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Difficult Conversations in Stuttering Treatment

Craig Coleman, MA, CCC-SLP, BCS-F

Moderated by:

Amy Hansen, MA, CCC-SLP, Managing Editor, SpeechPathology.com



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continued

Difficult Conversations in Stuttering Treatment

Craig Coleman, M.A., CCC-SLP, BCS-F, ASHA Fellow
Associate Professor, Marshall University

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Learning Outcomes

After this course, participants will be able to:

- Identify potential topics of discussion with parents and children during the treatment process.
- Describe strategies for counseling children and families in stuttering treatment.
- Describe strategies to build effective therapeutic partnerships with clients and families.

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continued

Disclosures

- Financial: Owner, Stuttering Academy
- Non-Financial: None

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A Framework

- Contextual Model (see work of Wampold & colleagues)
 - Focuses on building client-clinician relationships
 - Advice is to pick the best clinician, not the best treatment
 - Building relationships is important
 - So is establishing rapport
 - Need to ask the client for their perspective

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Stuttering Framework

- Affective: Feelings and emotions
- Behavioral: Surface-level characteristics
- Cognitive: Thought process

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continued

Treatment

- Should focus on all areas of stuttering
 - That means having difficult conversations
- The purpose of this sessions is to highlight possible discussions in stuttering and provide an overview of how to approach them.

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continued

Case 1

- A school-age child or teenager tells you that their only goal for treatment is to stop stuttering

10

continued

Case 2

- Parents of a young child ask you “What causes stuttering?”

11

continued

Case 3

- A parent says “I wish my child would stop stuttering. I just want them to be perfect.”

12

continued

Case 4

- An adult client tells you “I hate stuttering. It makes me have an uncertain future.”

13

continued

Case 5

- A parent says “I am so worried about my child. They started stuttering overnight. It seems like something is wrong with their brain.”

14

continued

Case 6

- A parent says “I feel really guilty. I know my stuttering has been passed on to my child because of me.”

15

continued

Case 7

- A parent says “I know my child is ok with his stuttering, but he needs to be in therapy to help him talk better.”

16

continued

Case 8

- A school-age child tells you “My family sometimes makes fun of my stuttering and it makes me feel really bad.”

17

continued

Case 9

- A middle school child tells you “Other kids at school tease and bully me all the time because of my stuttering. Going to school is so hard.”

18

continued

Case 10

- An adolescent child tells you “I hate talking in class. I tell my teacher to not call on my in class so I don’t have to participate.”

19

continued

Case 11

- An adult client tells you “I really don’t like my stuttering. I wish I would have any other condition. Stuttering is the worst.”

20

continued

Case 12

- A parent asks “John can speak perfectly fine when he uses an accent. Can’t we teach him to do that all of the time?”

21

continued

Case 13

- A parent asks “I am really worried that my child is catching stuttering from another child at school. What should we do?”

22

continued

Case 14

- An adult client says “I can’t take the job I really want. First, they won’t hire me because I stutter. Second, I wouldn’t be able to speak well and people would just laugh at me.”

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References

Wampold, B.E. (2001). The great psychotherapy debate. Models, methods, and findings. Mahwah, NJ: Erlbaum

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