

Impact of Stuttering



Speaking fears are normal, not exceptional



Studies show that public speaking is the number one fear of FLUENT speakers (death was ranked as number 6)

Related to Perceptions



**Stutterers, parents, teachers,
peers, etc.**

Stereotype

□ **Personality characteristics and attitudes of person who stutters**

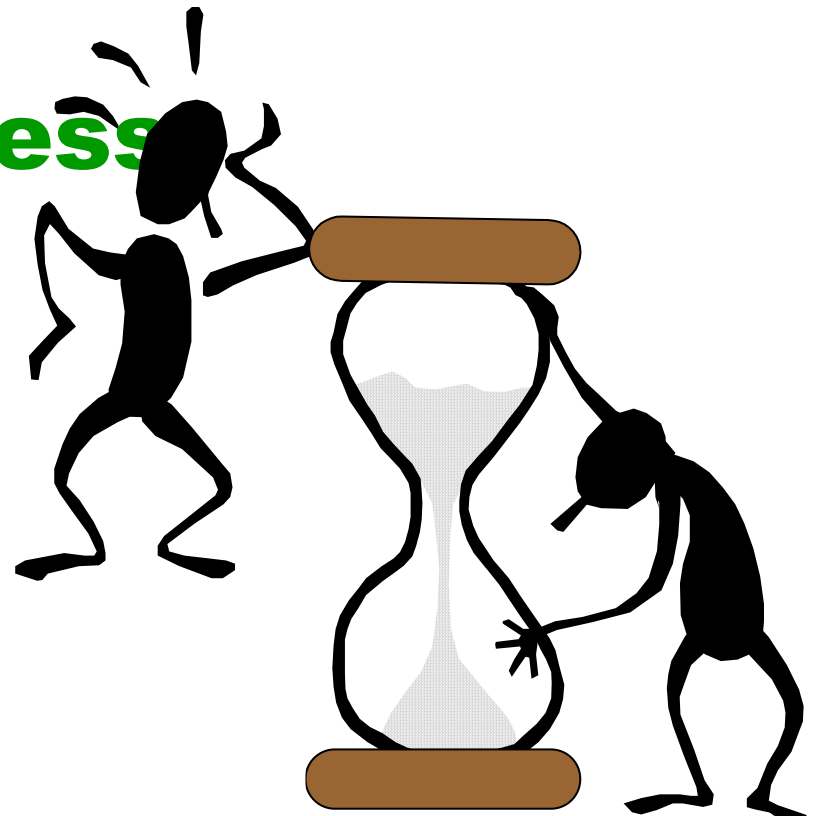
□ **self-consciousness**

□ **reticence**

□ **shyness**

□ **fearfulness**

□ **unpleasantness**



Stereotype

□ **Personality characteristics and attitudes of person who stutters**

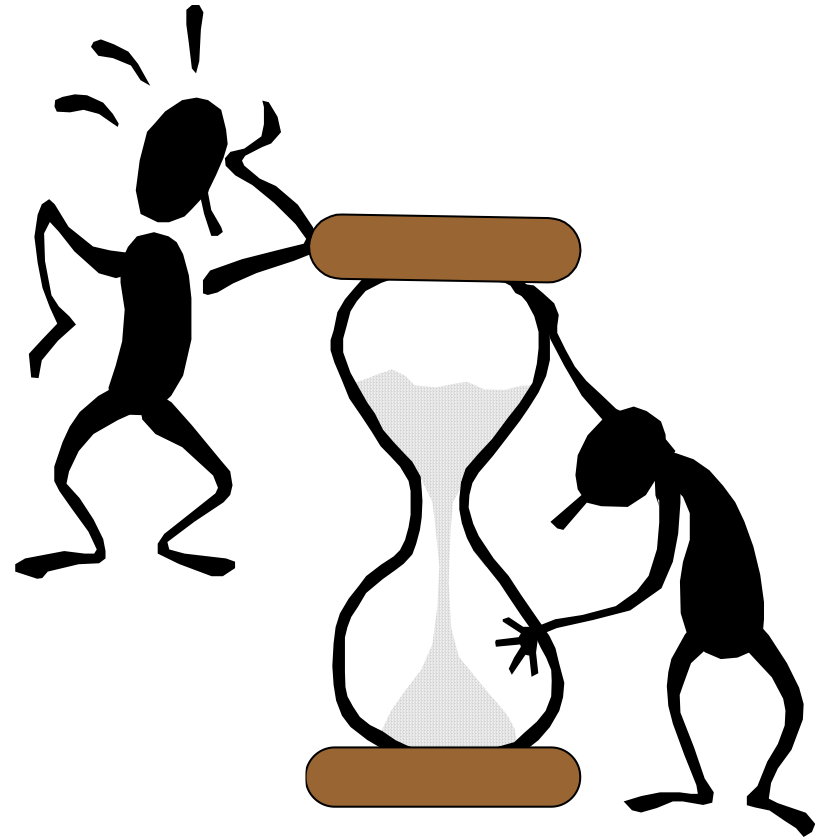
□ **unfriendliness**

□ **nervousness**

□ **introversion**

□ **tension**

□ **anxiety**



Adults often judged negatively in areas of:

□ Intelligence

□ Sensitivity

□ Aggression



**Women who stutter
considered more negatively
than other women relative to
their male stuttering
counterparts and other men.**

**Stuttering women considered
to be:**

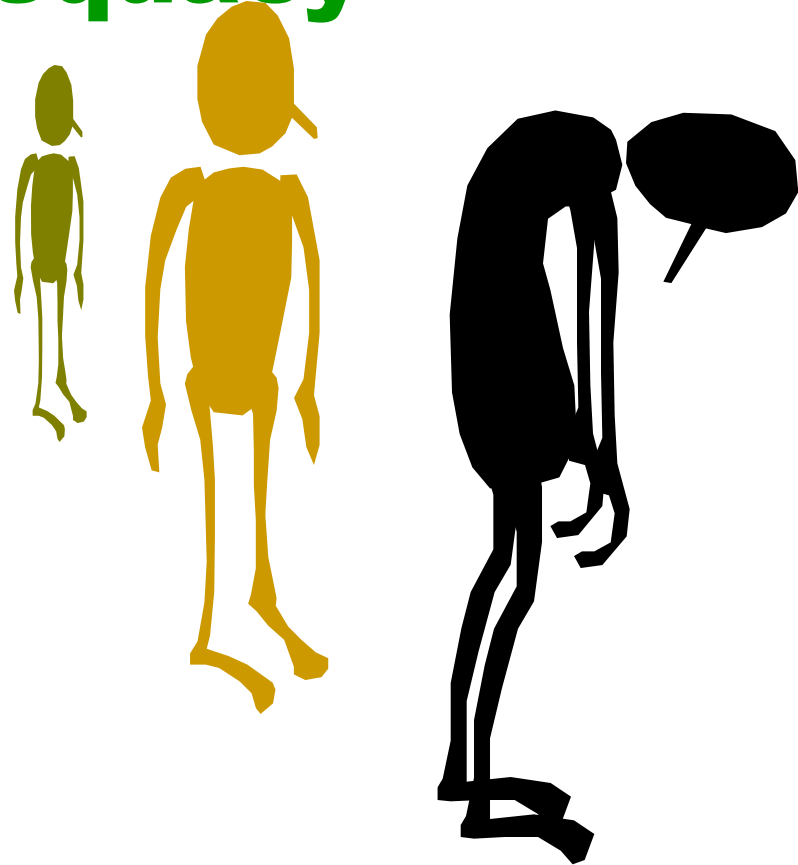
Naïve insecure boring

Unsociable lacking influence

masculine

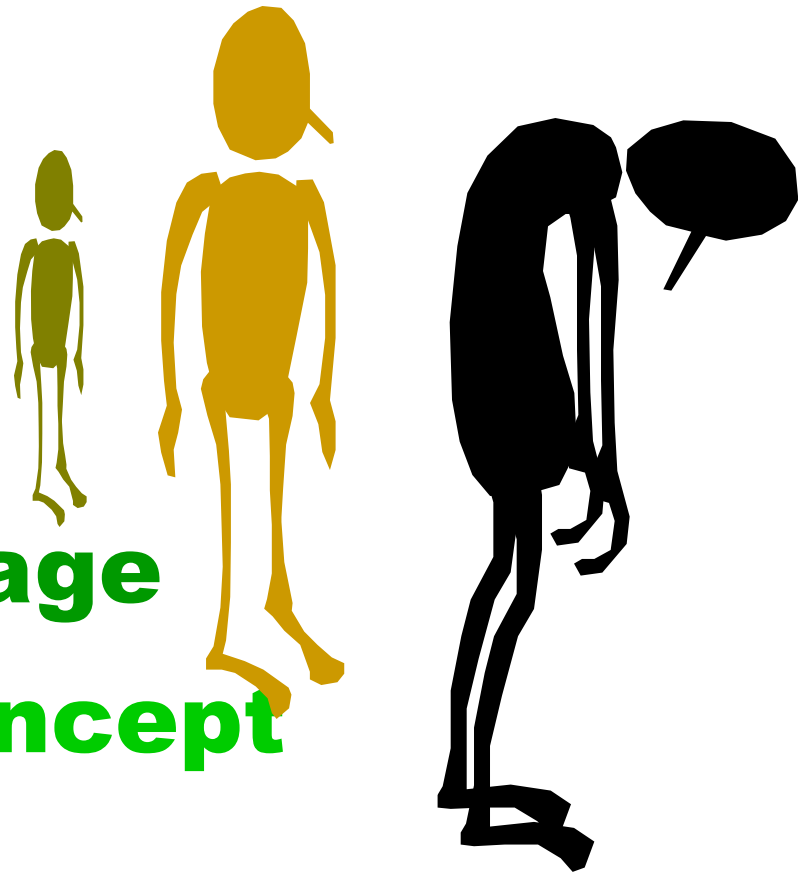
Impact of those attitudes on stutterer

- Feelings of inadequacy
- guilt
- powerlessness
- shame
- helplessness



Impact of those attitudes on stutterer

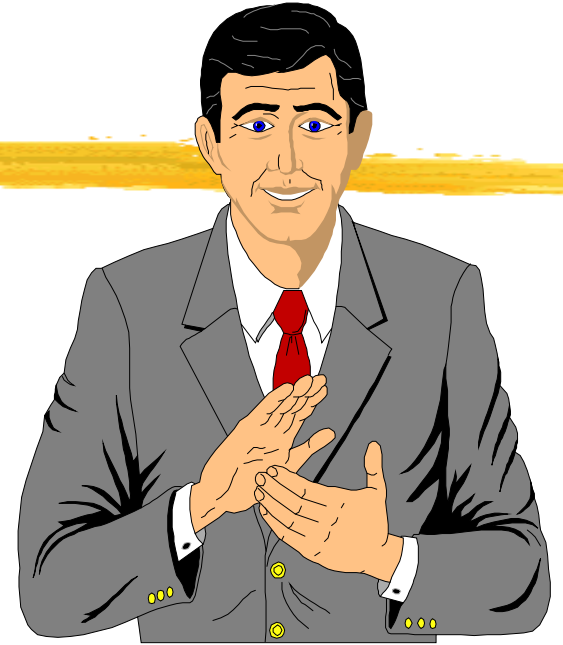
- **hopelessness**
- **failure**
- **altered body image**
- **negative self-concept**



Research Results

- **Non-stutterers prefer to interact with severe stutterers who acknowledge their stuttering**





□ Mild and severe stutterers who acknowledged their stuttering received more favorable ratings on intelligence, personality, appearance than those who did not acknowledge their stuttering



- **Pediatricians:**

- **strong tendency to delay intervention**

- **preference for parent-oriented treatment**

- **indicated strong interest in learning more about the subject**

Impact on Children

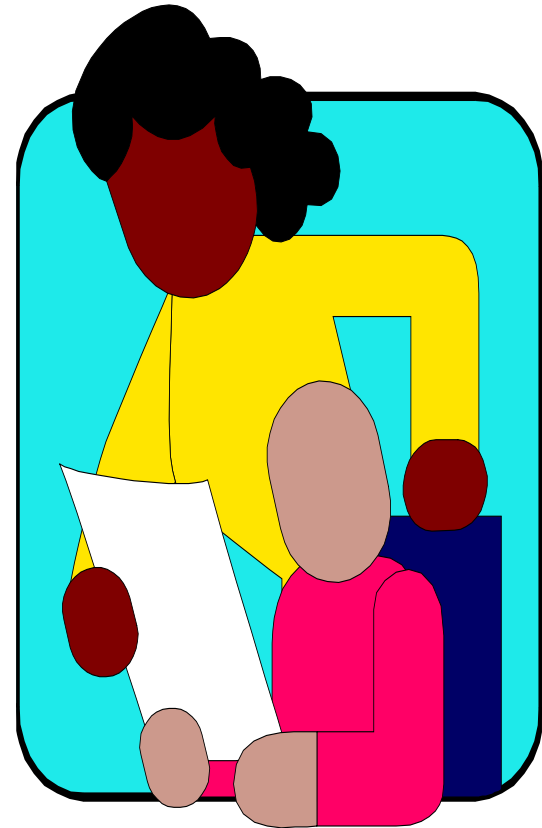
- **Stuttering is an “expectancy disorder”**
- **For child who stutters, fearful expectation regarding speaking can lead to justification of the belief that talking is hard.**
- **The correlation between fear & avoidance is strong**

**We need to be aware of
our clients' beliefs and
emotions associated
with stuttering**



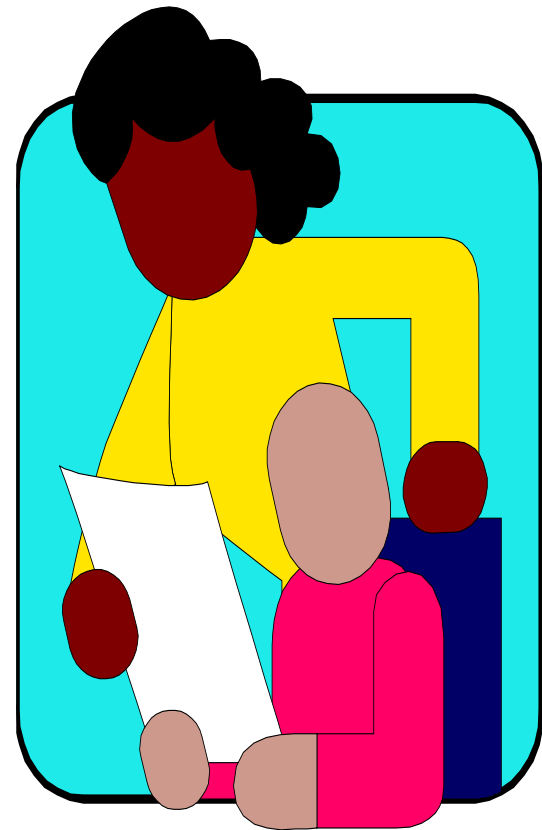
Attitude Scales/Tests

- **Children's Attitude Test (Dr. Gene Brutton)**
- **A-19 Scale for Children**



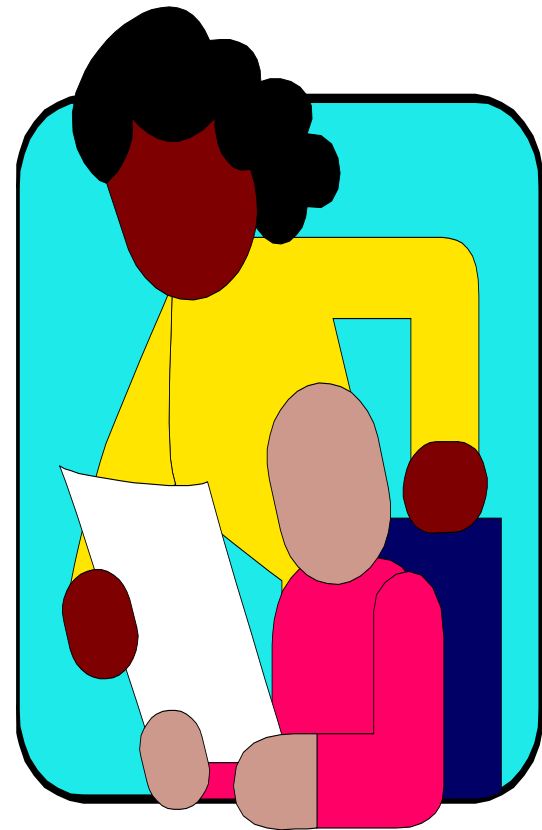
Attitude Scales/Tests

- **Children's Attitude Test (Dr. Gene Brutton)**
- **A-19 Scale for Children**
- **Modified Erickson Scale of Communication Attitudes**



Attitude Scales/Tests

- **Stutterers' Self Rating of Reactions to Speech Situations**
- **Perceptions of Stuttering Interview (PSI)**





**“It doesn’t mean you’re not a
human being still”**

8 year old stutterer

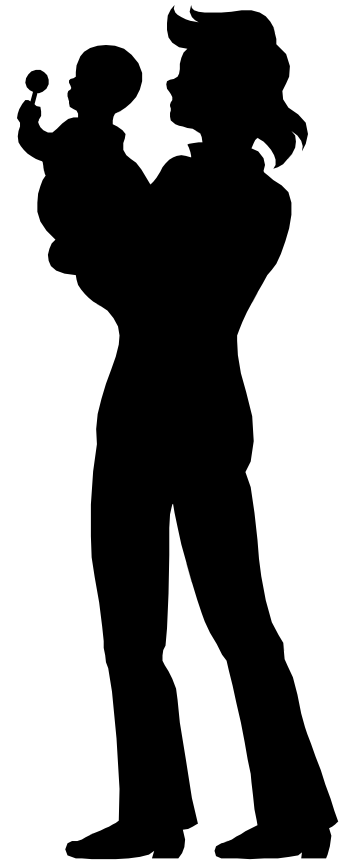
Keep parent's role in perspective



- **They did not cause this problem...but**
- **Conversational behaviors can exacerbate or alleviate symptoms, as many chronic disease states (i.e. asthma)**

Keep parent's role in perspective:

- They did not cause this problem....but**
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Current recommendations to parents of young children who stutter

- Slow down**
- avoid interruptions &
"simultalk"**

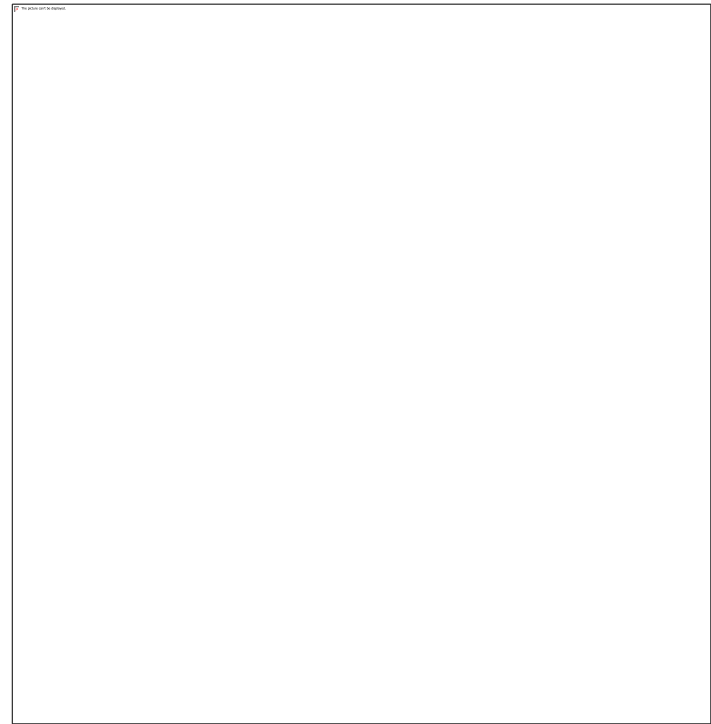
Current recommendations to parents of young children who stutter

- **Slow down**
- **avoid interruptions & "simultalk"**
- **use simpler language**
- **reduce communicative pressures on child**



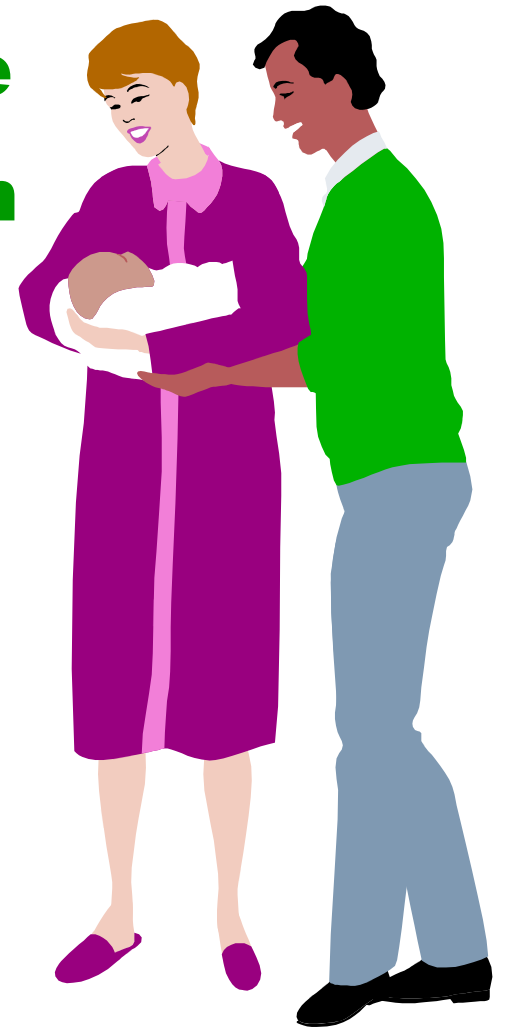
Multicultural Considerations in Intervention

- Need to understand precipitating and perpetuating factors**

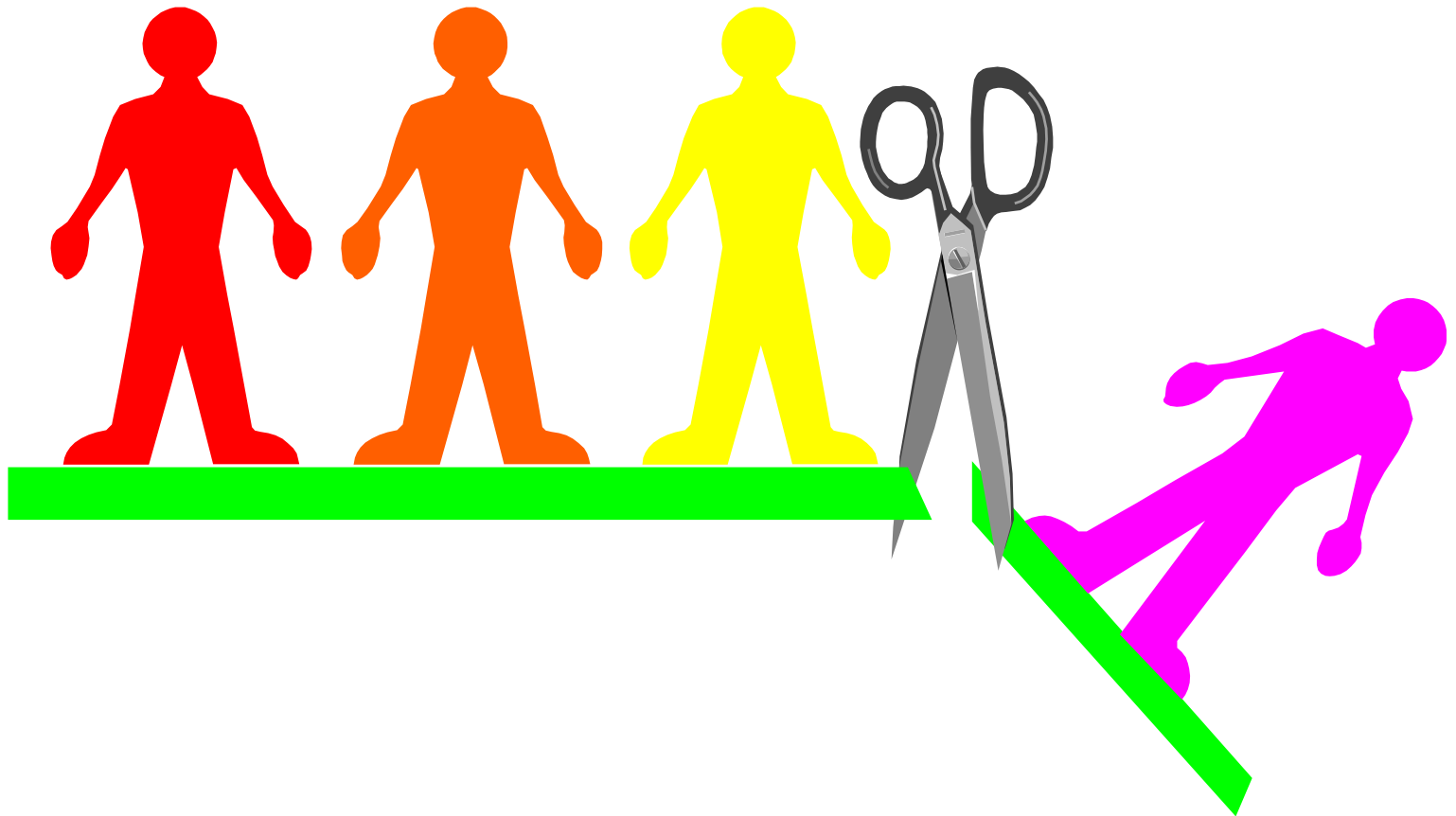


□ Need to understand

- **linguistic demands of culture**
- **patterns of family interaction**
- **behavioral expectations**
- **gender behaviors**
- **education**
- **religion... spiritual beliefs**
- **fears, attitudes, values**

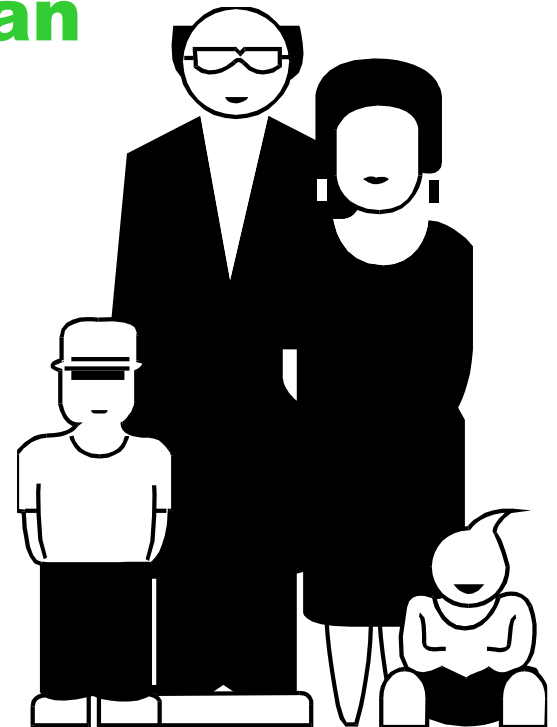


MULTICULTURAL I.Q. TEST



EXAMPLES

- **Event: Family arrived late for their scheduled appointment and was admonished by the clinician**



Clinician's Interpretation

- Family is irresponsible and unmotivated

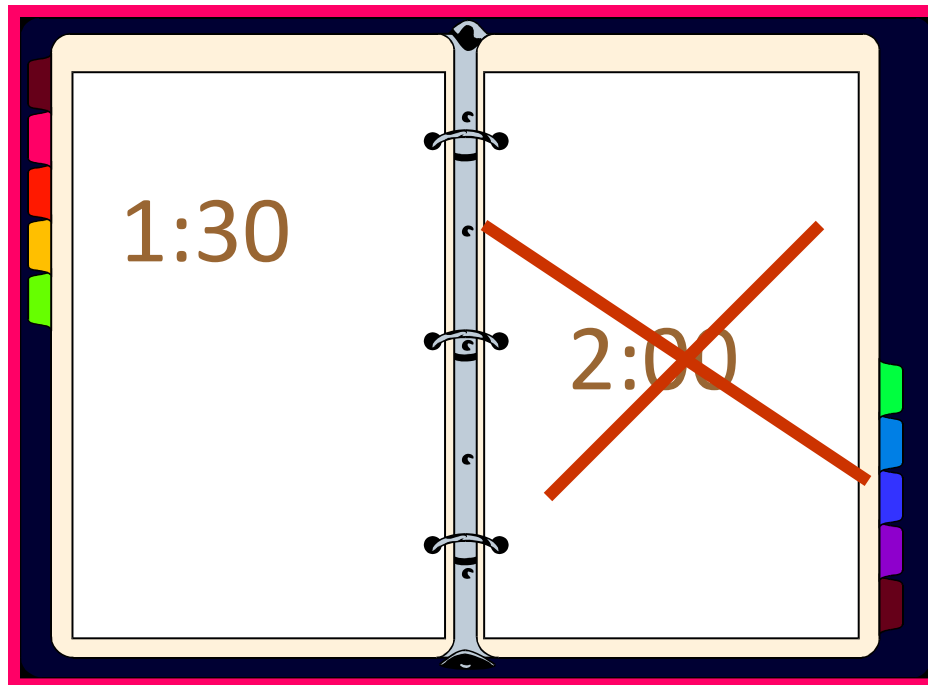
Cultural Interpretation

- Families culture is not time oriented



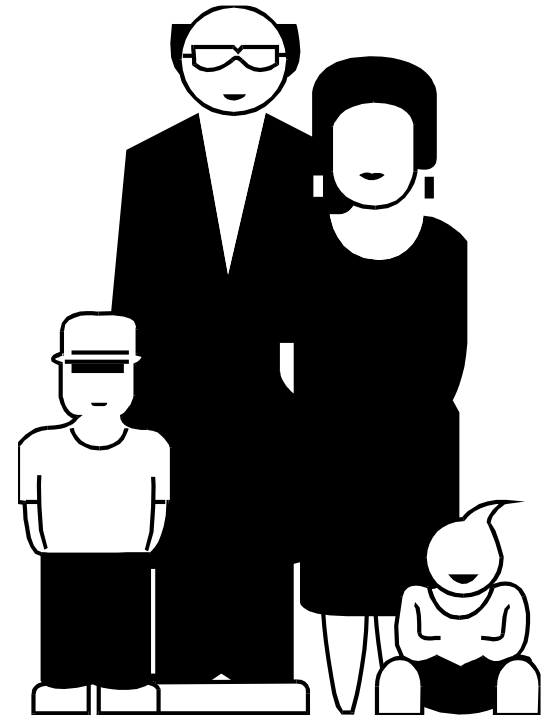
Recommendation

- Clinician might schedule this family earlier to allow for late arrival



Event

- **Clinician who is feeling time pressure began an interview by asking parents questions about the child's development.**



Clinician's Interpretation

- Clinician used clinical time efficiently

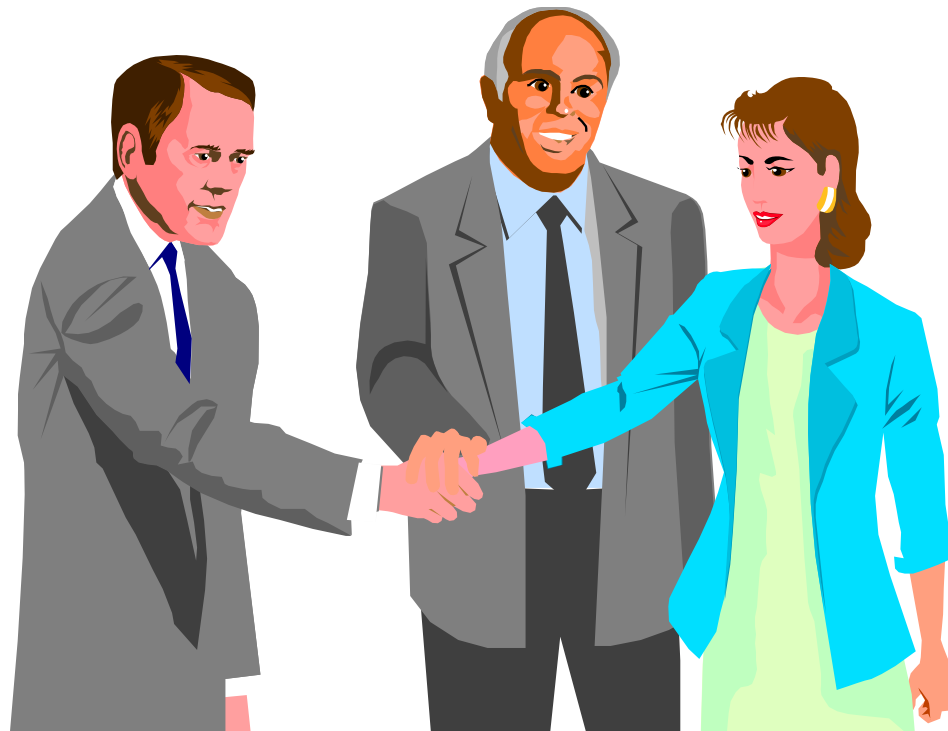
Cultural Interpretation

- Clinician rudely discussed business before social interaction



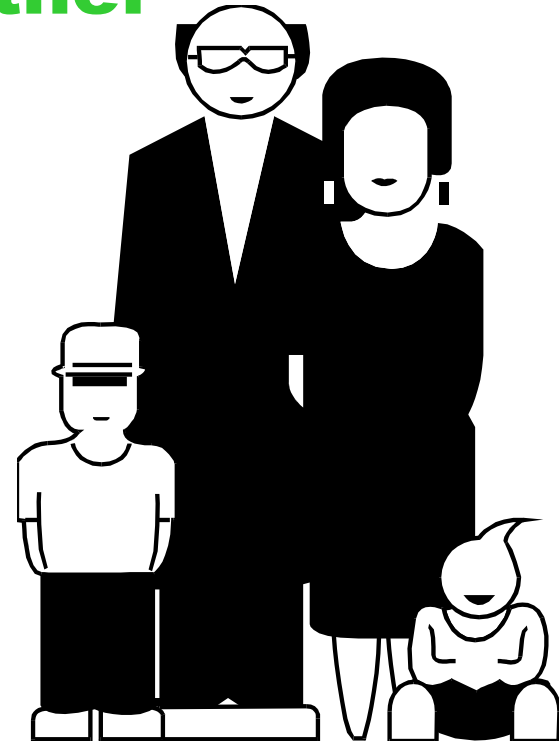
Recommendation

- **Value people and build interpersonal rapport first.**



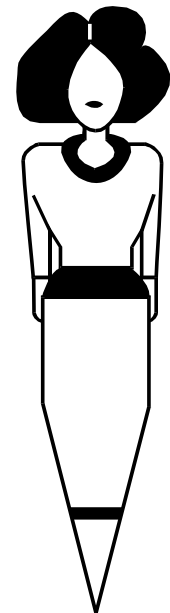
Event

- **Clinician directed questions to the mother who did not respond and who deferred to the father who was present.**



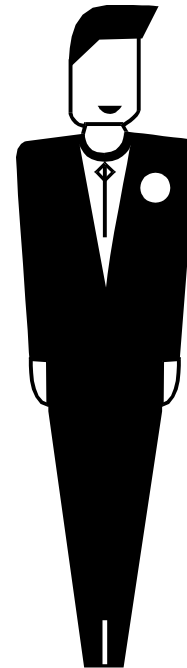
Clinician's Interpretation

- **Mother was conversationally passive and uninvolved versus in this patriarchal family, the father speaks for the family and the wife does not speak when the husband is present**



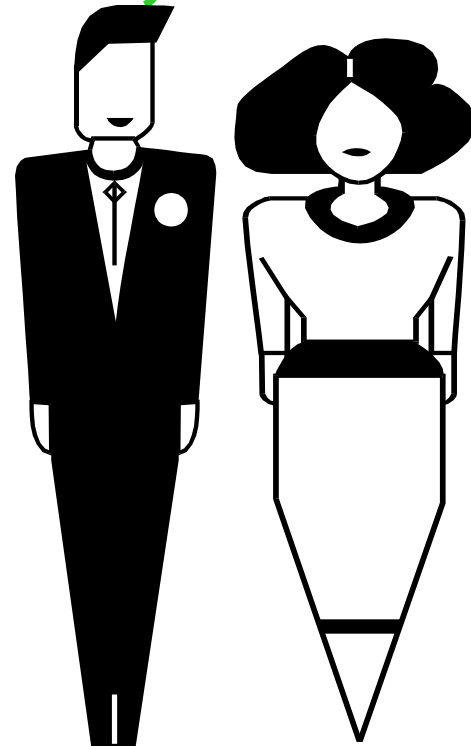
Cultural Interpretation

- In this patriarchal family, the father speaks for the family and the wife does not speak when the husband is present



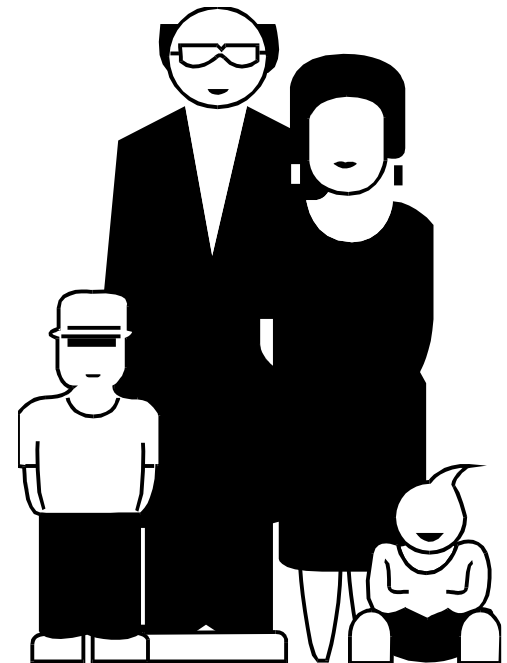
Recommendation

- **Address both parents and allow them to decide who will respond;**
- **Address each parent in separate settings**



Event

- **Clinician determined that the father speaks for the family and directed questions to him. The father seemed awkward and responded tentatively.**

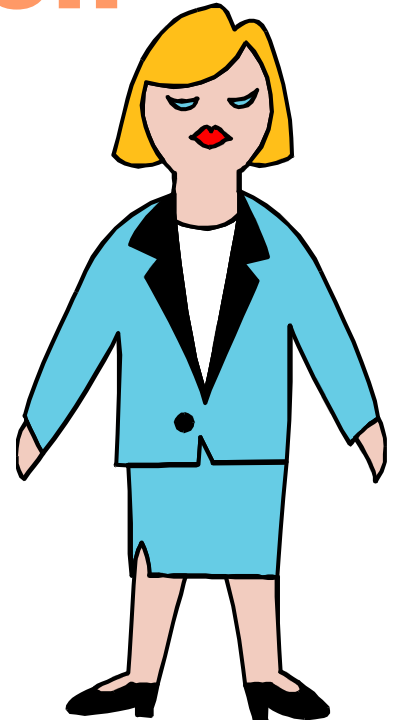


Clinician's Interpretation

- **Father became upset at questions**

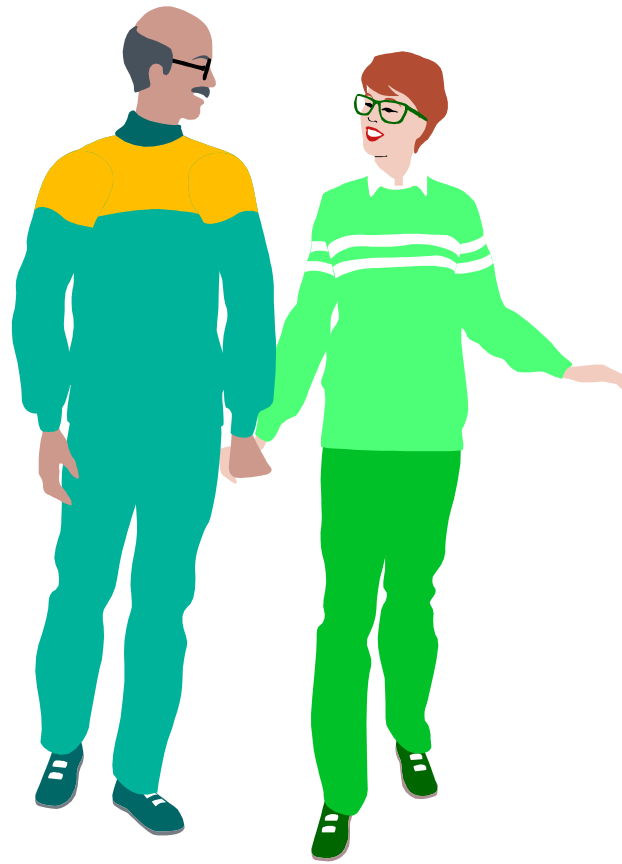
Cultural Interpretation

- **Father was not accustomed to a female (i.e. clinician) being in authority and questioning his responses.**



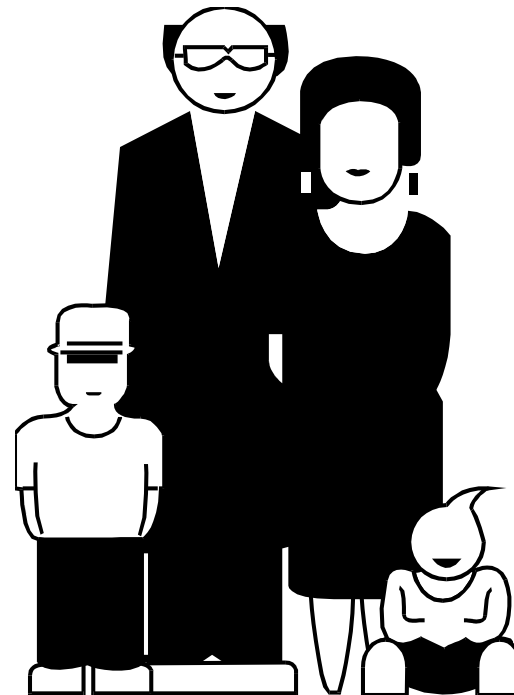
Recommendation

- **Share purposes and accept tentative responses**



Event

- **Clinician interviewed the parents about communication-related family matters**



Clinician's Interpretation

- **Parent's became silent and agitated**

Cultural Interpretation

- **Family matters are private
and not to be shared with
strangers**



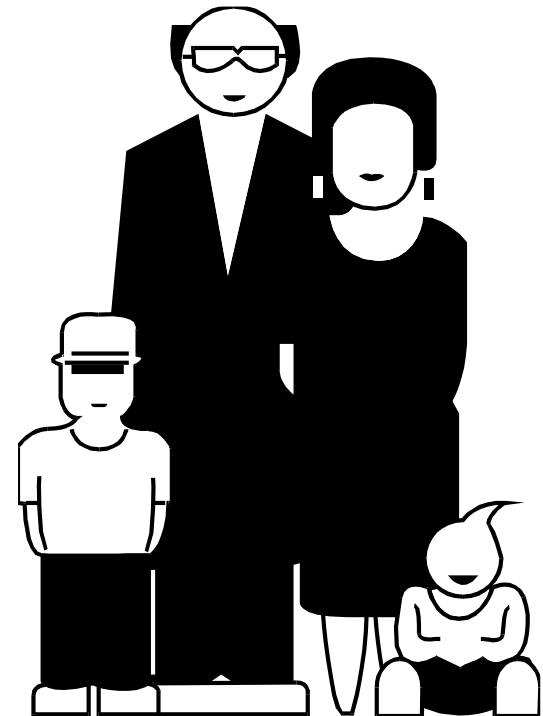
Recommendation

- **Plan treatment based on general information**



Event

- **Clinician repeatedly praised child and child's behavior to the parent.**



Clinician's Interpretation

- **Mother was uncomfortable hearing clients**

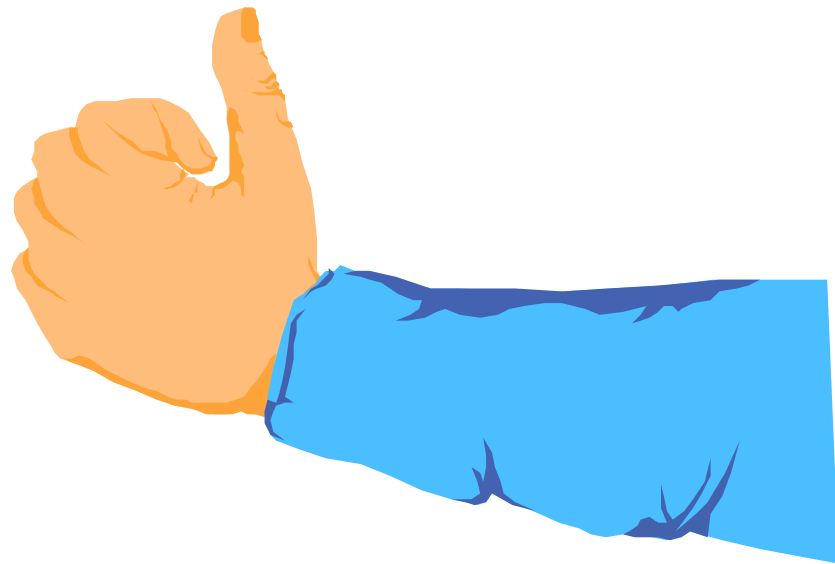
Cultural Interpretation

- **Mother believed clinician would abduct the child or cast the evil eye (a powerful spell) on the child**



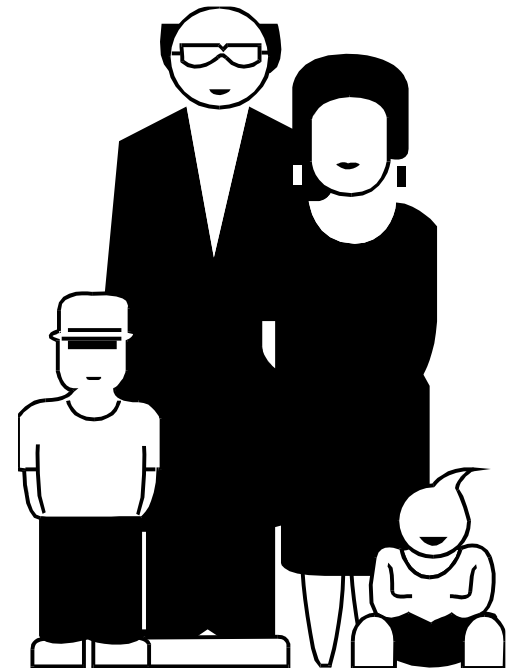
Recommendation

- **Be positive, but not to excess**



Event

- **Family refused to allow a male clinician to escort a female child away from her parents to the clinical room**



Clinician's Interpretation

- Family has trouble with separation

Cultural Interpretation

- Culture does not allow a female child to be alone with a male stranger (not related to her family)



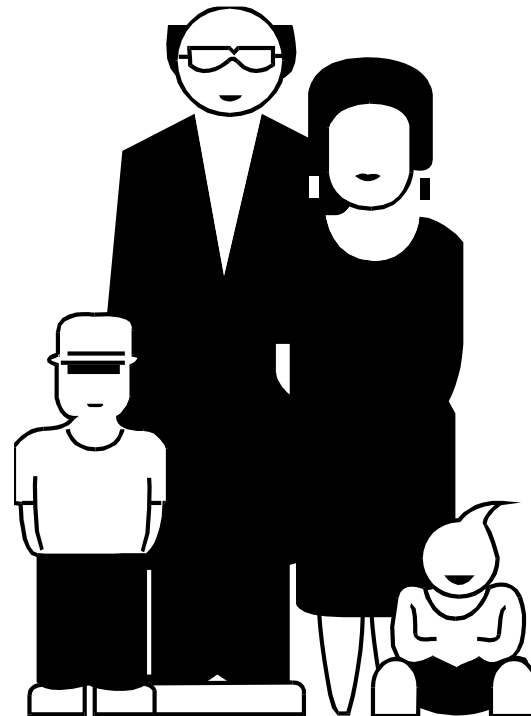
Recommendation

- **Allow parent to accompany child**
- **Assign a female clinician**



Event

- **Clinician patted child on the head**



Clinician's Interpretation

- Clinician was offering nonverbal form of reward

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- Clinician was offering nonverbal form of reward

Cultural Interpretation

- Clinician broke religious rule that hair is sacred and not to be touched by a stranger and thereby insulted the family

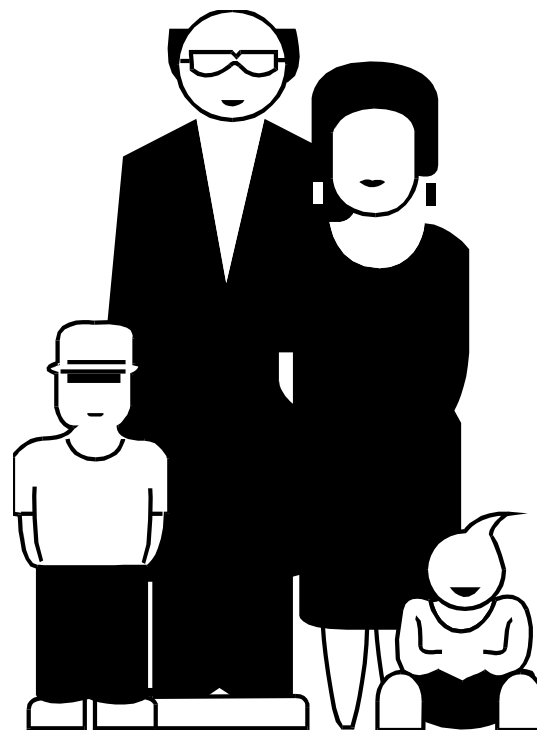
Recommendation

- **Know the family before using touch as a nonverbal form of reward or affection**



Event

- **Client did not stutter openly as directed by the treatment program and clinician**



Clinician's Interpretation

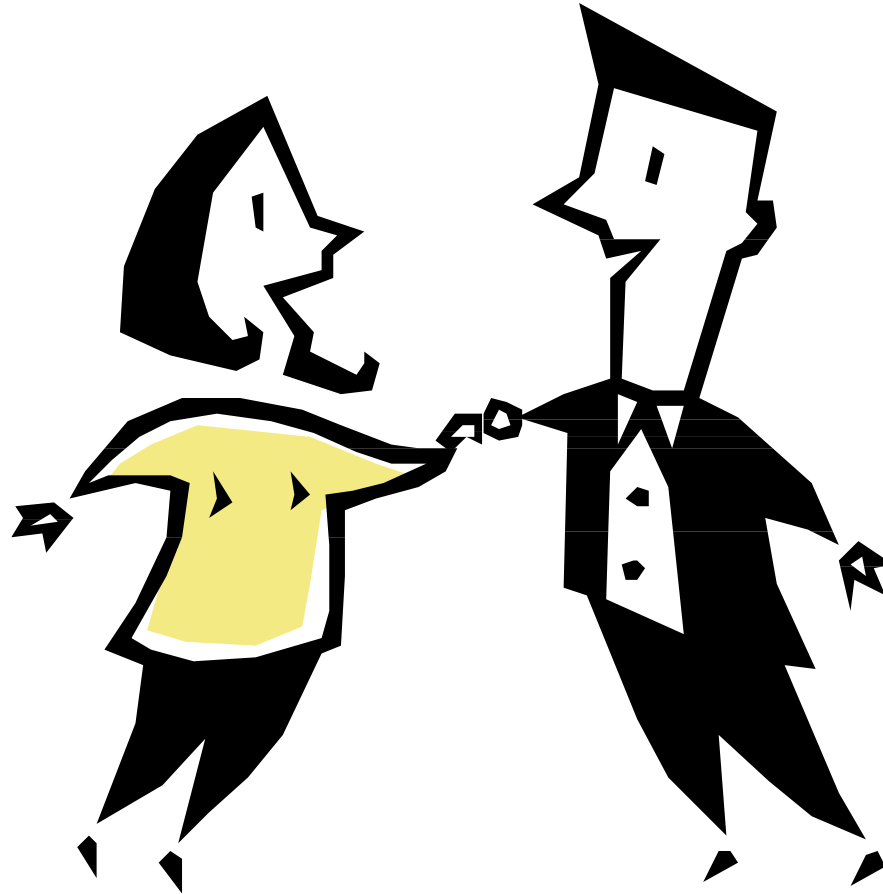
- **Client was not committed to treatment process**

Cultural Interpretation

- **Culture highly regard speech, thus dysfluency invites ridicule by others within that culture**

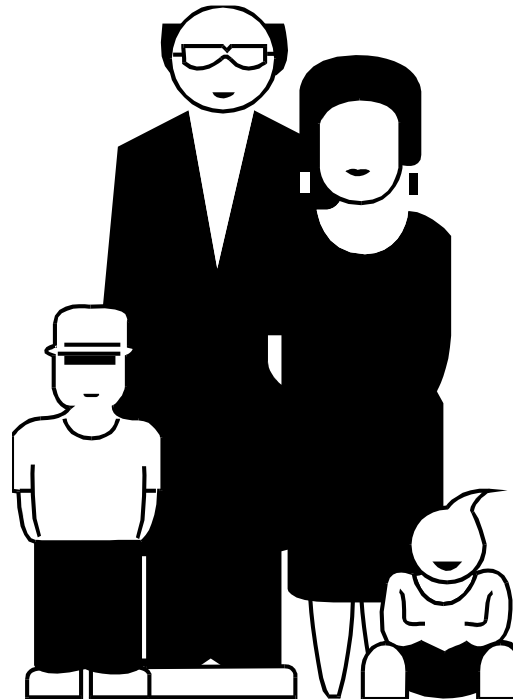
Recommendation

- Us a more fluency oriented program



Event

- **Client refused to maintain eye contact with the clinician as prompted by clinician**



Clinician's Interpretation



- **Client did not follow instructions**

Cultural Interpretation

- **Culture views direct eye contact as a sign of hostile or sexually aggressive behavior and lowering the eyes is a sign of respect**

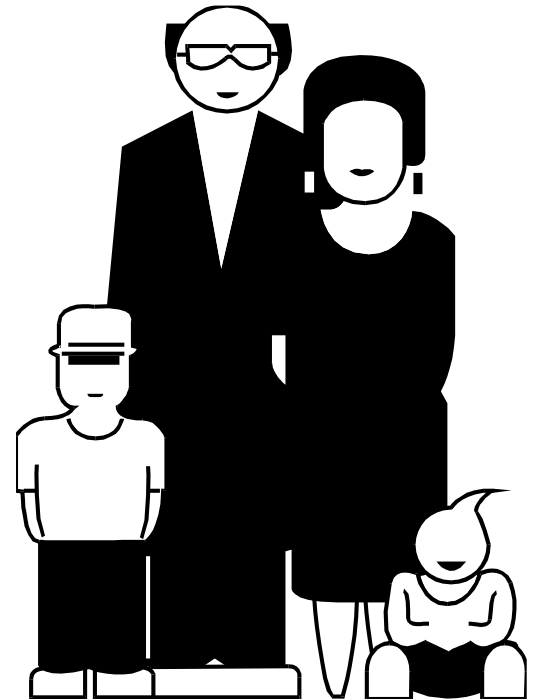
Recommendation

- Interpret apparent resistance from multiple perspectives



Event

- **Clinician offered a gesture (forming a circle with tip of thumb touching index finger) after which the client fell silent**



Clinician's Interpretation



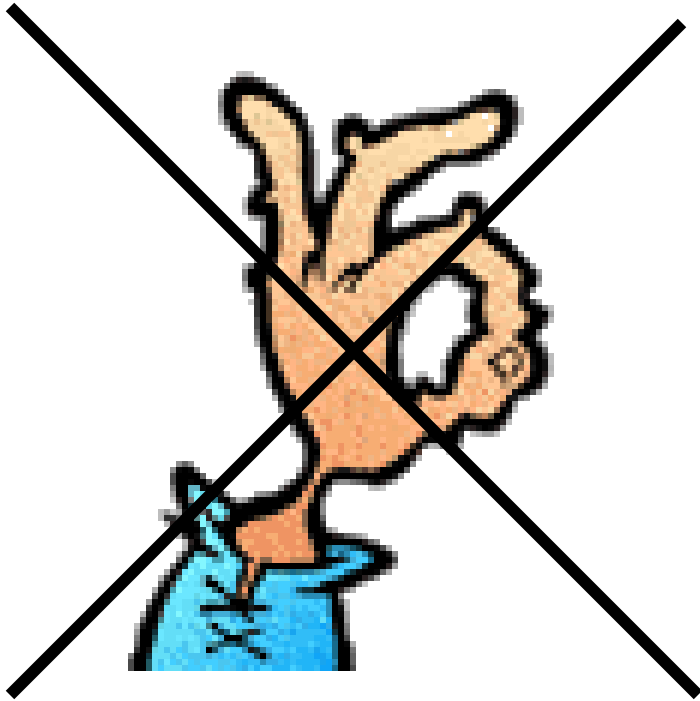
- Clinician's gesture was a form of nonverbal praise

Cultural Interpretation

- The gesture is interpreted as an obscenity in the client's culture

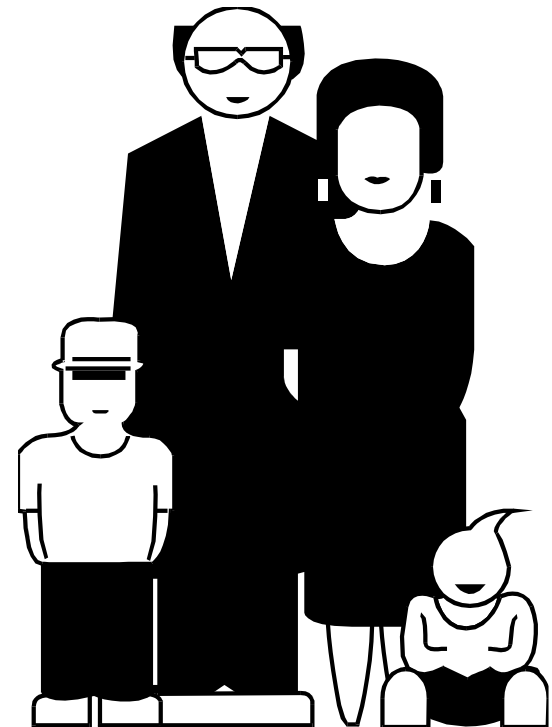
Recommendation

□ Use verbal forms of feedback



Event

- **Clinician did not observe or perform deliberate repetition of a disfluency on a word containing “th”.**



Clinician's Interpretation

- **Client was noncompliant**

Cultural Interpretation

- **Client was reluctant to expose the tongue, which is considered impolite**

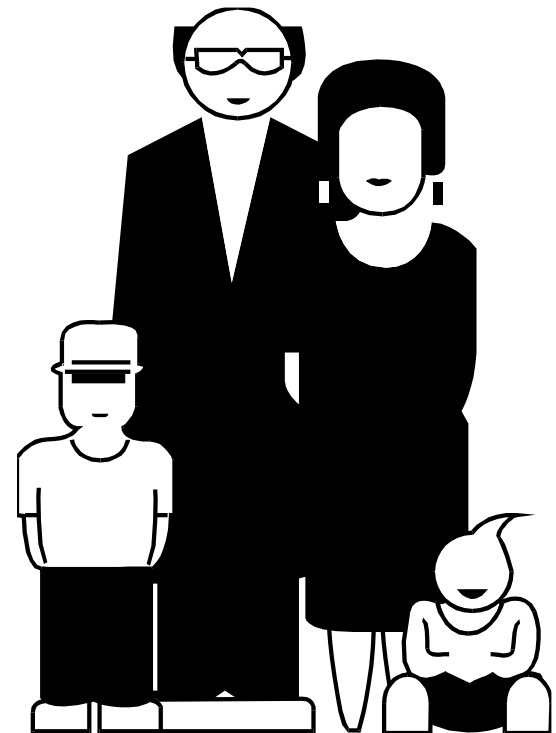
Recommendation

- **Modify behavior so that tongue is barely visible between the teeth**



Event

- **Client did not perform transfer activities at home**



Clinician's Interpretation

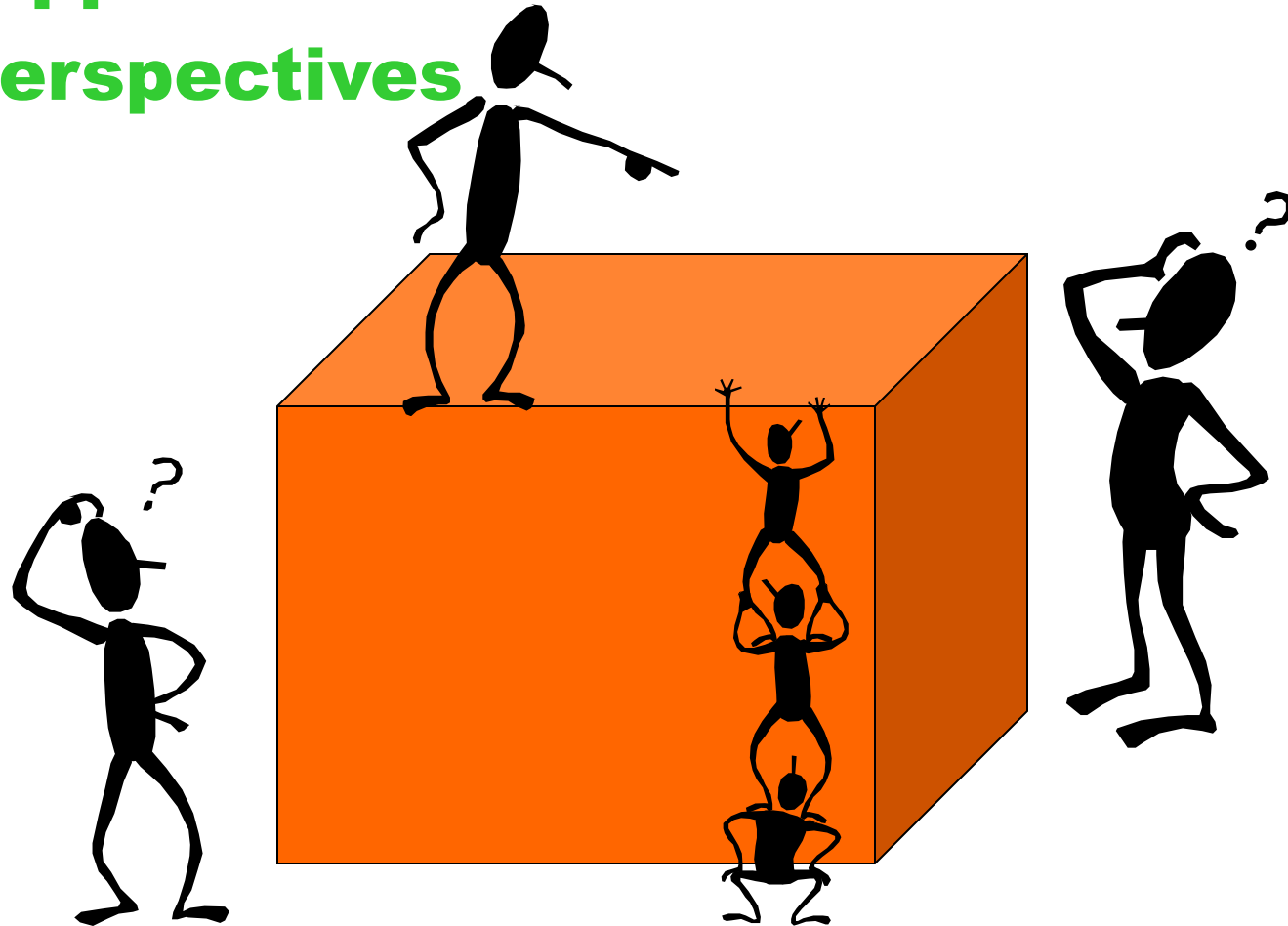
- **Client was noncompliant**

Cultural Interpretation

- **Client's home is not child-oriented, thus speech initiation by child is penalized**

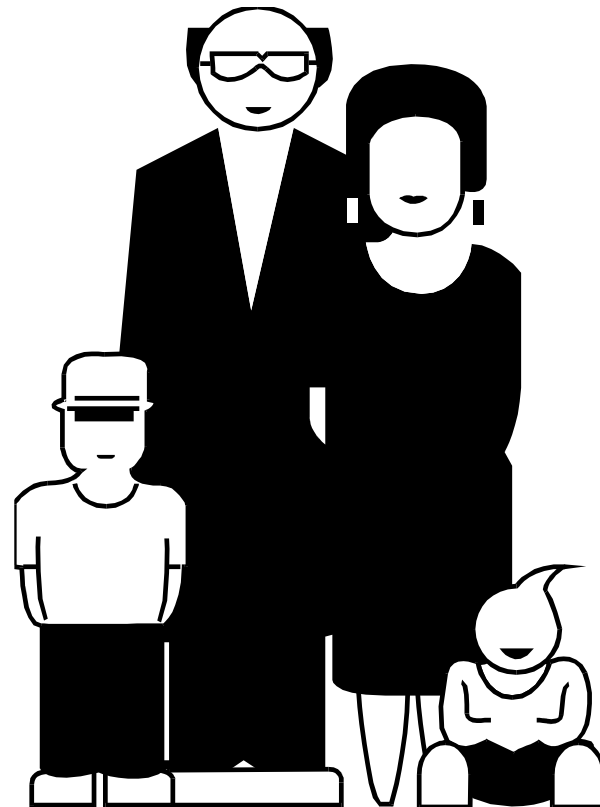
Recommendation

- Interpret apparent resistance from multiple perspectives



Event

- **Client refused to dialogue with clinician**



Recommendation

- **Invite and understand client's and family's causal assumptions about stuttering and expectations for treatment**

