



Developing skills for counseling people who stutter and their families

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What do I do now?!?

*(Part of a Panel Presentation at ASHA 2000, with
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“What do I do now?!?”



★ One of the most common questions asked by clinicians

- ★ What do I do next?
- ★ What do I say next?
- ★ What if I don't know what to do next?
- ★ How do I know if I did the right thing?

★ Also one of the most common question asked by our *clients*

Purpose

- ★ To present an overview of the *process* of counseling (i.e., what to DO next)
- ★ To discuss different ways to *respond* to clients (i.e., what to SAY next)



Defining Counseling

★ What IS counseling?

- ★ More than just talking about problems... also about finding solutions

★ When does counseling occur?

- ★ Counseling is just one part of treatment, but the counseling relationship should be consistent throughout treatment
- ★ Thus, counseling CAN occur every time you interact with your clients

What Do *Clinicians* Do in Counseling?

- ★ Gather information

- E.g., diagnostic interviews

- ★ Provide information

- E.g., educating client about stuttering

- ★ *Listen* to clients

- ...and convey understanding of the client's concerns



What Do *Clients* Do in Counseling?

- ★ Talk about their problems
- ★ Talk about the kinds of solutions they would like to see
- ★ Talk about ways to achieve those solutions

What do Clients and Clinicians Do in Treatment Together?

- ★ *Work together* to foster change in the client's behaviors or situations





Working Together when Talking about problems

- ✦ When describing their situation, clients may not see their situation clearly
 - ✦ They may not accurately understand the nature of their situation
 - ✦ They may focus on what others have done and not see their own role
- ✦ Clinicians can help clients perceive the situation more accurately

Example

- ★ The mother of a child who stutters may have fears about whether her child will ever be able to get a job
- ★ The clinician can acknowledge that the mother's fears are real and give her an opportunity to discuss them
- ★ The clinician can provide information that may allay the mother's fears

Example

- ✦ An adult who stutters may be angry because somebody cut him off or filled in words for him
- ✦ A clinician can acknowledge that the client has experienced frustration
- ✦ The clinician can also probe how the client's own concerns about stuttering may have contributed to the situation

Working Together when Talking about Solutions

- ★ When considering solutions, clients may have limitations in their ability to envision different possibilities
 - ★ High expectations (unrealistic goals)
 - ★ Low expectations (limiting goals)
- ★ Clinicians can help clients consider novel possibilities and different perspectives

Example

- ★ The mother of a 5-year-old is having difficulty deciding whether to hold her child back from kindergarten
- ★ The clinician can help her identify the pros and cons of various options, reflecting her concerns back to her so she can gain a better understanding of what her fears may be

Example

- ✦ An adult who stutters has been unsuccessful in prior treatment, and now he doesn't know what he wants out of speech therapy
- ✦ The clinician can help the client explore different options for treatment, considering how the options relate to his goals



Working Together when Talking about Strategies

- ★ When trying to figure out how to achieve their goals, clients may not see all possible options
 - ★ Not knowing how to achieve goals
 - ★ Not being able to get started once a goal has been selected
- ★ Clinicians can help clients evaluate different strategies and begin the process of making changes

Example

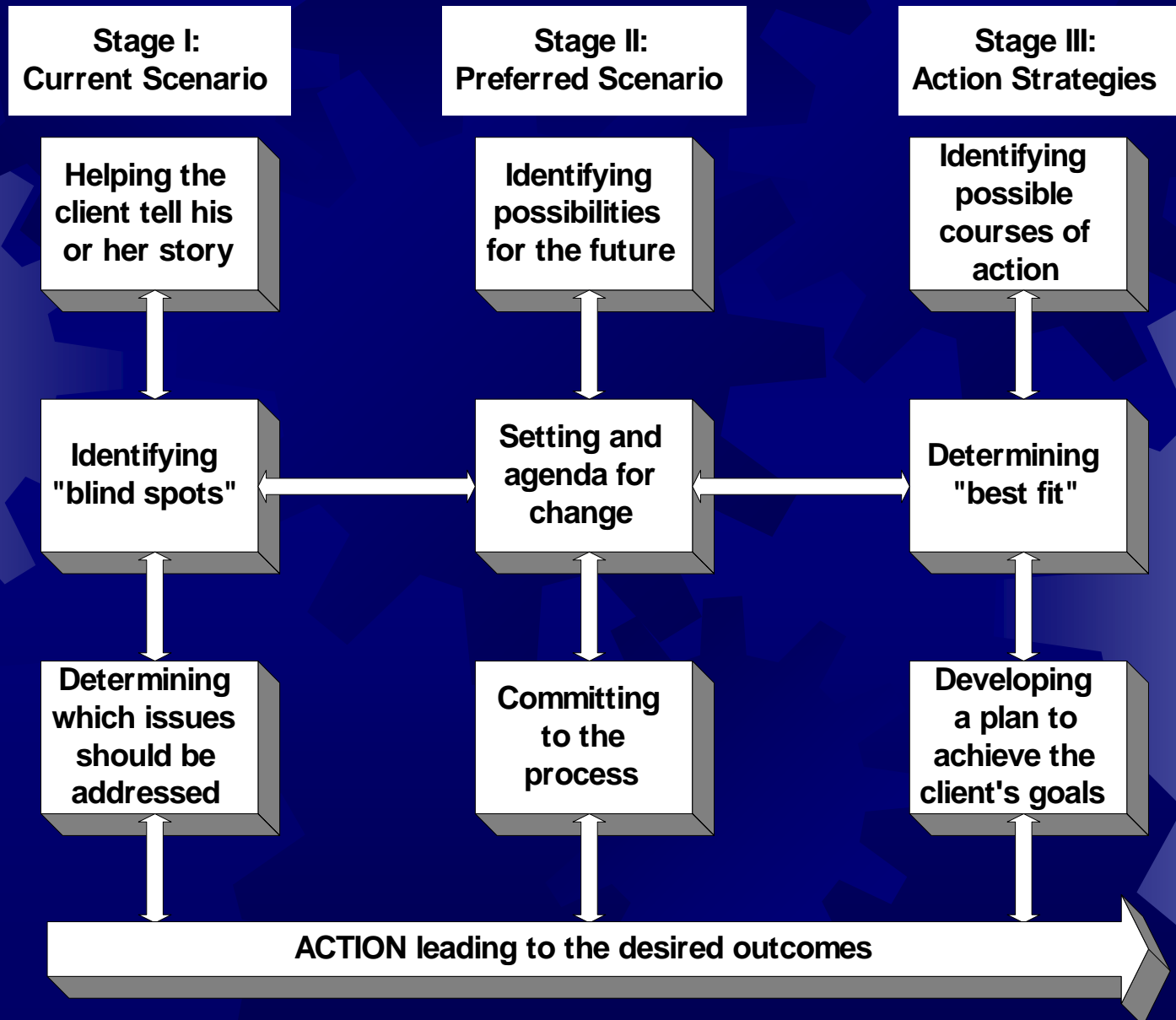
- ★ The parent of a child who stutters may want to help her child become more accepting of stuttering, but can't see how to do that.
- ★ The clinician can help her identify ways to work on her own acceptance of stuttering so she will be more available to help her child

Example

- ★ An adult may want to use fluency techniques in everyday speaking situations, but he finds that he is unable to apply them that frequently
- ★ The clinician can help the client identify the roadblocks that are holding him back and *brainstorm* about new strategies he can use to improve his use of fluency techniques

A Model of the Helping Process

(Egan, 1996)





What do I SAY now?

Listening and Attending

Understanding

Responding

Listening and Attending



- ★ To develop a counseling relationship, show that you **value** your client
 - ★ Be visibly tuned in to the client
 - ★ Use SOLER skills
- ★ Listen for the client's...
 - ★ ***Experiences:*** What happens to the client
 - ★ ***Behaviors:*** What the client does
 - ★ ***Affect:*** How the client feels

Example – Scenario

- ★ The parent of a 9-year-old who stutters has reacted negatively to your treatment, which involves helping the child accept his stuttering. She says, “His pediatrician has been telling me for years that he’ll outgrow it...If you tell him to accept his stuttering now, that’s just giving in to it and practically encouraging him to stutter!”
- ★ What are the client’s *experiences, behaviors, affect?*

Example – Message

☀ Experiences

- ☀ Receiving (mis)information from pediatrician

☀ Behaviors

- ☀ Reacting negatively to you
- ☀ Not getting more information about stuttering even though the child continued to stutter

☀ Affect

- ☀ Fear

Example – Scenario

- ★ An adult who stutters hasn't been given as much responsibility at work as he would like. He has been in treatment improving both his fluency and his attitudes. He says, "I don't know if they're going to promote me...that's not up to me. I'm not even sure they know I want to be promoted! I just keep waiting, but they never give me the chance I deserve."
- ★ What are the client's *experiences, behaviors, affect?*

Example – Message

☀ Experiences

- ☀ Hasn't been promoted
- ☀ Good success in therapy

☀ Behaviors

- ☀ Working hard in therapy
- ☀ Not advocating for himself (a blind spot ?)

☀ Affect

- ☀ Frustration

Understanding

- ✦ By listening and attending to the client's messages, we can begin to understand his situation
- ✦ We must take into account the client's perspective (*context*)
 - ✦ We don't have to agree with the client, but if we are going to show that we value him, we must acknowledge his right to have a different perspective

Responding

- ★ After we have listened to the client, and understood his concern, we must **respond** to him
 - ★ Even if you understand your client perfectly, it does no good if you don't *communicate that understanding*
 - ★ There are many ways to respond, and this is one of the primary sources of confusion when SLPs try to counsel

Types of Responses

(from Luterman, 1996)

- ✦ Content Response
- ✦ Affect Response
- ✦ Counterquestion
- ✦ Reframing
- ✦ Affirmation
- ✦ “Sharing self”
- ✦ Silence

(Some) Types of Responses

(from Luterman, 1996)

☀ Content Response

☀ Affect Response

☀ Counterquestion

☀ Reframing

☀ Affirmation

☀ “Sharing self”

☀ Silence

Providing the client with information, perhaps in response to a question, but many times not.

- “stuttering is caused by...”
- “to speak more fluently, you...”

(Some) Types of Responses

(from Luterman, 1996)

☀ Content Response

☀ Affect Response

☀ Counterquestion

☀ Reframing

☀ Affirmation

☀ “Sharing self”

☀ Silence

Identifying the client’s feelings.

- “it sounds like that was frustrating”
- “you seem disappointed about how she reacted to your stuttering”

(Some) Types of Responses

(from Luterman, 1996)

- ★ Content Response

- ★ Affect Response

- ★ Counterquestion

- ★ Reframing

- ★ Affirmation

- ★ “Sharing self”

- ★ Silence

A type of challenge in which the clinician does not confirm the client's expectations to help the client take responsibility

- “Why shouldn't people react to your stuttering?”

(Some) Types of Responses

(from Luterman, 1996)

☀ Content Response

☀ Affect Response

☀ Counterquestion

☀ Reframing

☀ Affirmation

☀ “Sharing self”

☀ Silence

Helping the client find opportunities they might not see.

- “Driving your child to treatment three times per week has given you a chance spend time together.”

(Some) Types of Responses

(from Luterman, 1996)

- ✦ Content Response Provides indication that the message has been received without providing specific input...
- ✦ Affect Response
- ✦ Counterquestion
- ✦ Reframing
- ✦ Affirmation Encourages the client to continue talking
- ✦ “Sharing self”
- ✦ Silence

(Some) Types of Response

(from Luterman, 1996)

☀ Content Response

Sharing *some* of the clinician's experiences with the client

☀ Affect Response

☀ Counterquestion

- Helps build credibility

☀ Reframing

- Lets the client know he's not alone

☀ Affirmation

☀ "Sharing self"

- Helps client explore other options

☀ Silence

(Some) Types of Response

(from Luterman, 1996)

- ☀ Content Response

We don't have to talk the whole time

- ☀ Affect Response

- ☀ Counterquestion

Sometimes silence can encourage clients to continue talking

- ☀ Reframing

- ☀ Affirmation

- ☀ "Sharing self"

Must be used sparingly and carefully.

- ☀ Silence

(Some) Types of Response

(from Luterman, 1996)

- ★ Content Response

- ★ Affect Response

- ★ Counterquestion

- ★ Reframing

- ★ Affirmation

- ★ “Sharing self”

- ★ Silence

All of these types of responses must be used carefully, when it is appropriate to use them.

Don't over-use responses or rely on a responding “formula.”

Which Response Do I Use?

- ★ Many SLP clinicians tend to be more comfortable with content responses (informing) or questions (probes)
 - ★ Need to demonstrate our expertise to build credibility (particularly at the beginning of our careers)
 - ★ Need to provide clients with answers
 - ★ *Easier than talking about feelings!*

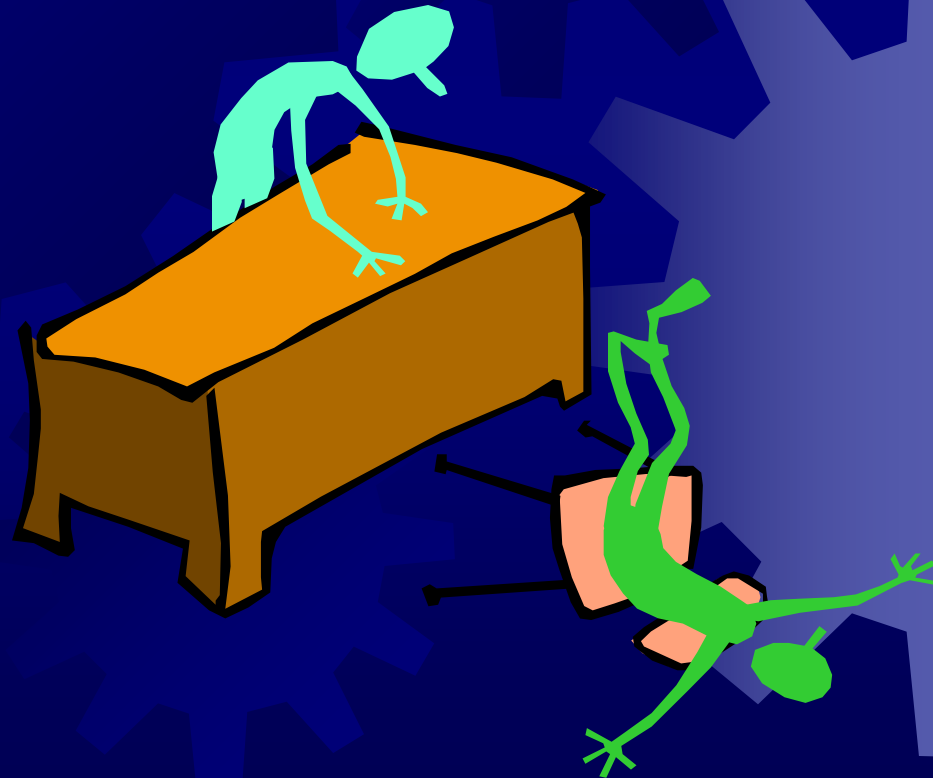
Counseling \neq *teaching*

- ★ Watch out for too much *informing*

- ★ We do need to provide information...

- ★ *(But don't bowl them over with too many facts)*

- ★ *Try not to be too directive in treatment*



“Nothing more than feelings”

- ✦ Many clients experience significant emotional reactions to their stuttering
 - ✦ In fact, the client’s reactions play a major role in determining his degree of disability or handicap (Yaruss, 1998)
 - ✦ *When a client shares his or her feelings with us, we MUST respond if we wish to show that we value the client*

The Empathetic Response

★ Demonstrating our understanding of the client's message by responding to the client's:

- ★ Experiences
- ★ Behaviors
- ★ Affect

★ The Formula:

- ★ You feel <this way> because of <experience or behavior>

Examples

- ★ “You feel frustrated because you don’t know why they haven’t promoted you”
- ★ “You’re worried that acknowledging stuttering will make it worse”
- ★ “You feel alone because people don’t talk with you and it’s hard for you to seek them out”

Remember...

- ★ The goal of the empathetic response is to communicate that we have received and understood the client's message...*don't take it for granted*
- ★ We may have more to say, but before we do, we should at least acknowledge the feelings the client shared
- ★ As your skills develop, you can use your own words for the client's behavior, experiences, and affect

Example – Scenario

- ★ The parent of a 3-year-old says “I just don’t know what to do...he starts stuttering and my mind just freezes. It’s so hard to watch him do that. Sometimes I just tell him to stop it! I know that’s bad, but I just can’t help myself. What will this do to his life?!? Am I a bad mother?”
- ★ How could you respond using the formula?

Example – Responding

☀ The message

- ☀ *Experience:* Child is stuttering.
- ☀ *Behavior:* Telling child to stop.
- ☀ *Affect:* Guilt, fear, anxiety

☀ Some empathetic responses (by formula)

- ☀ You're afraid that this will have a long-term impact and you don't know what to do about it
- ☀ You feel uncertain about how to respond and afraid you might do or say the wrong thing

Example – Scenario

- ★ An adult client is disappointed with his progress in treatment. “You clinicians are all alike. You get us fluent in the clinic, then send us out to fend for ourselves! I’m sick of it! I’ve done everything you’ve said but it hasn’t made any difference!”
- ★ How could you respond using the formula?

Example – Responding

☀ The message

- ☀ *Experience:* Difficulty with generalization.
- ☀ *Behavior:* Compliance in therapy.
- ☀ *Affect:* Anger, frustration.

☀ An empathetic response (by formula)

- ☀ “You’re frustrated that you’ve been working so hard but things still aren’t going the way you’d like them to go.”

Developing Responding Skills

- ★ Many clinicians are uncomfortable with empathetic/affect responses
 - It can feel very awkward when you are still using the formula, but this improves with time and practice
- ★ Allow yourself to be wrong sometimes
 - Even if you misidentify a client's feelings, you will learn more when the client corrects your misperception
 - Be careful not to project or lead the client...

Summary

- ✦ Clinicians are often uncomfortable knowing what to do next in treatment
 - ✦ The “helping process” model can help you identify the next step in treatment
 - ✦ Careful listening and attending can help the client know that you value him
 - ✦ The “basic empathy” response helps you communicating to the client that you understand his message