COPING WITH STUTTERING AT SCHOOL-AGE: A PARENTS AND CHILD PERSPECTIVE

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“A man went to knock at the king’s door and said, Give me a boat... Can you tell me why do you need a boat, To go in search of the unknown island,... Nonsense, there are no more unknown islands, Who told you, sir, that there are no more unknown islands, They’re all on the maps, Only the known islands are on the maps, sir...”

(Jose Saramago, The tale of the unknown island ,1999).
What is stuttering?

The World Health Organization supplies a framework for considering the overall experience of stuttering disorder (Yaruss, 2007).
The World Health organization framework for stuttering (Yaruss, 2007)

<table>
<thead>
<tr>
<th>Body function</th>
<th>Body structure</th>
<th>Activities &amp; participation</th>
<th>Contextual factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who stutter experience uncontrolled speech</td>
<td>Anatomical structures of the vocal tract, respiratory system and larynx are considered to be intact in people who stutter.</td>
<td>1. Forming relationships and interacting according to social rules,</td>
<td>Personal factors</td>
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<tr>
<td>fluency.</td>
<td></td>
<td>2. Succeeding in education,</td>
<td>are referred to as the affective, behavioral and cognitive reactions a speaker may experience to his or her stuttering.</td>
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<td>3. Participating in community events and various social interaction (with family members, friends, teachers, religious practices etc.)</td>
<td>Environmental factors include parents, teachers, peers and speech therapists.</td>
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</table>
This definition indicates that stuttering is a complicated phenomenon that may potentially interfere with various aspects of social life thus must be treated from this point of view.
What do we mean by "coping"?
Lazarus and Folkman (1984)

A process of constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person.
Types of coping strategies

1) Problem-focused

2) Emotion-focused
How do parents cope with a child who has a disability?

Fortier and Wanlass (1984) offered a 5 stage model families go through while coping:
1) Stage of impact.
2) Stage of denial
3) Stage of grief
4) Stage of focusing outward
5) Stage of closure
Given that the onset of stuttering is often at pre-school age and supposing coping is a process, families with school-age children have gained some experience with this process.

Taking into account that this age range enables emergence and stabilization of coping strategies and some perspective on the evolution of stuttering and coping with it, we began our project.
Method

Participants:
26 families recruited from private and public clinics around the country with school-age stuttering children ages 6-13.
Method
Research materials

1. Parents questionnaire
2. Child questionnaire
3. FACES III
4. Child’s history (personal details)
**Procedure**

* **Place:** at the family’s home

* **Length of interviews:**
  45 min with the child and about 2 hours with the parents.

* **Questionnaires sent by mail**
Mixed:
1. Qualitative.
2. Quantitative.
Is there any change in the way parents perceive stuttering and cope with it through the years? If yes, what are the factors influencing this change?
Frequency of parents' reports of change in attitude towards their child's stuttering
Frequency of mothers' and fathers' reports of change in fluency through the years
Summary of change aspects

1) Most parents reported positive change of attitude towards their school-aged child stuttering.

2) More than half of the families had to cope with fluctuating fluency of their child’s speech through the years.
Factors influencing parents' change reports
## Relations between change of attitude towards stuttering reports and couple cohesion report on FACES

<table>
<thead>
<tr>
<th></th>
<th>Positive attitude change report</th>
<th>No attitude change report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FACES couple cohesion report by mothers</strong></td>
<td>N=17</td>
<td>N=3</td>
</tr>
<tr>
<td></td>
<td>M=4.5588*</td>
<td>M=3.6*</td>
</tr>
<tr>
<td></td>
<td>SD=.32</td>
<td>SD=1.4</td>
</tr>
<tr>
<td><strong>FACES couple cohesion report by fathers</strong></td>
<td>N=15</td>
<td>N=5</td>
</tr>
<tr>
<td></td>
<td>M=4.5333</td>
<td>M=4.06</td>
</tr>
<tr>
<td></td>
<td>SD=.31997</td>
<td>SD=1.18</td>
</tr>
</tbody>
</table>

(*p<.01)
Relation between change of attitude towards stuttering and spouse support

For fathers – 100% of those who reported support from spouse reported a positive change of attitude towards stuttering.

For mothers – 100% of those who reported support from spouse reported a positive change of attitude towards stuttering.
Relation between self-appraisal of families’ coping with their child’s stuttering and couple cohesion

<table>
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<tr>
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<th>Reported self appraisal of coping with child's stuttering</th>
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<tbody>
<tr>
<td></td>
<td>Pain expression</td>
</tr>
<tr>
<td>Fathers' couple cohesion score</td>
<td>N=8</td>
</tr>
<tr>
<td></td>
<td>M=4.125*</td>
</tr>
<tr>
<td></td>
<td>SD=.477</td>
</tr>
<tr>
<td>Mothers' couple cohesion score</td>
<td>N=9</td>
</tr>
<tr>
<td></td>
<td>M=4.12</td>
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<tr>
<td></td>
<td>SD=.84</td>
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\(F(2, 18)= 3.459; \ P< .05\)
Summary of factors influencing parents' change reports

- Positive change of attitude towards stuttering reported by mothers was significantly related to couple cohesion on FACES.

- Positive change of attitude towards stuttering reported by fathers and mothers was significantly related to spouse support.
Summary of factors influencing parents' change reports

- Parental self-appraisal of coping with stuttering was related to couple cohesion on FACES, with significantly greater cohesion for ambivalent fathers than for fathers expressing pain.
Research question 2

Are there any specific coping strategies that arise from the interview answers and if so, what are they?
There were gender differences in profiles of strategy use.
Fathers’ typical strategies:

- "Suppression of feelings" was used significantly more by fathers comparing to mothers and was not related to positive change of attitude towards stuttering.
  \[ Z = 2.23; P < .025 \]

- “Guilt feelings” - fathers with guilt feelings reported less positive change of attitude towards stuttering than fathers without guilt feelings.
  \[ \chi^2 = 4.44; p < .35 \]
Mothers’ typical strategies:

- "Looking for external support" was significantly used more by mothers comparing to fathers and was not found to be related to positive change of attitude towards stuttering. 
  
  \( z = 2.0; p < .046 \)

- "Reappraisal" - 100% of the mothers who reported "reappraisal" reported positive change of attitude towards stuttering as well.

- "Despair" – mothers who did not use the "despair" strategy, reported positive change of attitude towards stuttering significantly more than mothers who used it. 
  
  \( \chi^2 = 6.85; p < .009 \)
Children’s strategies

- Avoidance
- Problem focused strategies
- Looking for external support
- Reappraisal
- Denial
Research question 3

Does parents' perception of stuttering and coping with it influence the child's perception of it and if so, how?
High correlation coefficients were found between frequency of stuttering reports of parents and children:

*Between mothers' and children's reports of stuttering frequency $r= .746$ ($P < .001$).

*Between fathers' and children's reports of stuttering frequency $r= .722$ ($P < .002$).
We compared children who reported their family tells them what they are doing well and children who did not report this about their family. In a T-test the first group was found to have a significantly higher family cohesion score by both parents \((t= 2.0; \ P< .05)\).
We compared children's reports about difficulty when talking in the family and both couple and family cohesion scores on FACES.

A negative correlation was found between couple cohesion scores and difficulty to talk reports of children \((r = -.456; P < .05)\).
On the parents' questionnaire we asked them for their opinion about their child's coping with stuttering.

On the child's questionnaire we asked how he/she reacts to negative provocation to their stuttering.

We tried to find a correlation between these answers.
Out of the reactions reported by children we referred to 2 kinds of reactions:

1) Hitting

2) Avoidance
Parents’ reaction to hitting behavior

- When children did not report hitting – 73.9% of mothers and 65% of fathers reported social adaptation.

- When children reported hitting others – not even one mother or father reported social adaptation.

\( \chi^2 = 6.4; P < .01; \chi^2 = 4.62; P < .03 \)
Parents’ reaction to avoidance

- For children who reported avoidance – 100% of mothers and fathers reported social adaptation.

- For children who did not report avoidance – 47.6% of mothers and fathers reported social adaptation.

\[ \chi^2 = 4.54; \ P < .03 \]
In light of our findings about the importance of couple cohesion to the coping of the family with stuttering of school-age children and

Acknowledging the importance of strategies in use for coping of parents and children,

We suggest the following:
When counseling one parent, the professional should keep the other parent in mind as a supporting person. The other parent should be kept informed in order to take part in making decisions, according to the relationship and the possibilities.
MORE CLINICAL IMPLICATIONS WITH REGARD TO COUPLE COHESION

In the best case scenario and if possible the professional should try to make parents aware of their couple cohesion by inviting both of them to therapy and during the meetings, accentuate the moments when they can empathize with one another by expressing their feelings about the stuttering of their child.
Clinical implications with regard to child’s coping

- Given that the environment will always react to stuttering but not always in a desirable manner, it is vital to guide parents, as part of professional counseling, on how to talk with their children about responses to remarks aimed at their stuttering.
MORE CLINICAL IMPLICATIONS with regard to child’s coping

- Counseling of parents should refer to level of behavior fluency control demanded from the child, which results in avoidance.

  It is important to offer a range of possible assertive behavior strategies, and to encourage the child to consider these strategies, if they are effective and suitable, as plausible options.
It is important to get information about the parents' coping resources within and outside the family and to refer to them during counseling.
It is necessary to deal with guilt feelings and despair during counseling and try to lessen their influence on the parents' coping.
MORE CLINICAL IMPLICATIONS considering family resources

- It is important to reveal the family's narrative about stuttering especially for families with former stuttering. That narrative may have a dramatic impact on both the parents' and child's coping.
MORE CLINICAL IMPLICATIONS considering professional education

- Derived from the need of counseling for parents is the imperative need to train Speech Clinicians to master skills of counseling parents.
Speaking about couples’ cohesion

“Do you want to come with me and see what your boat is like inside (said the woman),
You said it was your boat (said the man),
Sorry about that, I only said it because I liked it,
Liking is probably the best form of ownership and ownership is the worst form of liking…”

(Jose Saramago, The tale of the unknown island, 1999).
Thank you for your attention!!!