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Counseling in Stuttering Treatment

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Disclosures

- Financial: Faculty, Marshall University; Owner, Stuttering Academy; Author, Stuttering Therapy Resources (OASES)
- Non-financial: SIG-4 Coordinating Committee

Learning Outcomes

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 basic counseling techniques and activities that can be applied in stuttering treatment
Should We Be Counseling?

- ASHA Scope of Practice (ASHA, 2016):
  - SLPs counsel by providing education, guidance, and support. Individuals, their families and their caregivers are counseled regarding acceptance, adaptation, and decision making about communication, feeding and swallowing, and related disorders. The role of the SLP in the counseling process includes interactions related to emotional reactions, thoughts, feelings, and behaviors that result from living with the communication disorder, feeding and swallowing disorder, or related disorders.

- SLPs engage in the following activities in counseling persons with communication and feeding and swallowing disorders and their families:
  - empower the individual and family to make informed decisions related to communication or feeding and swallowing issues.
  - educate the individual, family, and related community members about communication or feeding and swallowing disorders.
  - provide support and/or peer-to-peer groups for individuals with disorders and their families.
provide individuals and families with skills that enable them to become self-advocates.

- discuss, evaluate, and address negative emotions and thoughts related to communication or feeding and swallowing disorders.

- refer individuals with disorders to other professionals when counseling needs fall outside of those related to (a) communication and (b) feeding and swallowing.

But…

- Despite the fact that “counseling” is in the scope of practice, many SLPs are not receiving formal training in counseling people with communication disorders.
What You Need to Know:

- Principles of Counseling
- Model of Counseling
- Counseling in Action

- Disclaimer: You need to know a lot more! This will be what you need to know in an hour!

What is Counseling?

- Counseling is not what we do, it is who we are.
  - We can’t fake it
  - Sometimes we don’t say the “right” thing
  - There is no “program” or guide—everyone is different
    - Clients and Clinicians
Principles of Counseling

- do no harm
- become confident and committed
- make it clear that you are for the client
- do not rush to judgment
- keep the client's agenda in focus
- understand diversity
- challenge whatever blind spots you may have
- challenge the client
- be an advocate
- (Adapted from Egan, 2007)

Achieving Principles

- Identifying
- Listening
- Calibrating
- Helping
- Supporting
- Challenging
Identifying

- initial awareness
- urgency
- initial search for remedies
- estimation of cost
- deliberation
- rational decision
- rational emotional decision
- (Eagan—you will see him a lot; He is basically my counseling Sensei)

Listening

- Active listening is about being able to “hear” our clients—both verbal and nonverbal
- SLPs have some difficulty with this—WE LIKE TO TALK!
- Use the 5-second rule
Calibrating

- How important is the client-clinician relationship?
  - According to Wampold and colleagues, it accounts for about 30-50% of the treatment outcomes in psychology

Calibration Tools

- Empathy (not sympathy)
  - Take time, listen, give short responses, be yourself!
  - “You should feel….” Pretty agitated when someone tells you how to feel!
  - Microskills: posture, eye contact, relaxed and natural, lean-in
  - Blink for “malpractice”
Helping

- Results
- Impact
- Change
- Outcomes

Supporting

- We are not “in-charge” of our clients. We are agents of change. There to provide support to help get them to where they want to be, and where they can be.
- Client has to be willing to act
Challenging

• Locus of Control-who is ultimately in charge
  • I can’t do x because I have y sometimes means I have y so I will not do x.

Resistance and Reluctance

• What does this look like for you?
Reasons for Reluctance

- Fear
- Lack of Trust
- Disorganization
- Shame

Avoidance

- Discredit
- Persuade
- Devalue
- Seek other support
- Be Passive
Model of Counseling

- Current Scenario: Will not raise hand to speak in class
- Preferred Scenario: Will raise hand to speak in class
- Action Plan: What steps are needed to get to the preferred scenario?

Counseling and Community

- Clinician-Centered
- Client-Centered
- Family-Centered
- Community-Centered
Community-Centered Care

- Targeting all those around the client, rather than just the client.
  - Family
  - Teachers
  - Coaches
  - Etc.

- Community is the social or education context in which a person communicates

Know your ABCs

- Affective
- Behavioral
- Cognitive
Education

- Core part of counseling and treatment
- Also necessary to educate other professionals
- Support Groups play a key role in treatment

Counseling and “Relapse”

- The Stuttering Journey…
References and Suggested Readings