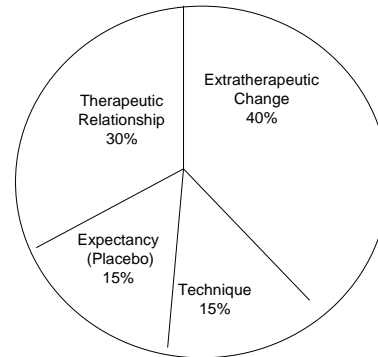


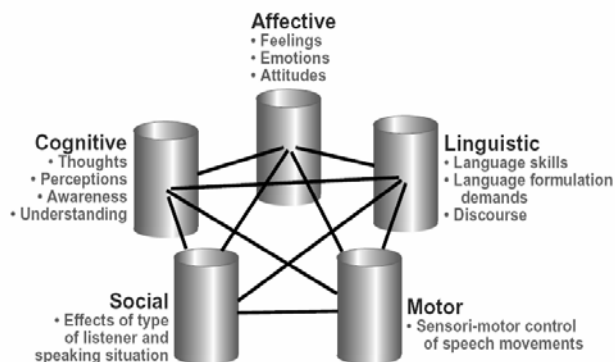
Counseling Children Who Stutter

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Lambert & Bergin (1994)
Asay & Lambert (1999)
Bernstein Ratner (2005)
Franken, Kielstra-Van der Schalk & Boelens (2005)

The CALMS Model of Stuttering



Calms Model Provides Counseling Framework (Healey and Scott, 2001)

- **Considering and accepting that there are options for managing thoughts and feelings**
- **Developing strategies for coping with specific situations and people**
- **Getting a clear picture of what you want to accomplish and discovering what you already know how to do to get there.**

Where Do We Start?

Uncover child's thoughts and beliefs about stuttering and why (s)he stutters

Uncover child's worries and fears about stuttering (e.g. "hands down", "worry ladder", "what pops", etc. (Chmela & Reardon, 2001).

Listen, reflect, reassure, express confidence in child's ability to change and cope

"Your muscles know what to do."

What's Right With You?

- **What have you figured out that helps?**
- **How have you been able to do that?**
- **Can you think of other times when you felt worried, nervous or sad about something? What did you do? Did it help?**
- **Concept map for other problems or situations.**

CHILD STRENGTHS

- Temperament and Personality
- “Signature Strengths”
- Self-Perception of Control and Competence

Temperament

- A largely inherited, multi-faceted construct that characterizes a child’s general disposition and range of moods (Goldsmith, 1987)
- Reactivity – excitability of the nervous system to behavioral responses or external stimuli

- Self-regulation – the processes that inhibit or facilitate reactivity (for example, attention, approach-avoidance strategies, etc.)
- Activity – lethargic to hyperactive

- Emotionality – emotional response to new or novel stimuli
- Sociability – comfort in being alone as opposed to being with other

Temperament mediates the influence of the environment on the child.

The “Behaviorally Inhibited” (BI) Child

- Described by Kagan (1984; 1994) as one type of *normal* temperamental profile
- Relatively timid, sensitive to environment and own behaviors, higher levels of *reactivity* and lower thresholds for *excitability* than other children

- Based on results from administration of the *Temperament Characteristic Scale (TCS)* and the *Parent Perception Scale*, Oyler (1996a, 1996b) and Oyler and Ramig (1995) determined that young children who stutter were significantly more behaviorally inhibited and less likely to take risks than children who do not stutter.

- Further, Anderson, Pellowski, Conture & Kelly (2003) used similar measures and observed that children who stutter are less adaptable, less rhythmic in physiological functioning, and less distractible than their nonstuttering peers.

“Signature Strengths”

- Seligman, 2002

- An important construct in “Positive Psychology”
- (www.authentichappiness.org)
- Are seen across cultures
- Are psychological traits seen across different situations over time

“Signature Strengths”

- Seligman, 2002

- Are valued in their own right
- Can be acquired and measured
- Contribute to adaptive coping
 - Curiosity, interest in the world
 - Love of learning
 - Judgment, critical thinking, open-mindedness
 - Ingenuity, practical intelligence
 - Emotional intelligence

“Signature Strengths”

- Seligman, 2002

- Perspective
- Bravery
- Perseverance
- Integrity, honesty
- Kindness, generosity
- Loving, and allowing oneself to be loved
- Citizenship
- Fairness
- Leadership

“Signature Strengths”

- Seligman, 2002

- Self-control
- Discretion
- Humility
- Appreciation of Beauty
- Gratitude
- Optimism
- Sense of Purpose
- Forgiveness
- Humor
- Enthusiasm

Resilience

- Children who are successful at regulating excitability and emotional reactivity exhibit resilience.
- Children are described as resilient when their temperament and related adaptive skills (or personality traits) facilitate the ability to “bounce back”, or take negative experiences (e.g. stuttering) in stride.

Resilience

- Further, these children may exhibit a more dominant (i.e. less timid), extraverted and sociable personality, and are inclined to readily and positively approach social situations, including therapy.
- May display a relatively high degree of attentional focusing and risk-taking in therapy and in social (communication) situations.
- Temporal substrate of rhythmicity may benefit from practice effects in therapy.
- All may contribute to progress in therapy OR unassisted recovery.

Self-Perception of Control and Competence

- Research in youth sport participation has shown that internal locus of control = higher self-perception of competence, and vice versa (i.e. external locus of control).
- Internal locus of control serves as a protective factor in children who exhibit high levels of trait anxiety or abuse/neglect.

Self-Perception of Control and Competence

- Internal locus of control characterizes children who are motivated to engage in a particular activity or learning task, and maintain a high level of interest across time (e.g. therapy).
- Equivocal evidence that internal locus of control facilitates short-term gains in stuttering therapy.

Self-Perception of Control and Competence

- Finally, evidence suggests that children who stutter tend to have a negative attitude about communication, that increases with age (DeNil and Brutten, 1996).
- A negative attitude about communication are significantly correlated with increased stuttering, negative emotion, and fears about speaking.

Desensitization is Next

Exploring Talking

- Understanding and making choices about talking may be the most important piece of the therapy puzzle
- In order to understand and feel what s/he does during stuttering, the client must know how we talk
 - Establishes common terminology between client and clinician
 - Develops understanding of how respiration, phonation & articulation work together for speech
 - Reinforces that his/her speech system is "normal"
- Rationale for this step
 - Starting treatment in a way that is removed from emotion: neutral and objective
 - Encouraging client to approach something that he/she fears and is used to avoiding

Exploring Talking

Purpose of exploring talking and stuttering is to experiment with choices for:

- Changing speech
 - Tools for changing airflow, tension, voicing, movement, rate
WHICH LEAD TO...
- New ideas about speaking, for example:
 - I don't have to keep using the same patterns of speaking
 - I have options for speaking and for stuttering

Exploring Stuttering

- Identify aspects of stuttering
 - In order to change behavior, need to know *when and what* to change
- Use a hierarchy to experiment with change
- Working through the change hierarchy helps the client to reduce worry and fear about speaking and stuttering (desensitization)
- Exploring stuttering ties information from exploring talking to client's own behavior/speech patterns

Learning from
Sports: The “Mental
Edge”

“The Inner Game of
Tennis” – Galwey

- **Focus on Process NOT Outcome**
- **“You don’t need to see the whole staircase to take a step” (MLK Jr.)**

- **Attending and Noticing not Trying or Working**
- **Starting ‘new habits’ instead of trying to break ‘old habits’ (stuttering) e.g. “Try not to stutter” “Get it (speech) right.”**

- **Choose to Use Negative Thoughts and Emotions As a Cue for Positive Self-talk**
- **Accept and Refocus**
- **Guided Imagery/Visualization**

**Be in the Present, Not in the Past
or Future**

**What Do You Want to Change:
Older Children and Teens**

The Child's "Theory of Change"

**"Within the client is a theory of change
waiting for discovery, a frame-work for
intervention to be unfolded and
accommodated for a successful outcome"**

(Hubble, Duncan & Miller, 1999)

The Child's "Theory of Change"

- Each client and family presents the clinician with a new theory to learn and a new, client-directed intervention to suggest.
- Research in psychotherapy has shown that what the client and family want from treatment, how these goals are accomplished, and their perception of improvement may be the most important factors in therapy.

The Child's "Theory of Change"

- What ideas do you have about what needs to happen so that you can use more easy speech/don't worry about talking, etc.?
- Sometimes kids have an idea about what is causing a problem, and also how they can change it. Do you?
- How can I help you?

- Hubble, Duncan & Miller, 1999

The Child's "Theory of Change"

- How does change usually happen in your life?
- What do you do when you have to change something or do something that you've never done before?
- What have you tried to help with stuttering so far? Did it help? How did it help? Why didn't it help?

- Hubble, Duncan & Miller, 1999

Child Session Rating Scale (CSRS)

Name _____ Age (Yrs) _____
 Sex: M / F _____
 Session # _____ Date _____

How was our time together today? Please put a mark on the lines below to let us know how you feel.

Listening
 I did not always listen to me. (☹) _____ I listened to me. (☺)

How Important
 What we did and talked about was not really that important to me. (☹) _____ I liked what we did today. (☺)

What We Did
 I did not like what we did today. (☹) _____ I liked what we did today. (☺)

Overall
 I wish we could do something different. (☹) _____ I hope we do the same kind of things next time. (☺)

Institute for the Study of Therapeutic Change
www.talkingsmart.com

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Child Outcome Rating Scale (CORS)

Name _____ Age (Yrs) _____
 Sex: M / F _____
 Session # _____ Date _____
 Who is filling out this form? Please check one: Child _____ Caretaker _____
 If caretaker, what is your relationship to this child? _____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiling face, the better things are. The closer to the frowny face, things are not so good. If you are a caretaker filling out this form, please fill out according to how you about the child is doing.

Me
 (How am I doing?)
 (☹) _____ (☺)

Family
 (How are things in my family?)
 (☹) _____ (☺)

School
 (How am I doing at school?)
 (☹) _____ (☺)

Everything
 (How is everything going?)
 (☹) _____ (☺)

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Young Child Session Rating Scale (YCSRS)

Name: _____ Age (Yrs): _____
 Sex: M / F _____
 Session # _____ Date: _____

Choose one of the faces that shows how it was for you to be here today. Or, you can draw one below that is just right for you.

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Young Child Outcome Rating Scale (YCORS)

Name: _____ Age (Yrs): _____
 Sex: M / F _____
 Session # _____ Date: _____

Choose one of the faces that shows how things are going for you. Or, you can draw one below that is just right for you.

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- Teens and older children may come to therapy with partially formed notions of why they are there, and what they want. They may have vague feelings and ideas about stuttering that have led them to decide that they want to make some kind of change...OR
- They may be *contemplating* some kind of change to which they are not yet ready to commit (Proschaska, DiClemente, & Norcross, 1992).

- They may believe that they want to make a change in their *speech*, but it may be the case that what they want more is to change the way they *feel* about their speech and themselves, or the way their parents feel and think (and act) about their stuttering.

- Our first job is to help them to explore the place that stuttering occupies in their lives.
- What meaning do they attach to stuttering within the context of their everyday experience, and in the present and future goals they set for themselves?
- This exploration is a process, and requires the development of a balanced relationship between the teen and the clinician (Blood, 1993).

Understanding Adolescence

- Wolfe, A.E. Get Out of My Life, But First Could You Drive Me and Cheryl to the Mall? A Parent's Guide to the New Teenager (1991). New York: Noonday Press
- **Basic Assumptions**
 - They are the center of their universe.
 - Being cool is key.
 - Friends are everything; adults are irrelevant.

Getting to Know You

- Establish roles, goals, and responsibilities
- Know your subject
- Talk less, listen more, and avoid overstatement
- Use Humor
- Writing

Getting to Know You (cont'd)

Writing

- self-characterization (Botterill and Cook, 1987)
- journal response to statements and questions
 - How has stuttering affected my life?
 - Besides being a person who stutters, I am also a person wh
 - How has stuttering been a positive influence in my life?

What kinds of changes do I think I could make to change the way I talk?

What makes me most want to change the way I talk?

How has my family been involved in my therapy?

What I want to do in the future is....

- journal record of therapy experience

Assessing and Changing Thoughts and Beliefs

Cognitive Restructuring

- Based on the “cognitive model” which considers a person’s perception as the major influence on emotion and behavior (Beck, 1995)
- The way a person construes a situation (not the situation itself) is what determines how people feel (Beck, 1964).

Core Beliefs --- → Intermediate Beliefs (attitudes, rules, assumptions) --- → Automatic Thoughts --- → Emotions --- → Behavior

AUTOMATIC THOUGHTS

Automatic thoughts reflect a “stream of thinking” that occurs simultaneously with a stream of thoughts that are more readily perceived (Beck, 1964). These automatic thoughts are not abnormal or odd: we all experience them.

Most of the time we are barely aware of our automatic thoughts, but with training we can bring them into consciousness.

Automatic thoughts arise spontaneously, are usually fleeting, and are not based on rational thought, problem-solving, or judgment.

We usually accept them as true, without reflection or evaluation.

EXAMPLES OF AUTOMATIC THOUGHTS

(Specific to Stuttering)

- “Oh no! I can’t say that.”
- “I know I’m going to stutter when I talk to her.”
- “It won’t come out.”
- “I’m stuck.”
- “She’ll think I’m stupid.”
- “They’ll laugh at me.”

EMOTIONS

Automatic thoughts trigger emotions. People are usually aware of the emotions associated with these thoughts, but with training can become aware of their thinking.

Examples:

Panic	Sadness
Fear	Shame
Embarrassment	Worry
Guilt	Tension

BEHAVIOR

Finally, emotions lead to behavior. And for teens who stutter, emotions can trigger many of the struggle behaviors that constitute advanced stuttering.

Examples:

- Excessive laryngeal tension
- Inappropriate cessation of airflow and/or voicing during speech
- “Pushing” or “pulling back”
- Multiple interjections (e.g., ‘um’, ‘well’, etc. or short phrases prior to specific sounds or words)

We initially focus on the relationship between automatic thoughts, emotions, and behaviors.

For long-term change to occur, we will eventually need to help them to re-evaluate core and intermediate beliefs, as well.

IDENTIFYING AUTOMATIC THOUGHTS

- Start by identifying automatic thoughts the teen is having in the session itself.
- This is accomplished by observing an “affect shift” as evidenced by nonverbal cues such as a change in facial expression, posture shifts, tightening of muscles, etc. Additional verbal cues include changes in tone, pitch, etc. as well as fluency.
- The basic question to elicit these “hot cognitions” is

What was going through your mind just then?

- Once automatic thoughts are elicited, try to help the teen attach emotions to them, and ultimately, behavior.
- Deciding what thoughts to focus on depends on how strongly the thought is believed (0 - 100%), the emotions it elicits, and the strength of those emotions (0 - 100%).
- Questioning is a good structure for evaluating the *validity* and *utility* of automatic thoughts.

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What is the evidence that supports or refutes this idea?

Is there an alternative explanation?

**What is the worst that could happen?
Could I live through it?**

What is the best that could happen?

What is the most realistic outcome?

What is the effect of my believing this thought?

What could be the effect of changing my thinking?

What should I do about it?

What would I tell a friend if she/he were in the same situation?

(Beck, 1995)

A second way to elicit automatic thoughts related to specific situations is through recall, imagery, role-playing, or hypothesizing.

- A journal helps teens to record the automatic thoughts surrounding specific situations, observe and record outcome, and assess the validity and usefulness of these thoughts.

HOPE or EXPECTANCY

- Pathways Thinking
- Agency Thinking
- “Expectancy Theory”

Hope or Expectancy

- Pathways thinking – developing one or two ways to accomplish change
- Agency thinking – the ability to begin and persist in doing what is necessary to change.
- Inability to experience either pathways or agency thinking causes stress and difficulty in coping

Hope or Expectancy

The positive emotion that stems from the ability to successfully engage in both pathways and agency thinking is the essence of hope. Hope is not a purely emotional phenomenon; it is an emotional response that is rooted in cognition.

- Barnum, Snyder, Rapoff, Mani & Thompson, 1998).

Hope or Expectancy

- “Expectancy Theory” – With hope for change comes expectancy that change can and will take place. An individual’s belief that a certain treatment will yield a certain effect either triggers or correlates to that effect.
- Expectancy Theory has long been used to explain the placebo effect in medicine.

Hope or Expectancy

A more positive treatment outcome is likely to be predicated on the client’s hopefulness, but also on the clinician’s hope and expectation that the client has the ability to change, and that they will be able to help the client bring about such change.

Some Additional Skills....

RELAXATION

- **Progressive Relaxation**
- **Deep Breathing**
- **Relaxation Response (Benson, 1975)**