Breaking the Silence of a Communication Disorder

By: Marilee L. Fini, M.A. CCC/SLP

Contact Information

Marilee L. Fini, M.A. CCC/SLP
MLF Speech Therapy
Cleveland, OH
E-Mail: mlf_speech@yahoo.com
Website: www.mlf-speech-therapy.com
Phone: (440) 684-1440

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<table>
<thead>
<tr>
<th>Financial Relationship</th>
<th>Non-Financial Relationship</th>
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<tbody>
<tr>
<td>1) MLF Speech Therapy</td>
<td>1) National Stuttering</td>
</tr>
<tr>
<td>I am the owner and receive</td>
<td>Association</td>
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<tr>
<td>a salary.</td>
<td>I am a member and speak</td>
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<td>at annual conventions.</td>
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<td>2) ARSHA- I receive an</td>
<td>2) Marilee L. Fini</td>
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<td>honorarium for speaking.</td>
<td>I have faced challenges of</td>
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<td>stuttering.</td>
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### Just a note.....

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### Mailing List/Feedback Form
My Story~
Breaking the Silence

Silence in Children

- 2 year old girl blowing bubbles with her mother
- One thing is missing ~ WORDS
- The SILENCE makes her mother sad

- 4th grader would love to join in the discussion in class
- Decides to be SILENT
- Afraid that he will not say his /r/ sound correctly and students will laugh
Silence in Teens

• Young adult wants to grab lunch at his favorite fast food restaurant
• Afraid of drive-thru due to his stuttering
• Decides on SILENCE and goes home to eat

Silence in Adults

“In an attempt to conceal the fact that I have an accent, I would sometimes use short, easy words that I knew I could pronounce well. Other times, I would speak as little as possible.”

(client with foreign accent)

Silence in Elderly

• An older woman arrives in the dining room of her assisted living facility, she becomes silent
• She doesn’t like to talk because her voice is so quiet due to Parkinson’s Disease.
• Prior to having Parkinson’s, her family couldn’t get her to stop talking at the dinner table!
Even though there were differences in communication disorders, individuals had similar experiences in terms of participating in situations involving communication.


Feelings Related to the Disorder.....

Feelings of the Family

DENIAL      ANGER
SHOCK       GUILT
ANXIETY     DEPRESSION

GRIEF

“Grief over what was, should have been, or could have been---as well as what must change in the future---is a natural response to loss that is somewhat prescribed by society” (p. 212)


- It is a symbolic death for what the future could have been.
- This symbolic death creates chronic grief.
- Society doesn’t have a ritual such as a funeral for this type of grief so families and clients continue to be upset.


“The pain of that loss never goes away. It is hard for most people in the helping professions to realize that it is not our role to take that pain away” (p. 52-53).

Dealing with Grief

1. Embrace the reality
2. Process the changes
3. Establish new goals
4. Build a new relationship

Impact of Negative Beliefs and Feelings

If stuttering becomes “chronic” the following factors become more important than the actual stutter:

- Negative thoughts and emotions surrounding stuttering
- Strong beliefs about LIMITED competence as a communicator

These factors contribute to the reactions related to stuttering and increase client’s fear of talking.
For a person who had a stroke, being silent protects them from embarrassment and failure.
If they don’t open their mouth, the listener can’t see his/her struggle to get words out.
“Silence allows the patient to avoid confronting the disability” (p. 125).


Small Group Discussion

- What feelings related to the communication disorder have you seen clients and their families go through?
- In your experience, what has been the best way to help clients deal with these feelings?

Parent’s Perspective

1) Parent’s feelings
2) Challenges with silence
Role of Counseling

What is counseling?
According to Dr. DiLollo (2008), counseling is when client and clinician come together to figure out solutions to the client’s problems.

According to Luterman (2008), the objective of counseling is for clients to make good choices for themselves. It should also provide a safe environment where the client can express feelings.


Scope of Practice

“Counseling individuals, families, coworkers, educators, and other persons in the community regarding acceptance, adaptation, and decision making about communication and swallowing” (ASHA, 2007).


When to refer…..

To determine if a client needs a referral to a mental health provider, it is important to analyze if the symptoms that you are seeing are occurring frequently and becoming part of the client’s general behavior (Donaher & Scott, 2014).

### Techniques in Counseling

#### #1) Counterquestion
Rather than answering the question, you come back with another question

<table>
<thead>
<tr>
<th>“The Counterquestion forces the person to reveal his or her position” (p.96)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
</tr>
<tr>
<td>Parent: Will my child ever talk normally?</td>
</tr>
<tr>
<td>SLP: How do you define “normal”?</td>
</tr>
</tbody>
</table>


#### #2) Affect Response
Reflecting back the feelings that are being heard

- “It sounds like you…”
- “You’re wondering if…”
- “So you feel…”
- “Please say more…”

This technique can increase intimacy in the relationship regardless if the therapist is right or wrong in the response.

Example:

Client: Will I ever talk without stuttering?
SLP: That must be frighten to think about if you always stuttered.


#### #3) Reframing
Helping the client see the positive side

<table>
<thead>
<tr>
<th>“When we focus on client’s strengths, somehow the problem begins to disappear far faster than when we emphasize the deficits” (p. 98).</th>
</tr>
</thead>
<tbody>
<tr>
<td>This technique “encourages responsibility assumption” (p. 98).</td>
</tr>
<tr>
<td>Example:</td>
</tr>
<tr>
<td>Client: “People are always filling in my words.”</td>
</tr>
<tr>
<td>SLP: “What a great opportunity to educate them about stuttering.”</td>
</tr>
</tbody>
</table>

#4) Summarizing

“So let me see if I got this right…” 
“Let me see if I understand this so far…” 
“So you been saying… Is that correct?”


#5) Attending Behaviors

1. Silent Listening – allows the client to talk without getting in his/her way 
2. Verbal Following- verbally repeating back what you are hearing 
3. Nonverbal Communication- eye contact, physical closeness, posture


#6) Open Invitations to Talk

“The ‘open invitation’ communicates the clinician’s respect for these issues and his desire for the client to take those first risky steps of personal revelation” (p. 44).

Examples: 
“Tell me why you came here today” 
“Tell me about ___”

#7) Minimal Encouragers to Talk

<table>
<thead>
<tr>
<th>Non-Verbal Tactics</th>
<th>Verbal Tactics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silence</td>
<td>“I see”</td>
</tr>
<tr>
<td>Head nodding</td>
<td>“Uh-huh”</td>
</tr>
<tr>
<td>Eye contact</td>
<td>“Yes”</td>
</tr>
<tr>
<td></td>
<td>“Tell me more”</td>
</tr>
</tbody>
</table>

(p. 47)


**Building Therapeutic Relationships**

Therapeutic Relationship - “Refers to those characteristics of the clinician-client liaison that promotes change” (Zebrowski, 2007, p.26).

According to Lambert and Barley (2001), “Common factors such as empathy, warmth and the therapeutic relationship have been shown to correlate more highly with client outcome than specialized treatment interventions” (p. 357).


**ACTIVITY**

Pick 1 situation and roleplay with a partner using a counseling technique:

1. Parent of a 3 year old child with Apraxia asks, “Will it always be this much effort for my child to talk?”
2. Child is upset because they were teased for talking “funny.”
3. Adult client wants to be able to talk like everyone else instead of how they talk.
Strategies for Breaking the Silence

#1) Educating

- Educating communication partners about the needs of the disorder and decreasing environmental factors such as noise may help with participation.
- Talking to the client about communication barriers and figuring out ways to address it may be a first step.


Story of Silence....

“One of the most common instances for me wanting to be silent is often when a person I’m talking to is very impatient and I’m clearly struggling to say a word, they will disregard my struggle and say the word for me. I had one woman roll her eyes at me and say the word for me and she looked almost angry, like I was taking time away from her. When you disregard my struggle and my attempt to conquer it, you take away a part of my dignity as a speaker.”

Overcoming Silence with Education

“The process of overcoming the silence is so hard but it is doable. I have to work at it every day. Even if I don’t want to, I have to have empathy for my listeners. Some of them don’t understand stuttering or they have never had interactions with people who stutter. Some of them simply do not think that they have the time to listen to someone who stutters. But I have to be empathetic because then I can educate.”

#2) ACKNOWLEDGING

Why acknowledge?
- Allows openness and honesty
- Reduces stress/anxiety of the listener and speaker

How to acknowledge when talking to others?
- Email or written
- Verbally by the speaker or family member
- Non-verbal gestures

When we hide, it is like holding a ball under water but finally we can’t hold it anymore and it pops!
“Sometimes I stutter, so I need a few minutes. I would appreciate your patience.”

“My speech is not always clear, please ask me to repeat if you don’t understand.”

“My family member has difficulty expressing their thoughts. I would appreciate if you would give him a few minutes.”

“I have difficulty understanding, please say directions 2x.”

#3) Getting EXCITED about Talking

- Brainstorm topics client wants to talk about
- Allow client time to “just talk”
- Verbally praise client for communicating
- Assure client his/her message is important regardless of how it comes out

What’s working in your speech?

- Clear voice
- Articulate skills are clear
- Enthusiastic voice
- They are funny
When you think about this feared speaking situation, what could be the worst thing that can happen?

- I will really stutter!
- They will think I am weird.
- They will make fun of me.

#5 Use Real-life Situations

- Going to Mall
- Presentation in the community
- Practicing on the phone

Cooking Activities
A great way to get kids talking as well as having fun too!
Sample Goals

- Client will educate the listener about his/her communication disorder when the listener responds inappropriately in 4 out of 5 situations.
- Client will ask 3 questions at the mall.
- Client will verbally acknowledge his or her communication disorder when making a phone call to a store in 3 consecutive sessions.

More Goals

- Client will identify 3-5 negative thoughts related to a worst case scenario with 90% accuracy.
- Client will provide a balanced self-assessment of her/his speech by identifying 1-2 aspects that were strong in the presentation and 1-2 aspects that he/she can improve for next time in 4 out of 5 trials.

Situation #1

- 4th grade student
- Refuses to talk in class because of stuttering
- Has 1-2 friends but says as little as possible
- Shuts down when you try to talk to him about this
Situation #2
- High school student
- Noticeable lisp
- Always wanted to be a physician
- Thinking of picking another career due to her speech
- You were called by her parents to talk “some sense into her”

Situation #3
- Adult who had a stroke
- Presents with Mild Dysarthria
- Can’t understand his message at times
- Going back to work in sales
- Doesn’t want to tell customers about his stroke

Situation #4
- Parent of a 4 year old child recently diagnosed with Autism
- Very concerned about the child making progress
- Interfering in therapy session by saying, “you can do better, we practiced that one at home”
- Client withdraws and doesn’t work in therapy when parent is there
- Parent refuses to sit in lobby when this is offered
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Questions...
When we help our clients break the SILENCE of a communication disorder, we open a whole new world!