Stuttering Therapy: Empowering SLPs to Overcome the Impossible in Treating Negative Beliefs and Feelings

Presenter: Marilee Fini, MA, CCC-SLP

Moderated by: Amy Hansen, M.A., CCC-SLP, Managing Editor, SpeechPathology.com

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Stuttering Therapy:
Empowering SLP’s to Overcome the Impossible in Treating Negative Emotions and Feelings
By: Marilee L. Fini, MA, CCC/SLP

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Contact Information

Marilee L. Fini, M.A.  CCC/SLP
MLF Speech Therapy
Cleveland, OH
E-Mail: mlf_speech@yahoo.com
Website: www.mlf-speech-therapy.com
Phone: (440) 684-1440

Disclosure Statements

Non-Financial Relationship
1. National Stuttering Association
   - Member
   - Volunteer speaking and other assistance at conventions.
2. Dr. Scott Yarrus - OASES
   - Know Dr. Yarrus personally and discuss his assessment protocol, OASES in presentation
3. My own personal story
   - I discuss my own personal story related to stuttering in presentation

Financial Relationship
1. MLF Speech Therapy
   - Owner of MLF Speech Therapy - discusses the work and services she provides through her private practice.

You are invited into the World of STUTTERING!!
Open the day to new insights and knowledge!!!
My Story~
Overcoming the Impossible


The Impossible vs. Possible

Impossible- “not possible; unable to exist, happen; unable to be done, performed.”


Impossible Challenges

- Going into Speech Pathology
- My Dad’s eulogy on 8/8/13
What did I learn?

• Anything was possible; we hold ourselves back
• Stuttering didn’t hold me back but it was my FEAR
• It didn’t matter what “they” thought but what I thought
• I was stronger than I thought
• I could overcome difficult circumstances

Why Does Treating Negative Beliefs and Feelings Often Feel IMPOSSIBLE???

Oh no, I have to talk about feelings related to stuttering….
How do I do that?

HANDOUTS
p. 4

The Iceberg Analogy of Stuttering
When stuttering becomes chronic, the actual ‘stutter’ itself is perhaps the least significant part of the overall problem. The client’s experiences with stuttering result in negative feelings, negative emotions, and strong beliefs about their limited capability and ineffectiveness as a communicator. These factors serve to fuel the client’s reactions to their stuttering and add to the fear of speaking.”

(Rentschler, 2008, p. 3-4)

In older children and adults, the communicative difficulties that stuttering creates present barriers to social, educational and vocational life that can greatly complicate the problem.” (Special Interest Division on Fluency and Fluency Disorders, 1995, p. 3)

“Stuttering treatments that do not address the complete problem in whatever complexity it presents are not within the guidelines of good practice.”

(Special Interest Division on Fluency and Fluency Disorders, 1995, p. 3)

Impact of Negative Beliefs and Feelings

“Reports of feared words, sounds, or situations”
2. “Secondary characteristics” (head jerking, finger tapping, etc.)
3. “Loss of eye contact”
4. “Situational or word avoidances”
5. “Lacking confidence as a speaker”
6. “Hurriedness when speaking”
7. “Introversion; withdrawal in speaking situations”
8. “Pushing” or forcing sounds when articulating
9. “Inability to describe or lack of awareness of core features of stuttering”
10. “Difficulty articulating feelings/emotions about stuttering”
11. “Rapid respiration or poor breath stream management”
12. “Difficulty managing vocal intensity - speaking too loud or too softly”

http://courses.duq.edu/rentschler/STUTTERING/emotions/emotionsst.htm
**Determining Goals**

1. Client will identify 5 negative beliefs about stuttering concerning a certain speaking situation with 80% acc. in 4 out of 5 trials.
   - I can't give a presentation.
   - I will stutter every word.
   - They will make fun of me.
   - It will be awful.
   - I will never get through it.

2. Client will formulate 1-2 sentences about his/her feelings related to embarrassment after reading an article or seeing a video on stuttering with 80% acc. in 4 out of 5 trials.

3. Client will complete 1 task on their hierarchy of feared situations. (HANDOUTS, p.5)

4. Client will initiate 1-2 ideas for solutions to problems that he encounters related to stuttering with 80% acc. in 4 out of 5 trials.

   **Problem:** Kids make fun of my speech

   **Solutions:**
   1) Tell the teacher
   2) Tell them how it makes you feel

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**ACTIVITIES FOR TREATING THE NEGATIVE BELIEFS AND FEELINGS**

1. Writing/Art (HANDOUTS, p.6-7)
   
   Journal Sample ~ Teen client 4/3/11
   
   "When I was reading aloud during class, I stuttered pretty severely. At first I was super embarrassed. But towards the end of the paragraph, I actually felt really comfortable (in a weird way). I slowed down, took my time and didn't really care (as much) about everyone else and my stuttering. It kind of felt like I was plowing through the words, very slowly but steadily."

2. Role-playing Activities (HANDOUTS, p.8-9)
What's working in my speech?

(HANDOUTS, p.10)

- Voice
- Good grammar
- Some fluency
- Humor
- Easy to talk to


Role of Counseling

What is counseling?

According to Dr. DiLollo (2008), counseling is "an interactive therapeutic relationship in which client and clinician work together to find solutions to problems identified by the client." (p. 4)

According to Luterman (2008), "the goal of counseling is to help the person make good decisions for themselves. Counselling creates a safety net for expressing their feelings."


Scope of Practice

“Counseling individuals, families, coworkers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication and swallowing.”

What is a Mental Illness?

“According to NAMI, “A mental illness is a medical condition that disrupts a person’s thinking, feeling, mood, ability to relate to others and daily functioning.”


When to refer......

To determine if a client needs a referral to a mental health provider, it important to analyze if the symptoms that you are seeing are occurring frequently and becoming part of the client’s general behavior. (Donaher & Scott, 2014)


What do you do if concerned about suicide?

According to Donaher & Scott (2014), you should do the following:

1. Know the policies and guidelines for your school or institution for suicide

2. Have a plan of who you would contact in time of crisis in your agency

3. Have information to connect your client with a Mental Health Provider.

4. Ask if they are contemplating suicide

Building Therapeutic Relationships

Therapeutic Relationship - "Refers to those characteristics of the clinician-client liaison that promotes change." (Zebrowski, 2007, p.26)

According to Lambert and Barley (2001), "common factors such as empathy, warmth and the therapeutic relationship have been show to correlate more highly with client outcome than specialized treatment interventions." (p. 357)


GUIDELINES IN COUNSELING

1. Active Listening
   According to Dr. Riley (2002), active listening means "mentally working the entire time, not being distracted, but observing the nonverbal messages while hearing the verbal ones and putting all of the information together. During the process, the clinician is looking for 'threads' of connection, consistencies and contradictions." (p.10)

2. Silence
   Dr. Luterman (2008) said, "Silence sends the message, 'I am not going to control things. You are going to direct how things are going to go.'"


3. Person Centered
   a. “Make the stutterer as a person the focus of therapy, not just the immediate suppression of stuttering frequency. Help her realize her potential for growth and development and self-realization.” (Sheehan, 2003, p. 4)

   b. “Begin where the stutterer is, not where the clinician is. If he is fearful or overwhelmingly afraid to admit his fears, or feels guilty about them, give him running room enough to feel comfortable about what he feels.” (Sheehan, 2003, p. 4)

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Being O.K. Despite Stuttering

HANDOUTS, p. 11

“What we can or cannot do, what we consider possible or impossible is rarely a function of our true capability. It is more likely a function of our beliefs about who we are.”

~Anthony Robbins