

continued

- If you are viewing this course as a recorded course after the live webinar, you can use the scroll bar at the bottom of the player window to pause and navigate the course.
- This handout is for reference only. It may not include content identical to the PowerPoint. Any links included in the handout are current at the time of the live webinar, but are subject to change and may not be current at a later date.

continued

© 2018 continued® No part of the materials available through the continued.com site may be copied, photocopied, reproduced, translated or reduced to any electronic medium or machine-readable form, in whole or in part, without prior written consent of continued.com, LLC. Any other reproduction in any form without such written permission is prohibited. All materials contained on this site are protected by United States copyright law and may not be reproduced, distributed, transmitted, displayed, published or broadcast without the prior written permission of continued.com, LLC. Users must not access or use for any commercial purposes any part of the site or any services or materials available through the site.

Stuttering Treatment



Craig E. Coleman, M.A., CCC-SLP, BCS-F
Assistant Professor, Marshall University

Learning Objectives



After this course, participants will be able to:

- ❑ Describe the basic principles that are integral to effective counseling.
- ❑ Describe the theoretical framework of various counseling models.
- ❑ Describe specific counseling techniques and activities that can be applied in stuttering treatment.

C. Coleman, 2013

Teasing & Bullying in Stuttering

We know that...

❖ Bullying

❖ Intent to harm

❖ Repetition

❖ Imbalance of power

❖ Verbal, physical, relational, cyber

❖ Involves

❖ Bully

❖ Victim

❖ Bystander

Prevalence



❖ Langevin, Bortnick, Hammer, Weibe (1998)

❖ In 28 children who stutter:

❖ 59% were bullied at some time about their stuttering

❖ 56% of those children reported that the bullying was regular (1x/wk or more)

❖ 68% were bullied about other things

❖ Children were more upset when teased about their stuttering than other things

Prevalence



- ❖ The children reported
 - ❖ Imitation of their stuttering
 - ❖ Being called names
 - ❖ Being made fun of
- ❖ Where did it most often take place?

Prevalence



- ❖ Blood and Blood
 - ❖ (2004): 43% of adolescents who stutter were at risk for bullying compared to 11% of their fluent peers
 - ❖ (2006): 61% of boys who stutter were at risk for bullying compared to 22% of fluent peers
- ❖ Can happen as early as preschool and extend throughout school-age years, adolescence, and adulthood.

Consequences



- ☞ Hard to “fit in” at school (Evans et al., 2008)
- ☞ Hughes-Jones (retrospective study of PWS)
 - ☞ Decreased self-esteem, confidence
 - ☞ Withdrawal, guilt, shame, frustration
 - ☞ Negative impact on school work and making friends
 - ☞ Increase in stuttering

What's our role?



- ☞ Prevention is key
 - ☞ Increase peer education about stuttering
 - ☞ Promote awareness and acceptance of differences
- ☞ Help the child become the expert about stuttering
 - ☞ Standing up for oneself and being assertive has been found to be an effective strategy when physical/emotional well-being is not at risk

What's our role?



- ❖ Role-play
- ❖ Problem solve
- ❖ Educate children about when to get help

The Great Debate

- ❖ Have your students participate in debates with their peers--or with you
- ❖ You can pretend that you are debating with the child to see who would make a better Class President of their school



- ☞ The “winner” of the debate is decided by a points system, which rewards one point for each of the following:
 - ☞ appropriate eye contact
 - ☞ speech modification *or* stuttering modification strategies (e.g., easy starts, pausing and phrasing, *or* even voluntarystuttering)
 - ☞ the content of the response.



- ☞ Each participant in the debate is given their own turn to answer questions. This gives them a chance to talk without being interrupted. In addition to allowing the child to work on several objectives in a natural context, this activity also promotes an awareness of time pressure and turn-taking

Pick Your Team

- ☞ Children pick five to six players from professional sports teams that they want to include on their team
- ☞ They get to select their team name and make uniforms
- ☞ Following the selection of players, the child is told to pretend that each person on his team now stutters



- ☞ The child must come up with a list of team “rules” to facilitate communication on a team of players who stutter
- ☞ Helps children verbalize their beliefs about stuttering
- ☞ Helps them learn appropriate behavior when interacting with those who stutter

Sample Team Rules



- ❖ Don't tease others who are stuttering
- ❖ If someone is teasing you, tell a coach
- ❖ Use your speech tools
- ❖ Maintain eye contact
- ❖ Say what you want, even if you stutter
- ❖ Have team meetings to learn about stuttering
- ❖ Help people on the team if they are being teased by someone else

Stuttering Football

- ❖ Helps children learn the facts about stuttering
- ❖ Children can play against others who stutter or against their parents



- ☞ Each player starts at the goal line and tries to make it 100 yards to the other end zone to score
- ☞ Each person takes turns selecting the number of yards they want to go for.
- ☞ The higher number of yards, the harder the question they are asked by their opponents!



- ☞ If they get the question right, they get to move up that many yards
- ☞ If they get the question wrong, they do not advance and the other team gets their turn!
- ☞ You can use this activity with a group of kids by dividing them into teams
- ☞ They can discuss the questions they will ask (and determine how much each question is worth)

Missing the Boat...



What You Can Do....



- ❖ Be an advocate
- ❖ Have hard conversations
- ❖ Don't be afraid to ask for help!!!!

Contact



✉ Craig Coleman:

✉ www.stutteringu.com

✉ Craig.coleman@marshall.edu

C. Coleman, 2013

Stuttering & Counseling

Confronting hard conversations
from a theoretical framework

Mary Weidner, M.S. CCC-SLP
West Virginia University
June 19, 2015

DISCLOSURES

- Financial
 - Co-owner, MC Speech Books
 - Co-director, Stuttering U.
- Non financial
 - Co-leader, NSA Stuttering Support Group
(Morgantown, WV)
 - Co-leader, Virtual Stuttering Support Group

DISCLOSURES

“F-E-A-R has two meanings:

‘Forget Everything And Run’ or
‘Face Everything And Rise.’

The choice is yours

TODAY'S TALK

Stuttering & Counseling:

Confronting hard conversations from a theoretical framework

STUTTERING & COUNSELING

What is counseling?

- Difficult to define!
- Much more than just a talk/listen relationship
- Can serve many purposes (Jacobs & Schimmel, 2013):
 - Help clients clarify & discover
 - Provide support
 - Help client choose & stick with a decision
 - Give permission

STUTTERING & COUNSELING

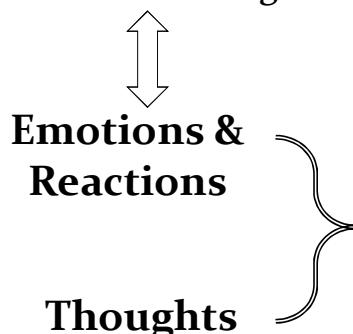
What is counseling?

- “Counseling is not a mantle the professional puts on when a client is present and then discards the rest of the time. It is an attitude, something that is lived.”
- “The goal of counseling is not to make people feel better, but to separate feelings from nonproductive behavior.”

-Luterman, 1996

STUTTERING & COUNSELING

Observable Stuttering Behaviors



STUTTERING & COUNSELING

What's within our scope of practice?

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

~ASHA Scope of Practice, 2007

HARD CONVERSATIONS

- Hard conversations are hard because they are *important*
- They can mark turning points
- **Courage** is key

HARD CONVERSATIONS

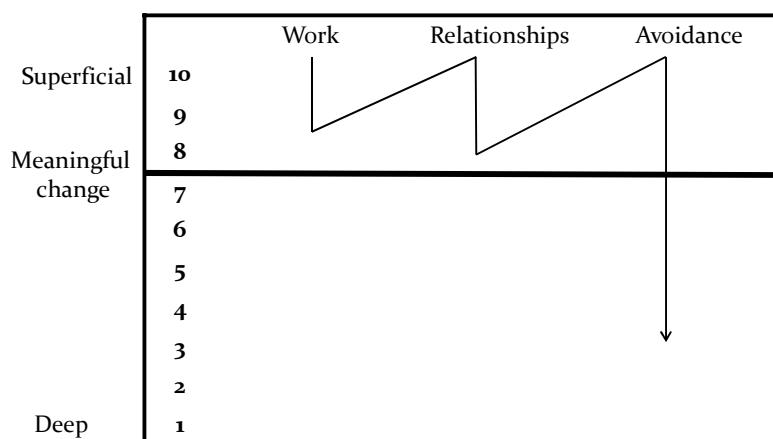
- In stuttering, hard conversations are frequent
- Topics of hard conversations are numerous and can involve many different emotions inadequacy, grief, guilt, fear, anxiety, frustration, etc.

HARD CONVERSATIONS

- “What I fear is not doing or saying the right thing at the right time. I have difficulty with serious conversations because I take these as if I am letting someone down or hurting their feelings. I understand the importance of being realistic with someone, but I need to improve on these types of conversations. By making things “sound” better, I’m not helping the patient. I am fearful of those awkward conversations that are extremely significant...if I am not realistic in my communication with the client, it can lead to a lack of trust.”

- SLP Graduate student on working with people who stutter

HARD CONVERSATIONS



Depth chart, adapted from Jacobs & Schimmel, 2013

THE COUNSELING PROCESS

- Counseling “fundamentals”
- Therapeutic alliance
- Theoretical framework
- Dispute irrational thoughts
- Gain perspective
- Develop a plan for change

THE COUNSELING PROCESS

- Counseling “fundamentals”
- Therapeutic alliance
- Theoretical framework
 - Dispute irrational thoughts
 - Gain perspective
 - Develop a plan for change

COUNSELING FUNDAMENTALS

There are several important sentences in counseling that are helpful for both clients and clinicians to remember...

(Adapted from Jacobs & Schimmel, 2013)

COUNSELING FUNDAMENTALS

#1. People do not change easily

Mort Gerberg

COUNSELING FUNDAMENTALS

#2. Thoughts cause feelings

(Ellis, 1962)

Kenneth Aptekar

COUNSELING FUNDAMENTALS

#3. Get expectations in line with reality

<http://thecharisgroup.org>

THE COUNSELING PROCESS

- Counseling “fundamentals”
- Therapeutic alliance
- Theoretical framework
 - Dispute irrational thoughts
 - Gain perspective
 - Develop a plan for change

THE THERAPEUTIC ALLIANCE

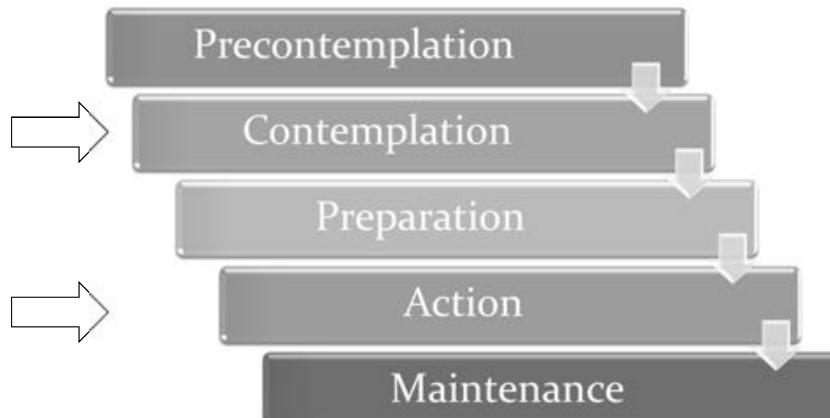
- In counseling, therapeutic alliance has been shown to account for up to 30% of clinical outcomes (Lambert, 1992)
- Get into the client's "world" (Rogers, 1951)
- Remain authentic
- Tone of voice, body language, facial expression, and timing all play a role in building rapport

THE THERAPEUTIC ALLIANCE

- In Plexico, Manning, & DiLollo (2010), people who stutter described effective therapy to occur when:
 - There is a positive client-clinician relationship
 - Clinicians are knowledgeable about stuttering and its treatment
 - Clinicians understand the stuttering experience
 - Know where your client is on his "journey"
 - Stages of change

KNOW YOUR CLIENT

What is the client's stage of change?



Prochaska & Norcross, 2006; Flloyd, Zebrowskim & Flamme, 2007

THE COUNSELING PROCESS

- Counseling “fundamentals”
- Therapeutic alliance
- Theoretical framework
- Dispute irrational thoughts
- Gain perspective
- Develop a plan for change

THEORECTICAL FRAMEWORK

- Theory helps clinicians to understand the complex experiences of their patients
- Helps to ground the therapy process and give therapy direction
- Different theories can be integrated, so long as the approach is *purposeful*

THEORECTICAL FRAMEWORK

- Techniques/approaches are not strictly bound to a certain theory
- Ask, “what works for *this* client?”
- Reframe, “What do I say next?” to “What do I *do* next?”
- Multisensory, creative techniques can be used to make therapy active and concrete (e.g., Impact Therapy, Jacobs & Schimmel, 2013)

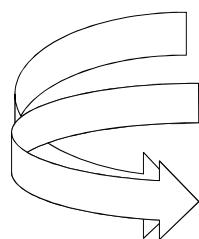
THE COUNSELING PROCESS

- Counseling “fundamentals”
- Therapeutic alliance
- Theory-driven approaches
 - Dispute Irrational Thoughts
 - Gain Perspective
 - Develop a plan for change

HELP CLIENT DISPUTE IRRATIONAL THOUGHTS

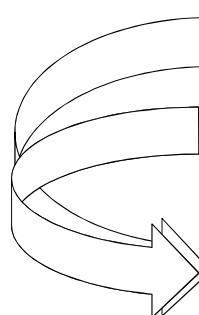
- Rational Emotive Behavior Therapy (REBT; Albert Ellis) and Cognitive Behavioral Therapy (CBT; Aaron Beck) are based on the idea that “thoughts cause feelings”
- Helps clients to *identify* and *dispute* irrational thoughts
- Irrational thoughts can relate to the way they view themselves, stuttering, situations, etc.
- Teach the client the ABC's

HELP CLIENT DISPUTE IRRATIONAL THOUGHTS



- A. Event or Situation
- B. Thoughts “self talk”
- C. Feelings

HELP CLIENT DISPUTE IRRATIONAL THOUGHTS



- A. Event: I stuttered
- B. Thoughts “self talk”: I am incompetent
- C. Feelings: Depression

HELP CLIENT DISPUTE IRRATIONAL THOUGHTS

THE GOOD NEWS

Even though stuttering might not go away, a person's *self talk* can be changed to help him feel differently about stuttering.

HELP CLIENT DISPUTE IRRATIONAL THOUGHTS

- A. Event:** I stuttered
- B. Thoughts “self talk”:**
I stutter and that's okay
- C. Feelings:** Fine

CASE EXAMPLE

A 12 year-old boy must give a presentation in class and is afraid that if he stutters, everyone will think he is a bad talker.

If I stutter, that means I
am a bad talker, and I
can't stand it. ↗

CASE EXAMPLE

Dispute the self talk!

- Brainstorm: What does it mean to be a “good talker” and “bad talker?”
- Write a list, use a graphic organizer, chart, etc.
- Go through the list and ask how each of those things relate to the client

CASE EXAMPLE

"Can you stutter and still have good _____?"



CASE EXAMPLE

If I stutter, that means I am a bad talker and I can't stand it.

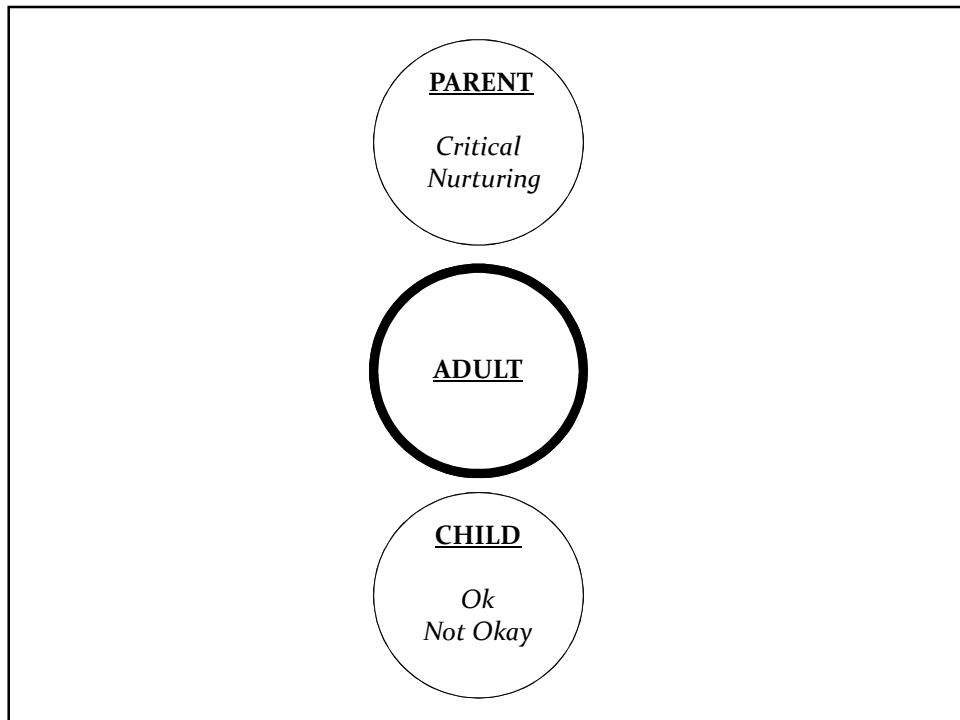
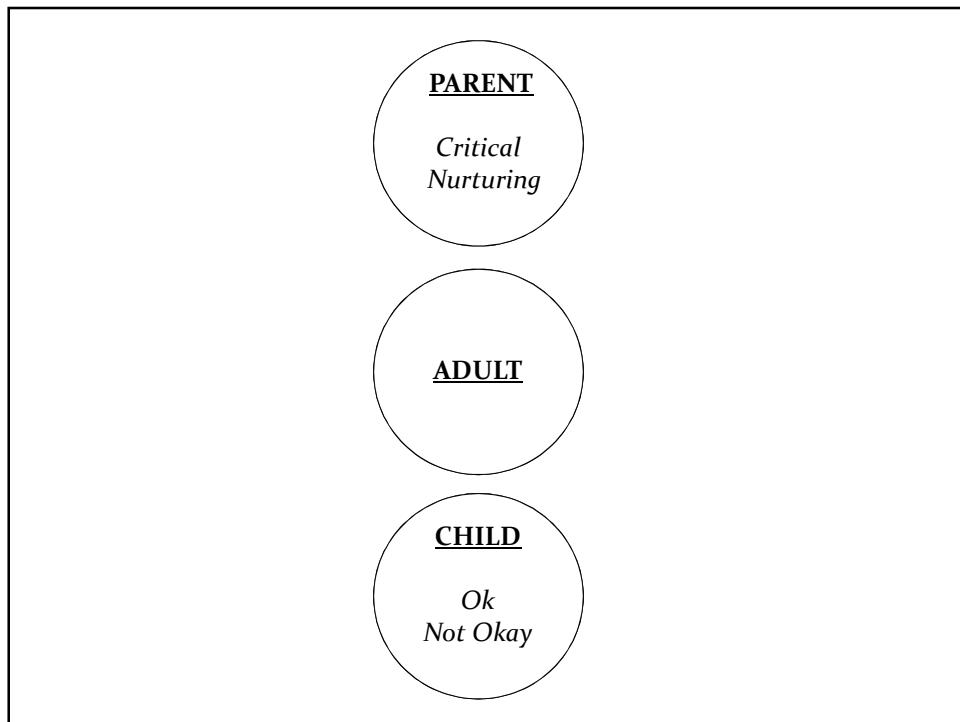
If I stutter, it does NOT mean I am a bad talker. I might not like it, but I can stand it.

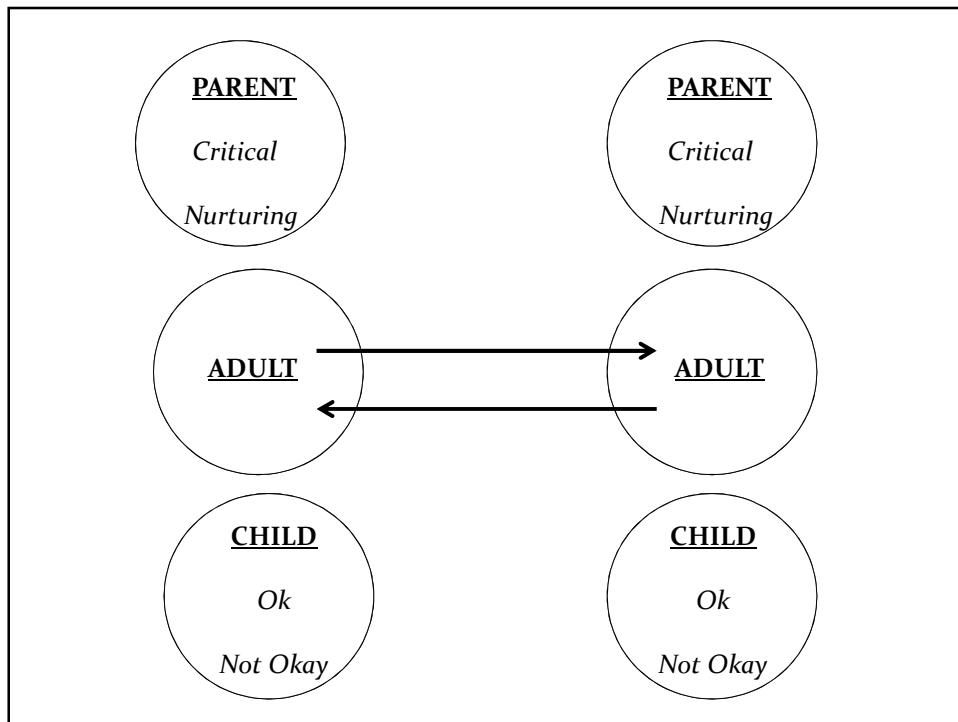
THE COUNSELING PROCESS

- Counseling “fundamentals”
- Therapeutic alliance
- Theoretical framework
 - Dispute irrational thoughts
 - Gain perspective
 - Develop a plan for change

HELP CLIENT GAIN PERSPECTIVE

- What is your client’s “ego” state?
- An ego state is based on Transactional Analysis (TA; Eric Berne), a theory that helps to describe human interactions
- According to TA, a person can function from one of three ego states: Parent, Child, or Adult
- Identifying a client’s ego state can help him gain an objective and rational viewpoint of the situation



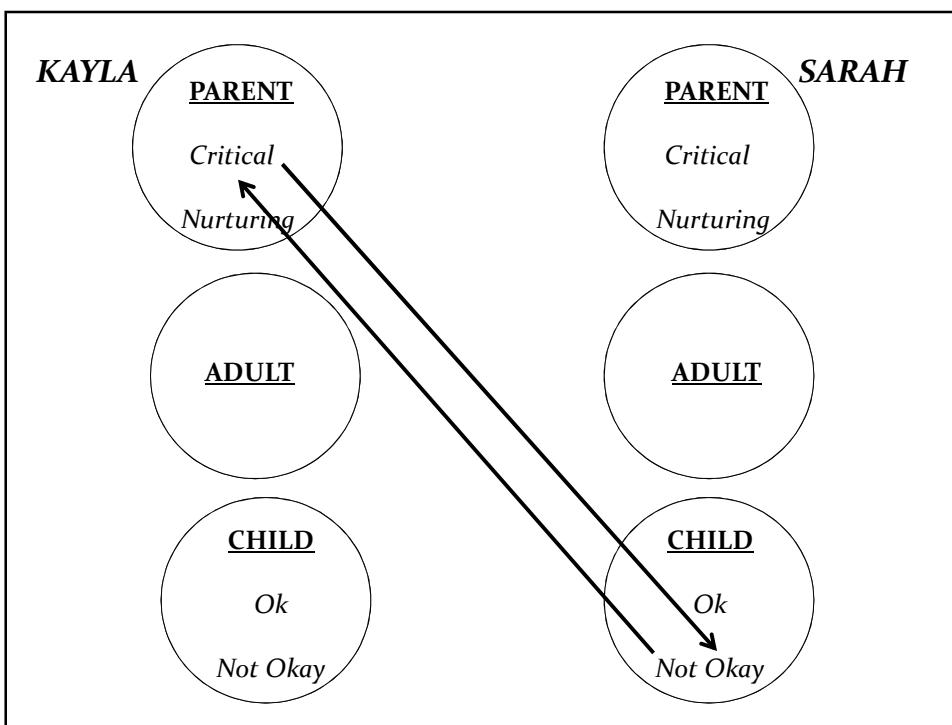


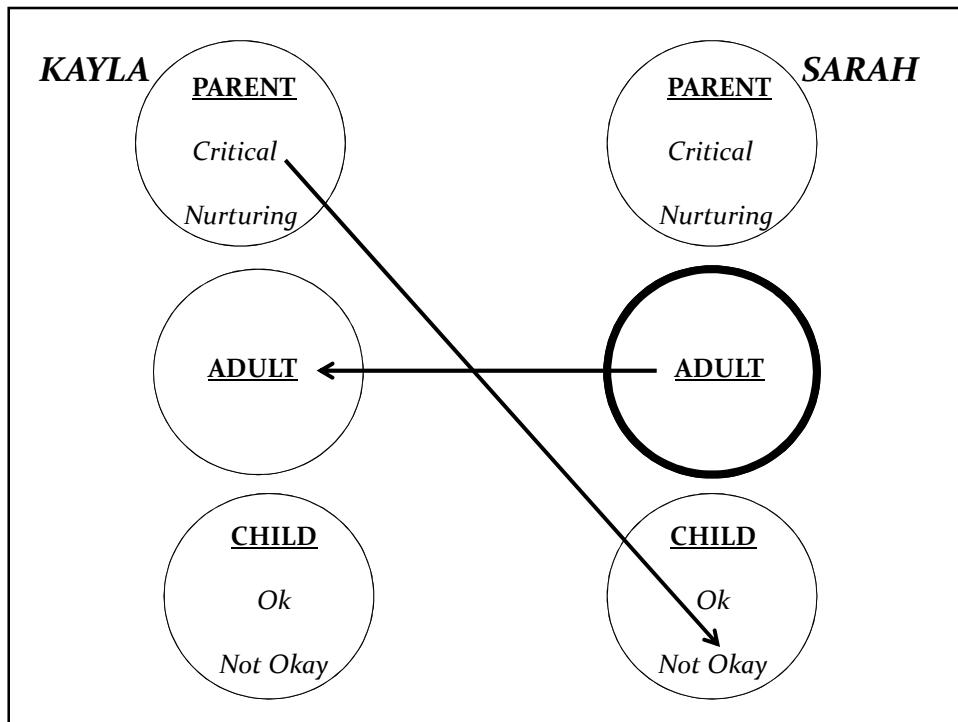
HELP CLIENT GAIN PERSPECTIVE

- If the client experienced a negative social interaction TA can be used to:
 - Educate the client about the ego states of others
 - Help the client gain perspective on his own ego state
 - Help the client strengthen the adult ego state
 - Help client distinguish between learned beliefs and learned feelings with ***facts***

HELP CLIENT GAIN PERSPECTIVE

A 15 year-old girl, Sarah, was told by her classmate Kayla, “I can’t believe you stuttered when you gave that presentation. You are not a good speaker at all! I would have just died!” Sarah feels worthless and becomes withdrawn from social interactions.





HELP CLIENT GAIN PERSPECTIVE

Adapted from Jacobs & Schimmel, 2013

HELP CLIENT GAIN PERSPECTIVE

	NOT TRUE	TRUE
<i>Feeling</i>	Very depressed, sad, anxious	Less depressed, less sad, less anxious
	I am worthless because I stutter.	I stutter, and that has <i>nothing</i> to do with my self worth.

HELP CLIENT GAIN PERSPECTIVE

Other helpful ways for clients to gain perspective

- Role-playing scenarios
- Taking various perspectives
 - Adult ego
 - Child ego
 - Other person
- Brainstorm solutions to conflict resolution
- Support groups

THE COUNSELING PROCESS

- Counseling “fundamentals”
- Therapeutic alliance
- Theoretical framework
 - Dispute irrational thoughts
 - Gain perspective
 - Develop a plan for change

HELP CLIENT MAKE A PLAN

- W** Want
- D** Currently doing
- E** Evaluate
- P** Plan

Based on Choice Therapy,
Robert Wubbolding

HELP CLIENT MAKE A PLAN

- Clients have a choice: to either change what they *want* or to change what they are *doing*
- Defining what a client wants
 - Stay realistic
 - Ask the “miracle question”

HELP CLIENT MAKE A PLAN

The Miracle Question

“Suppose you go to bed tonight as a person who stutters and while you are sleeping, your stutter is miraculously cured. But, because you were sleeping, you don’t know the miracle happened. When you wake up in the morning, what will you do differently that you will know the miracle took place?”

Based on Solution-Focused Brief Counseling (de Shazer, 1990)

HELP CLIENT MAKE A PLAN

- The miracle question
 1. Helps to clarify goals
 2. Gives clients a “mental rehearsal” of what they will be *doing* to achieve that goal
- Hold client accountable to the plan!

CASE STUDY

A 10 year-old boy, Jake, is very bright but never talks in class. He is afraid that if he stutters when answering a question, his classmates will laugh at him. He avoids question and answer time in class by leaving to “use the restroom.” He wants to change his behavior, but is very scared.

HELP CLIENT MAKE A PLAN

- W** Want: To raise hand during class
- D** Currently doing: Avoiding by leaving class to go to the restroom
- E** Evaluate: Not working
- P** Plan: In history on Wednesday, I will raise my hand 1 time.

THE COUNSELING PROCESS

- Counseling “fundamentals”
- Therapeutic alliance
- Theoretical framework
 - Dispute irrational thoughts
 - Gain perspective
 - Develop a plan for change

A FINAL THOUGHT

"As human beings, our job in life is to help people realize how rare and valuable each one of us really is, that each of us has something that no one else has-or ever will have-something inside that is unique to all time. It's our job to encourage each other to discover that uniqueness and to provide ways of developing its expression."

~Fred Rogers

www.mcspeechbooks.com

www.stutteringu.com

REFERENCES & RESOURCES

- Beilby, J. M., & Byrnes, M. L. (2012). Acceptance and Commitment Therapy for People Who Stutter. *Perspectives in Fluency Disorders*, American Speech Language Hearing Association Special Interest Group – Fluency and Fluency Disorders, 22, No 1, 34-46.
- Beilby, J. M., Byrnes, M. L., & Yaruss, J. S. (2012). Acceptance and Commitment Therapy for adults who stutter: Psychosocial adjustment and speech fluency. *Journal of Fluency Disorders*, 37, 289-299.
- Campos, L. P. (2001). Introduce yourself to Transactional Analysis: A TA primer. Roseville, CA: Sacramento Institute for Redecision Therapy.
- de Shazer (1990). How to establish well-formed goals in solution focused brief therapy (The Solution-Focused Brief Therapy Audiotape Series). Milwaukee, WI: Brief Family Therapy Center.
- Eagan, G. (2007). The skilled helper: A problem management and opportunity development approach to helping (8th ed.). Belmont, CA: Thomson.
- Floyd, J., Zebrowski, P. M., & Flamme, G. A. (2007). Stages of change and stuttering: A preliminary view. *Journal of Fluency Disorders*, 32(2), 95-120.
- Guitar, B., Hill, D. , Ramig, P., Zebrowski, P. (2007). *Counseling: Listening to and talking with parents of children who stutter* (DVD). Memphis, TN: The Stuttering Foundation.
- Jacobs, E. & Schimmel, C. (2013). *Impact Therapy the courage to counsel*. Star City, WV: Impact Therapy Associates.
- Lambert, M. J. (1992). Implications of outcome research for psychotherapy integration. In J. C. Norcross & M. R. Goldstein (Eds.), *Handbook of psychotherapy integration* (pp. 94-129). New York, NY: Basic Books.

REFERENCES & RESOURCES

- Luterman, D. M. (1996). *Counseling persons with communication disorders* (3rd ed.). Austin, TX: Pro-Ed.
- Luterman, D. M. (2008). *Sharpening Counseling Skills* DVD). Memphis, TN: The Stuttering Foundation.
- Mosak, H. H. & Maniacci, M. P. (1998). *Tactics in counseling and psychotherapy*. Belmont, CA: Thomson.
- Nicholas, A. & Kelman, E. (2014, November). *Therapy briefly: The use of solution-focused brief therapy with clients who stutter*. Presentation at the annual convention for the American Speech-Language-Hearing Association, Orlando, FL.
- Prochaska, J. O., & Norcross, J. C. (2006). *Systems of psychotherapy: A transtheoretical analysis* (Sixth Edition) Pacific Grove, CA: Brooks-Cole.
- Scott, L. A. (2010). *Implementing cognitive-behavioral therapy with school-age children* (DVD). Memphis, TN: The Stuttering Foundation.
- Sisskin, V. (2014). *Helping children change thoughts and feelings about communication* (DVD). Memphis, TN: The Stuttering Foundation.
- Sklare, G. B. (2014). *Brief counseling that works: A solution-focused therapy approach for school counselors and other mental health professionals*. Thousand Oaks, CA: Corwin.
- Turnbull, J. (2000). The transtheoretical model of change: examples from stammering. *Counseling Psychology Quarterly*, 31, 13-21.
- Zebrowski, P. M. (2013, November). *The role of resilience in stuttering intervention for children*. Presentation at the annual convention for the American Speech-Language-Hearing Association, Chicago, IL.