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Counseling in Stuttering Treatment: Practical Strategies

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Disclosures

- **Presenter Disclosure:** *Financial:* Craig Coleman received an honorarium for this presentation and is the co-author of the Overall Assessment of the Speakers' Experience of Stuttering (OASES), for which they receive royalties. *Non-financial:* Craig Coleman has no relevant non-financial relationships to disclose.
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Learning Outcomes

After this course, participants will be able to:

- Describe various counseling approaches used in therapy for people who stutter.
- Identify potential therapy goals to target negative reactions.
- Describe ways to incorporate counseling goals into daily progress monitoring.



Counseling and SLPs

ASHA Scope of Practice (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.



Stuttering and 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 and Counseling

- Can serve many purposes (Jacobs & Schimmel, 2013):
 - Help clients clarify & discover
 - Provide support
 - Help client choose & stick with a decision
 - Give permission
- Counseling is largely about WHO WE ARE, so it is very difficult to imitate others



Stuttering and Counseling

- Stuttering involves a lot of thoughts and feelings; these don't cause stuttering, but they can impact HOW a person reacts to their stuttering and how it impacts them
 - Hard Conversations
 - People don't change easily
 - Thoughts cause feelings
 - Get expectations in line with reality



Stuttering and Counseling

- As clinicians we can get caught up focusing on what to say next, but instead we should focus on...
 - What do I do next?
 - Where is the client headed?
 - Where is the client now? Where should they be in 6 months? A year? 5 years?



Rational and Irrational Thoughts

- Rational:
 - This presentation will be hard
 - I am so nervous to talk to her
 - I don't want to raise my hand in class
- Irrational:
 - I'm stupid because I stutter
 - I will never be able to go to college
 - I can never be a teacher



Disputing Irrational Thoughts

- Probably one of the hardest things we do in therapy
 - *Example:* Parent says, “I am worried my child will not be able to go to college because they stutter.”
 - *Example:* “My future will be uncertain as a person who stutters.”



Self-Messages

- What might people who stutter tell themselves?
- How can we reframe that thinking? Remember, thoughts cause feelings
 - Current Scenario
 - Preferred Scenario
 - How do we go from Current to Preferred?
 - Is the Preferred reasonable



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 he is very scared.
 - What is he doing?
 - What does he want?
 - How can he change?



What Counseling is Not

- Telling people how to feel
- A one size fits all approach
- Just being nice
- Talking all the time
- Working on general anxiety (for SLPs, we don't do this)
- Working on fluency



Getting to Action: Stages of Change

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance



Stuttering as a Chronic Condition

- “Relapse”
 - People don’t relapse in chronic conditions
 - Clients may need to come back
 - Remember, get expectations in line with reality



So, What Do We Target?

- Discussion of Attitudes and Emotions (and the thoughts that drive them)
- Work on avoidance related to communication
- Work on overall communication
- Work on facing fear related to communication and stuttering
- Work on facing people and situations that may be difficult because of stuttering



When is a Client Done?

- Learning is life-long journey; formal therapy is not
- Use strategies when they want to
- They are the experts and can educate others
- Stuttering does not stop them from participating in social and educational activities
- Stuttering does not impact overall quality of life in significant ways
- All of this can be documented in meaningful ways by being descriptive and explaining sessions and goals



Counseling in Action

- Desensitization
- Self-disclosure
- Support
- Acceptance
- Mindfulness



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