INTERNATIONAL PROJECT ON ATTITUDES TOWARD HUMAN ATTRIBUTES

Worldwide Perspectives on Public & Professional Attitudes Toward Fluency Disorders

11th Meeting of the Japan Society of Stuttering and Other Fluency Disorders

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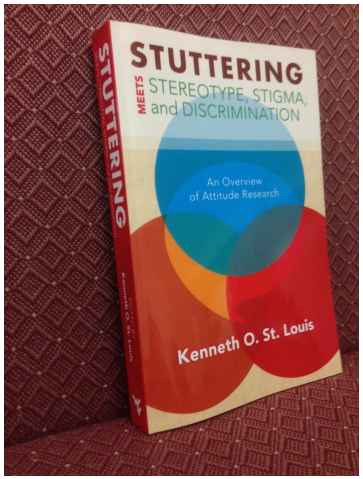
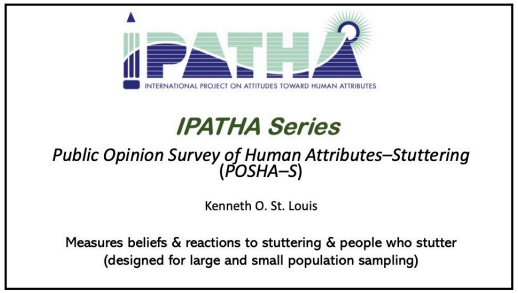
First, a bit about me

- Morgantown, WV home

Disclosures

- Financial
  - Co-owner of Populore Publishing Co. that holds copyright of the several instruments (e.g., the *POSHA–S*)
  - Editor/author of a book entitled *Stuttering Meets Stereotype, Stigma, and Discrimination: An Overview of Attitude Research* published by WVU Press in 2015
    - Receiving very limited royalties on the book
  - A number of survey instruments for sale on www.teacherspayteachers.com
    - Limited royalties to date
- Nonfinancial
  - Mary Weidner & I are coauthors of the *POSHA–S/Child*
  - Mary Weidner is the developer of the InterACT program
- Terminology (I do not strictly use person-first language)





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We will cover in this presentation

- Two-pillar conception of stuttering
  - Rationale for studying public attitudes
- What we know—and don't know—about public attitudes in adults & children
- International differences & predictors of stuttering attitudes
- What we have learned about attitude change (including some new results)
- Some clinical implications

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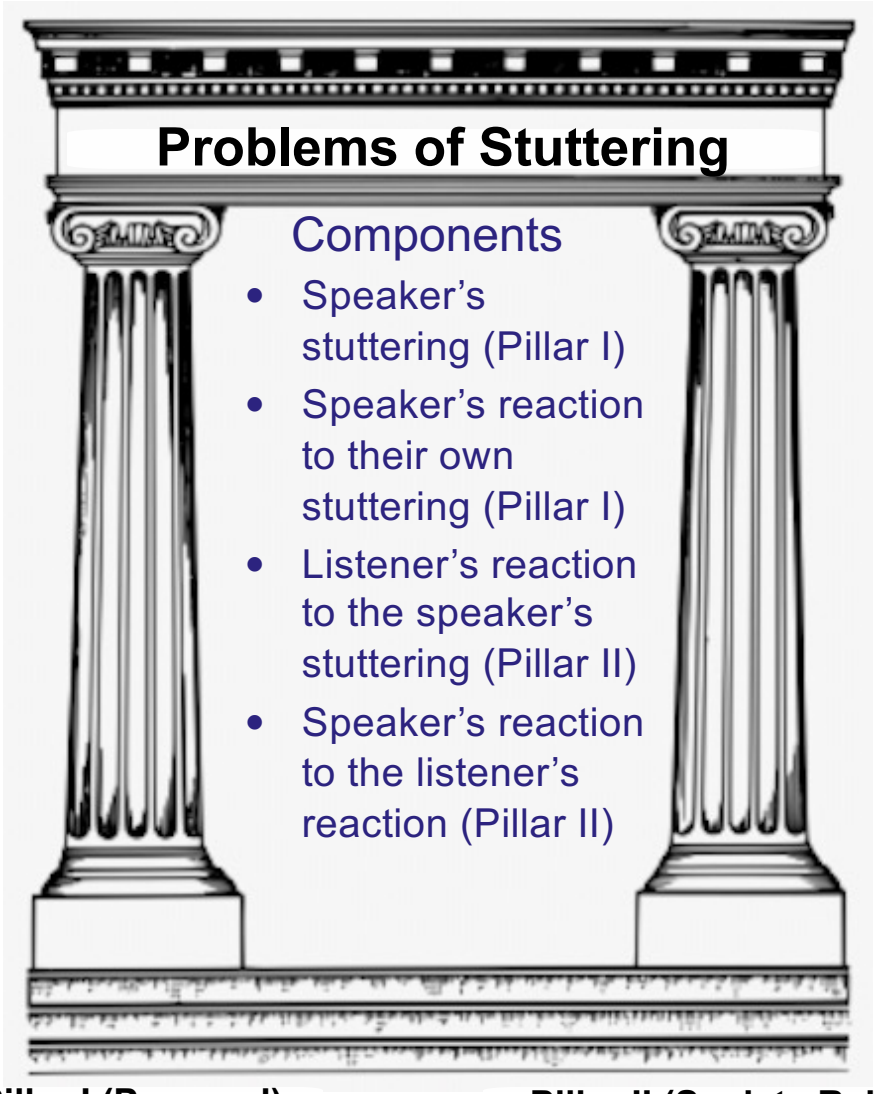
Two-pillar conceptualization of the problems of stuttering



Pillar I (Personal) **Pillar II (Society Related)**

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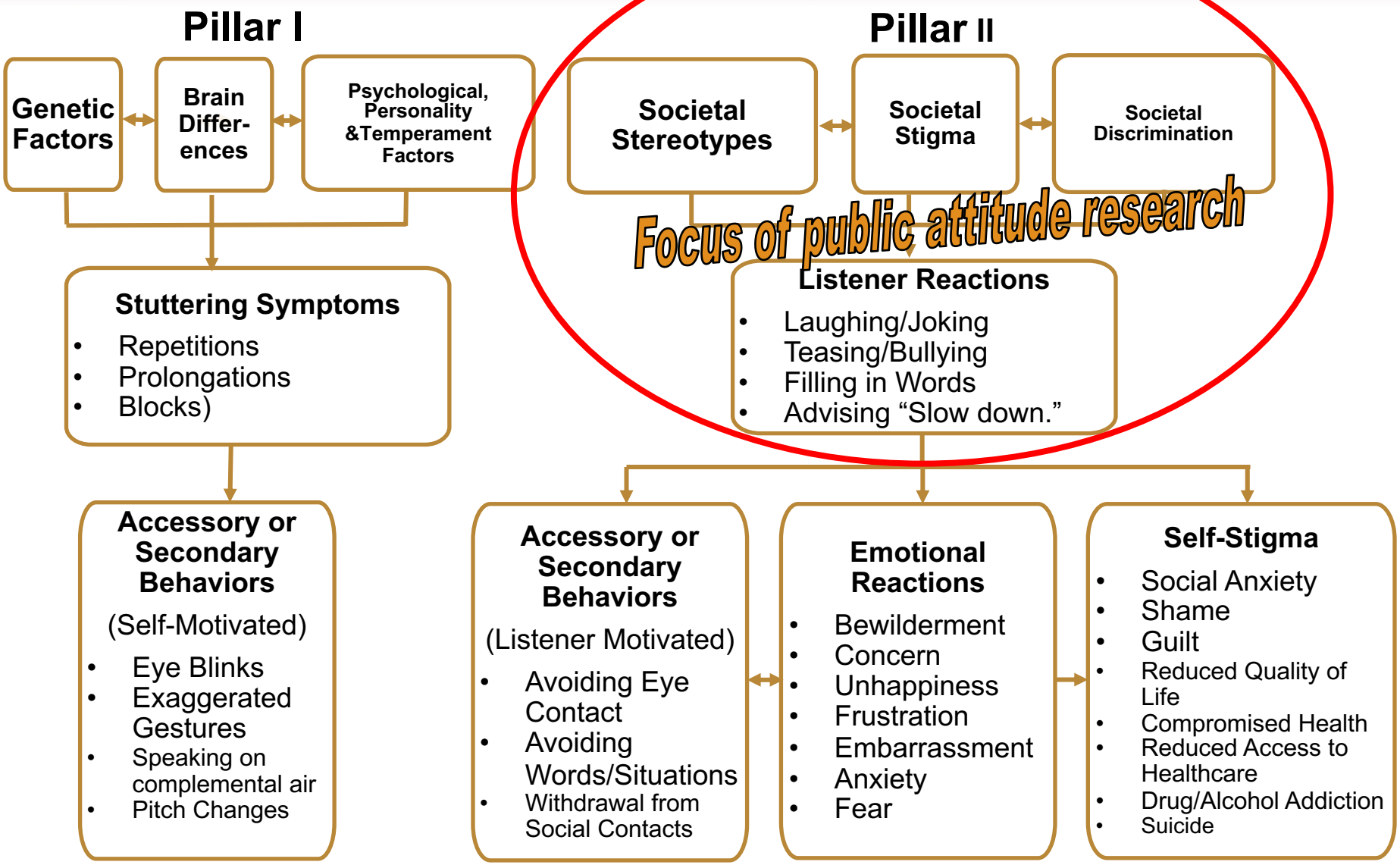
Details



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Public attitudes can lead to stereotypes, stigma & discrimination

- Stereotype: learned shortcut for classifying individuals & making sense of the world
  - Positive
  - Negative (e.g., prejudice)
- Stigma: “spoiled identity”; “mark” leading to negative consequences
  - Public stigma: accepted by society at large
  - Self-stigma: accepted by the “marked” individuals
- Discrimination: actions (often illegal) taken against those stereotyped or stigmatized

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What are "public attitudes?"

- The "average person's" ...
  - Opinions
  - Beliefs
  - Reactions
  - Perceptions
  - Knowledge
  - Social distance
  - Awareness
  - Role entrapment
  - Empathy
  - Thoughts
  - Inclinations
  - Etc.

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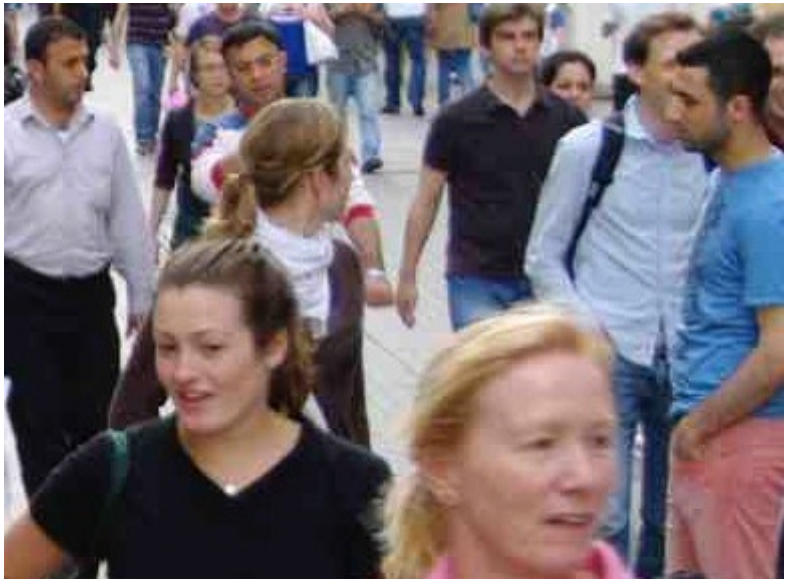
Exploring the societal pillar (B)

- IPATHA initiative (1999–now)
- Two questions
  - Do public attitudes toward stuttering differ around the world?
  - Can we change public attitudes toward stuttering?



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Requires standard measures of attitudes

- Developed several instruments
  - Began with *Public Opinion Survey of Human Attributes–Stuttering* (*POSHA–S*)
    - Instrument to measure public opinion (attitudes) about stuttering worldwide
  - Child version: *POSHA–S/Child*
  - Clinical version for stuttering: *Appraisal of the Stuttering Environment* (*ASE)*
  - Later added *POSHA*s for other conditions as well: cluttering (*POSHA–Cl*), obesity (*POSHA–Ob*) & mental illness (*POSHA–MI*)
  - *Personal Appraisal of Support for Stuttering* (*PASS*)
- Downloads of instruments, automatic analysis Excel workbooks & a *User's Guide* available on www.teacherspayteachers.com

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Survey instrument components

- Demographics
- Stuttering
- Anchors
  - Obesity
  - Mental Illness
  - Left Handed
  - Intelligent
- *POSHA–S/Child* Anchors
  - Obesity
  - Wheelchair Use

IPATHA

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Sincere thanks to ~300 IPATHA partners

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Samples analyzed
Inquiries

Mi raza es: Mi religión es:

Hoy valoraría los siguientes aspectos de mi vida como…	Muy pobre	Pobre	Promedio	Bueno	Excelente	No estoy seguro
Mi salud física	1	2	3	4	5	?
Mi salud mental	1	2	3	4	5	?
Mi habilidad para aprender cosas nuevas	1	2	3	4	5	?
Mi capacidad de hablar	1	2	3	4	5	?

現時，我對我以下各方面的評價是	十分差	差	普通	好	十分好	不確定
我的身體健康狀態	1	2	3	4	5	?
我的心理健康狀態	1	2	3	4	5	?
我學習新事物的能力	1	2	3	4	5	?
我說話的能力						?

對我而言，我生活中以下各方面的重要性為：	從不重要	不常是重要的	同樣重要或不重要	常常是重要的	經常是重要的	不確定
感到安全／有安全感	1	2	3	4	5	?
自由地去做自己想做的事	1	2	3	4	5	?
花時間去安靜地獨處	1	2	3	4	5	?
參與宗教或社交活動	1	2	3	4	5	?
想像新事物	1	2	3	4	5	?

- Model: Partners use/translate *POSHA-S* for free in exchange for sending me raw data to build a database

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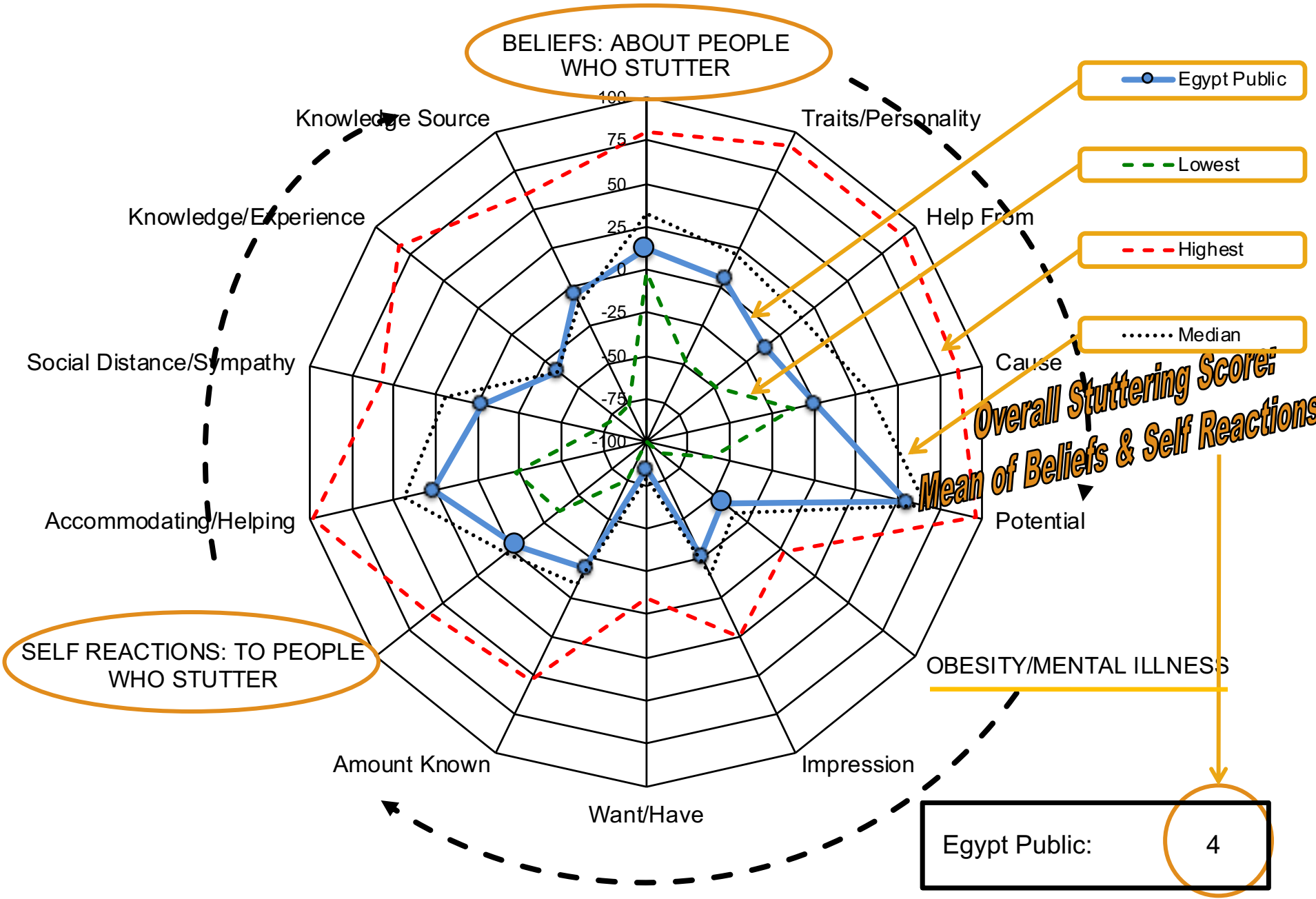
More background...

- Standard scoring conventions
  - Items ➔ Components ➔ Subscores ➔ Overall Stuttering [or Cluttering, etc.] Score (OSS)
  - Means converted to -100 to +100
  - Some item scores inverted
    - Higher = better; lower = worse attitudes
- *POSHA–S* international database
  - 230 samples with ~ 23,500 respondents from 51 countries in 11 regions/continents from 32 languages
  - ~55 samples with ~3300 respondents, each with pre vs post comparisons (interventions & reliability/controls)
- Other *POSHA* & *ASE* international databases smaller

POSHA–S summary profile



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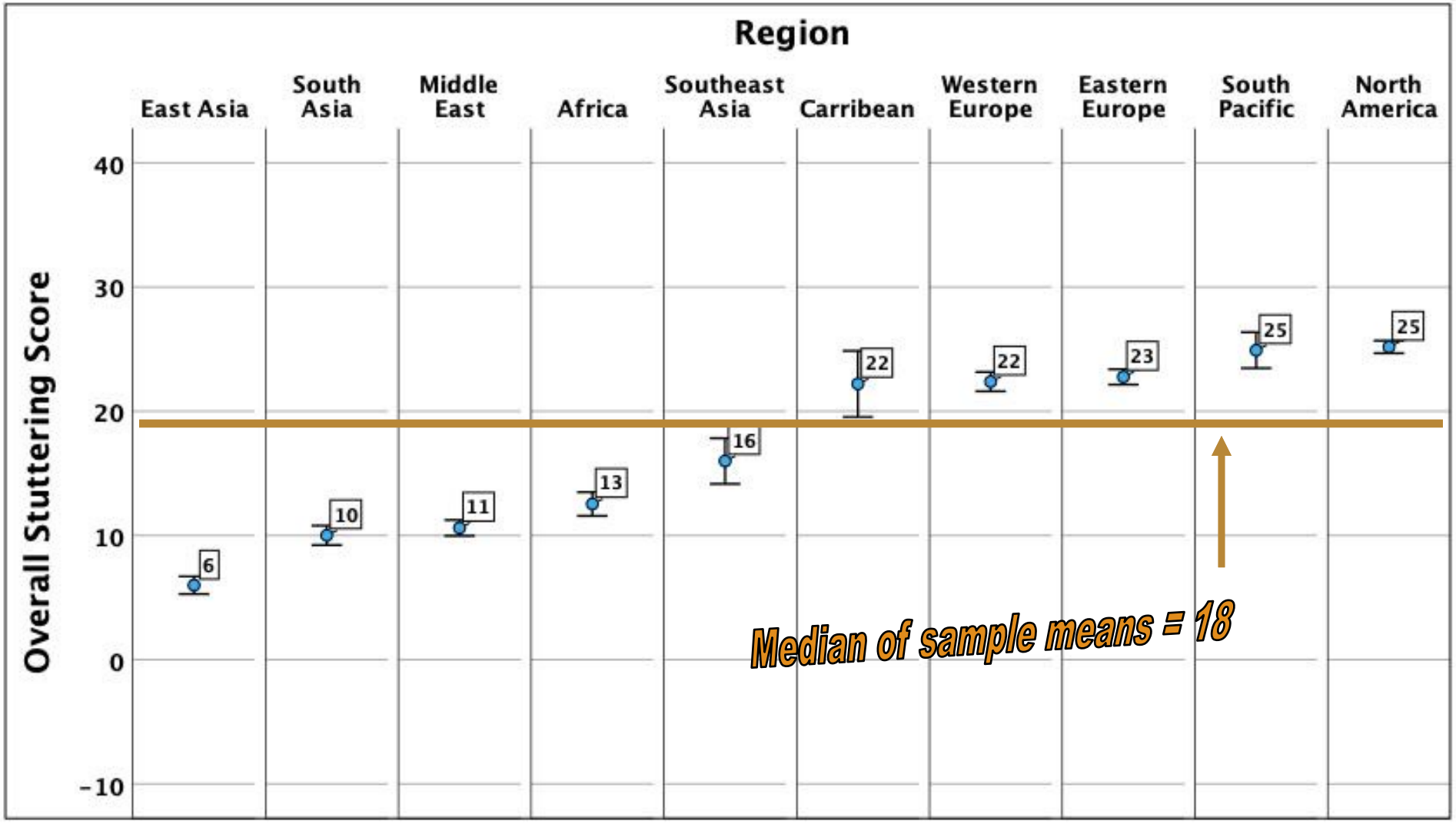
Overall Stuttering Scores by region



Student attitudes, best to worst: British, Arab, Chinese

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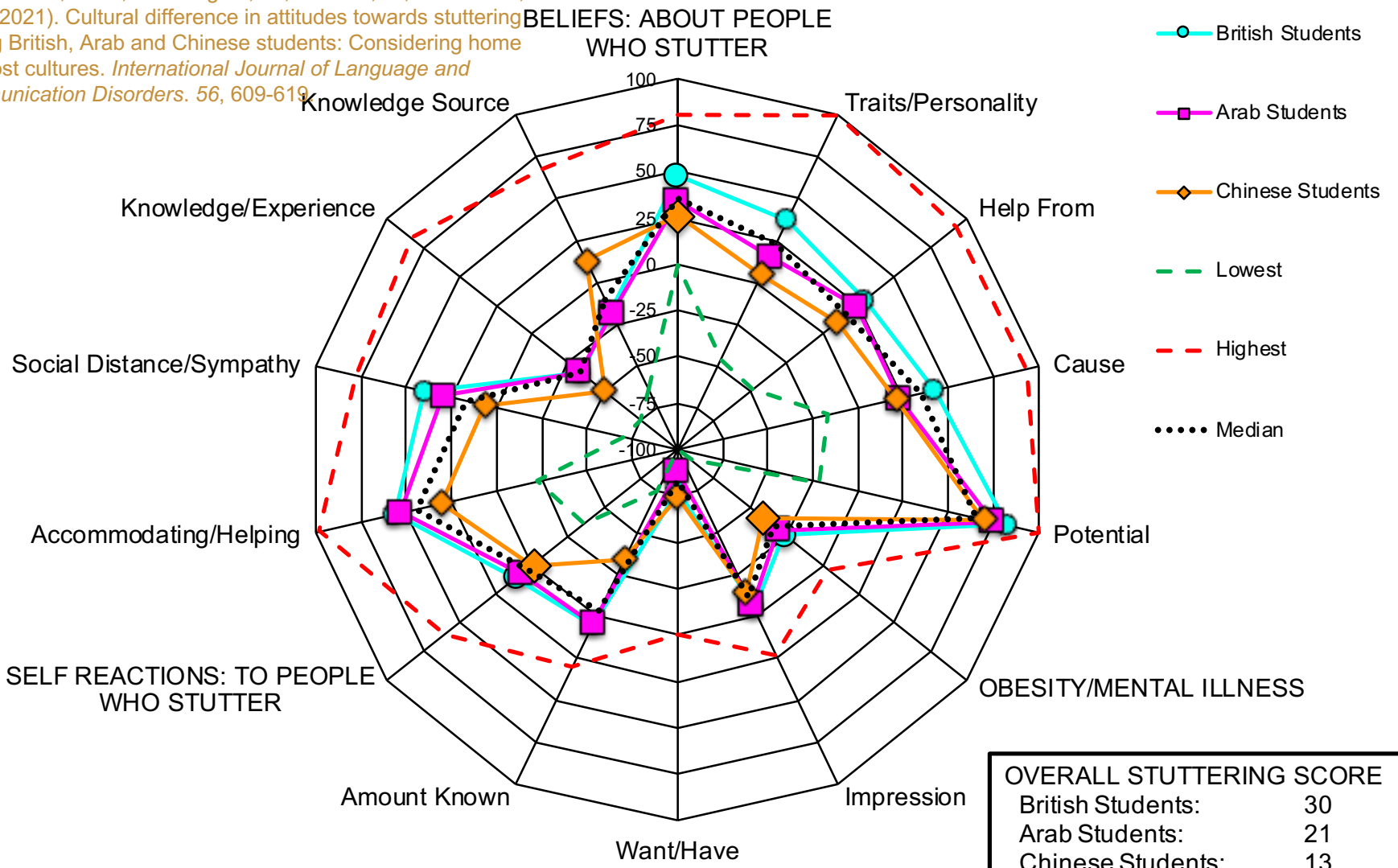
Üstün-Yavuz, M. S., Warmington, M., Gerlach, H., & St. Louis, K. O. (2021). Cultural difference in attitudes towards stuttering among British, Arab and Chinese students: Considering home and host cultures. *International Journal of Language and Communication Disorders. 56*, 609-619.



OVERALL STUTTERING SCORE	
British Students:	30
Arab Students:	21
Chinese Students:	13

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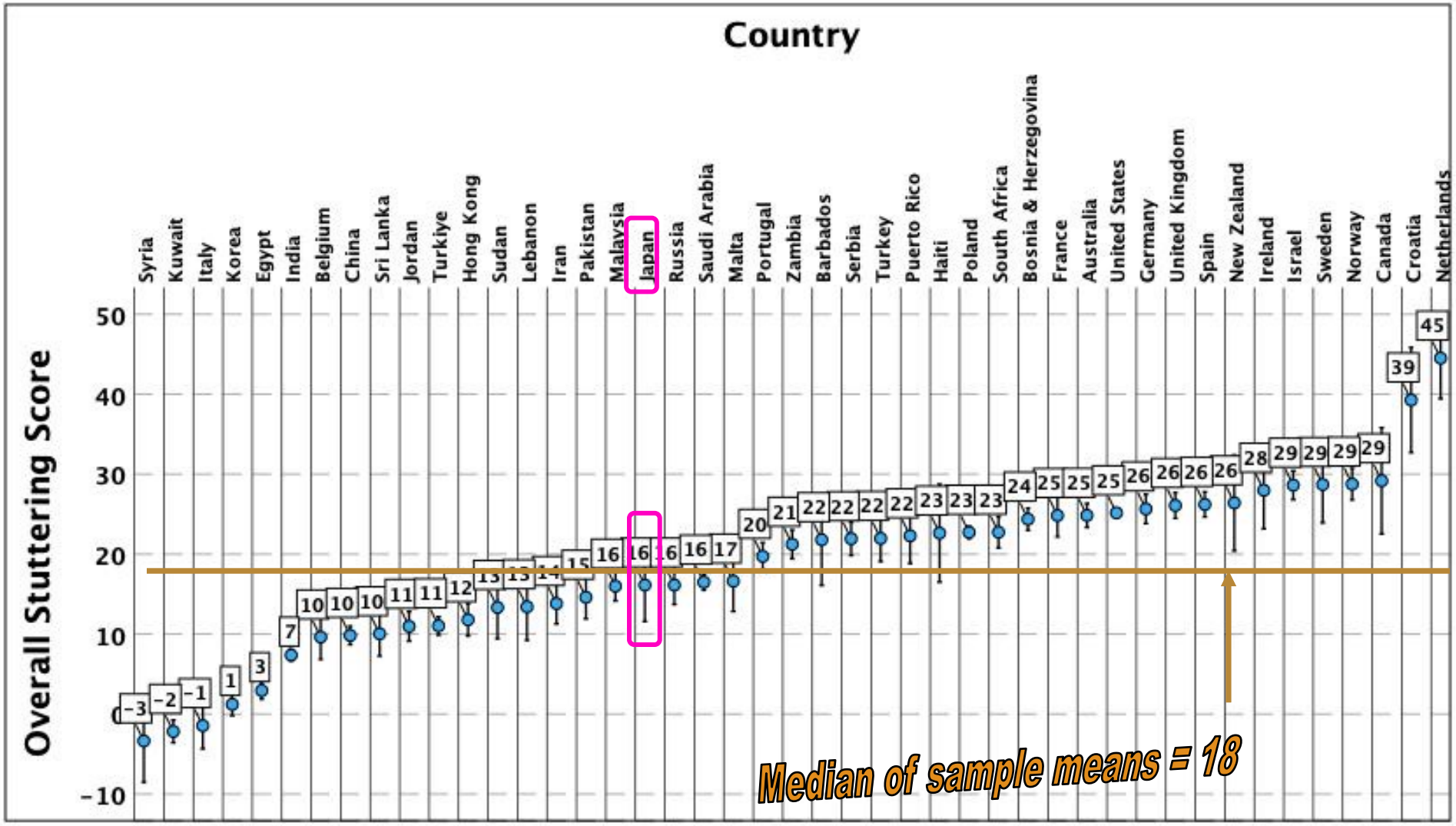
Overall Stuttering Scores by country



Japanese public & stutterers

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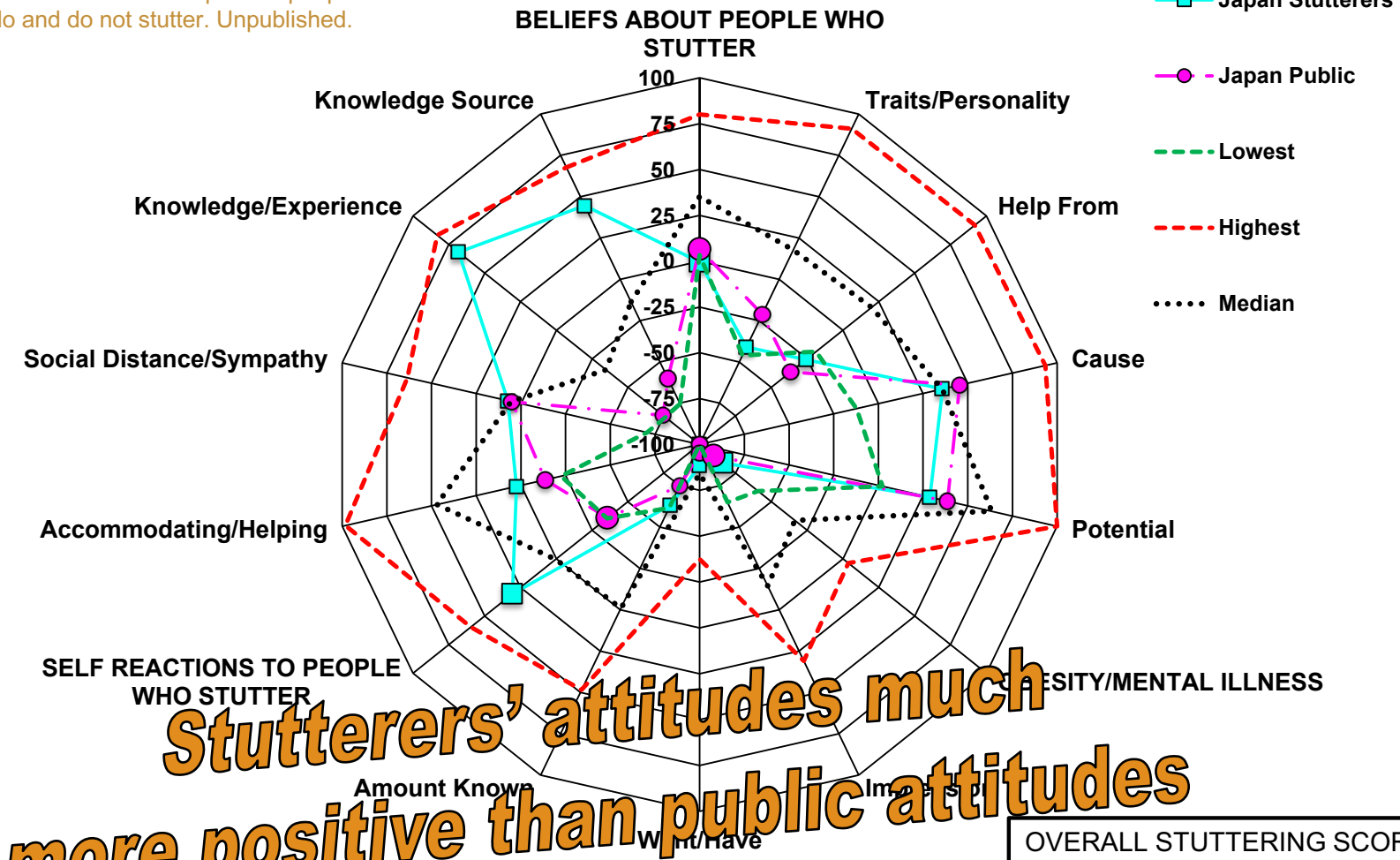
Kawai, N. & St. Louis, K. O. (2015). Public attitudes of Japanese people who do and do not stutter. Unpublished.

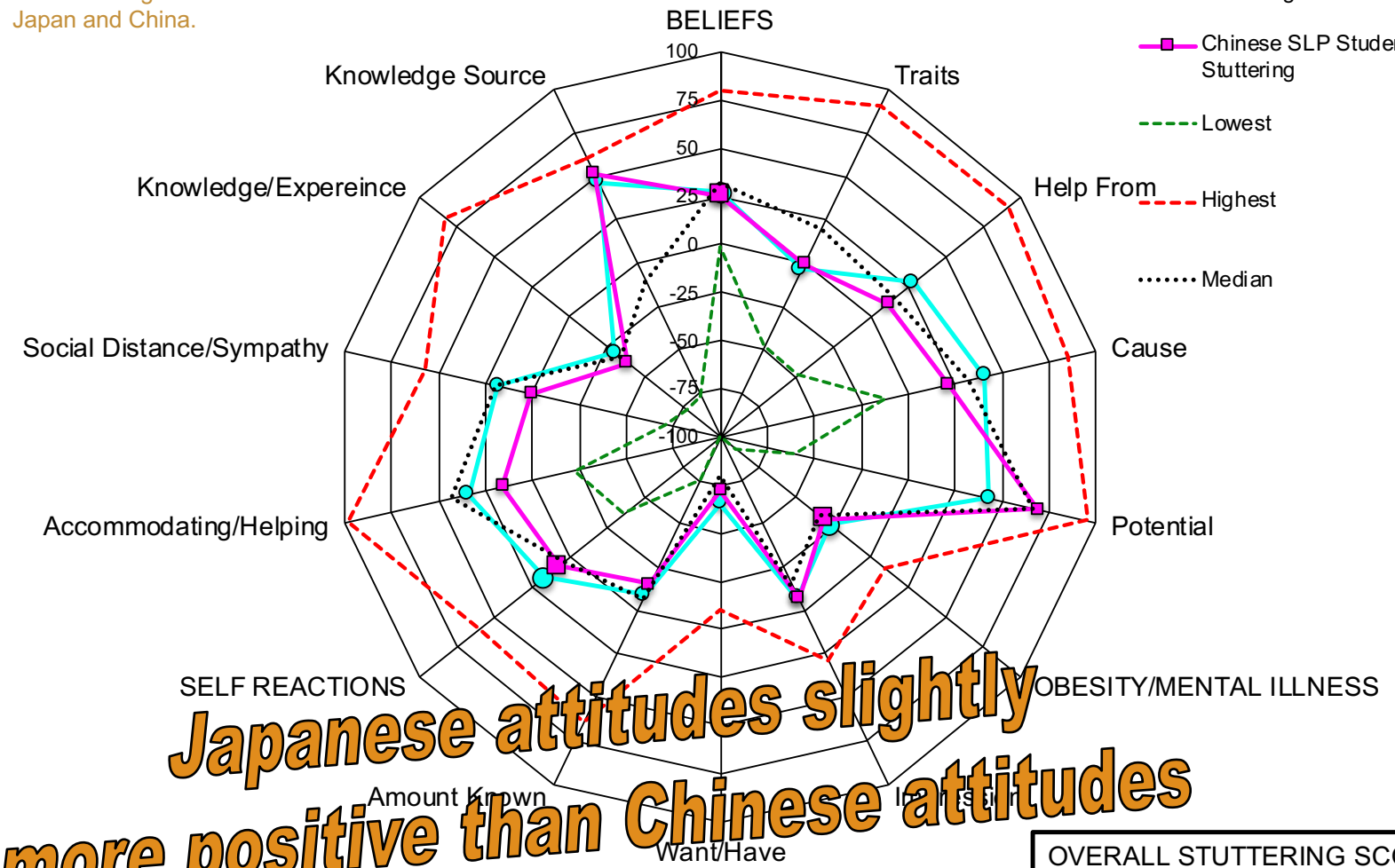


Stutterers' attitudes much more positive than public attitudes

OVERALL STUTTERING SCORE	
Japan Stutterers	15
Japan Others	-15

SLP students' stuttering attitudes in Japan & China

Chen, Y. Miamoto, S., & St. Louis, K. O. (in progress). A comparison of stuttering and cluttering attitudes of SLP students in Japan and China.

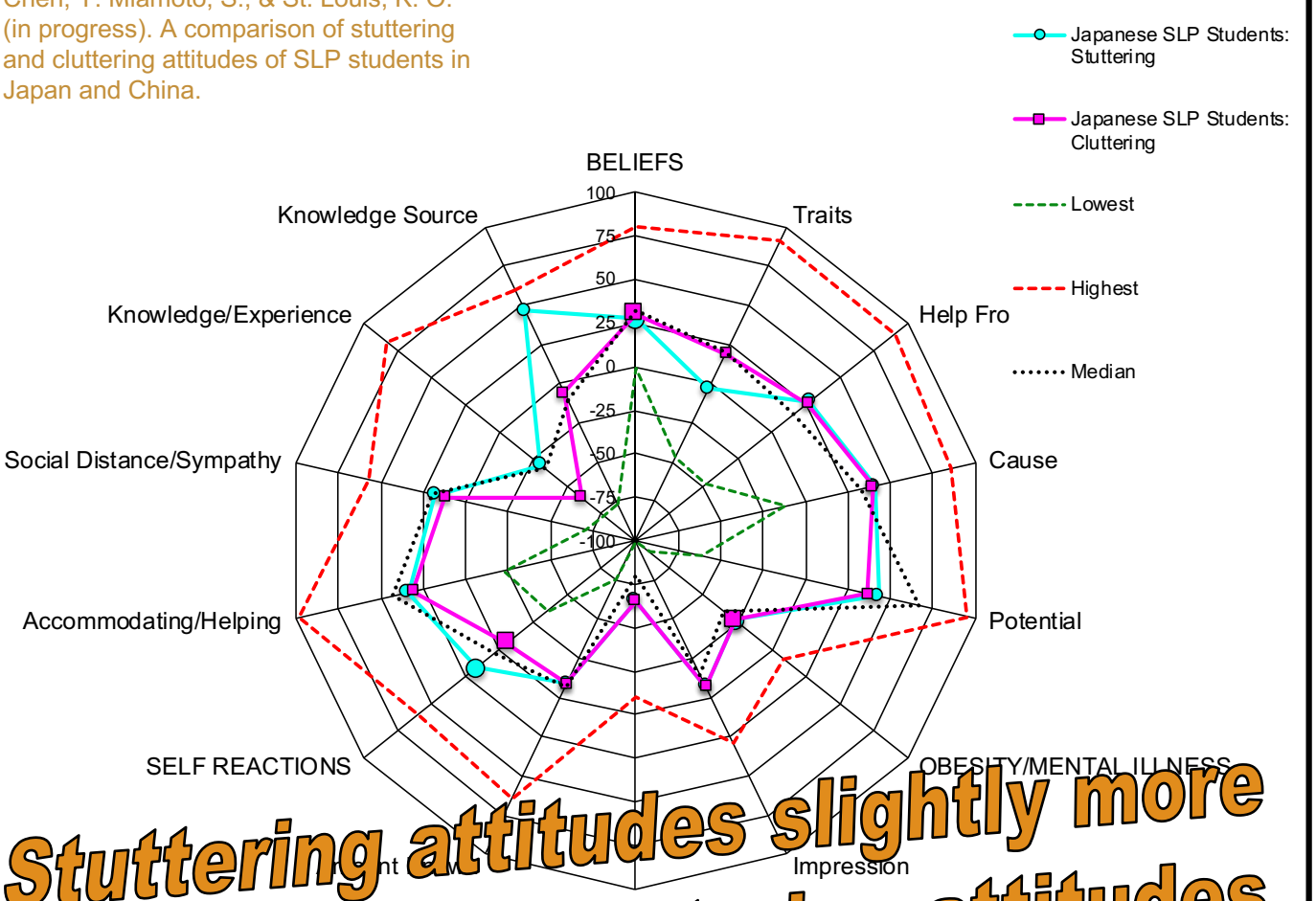


Japanese attitudes slightly more positive than Chinese attitudes

OVERALL STUTTERING SCORE	
Japanese SLP Students: Stut	22
Chinese SLP Students: Stut	16

SLP students' stuttering vs cluttering attitudes in Japan

Chen, Y. Miamoto, S., & St. Louis, K. O. (in progress). A comparison of stuttering and cluttering attitudes of SLP students in Japan and China.



Stuttering attitudes slightly more positive than cluttering attitudes

OVERALL STUT/CLUT SCORE
Japanese SLP Students: Stut 22
Japanese SLP Students: Clut 12

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Some general results from sample comparisons

- Stereotypes & stigma exist in all samples, even the most positive
- Public attitudes unaffected by…
  - Different language translations
  - Written definition or auditory model of stuttering
- Important differences observed public stuttering attitudes related to…
  - Countries, continents/regions, national identities
    - But more similar within countries
  - Levels of education & other socio-economic variables
  - Probability vs convenience samples
  - Selected fields of study or vocations (e.g., SLP, but not teaching)
  - Previous experience with stuttering or other attributes
  - Other variables (e.g., males vs females) ambiguous

St. Louis, K. O. (2015). Epidemiology of public attitudes toward stuttering. In K. O. St. Louis (Ed.), *Stuttering meets stereotype, stigma, and discrimination: An overview of attitude research* (pp. 7–42). Morgantown, WV: West Virginia University Press.

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Predicting more or less positive stuttering attitudes

- Recent study of >22,000 respondents
- Determined prediction potential of 37 demographic & other variables
  - Used R squared (or % variance explained) as a measure of strength
  - Determined for OSS, Beliefs & Self Reactions
    - OSS: 0% to 18% (next slide)
    - Beliefs: 0% to 22%.
    - Self Reactions: 0% to 9%
  - Typically, differences predictors for Beliefs & Self Reactions
    - E.g., stutterers known or impression of stuttering %–12% for Self Reactions but 0.4%–1% for Beliefs
    - E.g., Region, country, language 17%–22% for Beliefs but 5%–9% for Self Reactions

Country	Strong Prediction	18.8%
Language	Strong Prediction	16.8%
Region	Strong Prediction	12.3%
Stuttering: Impression/Want	Quite Strong Prediction	8.4%
Population	Quite Strong Prediction	5.6%
Mental Illness: Impression/Want	Considerable Prediction	3.9%
Stuttering Persons Known	Considerable Prediction	3.7%
Left Handed: Impression/Want	Considerable Prediction	2.9%
Ability to Learn	Considerable Prediction	2.3%
Education	Considerable Prediction	2.0%
Ability to Speak	Considerable Prediction	2.0%
Intelligent: Self-ID	Questionable Prediction	1.7%
Priority: Help Less Fortunate	Questionable Prediction	1.1%
Obese: Impression/Want	Questionable Prediction	1.0%
Priority: Be Free	Little Prediction	0.9%
Stuttering: Self-ID	Little Prediction	0.9%
Priority: Practice My Religion	Little Prediction	0.8%
Prority: Be Safe & Secure	Little Prediction	0.7%
Priority: Spend Time Alone	Little Prediction	0.7%
Priority: Solve Big Problems	Little Prediction	0.7%
Physical Health	Little Prediction	0.6%
Priority: Imagine New Things	Little Prediction	0.6%
Priority: Get Things Done	Little Prediction	0.6%
Mental Illness: Self-ID	Little Prediction	0.6%
Priority: Do My Job or Duty	Little Prediction	0.5%
Sex (Gender)	Little Prediction	0.5%
Married	Little Prediction	0.5%
Mental Health	Very Little Prediction	0.4%
Obese: Self-ID	Very Little Prediction	0.4%
Relative Income	Very Little Prediction	0.3%
Intelligent: Impression/Want	Very Little Prediction	0.2%
Parent	Very Little Prediction	0.2%
Age	Very Little Prediction	0.1%
Priority: Have Potentially Dangerous but Exciting Experiences	Very Little Prediction	0.1%
Left Handed: Self-ID	Very Little Prediction	0.1%
Priority: Attend Social Events	No Prediction	0.0%
Priority: Earn Money	No Prediction	0.0%

POSHA–S, POSHA–Ob & POSHA–MI (n = 500 each)

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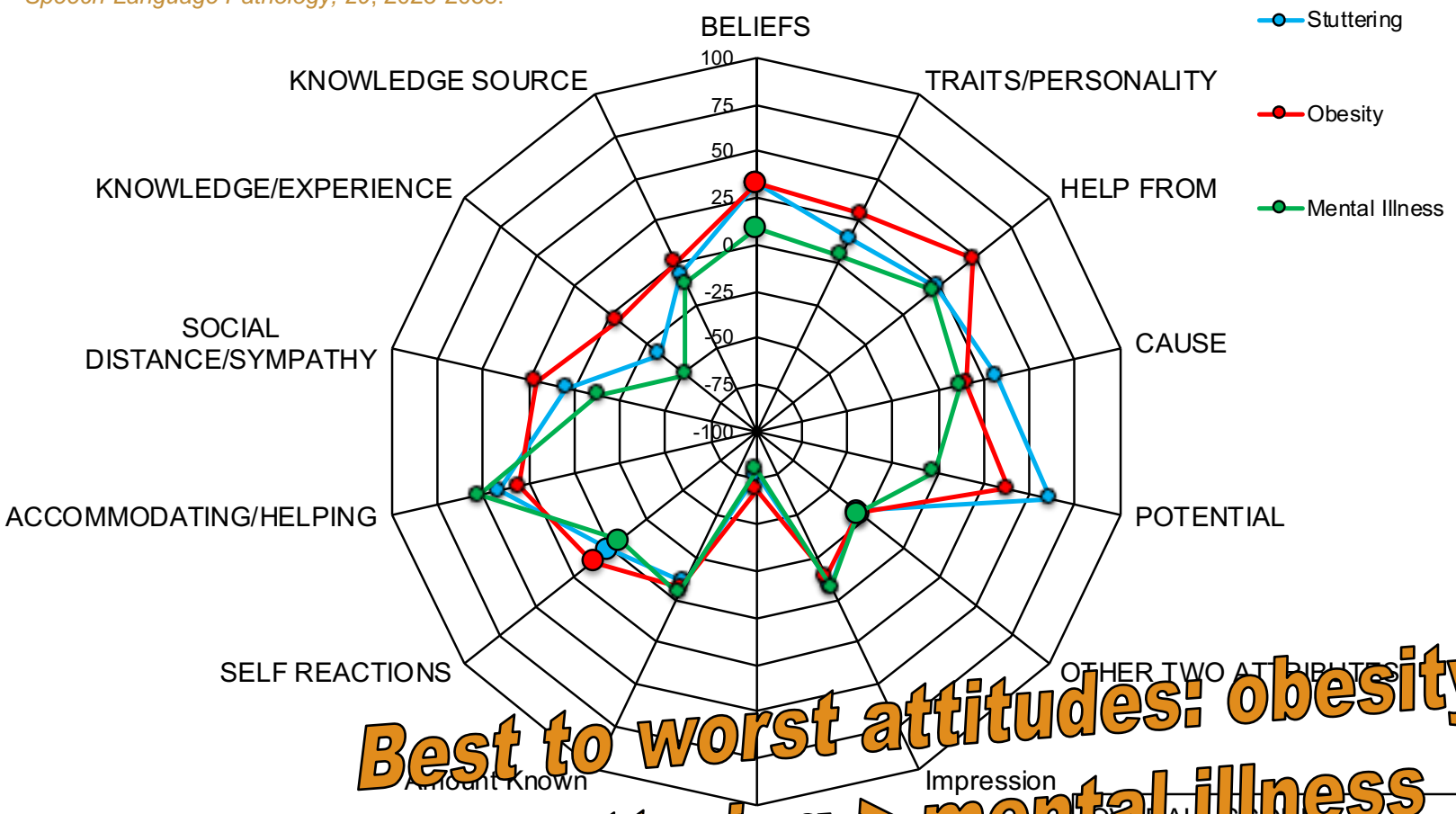
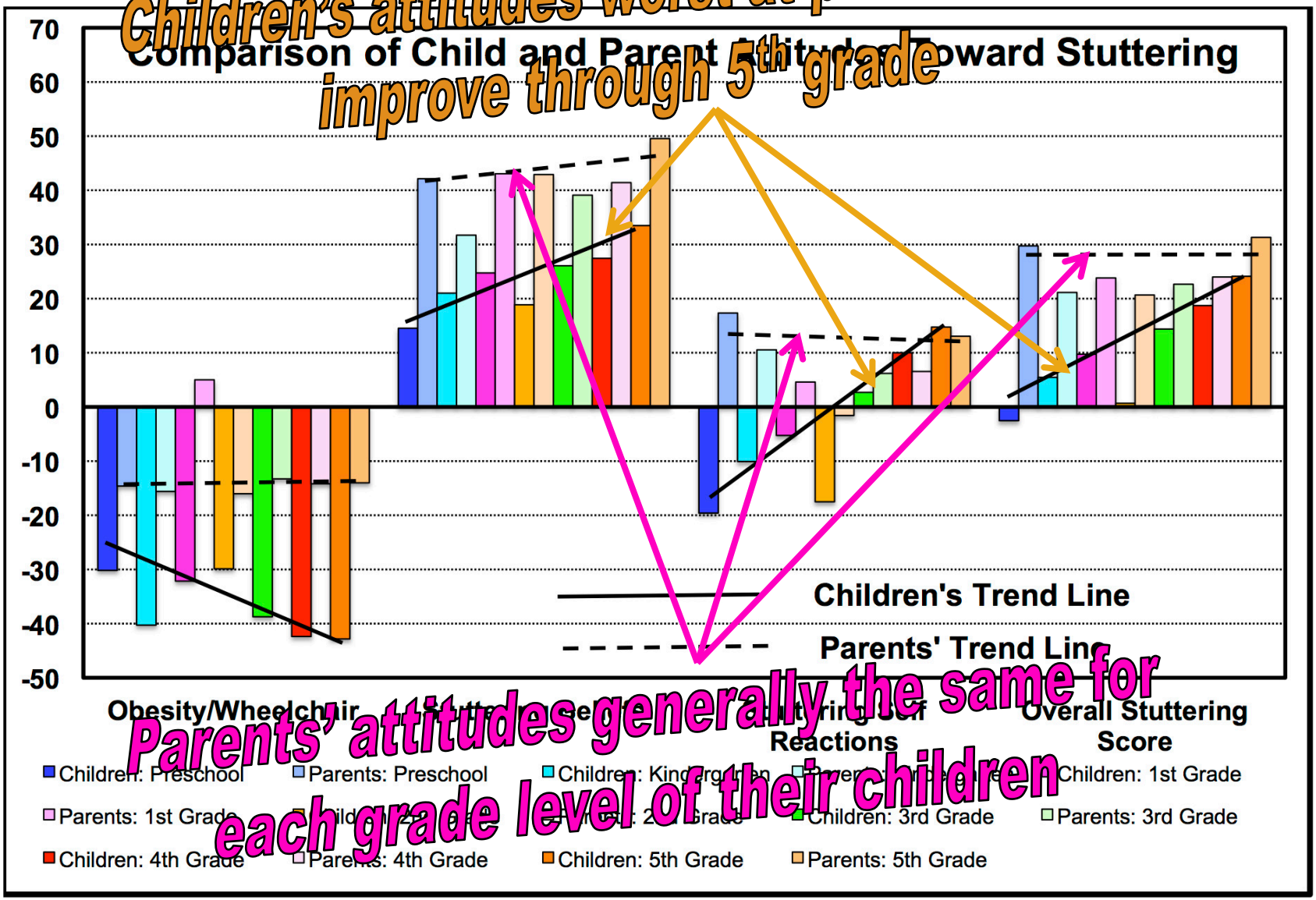
St. Louis, K. O. (2020). Comparing and predicting public attitudes toward stuttering, obesity, and mental illness. *American Journal of Speech-Language Pathology, 29*, 2023-2038.



Best to worst attitudes: obesity > Stuttering > mental illness

Stuttering	17
Obesity	23
Mental Illness	1

Child vs parent attitudes: preschool–5th grade



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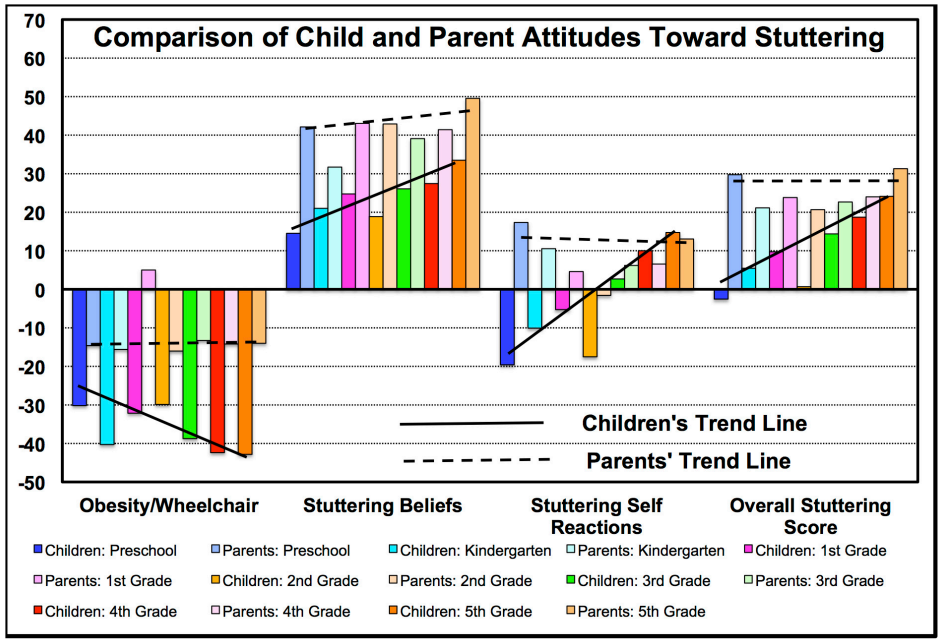
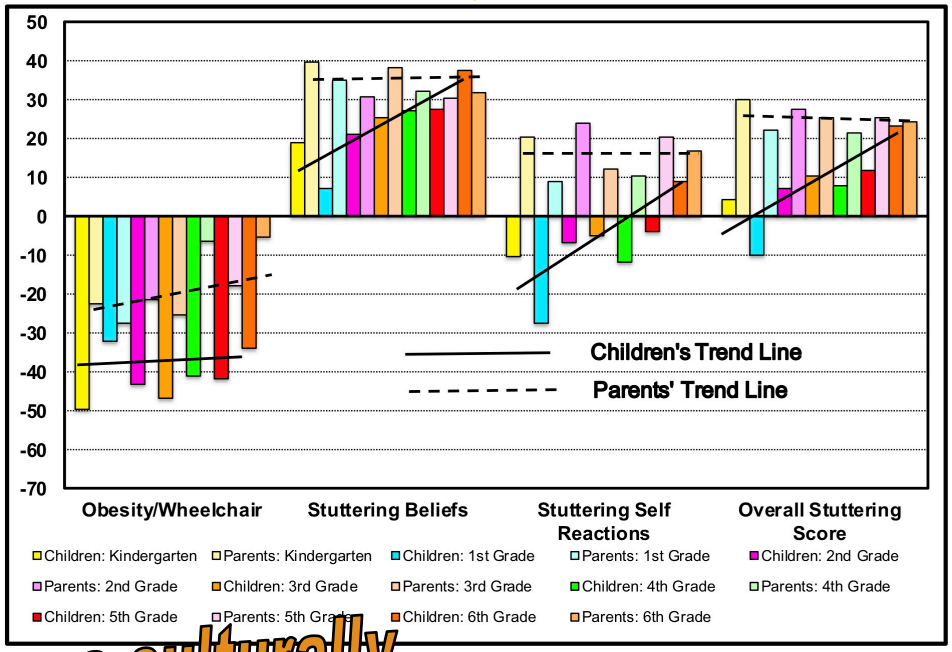
Child vs parent attitudes: preschool–5th grade USA & Kindergarten–6th grade Bosnia-Herzegovina

Glover, H. L., St. Louis, K. O., & Weidner, M. E. (2019). Comparing stuttering attitudes of preschool through 5th grade children and their parents in a predominately rural Appalachian sample. *Journal of Fluency Disorders*, *59*, 64-79.

Weidner, M. E., Junuzović-Žunić, L., & St. Louis, K. O. (2020). A comparison of stuttering attitudes among nonstuttering children and parents in Bosnia & Herzegovina. *Clinical Archives of Communication Disorders, 5*, 42-53.





Very similar cross-culturally

How do negative stuttering attitudes develop?

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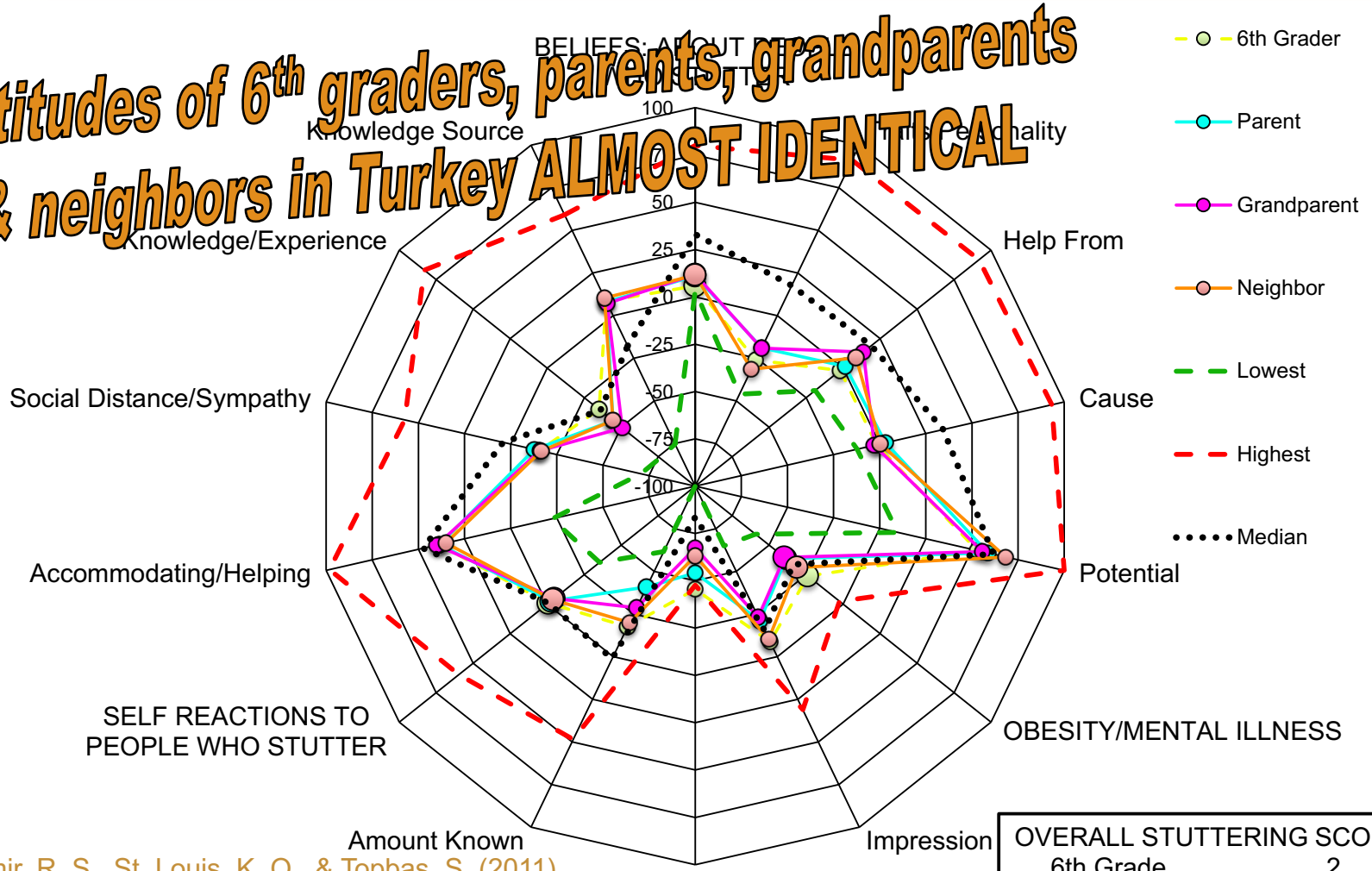
Attitudes of 6th graders, parents, grandparents & neighbors in Turkey ALMOST IDENTICAL



OVERALL STUTTERING SCORE	
6th Grade	2
Parent:	4
Grandparent:	4
Neighbor:	4

Özdemir, R. S., St. Louis, K. O., & Topbaş, S. (2011). Stuttering attitudes among Turkish family generations and neighbors from representative samples. *Journal of Fluency Disorders, 36*, 318-333.

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Many interventions have been tried to improve public attitudes

- Types of interventions: Various combinations
  - Videos (commercial & custom made)
  - Printed material
  - Oral presentations: Informal, lectures, discussions
- Content related to stuttering
  - Definition/symptoms, causes, emotions, how to interact with stutterer, etc.
- Early studies: OSSs improved about 10 units
- St. Louis & Flynn (2015): Greatly improved attitudes of high school students' 7 years earlier generally maintained

Flynn, T. W., & St. Louis, K. O. (2011). Changing adolescent attitudes toward stuttering. *Journal of Fluency Disorders, 36*, 110-121.

St. Louis, K. O., & Flynn, T. W. (2018). Maintenance of improved attitudes toward stuttering. *American Journal of Speech-Language Pathology, 27*, 721-736.

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Weidner's InterACT program

- Puppet-based group intervention with preschool children
  - POSHA–S/Child OSS results: Pre = 3: Post = 15

Weidner, M. E., St. Louis, K. O., & Glover, H. L (2018). Changing nonstuttering preschool children's stuttering attitudes. *American Journal of Speech-Language Pathology*, *27*, 1445-1457

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Success results from 29 intervention samples

- St. Louis et al. (2020): 29 intervention samples with adolescents & adults
  - Mean OSS improvement = 9.4 units; Range = -1 (worse) to 28 units
  - Demographic variables did not predict success
- Intervention characteristics had some predictive potential
  - High interest or involvement (e.g., humor, interactions with people who stutter)
  - Emotional connection
  - Important information about stuttering—but not too much

St. Louis, K. O., Węsierska, K., Przepiórka, A., Błachnio, A., Beucher, C., Abdalla, F., Flynn, T., Reichel, I., Beste-Guldborg, A., Junuzović-Žunić, L., Gottwald, S., Hartley, J., Eisert, S., Johnson, K., Bolton, B., Teimouri Sangani, M., Rezai, H., Abdi, S., Pushpavathi, M., Hudock, D., Spears, S., & Aliveto, E. (2020). Success in changing stuttering attitudes: A retrospective study of 29 intervention samples. *Journal of Communication Disorders*, *84*, 1-18.

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Exploring samples with different levels of success

- 29 intervention samples
  - Samples sorted into 4 categories according to success in changing attitudes (Changes in Beliefs, Self Reactions & OSS)
    - Very successful (VS): positive change (≥5 units) in 3 of 3
    - Successful (S): positive change in 2 of 3
    - Marginally successful (MS): positive change in 1 of 3
    - Unsuccessful (U): positive change in 0 of 3
- 12 control group or reliability non-intervention samples (C/R)

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Mean OSS pre, post & change for 4 intervention categories from 29 samples

Interventions	Pre	Post	Difference
Very Successful	+19	+35	+16
Successful	+23	+31	+8
Marginally Successful	+24	+28	+3
Unsuccessful	+10	+10	+1

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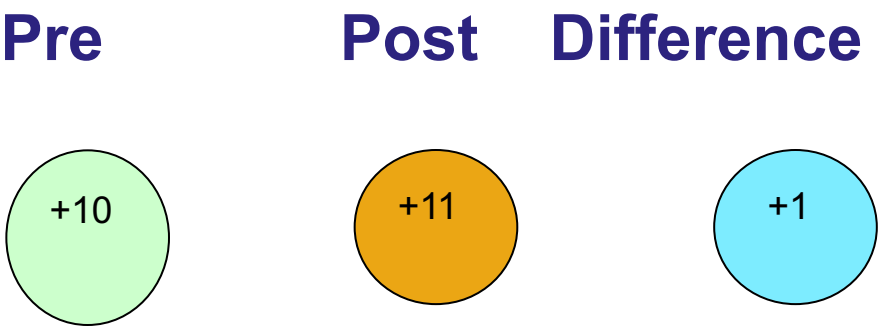
Mean OSS pre, post & change for 12 Reliability/Control samples

- Studies of test-retest reliability studies or control samples in treatment studies



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What about the individuals within each sample?

- Universal statistical assumption: most individual respondent changes in a sample are similar to any change in the mean of the sample
  - But I uncovered some unexpected correlations
- Individual respondents sorted by their OSS change from pre to post within each success category
  - Example: Subject 33a: Pre = 15; Post = 22; Difference = +7
  - Positive change (better attitudes): > +5 units
  - Minimal change (same attitudes): -5 to +5 units
  - Negative change (worse attitudes): < -5 units

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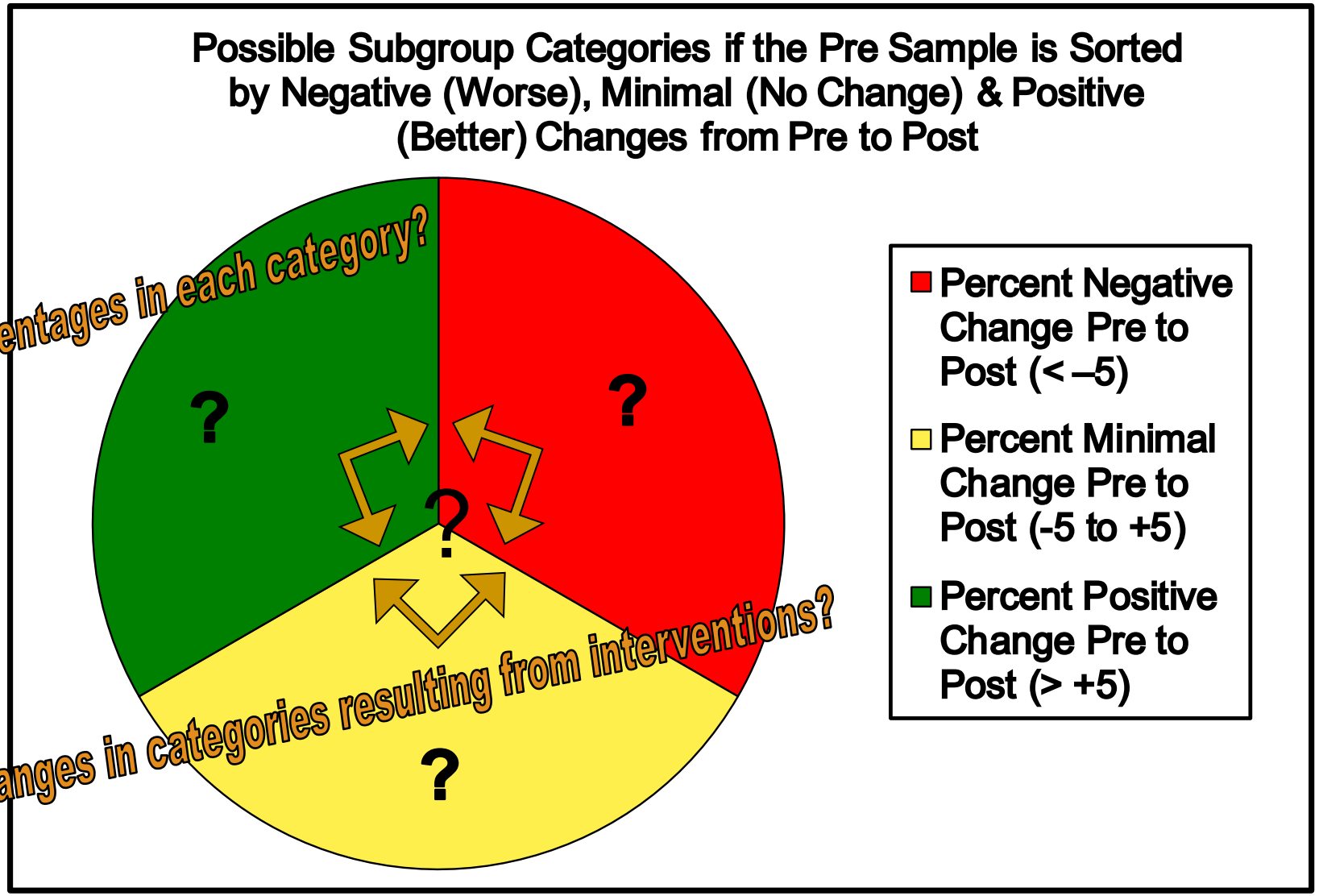
If Pre sorted according to change in Post



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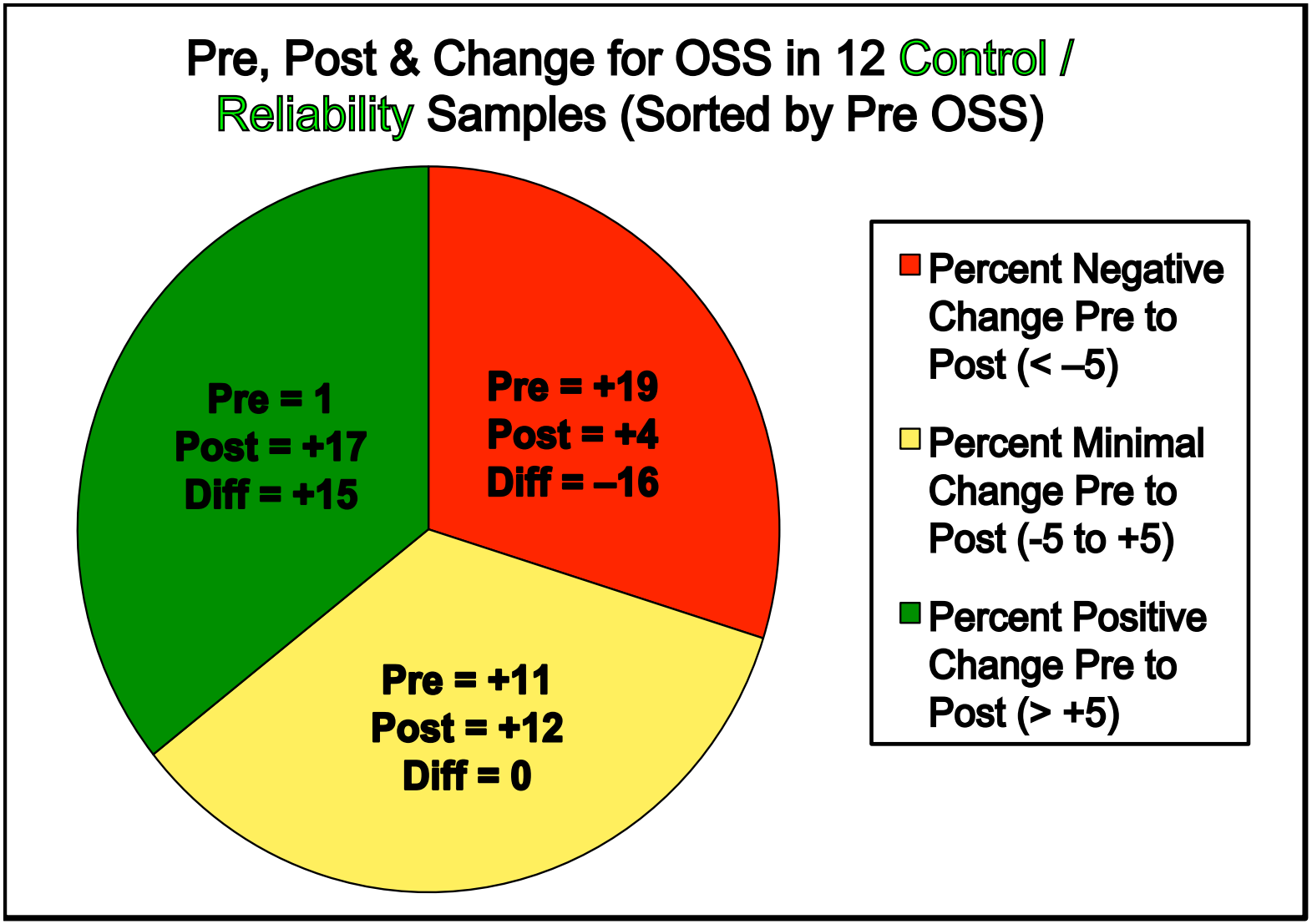
Control or reliability (no interventions)



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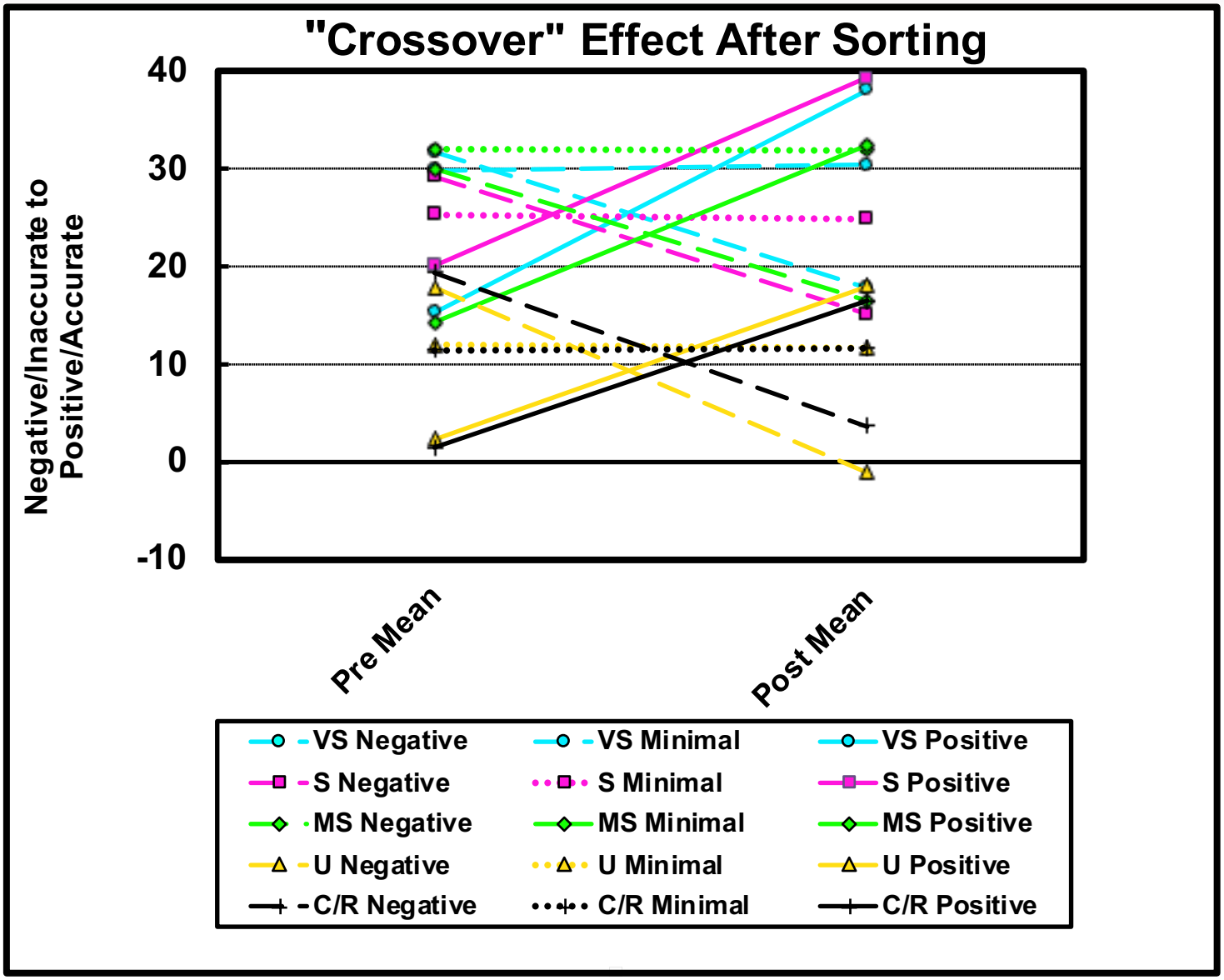
"Crossover" pattern in all 5 categories



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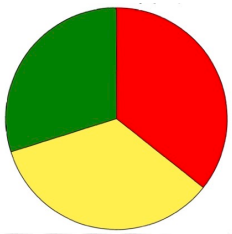
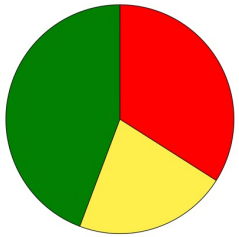
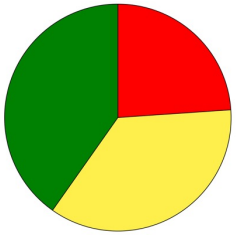
"Crossover" & percentages in positive, minimal & negative change by category



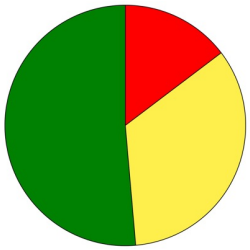
Control/Reliability (CR)



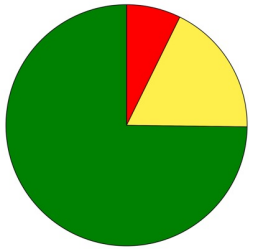
Unsuccessful (U)



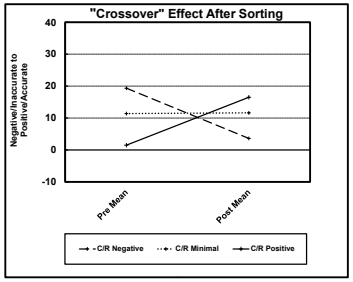
Marginally Successful (MS)

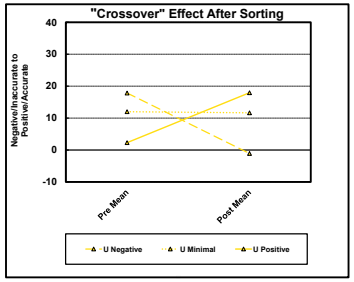


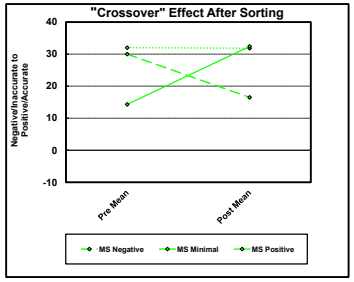
Successful (S)

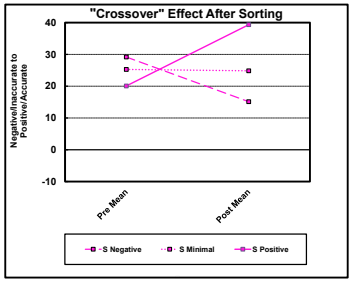


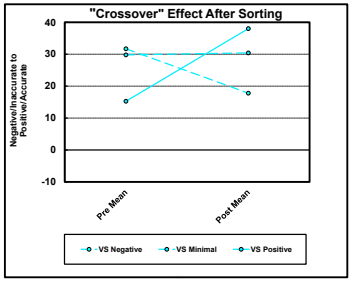
Very Successful (VS)











INTERNATIONAL PROJECT ON ATTITUDES TOWARD HUMAN ATTRIBUTES

Different profiles of changing public attitudes through interventions

- When respondents sorted by those who improved, worsened, or did not change…
  - "Crossover" effect seen in all intervention & non-intervention categories (& almost every sample)
    - Worst attitudes pre ➔ Best attitudes post
    - Best attitudes pre ➔ Worst attitudes post
    - Intermediate attitudes pre ➔ Intermediate attitudes post (no change)
  - Successful vs non-successful interventions: percentage changing—*not* amount of change in individual respondents

INTERNATIONAL PROJECT ON ATTITUDES TOWARD HUMAN ATTRIBUTES

So what does all this mean?

- Successful interventions to improve stuttering attitudes
  - Interesting, emotionally-based & informative intervention
  - Audience receptive to the intervention & open to change
- Interventions should be different for different persons somehow must…
  - Convince the 1/3 of individuals who have the best attitudes (who would get worse) that initial impression are OK
  - Convince the 1/3 with neutral attitudes (who would not change) with facts that current public attitudes should be more positive
  - Reassure the 1/3 with the worst attitudes (who would get better anyway) that initial impressions are often incorrect
- Challenges us to find out how to intervene with each group
  - Lots of research is needed!
  - Weidner & St. Louis (2023) Guidelines for designing an intervention

Weidner, M. & St. Louis, K. O. (2023). Changing public attitudes toward stuttering. In H. Sønsterud, & K. Węsierska (Eds.) *Dialogue without barriers – A comprehensive speech therapy intervention in stuttering* (English Version). Chorzów, Poland: Agere Aude Foundation for Knowledge and Social Dialogue. https://www.logolab.edu.pl/dialogue-without-barriers-a-comprehensive-approach-to-dealing-with-stuttering-english-version/

INTERNATIONAL PROJECT ON ATTITUDES TOWARD HUMAN ATTRIBUTES

Clinical implications

- What we can do now
  - We already give instruments to measure clients' reactions & behaviors (e.g., *OASES*)
    - Corresponding need to measure & possibly improve our clients' stuttering environment
  - Consider the attitude environment in therapy
  - Use a client-centered basis for offering support
- What we can do in the future
  - Learn how to benefit from the apparent instability of stuttering attitudes in about 2/3 of people
    - Instability implies possibilities for change
  - Generate evidence on the effects of stuttering environment on prognosis
  - Document improvements in stutterers' quality of life after public intervention programs

The stuttering attitude environment changes with age

- Early childhood: Attitudes of parents, relatives & family friends
- Elementary & middle school: All the above plus schoolmates & teachers/coaches
  - School: those who mock, tease, or bully
  - School: close friends who are allies
- High school: All the above plus bosses & romantic partners
- University: Family, new friends, classmates, professors, romantic partners
  - Teasing/bullying usually declines
- Adulthood: spouse's family, friends, work colleagues, bosses/supervisors, all segments of the public

INTERNATIONAL PROJECT ON ATTITUDES TOWARD HUMAN ATTRIBUTES

Measuring the stuttering environment

- *Appraisal of the Stuttering Environment* (*ASE*)
  - Very similar to 2nd experimental version of the *POSHA–S*
  - Has more items that are all scored on a 1-9 scale in order to show subtle changes within *individuals*
  - *ASE* generates Overall Stuttering Scores very similar to the *POSHA–S*
  - *ASE* scores in stutterers' families more positive than in controls

St. Louis, K. O., Kuhn, C. D., & Lytwak, L. (2015). The *Appraisal of the Stuttering Environment* (*ASE*): A new clinical tool to measure stuttering attitudes the client's environment. In K. O. St. Louis (Ed.), *Stuttering meets stereotype, stigma, and discrimination: An overview of attitude research* (pp. 255–273). Morgantown, WV: West Virginia University Press.

INTERNATIONAL PROJECT ON ATTITUDES TOWARD HUMAN ATTRIBUTES

Using the *ASE* clinically

- Give *ASE* to parents, spouses, siblings & close friends of stuttering clients before, during & after therapy
  - Document effects of family's & friends' attitudes on client & *vice versa*

INTERNATIONAL PROJECT ON ATTITUDES TOWARD HUMAN ATTRIBUTES

Considering client perceptions of support

- Evidence-based ways to determine what public beliefs or reactions are helpful vs unhelpful (positive vs negative)
- Led to the *Personal Appraisal of Support for Stuttering*
  - Similar results from several countries & different translations
    - A few country differences
  - Versions
    - For adults (*PASS–Ad)*
    - For children (*PASS–Ch*)
    - For parents *(PASS–Par*)

St. Louis, K. O., Irani, F., Gabel, R. M., Hughes, S., Langevin, M., Rodriguez, M., Scott, K. S., & Weidner, M. E. (2017). Evidence-based guidelines for being supportive of people who stutter in North America. *Journal of Fluency Disorders*, *53*, 1-13.

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INTERNATIONAL PROJECT ON ATTITUDES TOWARD HUMAN ATTRIBUTES

PASS–Ad selected mean results

- Majority of respondents agreed with typical DOs & DON'Ts, but not everyone
  - All five ratings (-2, -1, 0, +1, +2) given for every one of 60 items
- Direct actions related to one's stuttering
  - Highest: Refer me for stopping/reducing stuttering
  - Mid: Ask me how you can help
  - Lowest: Make a joke about stuttering
- Indirect actions related to one's stuttering
  - Most supportive: e.g., Wait to let me say what I want
  - Neutral: Leave me alone
  - Least supportive: "Fake" stuttering when we talk
- Past support
  - Family (most to least support): Mothers > siblings > fathers > others
  - School (most to least support): Teachers > classmates
  - School (most to least support): University > high school > middle school > elementary school

INTERNATIONAL PROJECT ON ATTITUDES TOWARD HUMAN ATTRIBUTES

Implications of client perceptions

- *PASS* can be given to clients
  - Children & parents or adults
  - Part of process of taking client history
  - Identify targets for desensitization & practice
- For public, translatable posters developed
  - Now translated to 8 languages
  - Likely Japanese could be added

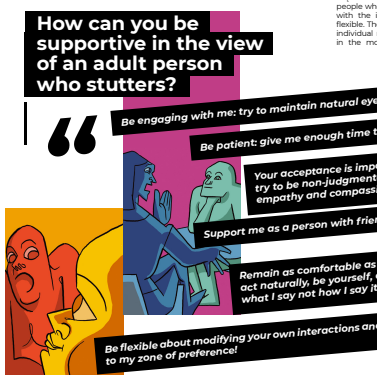
Posters for consumers

INTERNATIONAL PROJECT ON ATTITUDES TOWARD HUMAN ATTRIBUTES

How best to support adults who stutter according to international evidence-based guidelines

It has been estimated that about one percent of the world's population stutters (Bloodstein & Bernstein Ratner, 2008). *Stuttering* (also called *stammering*) is a multifaceted communication disorder, which is characterized by interruptions in the fluency of speech. Stuttering may be accompanied by struggling behaviors (*overt concomitants or/and covert concomitants*). What is more, a person who stutters may experience affective and/or cognitive reactions to stuttering. Most scientists and clinicians believe that stuttering results from complex interactions of multiple factors. Furthermore, it is perceived as a neurophysiological disorder with a strong genetic component (Yairi & Seery, 2011). Social attitudes towards stuttering are often negative. According to series of studies carried out as a part of *the International Project on Attitudes Toward Human Attributes* (IPATHA), unfavorable social stereotypes regarding stuttering and people who stutter are still prevalent (St. Louis, 2005; 2015). Research findings indicate that stuttering negatively impacts the quality of life in many areas, e.g. vitality, social functioning, emotional functioning, and mental health (Beilby et al., 2013; Craig et al., 2009). For decades professionals have formulated various recommendations on how to behave when interacting with an adult who stutters – typically this information was based on their opinions and suppositions. In recent years researchers carried out studies to create evidence-based guidelines for the gener… supportive studies – second in… opinions c… these sugg… Węsierska… people wh… with the i… flexible. Th… individual … in the mo…

How can you be supportive in the view of an adult person who stutters?



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St. Louis, K. O. (2018, June). *How Should We Interact with Adults Who Stutter? Let's Hear from Them.* Invited keynote address to the 10th International Conference on Stuttering, Kerns, Italy.

Węsierska, K., Saad Mansoure, S., Mellhem, N. A., Dessoi, J., Lachová, H., & St. Louis, K. O. (2018, July). *Personal Appraisals of Support From Stuttering Adults in Lebanon, Poland, Slovakia, and the Czech Republic.* Presentation at the Joint World Congress in Hiroshima, Japan.

Yairi, E., Seery, C. H. (2011). *Stuttering: Foundations and Clinical Application.* Boston, MA: Pearson.

Materials developed by:
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Illustrations by: **Chadi Chaar** | Graphic design by: **Jaroslaw Talarczyk** |

For more in…

- ASHA (American Spe…
- British Stammering …
- International Fluenc…
- International Stutter…
- National Stuttering …
- Stuttering Foundati…
- Stuttering Home Pa…

أفضل الطّرق لدعم الأشخاص البالغين الّذين يعانون من التّلعثم وفقاً للإرشادات الدّوليّة المثبتة علمياً

تشير الإحصاءات إلى أن حوالي واحد في المئة من سكّان العالم يعانون من التّلعثم (Bloodstein & Bernstein Ratner, 2008). التّلعثم (و يعرف أيضاً بالتّأتأة) هو اضطراب في التّواصل متعدّد الأوجه ، يتميّز بخلل في طلاقة الكلام و قد يترافق بسلوكيّات جهد (ملحوظة) و / أو غير ملحوظة) بالإضافة إلى ذلك، إنّ الشّخص الّذي يتلعثم قد يواجه ردود فعل عاطفيّة و / أو إدراكيّة نتيجة التّلعثم. يعتقد معظم العلماء و المعالجين أن التّلعثم ناتج عن تفاعل لعدّة عوامل و يُنظر إليه على أنّه اضطراب عصبي فيزيولوجي (Neurophysiological Disorder) يترافق مع مكوّن وراثي قوي (Yairi & Seery, 2011).

عالميا ما تكون المواقف الإجتماعيّة تجاه التّلعثم سلبيّة. فوفقاً لسلسلة من الدّراسات الّتي أُجريت كجزء من البحث الدّولي حول المواقف تجاه السّلوكيّات البشريّة (IPATHA) International Project on Attitudes Toward Human Attributes, لا تزال الصّور النّمطيّة الإجتماعيّة الغير مؤاتية المتعلّقة بالتّلعثم و الأشخاص المتلعثمين سائدة (St. Louis, 2005; 2015). تُشير أيضاً نتائج الأبحاث إلى أن التّلعثم يؤثّر سلباً على جودة الحياة و ذلك في العديد من النّواحي : الحيويّة، الإجتماعيّة، العاطفيّة و الذّهنيّة (Beilby & al., 2013; Craig, Blumgart & Tran, 2009). قام الإختصاصيّون و لفترة طويلة، بصياغة توصيات مختلفة حول كيفيّة التصرّف عند التواصل مع شخص يعاني بالتّلعثم وذلك بالاستناد إلى آرائهم و افتراضاتهم الذّاتيّة. و في السّنوات الأخيرة، أجرى الباحثون دراسات بهدف وضع إرشادات مبنيّة على الإثباتات حول كيفيّة التّفاعل بأكثر الطّرق ملائمة مع الأشخاص البالغين الّذين يعانون من التّلعثم. و قد أخذت دراستان دولتيّان (أجريت احداها في أميركا الشّمالية و أخرى في أوروبا و الشّرق الأوسط) في الإعتبار كيفيّة مساهمة هذه الإفتراضات (St. Louis, 2018; St. Louis & al., 2017; Węsierska & al., 2018).

بشكل عام، عند التّفاعل مع الأشخاص البالغين الّذين يعانون من التّلعثم، من المهمّ أن تكون مستعدّاً للتّأقلم مع احتياجات الفرد و مجهوده و أن تكون مرناً و الأهمّ يكن في تكييف أشكال الدّعم بحسب احتياجاته الفرديّة و الاستجابة بأكثر الطّرق الملائمة.

كيف يمكن أن تكون داعماً في نظر الشّخص البالغ الّذي يتلعثم؟

المراجع

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Yairi, E., Seery, C. H. (2011). *Stuttering: Foundations and Clinical Application.* Boston, MA: Pearson.

للمزيد من المعلومات قم بزيارة:

- ASHA (American Speech-Language-Hearing Association) : **asha.org**
- British Stammering Association : **stammering.org**
- International Fluency Association : **theifa.org**
- International Stuttering Association : **isastutter.org**
- National Stuttering Association : **nsastutter.org**
- Stuttering Foundation : **stutteringhelp.org**
- Stuttering Home Page : **mnsu.edu/comdis/kuster/stutter.html**

Iceland Liechtenstein Norway grants

HOW BEST TO SUPPORT CHILDREN WHO STUTTER IN INTERPERSONAL COMMUNICATION

What is and what is not supportive, in the view of children who stutter, and of their parents

DO'S:
- Maintaining eye contact.
- Being patient.
- Knowing about stuttering.
- Acting neutrally.
- Including the child.

DONT'S:
- Laughing at the child.
- Finishing the child's words.
- Mimicking stuttering.
- Making a joke about stuttering.

This material is based on the results of international research conducted among children who stutter, and their parents, using the questionnaire: *Personal Appraisal of Support for Stuttering-Children* / Parents (Weidner & St. Louis, 2015). The aim of the studies was to obtain a reliable answer to the following question: "What is and what is not supportive, in the view of children who stutter, and of their parents?" Several studies have been conducted, and there is an ongoing work to continue collecting information worldwide (more detailed information and a complete list of references can be found on the leaflet accompanying this poster, which is available at: www.logo-lab.edu.pl & https://uit.no/project/logolab

Take home message!

Based on the result of the quantitative and qualitative findings, some "universal" DO's and DON'Ts emerged when interacting with children who stutter. Some other kinds of support remain highly individualized, and should be discussed with the child. Some of these items were as follows:

- giving advice on what to do and how to feel;
- asking questions about stuttering;
- meeting other people who stutter.

When interacting with a child who stutters, these guidelines are recommended:

When interacting with a child who stutters, be patient and friendly, while maintaining natural eye contact and body language. Focus on the content of the child's message, not whether the child is fluent. Avoid finishing the child's sentences or providing unsolicited recommendations. Be mindful that seemingly well-intended comments (e.g., telling the child to "slow down" or "think about what you want to say") or actions (e.g. making a joke about stuttering) can often be undesired or unhelpful. Children who stutter will have individual preferences for responses they feel are helpful. It is important to establish a trusting relationship and talk openly with everyone to identify those preferences. Then they can receive maximal support from those with whom they communicate (adapted from St. Louis et al., 2017; 2019).

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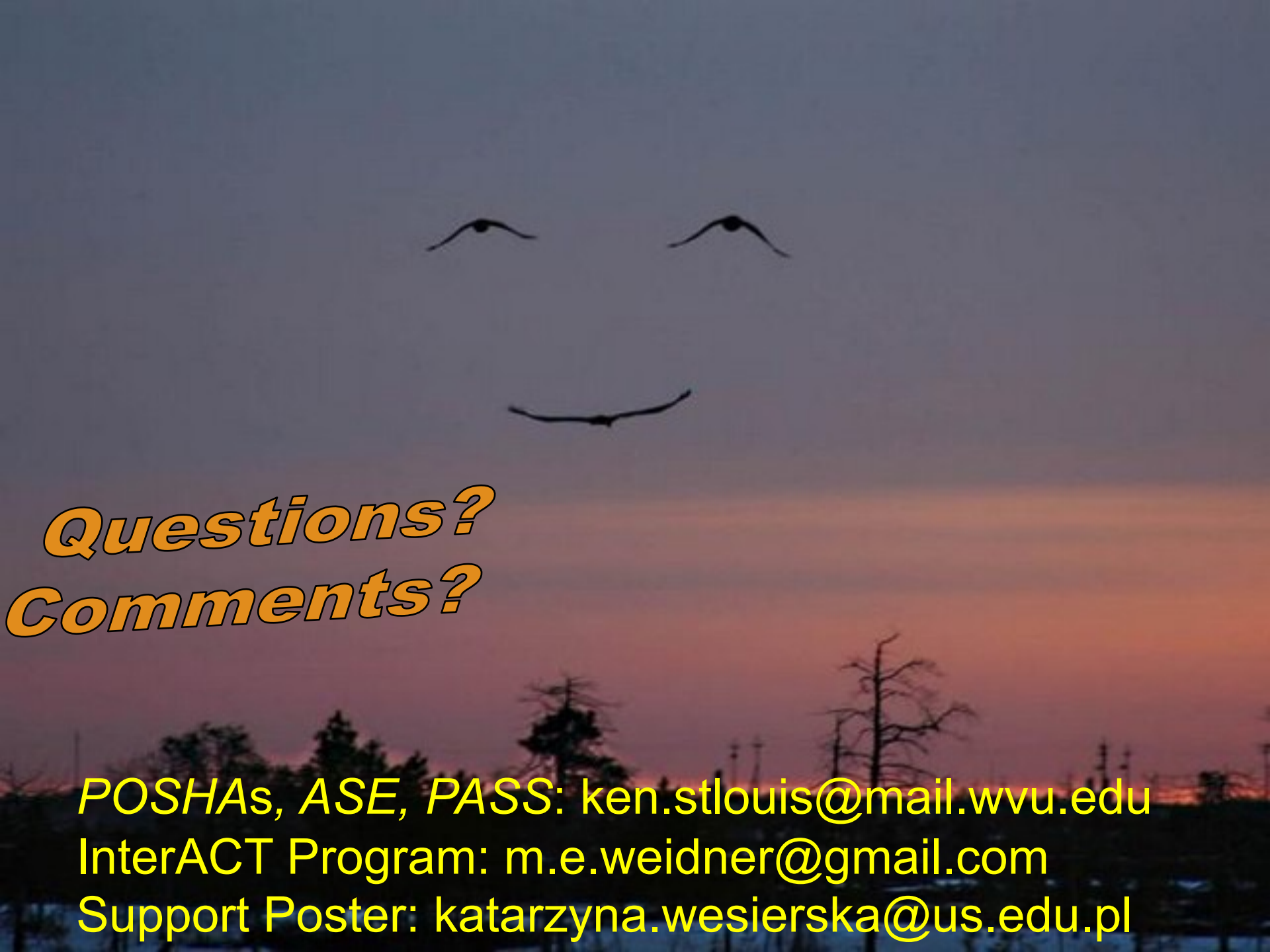
AGERE AUDE

INTERNATIONAL PROJECT ON ATTITUDES TOWARD HUMAN ATTRIBUTES

So how should we interact with stutterers?

- Summary of evidence-based findings in the poster
  - Be engaging with me: try to maintain natural eye contact!
  - Be patient: give me enough time to think and talk!
  - Your acceptance is important to me: try to be non-judgmental; show your empathy and compassion!
  - Support me as a person with friendliness, a sense of humor, and praise!
  - Remain as comfortable as possible: act naturally, be yourself, and focus on what I say not how I say it!
  - Be flexible about modifying your own interactions and sensitive to my zone of preferences!



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