non-binary / third gender
* Prefer not to say

Country you live or work in

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many years have you provided speech and language therapy to adults who stutter?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please read the following statements which represent components, or statements representing core components of therapeutic alliance.   
You are not required to specify your level of agreement with the statements. You will have the opportunity to do this in the second and third rounds of the E- Delphi questionnaire. You will have the opportunity to add any additional statements representing components which you feel should be included at the end of the list.   
  
Please read the following list of core components of therapeutic alliance for stuttering intervention which have been outlined in the literature. Please express your agreement or disagreement with these statements by ticking ‘Agree’ (Yes this is a core components of therapeutic alliance), or ‘Disagree’ (No this is not a core component of therapeutic alliance), beside each statement.

Core component of therapeutic alliance: tick ‘Agree’ OR ‘Disagree’

|  |  |  |
| --- | --- | --- |
|  | **Agree** | **Disagree** |
| The speech and language therapist spends time getting to know the person who stutters. |  |  |
| The speech and language therapist provides the adult who stutters with an opportunity to express themselves. |  |  |
| The speech and language therapist shows empathy towards the adult who stutters. |  |  |
| The speech and language therapist is reassuring. |  |  |
| The speech and language therapist acknowledges the adult who stutters’ feelings and emotions. |  |  |
| The speech and language therapist uses self-disclosure (e.g., telling the adult who stutters a little bit about themselves and their personal life). |  |  |
| The speech and language therapist and the adult who stutters share expectations of intervention. |  |  |
| The speech and language therapist keeps the adult who stutters informed throughout the therapy process. |  |  |
| The speech and language therapist preserves hope (e.g., by listening to and not dismissing the adult who stutters’ hopes for progression). |  |  |
| The speech and language therapist activates ownership during sessions (e.g., by delineating roles). |  |  |
| The speech and language therapist encourages goal ownership (e.g., using collaborative goal setting with the adult who stutters). |  |  |
| The speech and language therapist is responsive (e.g., by adapting to the needs of the adult who stutters in a flexible and positive manner). |  |  |
| The speech and language therapist is attuned (e.g., by being aware of the adult who stutters’ abilities and not over complicating the tasks to be completed within the sessions). |  |  |
| The speech and language therapist is encouraging throughout therapy sessions. |  |  |
| The speech and language therapist uses humour on occasion. |  |  |
| The speech and language therapist resolves conflict (e.g., by accommodating the adult who stutters’ needs and collaborating). |  |  |
| The speech and language therapist encourages participation from the adult who stutters during sessions. |  |  |
| A warm and friendly clinic room for the adult who stutters positively influences therapeutic alliance. |  |  |
| Providing sufficient time with the adult who stutters during therapy sessions positively influences therapeutic alliance. |  |  |
| There is continuity of care (e.g., the adult who stutters is seen by the same speech and language therapist throughout therapy). |  |  |
| The adult who stutters has support from their family. |  |  |
| The speech and language therapist recommends any additional services to the adult who stutters (e.g., support from a psychologist). |  |  |

Please list any other components of therapeutic alliance which have not been included in the list

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your contribution to round one.   
  
Feedback on this questionnaire will be provided in the next questionnaire.   
  
I will email you all the information you need for round two in the coming weeks. 

**Supplementary Table 3:** The list of 64 statements that participants were asked to rate on the Likert scale, in Round 2 of the e-Delphi questionnaire.

|  |
| --- |
| The speech and language therapist is warm. |
| The speech and language therapist spends time getting to know the adult who stutters. |
| The speech and language therapist is empathetic (e.g., the speech and language therapist has the ability to put themselves in the adult who stutters’ shoes, to relate to and understand where they are coming from, even if they have never stuttered or experienced problems with dysfluency). |
| The speech and language therapist is compassionate towards the adult who stutters. |
| The speech and language therapist provides the adult who stutters with an opportunity to express themselves. |
| The speech and language therapist demonstrates allyship (e.g., this is about the speech and language therapist unapologetically supporting the adult who stutters). |
| The speech and language therapist has an unconditional positive regard for the adult who stutters. |
| The speech and language therapist has a positive attitude about change and the expectations of change occurring throughout intervention. |
| The speech and language therapist displays effective listening skills and makes links to previous things that the adult who stutters has said. |
| The speech and language therapist is reassuring (e.g., the speech and language therapist knows exactly what to say to the adult who stutters in order to help them move forward and feel a sense of ease and comfort). |
| The speech and language therapist acknowledges the adult who stutters’ feelings and emotions. |
| The speech and language therapist helps the adult who stutters to see themselves as valuable and worthy. |
| The speech and language therapist helps the adult who stutters to overcome ingrained negative attitudes towards stuttering (i.e., this is about supporting the adult who stutters to let go of deep-rooted pessimistic beliefs about stuttering). |
| The speech and language therapist applies principles of trauma-informed care (i.e., the speech and language therapist ensures that the adult who stutters feels physically, emotionally and psychologically safe while in their care). |
| The speech and language therapist addresses social anxiety and communication-related anxiety which the adult who stutters may be dealing with internally. |
| The speech and language therapist encourages self-compassion. |
| The speech and language therapist helps the adult who stutters to develop a positive self-identity. |
| The speech and language therapist is mindful and acknowledges the impact that stuttering has on the adult who stutters’ psychological wellbeing and their mental health. |
| The speech and language therapist uses self-disclosure (e.g., telling the adult who stutters a little bit about themselves and their own personal life). |
| The speech and language therapist brings their own fallibility to intervention (i.e., making mistakes or being wrong on occasion, in attempt to strengthen the adult who stutters’ ownership and the overall therapeutic relationship. This is about the speech and language therapist showing that they are not the ‘expert’). |
| The speech and language therapist uses the adult who stutter’ own language or way of describing their communication difficulties, especially during the early stages of therapy (e.g., the speech and language therapist says; you ‘get stuck’ in response to the adult who stutters, instead of rephrasing ‘get stuck’ to the technical or medical term of ‘having a block’). |
| The speech and language therapist has respect for the adult who stutters’ experience as a person who stutters and for the route that they would like to take regarding intervention (e.g., the speech and language therapist demonstrates a non-judgemental attitude when the adult who stutters’ values or choices about what they want from therapy differ from the speech and language therapist’s own values, opinions or preferred domain of therapeutic practice). |
| The speech and language therapist works collaboratively with the adult who stutters (i.e., not just in goal setting but throughout agenda setting for sessions, when discussing homework activities, by asking questions to facilitate personal reflection from the adult who stutters, and by reflecting and summarising key points talked about during sessions). |
| The speech and language therapist preserves hope (e.g., by listening to and not dismissing the adult who stutters’ hopes for progression). |
| The speech and language therapist and the adult who stutters share expectations of intervention. |
| The speech and language therapist keeps the adult who stutters informed throughout the therapeutic process. |
| The speech and language therapist is approachable. |
| The speech and language therapist is responsive to the adult who stutters (i.e., by paying attention to the adult who stutters’ body language and their verbal and non-verbal communication, and adapting to the needs of the adult who stutters in a flexible and positive manner). |
| The speech and language therapist activates ownership during sessions by delineating roles (e.g., the speech and language therapist explaining and setting out clearly what they need from the adult who stutters in order to continue therapy. This could be the speech and language therapist’s need for the adult who stutters to engage during sessions. The speech and language therapist may then ask the adult who stutters which therapeutic actions they will require from their therapist in order to achieve effective therapy which can be of benefit to the adult who stutters). |
| The speech and language therapist encourages goal ownership (e.g., openly discussing goals in an affirmative and collaborative manner). |
| The speech and language therapist supports the adult who stutters to set meaningful, realistic and achievable goals for intervention which are specific to the adult who stutters’ real-life situation. |
| The speech and language therapist explains to the adult who stutters that there is no quick fix or cure for stuttering and that ‘curing’ stuttering should not be a goal for intervention. |
| The speech and language therapist promotes the adult who stutters’ acceptance of being an individual who stutters. |
| The speech and language therapist is attuned (i.e., the speech and language therapist is aware of the adult who stutters’ abilities). |
| The speech and language therapist uses effective ways of challenging the adult who stutters, and the speech and language therapist challenges and supports the adult who stutters in the right balance. |
| The speech and language therapist is encouraging and assists active participation from the adult who stutters during therapy sessions. |
| The speech and language therapist inspires the adult who stutters to request support from their family (e.g., the speech and language therapist encourages involvement of a partner or family member of the adult who stutters during intervention sessions). |
| The speech and language therapist advocates for the adult who stutters (e.g., the speech and language therapist discusses discrimination and promotes equality for the adult who stutters within the healthcare context and within their workplace, for example). |
| The speech and language therapist empowers the adult who stutters to work on the therapeutic goals which were discussed throughout sessions and which were recognised to align with the adult who stutters’ own individual and personal values. |
| The speech and language therapist uses humour with the adult who stutters on occasion. |
| The speech and language therapist resolves conflict (e.g., by accommodating the adult who stutters’ particular needs and by collaborating). |
| A warm and friendly clinic room for the adult who stutters positively influences therapeutic alliance. |
| The speech and language therapist provides sufficient time with the adult who stutters during sessions. |
| The speech and language therapist providing the intervention to the adult who stutters has stuttering-specific training. |
| The speech and language therapist is open and truthful about the model of therapy being used during sessions (i.e., the ‘model’ of therapy essentially determines the therapeutic tasks or activities which will take place during sessions. There are various different types of models for stuttering therapy such as block modification, avoidance reduction therapy or cognitive behavioural therapy, and the speech and language therapist is able to disclose details about these models to the adult who stutters, in an open and truthful manner). |
| The speech and language therapist discusses with the adult who stutters the rationale for exploring and choosing various different intervention approaches, ultimately to check goodness of fit. |
| The speech and language therapist offers different intervention formats to the adult who stutters such as individual, group, and intensive therapy blocks, so that the adult who stutters can choose the format that suits them best. |
| The speech and language therapist continuously administers, measures and logs long-term measurable objectives in relation to the adult who stutters, and the speech and language therapist explains to the adult who stutters how these may be recorded each day to track progress (i.e., perhaps with use of a journal where the adult who stutters can record their daily stuttering behaviours; their communication partners’ and their own reactions towards their stuttering; and how their stuttering impacts them each day). |
| The speech and language therapist initiates discussion with the adult who stutters in relation to their history of past stuttering interventions which were not beneficial, early on in the intervention process. |
| The speech and language therapist arranges for intervention to take place outside of the clinic room where possible (i.e., completing goals in the home or community of the adult who stutters). |
| The speech and language therapist can provide intervention outside of the typical working hours (e.g., the evening time or during the weekends). |
| The speech and language therapist has acceptance for the adult who stutters when they do not want help for their stuttering or when they would like to terminate intervention. |
| The speech and language therapist acknowledges and honours the adult who stutters’ expertise and knowledge of stuttering. |
| The speech and language therapist has knowledge of relevant counselling skills and principles. |
| The speech and language therapist combines therapies targeting speech change and therapies targeting the psychological impact of stuttering. |
| There is continuity of care (e.g., the adult who stutters is seen by the same speech and language therapist throughout therapy). |
| The speech and language therapist is self-aware (e.g., the speech and language therapist is aware of the limits to their professional skills and their scope of practice and recognises when supervision or onward referral would be more appropriate for the adult who stutters). |
| The speech and language therapist recommends any additional services to the adult who stutters (e.g., support from a psychologist, should the speech and language therapist believe that the adult who stutters would benefit from this). |
| There is presence of a co-therapist throughout the duration of the adult who stutters’ intervention. |
| The speech and language therapist works closely with the psychologist when providing intervention for the adult who stutters. |
| The speech and language therapist is comfortable with emotions and they are able to carry the adult who stutters’ emotions and uncertainty. |
| The speech and language therapist provides education to the adult who stutters about stuttering itself (i.e., information about neurology and genetics, for example). |
| The speech and language therapist is trusting (i.e., the speech and language therapist is able to assure the adult who stutters that they have the knowledge and skills needed to support them to achieve their desired goals). |
| The speech and language therapist is confident (i.e., the speech and language therapist is self-assured of their clinical expertise and their ability to provide stuttering intervention to adults of this population). |

**Supplementary Table 4:** The median and interquartile ranges for all Round 2 statements.

|  |  |  |
| --- | --- | --- |
| **Statement** | **Median** | **IQR** |
| The speech and language therapist is warm. | 4.50 | 1 |
| The speech and language therapist spends time getting to know the adult who stutters. | 5.00 | 0 |
| The speech and language therapist is empathetic (e.g., the speech and language therapist has the ability to put themselves in the adult who stutters’ shoes, to relate to and understand where they are coming from, even if they have never stuttered or experienced problems with dysfluency). | 5.00 | 0 |
| The speech and language therapist is compassionate towards the adult who stutters. | 5.00 | 0 |
| The speech and language therapist provides the adult who stutters with an opportunity to express themselves. | 5.00 | 0 |
| The speech and language therapist demonstrates allyship (e.g., this is about the speech and language therapist unapologetically supporting the adult who stutters). | 5.00 | 1 |
| The speech and language therapist has an unconditional positive regard for the adult who stutters. | 5.00 | 1 |
| The speech and language therapist has a positive attitude about change and the expectations of change occurring throughout intervention. | 5.00 | 1 |
| The speech and language therapist displays effective listening skills and makes links to previous things that the adult who stutters has said. | 5.00 | 0 |
| The speech and language therapist is reassuring (e.g., the speech and language therapist knows exactly what to say to the adult who stutters in order to help them move forward and feel a sense of ease and comfort). | 4.00 | 1 |
| The speech and language therapist acknowledges the adult who stutters’ feelings and emotions. | 5.00 | 0 |
| The speech and language therapist helps the adult who stutters to see themselves as valuable and worthy. | 5.00 | 0 |
| The speech and language therapist helps the adult who stutters to overcome ingrained negative attitudes towards stuttering (i.e., this is about supporting the adult who stutters to let go of deep-rooted pessimistic beliefs about stuttering). | 5.00 | 1 |
| The speech and language therapist applies principles of trauma-informed care (i.e., the speech and language therapist ensures that the adult who stutters feels physically, emotionally and psychologically safe while in their care). | 5.00 | 1 |
| The speech and language therapist addresses social anxiety and communication-related anxiety which the adult who stutters may be dealing with internally. | 5.00 | 1 |
| The speech and language therapist encourages self-compassion. | 5.00 | 1 |
| The speech and language therapist helps the adult who stutters to develop a positive self-identity. | 5.00 | 0 |
| The speech and language therapist is mindful and acknowledges the impact that stuttering has on the adult who stutters’ psychological wellbeing and their mental health. | 5.00 | 0 |
| The speech and language therapist uses self-disclosure (e.g., telling the adult who stutters a little bit about themselves and their own personal life). | 3.50 | 1 |
| The speech and language therapist brings their own fallibility to intervention (i.e., making mistakes or being wrong on occasion, in attempt to strengthen the adult who stutters’ ownership and the overall therapeutic relationship. This is about the speech and language therapist showing that they are not the ‘expert’). | 4.00 | 2 |
| The speech and language therapist uses the adult who stutter’ own language or way of describing their communication difficulties, especially during the early stages of therapy (e.g., the speech and language therapist says; you ‘get stuck’ in response to the adult who stutters, instead of rephrasing ‘get stuck’ to the technical or medical term of ‘having a block’). | 4.00 | 1 |
| The speech and language therapist has respect for the adult who stutters’ experience as a person who stutters and for the route that they would like to take regarding intervention (e.g., the speech and language therapist demonstrates a non-judgemental attitude when the adult who stutters’ values or choices about what they want from therapy differ from the speech and language therapist’s own values, opinions or preferred domain of therapeutic practice). | 5.00 | 1 |
| The speech and language therapist works collaboratively with the adult who stutters (i.e., not just in goal setting but throughout agenda setting for sessions, when discussing homework activities, by asking questions to facilitate personal reflection from the adult who stutters, and by reflecting and summarising key points talked about during sessions). | 5.00 | 0 |
| The speech and language therapist preserves hope (e.g., by listening to and not dismissing the adult who stutters’ hopes for progression). | 5.00 | 1 |
| The speech and language therapist and the adult who stutters share expectations of intervention. | 5.00 | 1 |
| The speech and language therapist keeps the adult who stutters informed throughout the therapeutic process. | 5.00 | 2 |
| The speech and language therapist is approachable. | 5.00 | 0 |
| The speech and language therapist is responsive to the adult who stutters (i.e., by paying attention to the adult who stutters’ body language and their verbal and non-verbal communication, and adapting to the needs of the adult who stutters in a flexible and positive manner). | 5.00 | 0 |
| The speech and language therapist activates ownership during sessions by delineating roles (e.g., the speech and language therapist explaining and setting out clearly what they need from the adult who stutters in order to continue therapy. This could be the speech and language therapist’s need for the adult who stutters to engage during sessions. The speech and language therapist may then ask the adult who stutters which therapeutic actions they will require from their therapist in order to achieve effective therapy which can be of benefit to the adult who stutters). | 4.00 | 2 |
| The speech and language therapist encourages goal ownership (e.g., openly discussing goals in an affirmative and collaborative manner). | 5.00 | 1 |
| The speech and language therapist supports the adult who stutters to set meaningful, realistic and achievable goals for intervention which are specific to the adult who stutters’ real-life situation. | 5.00 | 1 |
| The speech and language therapist explains to the adult who stutters that there is no quick fix or cure for stuttering and that ‘curing’ stuttering should not be a goal for intervention. | 4.50 | 1 |
| The speech and language therapist promotes the adult who stutters’ acceptance of being an individual who stutters. | 5.00 | 0 |
| The speech and language therapist is attuned (i.e., the speech and language therapist is aware of the adult who stutters’ abilities). | 5.00 | 1 |
| The speech and language therapist uses effective ways of challenging the adult who stutters, and the speech and language therapist challenges and supports the adult who stutters in the right balance. | 4.00 | 1 |
| The speech and language therapist is encouraging and assists active participation from the adult who stutters during therapy sessions. | 5.00 | 1 |
| The speech and language therapist inspires the adult who stutters to request support from their family (e.g., the speech and language therapist encourages involvement of a partner or family member of the adult who stutters during intervention sessions). | 4.00 | 2 |
| The speech and language therapist advocates for the adult who stutters (e.g., the speech and language therapist discusses discrimination and promotes equality for the adult who stutters within the healthcare context and within their workplace, for example). | 4.50 | 1 |
| The speech and language therapist empowers the adult who stutters to work on the therapeutic goals which were discussed throughout sessions and which were recognised to align with the adult who stutters’ own individual and personal values. | 5.00 | 1 |
| The speech and language therapist uses humour with the adult who stutters on occasion. | 4.00 | 1 |
| The speech and language therapist resolves conflict (e.g., by accommodating the adult who stutters’ particular needs and by collaborating). | 4.00 | 1 |
| A warm and friendly clinic room for the adult who stutters positively influences therapeutic alliance. | 4.00 | 2 |
| The speech and language therapist provides sufficient time with the adult who stutters during sessions. | 4.00 | 1 |
| The speech and language therapist providing the intervention to the adult who stutters has stuttering-specific training. | 4.50 | 1 |
| The speech and language therapist is open and truthful about the model of therapy being used during sessions (i.e., the ‘model’ of therapy essentially determines the therapeutic tasks or activities which will take place during sessions. There are various different types of models for stuttering therapy such as block modification, avoidance reduction therapy or cognitive behavioural therapy, and the speech and language therapist is able to disclose details about these models to the adult who stutters, in an open and truthful manner). | 5.00 | 1 |
| The speech and language therapist discusses with the adult who stutters the rationale for exploring and choosing various different intervention approaches, ultimately to check goodness of fit. | 5.00 | 1 |
| The speech and language therapist offers different intervention formats to the adult who stutters such as individual, group, and intensive therapy blocks, so that the adult who stutters can choose the format that suits them best. | 4.00 | 2 |
| The speech and language therapist continuously administers, measures and logs long-term measurable objectives in relation to the adult who stutters, and the speech and language therapist explains to the adult who stutters how these may be recorded each day to track progress (i.e., perhaps with use of a journal where the adult who stutters can record their daily stuttering behaviours; their communication partners’ and their own reactions towards their stuttering; and how their stuttering impacts them each day). | 3.00 | 1 |
| The speech and language therapist initiates discussion with the adult who stutters in relation to their history of past stuttering interventions which were not beneficial, early on in the intervention process. | 4.50 | 1 |
| The speech and language therapist arranges for intervention to take place outside of the clinic room where possible (i.e., completing goals in the home or community of the adult who stutters). | 4.00 | 1 |
| The speech and language therapist can provide intervention outside of the typical working hours (e.g., the evening time or during the weekends). | 3.00 | 2 |
| The speech and language therapist has acceptance for the adult who stutters when they do not want help for their stuttering or when they would like to terminate intervention. | 5.00 | 0 |
| The speech and language therapist acknowledges and honours the adult who stutters’ expertise and knowledge of stuttering. | 5.00 | 1 |
| The speech and language therapist has knowledge of relevant counselling skills and principles. | 5.00 | 1 |
| The speech and language therapist combines therapies targeting speech change and therapies targeting the psychological impact of stuttering. | 4.50 | 1 |
| There is continuity of care (e.g., the adult who stutters is seen by the same speech and language therapist throughout therapy). | 4.00 | 1 |
| The speech and language therapist is self-aware (e.g., the speech and language therapist is aware of the limits to their professional skills and their scope of practice and recognises when supervision or onward referral would be more appropriate for the adult who stutters). | 5.00 | 1 |
| The speech and language therapist recommends any additional services to the adult who stutters (e.g., support from a psychologist, should the speech and language therapist believe that the adult who stutters would benefit from this). | 5.00 | 0 |
| There is presence of a co-therapist throughout the duration of the adult who stutters’ intervention. | 2.00 | 1 |
| The speech and language therapist works closely with the psychologist when providing intervention for the adult who stutters. | 2.50 | 2 |
| The speech and language therapist is comfortable with emotions and they are able to carry the adult who stutters’ emotions and uncertainty. | 4.50 | 1 |
| The speech and language therapist provides education to the adult who stutters about stuttering itself (i.e., information about neurology and genetics, for example). | 5.00 | 1 |
| The speech and language therapist is trusting (i.e., the speech and language therapist is able to assure the adult who stutters that they have the knowledge and skills needed to support them to achieve their desired goals). | 4.00 | 1 |
| The speech and language therapist is confident (i.e., the speech and language therapist is self-assured of their clinical expertise and their ability to provide stuttering intervention to adults of this population). | 4.00 | 1 |

**Supplementary Table 5:** The median and interquartile ranges for all Round 3 statements.

|  |  |  |
| --- | --- | --- |
| **Statement** | **Median** | **IQR** |
| The speech and language therapist uses self-disclosure (e.g., telling the adult who stutters a little bit about themselves and their own personal life). | 4.00 | 0 |
| The speech and language therapist brings their own fallibility to intervention (i.e., making mistakes or being wrong on occasion, in attempt to strengthen the adult who stutters’ ownership and the overall therapeutic relationship. This is about the speech and language therapist showing that they are not the ‘expert’). | 4.00 | 0 |
| The speech and language therapist keeps the adult who stutters informed throughout the therapeutic process. | 5.00 | 0 |
| The speech and language therapist activates ownership during sessions by delineating roles (e.g., the speech and language therapist explaining and setting out clearly what they need from the adult who stutters in order to continue therapy. This could be the speech and language therapist’s need for the adult who stutters to engage during sessions. The speech and language therapist may then ask the adult who stutters which therapeutic actions they will require from their therapist in order to achieve effective therapy which can be of benefit to the adult who stutters). | 4.00 | 0 |
| The speech and language therapist inspires the adult who stutters to request support from their family (e.g., the speech and language therapist encourages involvement of a partner or family member of the adult who stutters during intervention sessions). | 4.00 | 0 |
| A warm and friendly clinic room for the adult who stutters positively influences therapeutic alliance. | 4.00 | 1 |
| The speech and language therapist offers different intervention formats to the adult who stutters such as individual, group, and intensive therapy blocks, so that the adult who stutters can choose the format that suits them best. | 4.00 | 1 |
| The speech and language therapist can provide intervention outside of the typical working hours (e.g., the evening time or during the weekends). | 3.00 | 1 |
| The speech and language therapist works closely with the psychologist when providing intervention for the adult who stutters. | 2.00 | 1 |

**Supplementary Table 6:**Categorisation of the 60 statements that reached consensus resulting in a guiding framework.

Therapeutic relationship (affective bond)

Tasks and intervention intensity to meet the **goals**

Goals of intervention

External factors

Factors relating to clients

Factors relating to clinicians

|  |  |
| --- | --- |
| Sylvestre and Gobeil (2020) domain | The 60 statements that reached group consensus on their importance as core components of the therapeutic alliance in stuttering intervention for adults |
| Therapeutic Relationship | The speech and language therapist provides the adult who stutters with an opportunity to express themselves. |
| Therapeutic Relationship | The speech and language therapist acknowledges the adult who stutters' feelings and emotions. |
| Therapeutic Relationship | The speech and language therapist is responsive to the adult who stutters (i.e., by paying attention to the adult who stutters' body language and their verbal and non-verbal communication, and adapting to the needs of the adult who stutters in a flexible and positive manner). |
| Therapeutic Relationship | The speech and language therapist is compassionate towards the adult who stutters. |
| Therapeutic Relationship | The speech and language therapist is empathetic (e.g., the speech and language therapist has the ability to put themselves in the adult who stutters' shoes, to relate to and understand where they are coming from, even if they have never stuttered or experienced problems with dysfluency). |
| Therapeutic Relationship | The speech and language therapist has acceptance for the adult who stutters when they do not want help for their stuttering or when they would like to terminate intervention. |
| Therapeutic Relationship | The speech and language therapist spends time getting to know the adult who stutters. |
| Therapeutic Relationship | The speech and language therapist is encouraging and assists active participation from the adult who stutters during therapy sessions. |
| Therapeutic Relationship | The speech and language therapist acknowledges and honours the adult who stutters' expertise and knowledge of stuttering. |
| Therapeutic Relationship | The speech and language therapist is open and truthful about the model of therapy being used during sessions (i.e., the ‘model’ of therapy essentially determines the therapeutic tasks or activities which will take place during sessions. There are various different types of models for stuttering therapy such as block modification, avoidance reduction therapy or cognitive behavioural therapy, and the speech and language therapist is able to disclose details about these models to the adult who stutters, in an open and truthful manner). |
| Therapeutic Relationship | The speech and language therapist demonstrates allyship (e.g., this is about the speech and language therapist unapologetically supporting the adult who stutters). |
| Therapeutic Relationship | The speech and language therapist has a positive attitude about change and the expectations of change occurring throughout intervention. |
| Therapeutic Relationship | The speech and language therapist has respect for the adult who stutters' experience as a person who stutters and for the route that they would like to take regarding intervention (e.g., the speech and language therapist demonstrates a non-judgemental attitude when the adult who stutters' values or choices about what they want from therapy differ from the speech and language therapist's own values, opinions or preferred domain of therapeutic practice). |
| Therapeutic Relationship | The speech and language therapist has an unconditional positive regard for the adult who stutters. |
| Therapeutic Relationship | The speech and language therapist initiates discussion with the adult who stutters in relation to their history of past stuttering interventions which were not beneficial, early on in the intervention process. |
| Therapeutic Relationship | The speech and language therapist explains to the adult who stutters that there is no quick fix or cure for stuttering and that 'curing' stuttering should not be a goal for intervention. |
| Therapeutic Relationship | The speech and language therapist and the adult who stutters share expectations of intervention. |
| Therapeutic Relationship | The speech and language therapist uses the adult who stutters' own language or way of describing their communication difficulties, especially during the early stages of therapy (e.g., the speech and language therapist says; you 'get stuck' in response to the adult who stutters, instead of rephrasing 'get stuck' to the technical or medical term of 'having a block'). |
| Therapeutic Relationship | The speech and language therapist resolves conflict (e.g., by accommodating the adult who stutters' particular needs and by collaborating). |
| Therapeutic Relationship | The speech and language therapist activates ownership during sessions by delineating roles (e.g., the speech and language therapist explaining and setting out clearly what they need from the adult who stutters in order to continue therapy. This could be the speech and language therapist’s need for the adult who stutters to engage during sessions. The speech and language therapist may then ask the adult who stutters which therapeutic actions they will require from their therapist in order to achieve effective therapy which can be of benefit to the adult who stutters). |
| Therapeutic Relationship | The speech and language therapist helps the adult who stutters to see themselves as valuable and worthy. |
| Goals of intervention | The speech and language therapist supports the adult who stutters to set meaningful, realistic and achievable goals for intervention which are specific to the adult who stutters' real-life situation. |
| Goals of intervention | The speech and language therapist encourages goal ownership (e.g., openly discussing goals in an affirmative and collaborative manner). |
| Goals of intervention | The speech and language therapist empowers the adult who stutters to work on the therapeutic goals which were discussed throughout sessions and which were recognised to align with the adult who stutters’ own individual and personal values. |
| Tasks and intervention intensity to meet the goals | The speech and language therapist helps the adult who stutters to develop a positive self-identity. |
| Tasks and intervention intensity to meet the goals | The speech and language therapist advocates for the adult who stutters (e.g. the speech and language therapist discusses discrimination and promotes equality for the adult who stutters within the healthcare context and within their workplace, for example). |
| Tasks and intervention intensity to meet the goals | The speech and language therapist applies principles of trauma-informed care (i.e., the speech and language therapist ensures that the adult who stutters feels physically, emotionally and psychologically safe while in their care). |
| Tasks and intervention intensity to meet the goals | The speech and language therapist keeps the adult who stutters informed throughout the therapeutic process. |
| Tasks and intervention intensity to meet the goals | The speech and language therapist addresses social anxiety and communication-related anxiety which the adult who stutters may be dealing with internally. |
| Tasks and intervention intensity to meet the goals | The speech and language therapist works collaboratively with the adult who stutters (i.e., not just in goal setting but throughout agenda setting for sessions, when discussing homework activities, by asking questions to facilitate personal reflection from the adult who stutters, and by reflecting and summarising key points talked about during sessions). |
| Tasks and intervention intensity to meet the goals | The speech and language therapist promotes the adult who stutters’ acceptance of being an individual who stutters. |
| Tasks and intervention intensity to meet the goals | The speech and language therapist encourages self-compassion. |
| Tasks and intervention intensity to meet the goals | The speech and language therapist helps the adult who stutters to overcome ingrained negative attitudes towards stuttering (i.e., this is about supporting the adult who stutters to let go of deep-rooted pessimistic beliefs about stuttering). |
| Tasks and intervention intensity to meet the goals | The speech and language therapist provides education to the adult who stutters about stuttering itself (i.e., information about neurology and genetics, for example). |
| Tasks and intervention intensity to meet the goals | The speech and language therapist provides sufficient time with the adult who stutters during sessions. |
| Tasks and intervention intensity to meet the goals | The speech and language therapist combines therapies targeting speech change and therapies targeting the psychological impact of stuttering. |
| Tasks and intervention intensity to meet the goals | The speech and language therapist discusses with the adult who stutters the rationale for exploring and choosing various different intervention approaches, ultimately to check goodness of fit. |
| Tasks and intervention intensity to meet the goals | The speech and language therapist uses effective ways of challenging the adult who stutters, and the speech and language therapist challenges and supports the adult who stutters in the right balance. |
| Tasks and intervention intensity to meet the goals | The speech and language therapist offers different intervention formats to the adult who stutters such as individual, group, and intensive therapy blocks, so that the adult who stutters can choose the format that suits them best. |
| Factors relating to clinicians | The speech and language therapist displays effective listening skills and makes links to previous things that the adult who stutters has said. |
| Factors relating to clinicians | The speech and language therapist is attuned (i.e., the speech and language therapist is aware of the adult who stutters' abilities). |
| Factors relating to clinicians | The speech and language therapist is mindful and acknowledges the impact that stuttering has on the adult who stutters' psychological wellbeing and their mental health. |
| Factors relating to clinicians | The speech and language therapist is approachable. |
| Factors relating to clinicians | The speech and language therapist is self-aware (e.g., the speech and language therapist is aware of the limits to their professional skills and their scope of practice and recognises when supervision or onward referral would be more appropriate for the adult who stutters). |
| Factors relating to clinicians | The speech and language therapist preserves hope (e.g., by listening to and not dismissing the adult who stutters' hopes for progression). |
| Factors relating to clinicians | The speech and language therapist has knowledge of relevant counselling skills and principles. |
| Factors relating to clinicians | The speech and language therapist is warm. |
| Factors relating to clinicians | The speech and language therapist is confident (i.e., the speech and language therapist is self-assured of their clinical expertise and their ability to provide stuttering intervention to adults of this population). |
| Factors relating to clinicians | The speech and language therapist is trusting (i.e., the speech and language therapist is able to assure the adult who stutters that they have the knowledge and skills needed to support them to achieve their desired goals). |
| Factors relating to clinicians | The speech and language therapist is comfortable with emotions and they are able to carry the adult who stutters' emotions and uncertainty. |
| Factors relating to clinicians | The speech and language therapist uses humour with the adult who stutters on occasion. |
| Factors relating to clinicians | The speech and language therapist providing the intervention to the adult who stutters has stuttering-specific training. |
| Factors relating to clinicians | The speech and language therapists brings their own fallibility to intervention (i.e., making mistakes or being wrong on occasion, in attempt to strengthen the adult who stutters’ ownership and the overall therapeutic relationship. This is about the speech and language therapist showing that they are not the ‘expert’). |
| Factors relating to clinicians | The speech and language therapist is reassuring (e.g., the speech and language therapist knows exactly what to say to the adult who stutters in order to help them move forward and feel a sense of ease and comfort). |
| Factors relating to clinicians | The speech and language therapist uses self-disclosure (e.g., telling the adult who stutters a little bit about themselves and their own personal life). |
| External factor | The speech and language therapist recommends any additional services to the adult who stutters (e.g., support from a psychologist, should the speech and language therapist believe that the adult who stutters would benefit from this). |
| External factor | There is continuity of care (e.g., the adult who stutters is seen by the same speech and language therapist throughout therapy). |
| External factor | The speech and language therapist inspires the adult who stutters to request support from their family (e.g., the speech and language therapist encourages involvement of a partner or family member of the adult who stutters during intervention sessions). |
| External factor | The speech and language therapist arranges for intervention to take place outside of the clinic room where possible (i.e., completing goals in the home or community of the adult who stutters). |
| External factor | A warm and friendly clinic room for the adult who stutters positively influences therapeutic alliance. |

**Supplementary Table 7:** The original list of 22 statements which the authors presented to the panel, in Round 1 of the e-Delphi questionnaire.

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| The speech and language therapist spends time getting to know the person who stutters. |
| The speech and language therapist provides the adult who stutters with an opportunity to express themselves. |
| The speech and language therapist shows empathy towards the adult who stutters. |
| The speech and language therapist is reassuring. |
| The speech and language therapist acknowledges the adult who stutters’ feelings and emotions. |
| The speech and language therapist uses self-disclosure (e.g. telling the adult who stutters a little bit about themselves and their personal life). |
| The speech and language therapist and the adult who stutters share expectations of intervention. |
| The speech and language therapist keeps the adult who stutters informed throughout the therapy process. |
| The speech and language therapist preserves hope (e.g. by listening to and not dismissing the adult who stutters’ hopes for progression). |
| The speech and language therapist activates ownership during sessions (e.g. by delineating roles). |
| The speech and language therapist encourages goal ownership (e.g. using collaborative goal setting with the adult who stutters). |
| The speech and language therapist is responsive (e.g. by adapting to the needs of the adult who stutters in a flexible and positive manner). |
| The speech and language therapist is attuned (e.g. by being aware of the adult who stutters’ abilities and not over complicating the tasks to be completed within the sessions). |
| The speech and language therapist is encouraging throughout therapy sessions. |
| The speech and language therapist uses humour on occasion. |
| The speech and language therapist resolves conflict (e.g. by accommodating the adult who stutters’ needs and collaborating). |
| The speech and language therapist encourages participation from the adult who stutters during sessions. |
| A warm and friendly clinic room for the adult who stutters positively influences therapeutic alliance. |
| Providing sufficient time with the adult who stutters during therapy sessions positively influences therapeutic alliance. |
| There is continuity of care (e.g. the adult who stutters is seen by the same speech and language therapist throughout therapy). |
| The adult who stutters has support from their family. |
| The speech and language therapist recommends any additional services to the adult who stutters (e.g. support from a psychologist). |