DEVELOPMENT AND VALIDATION OF HOME TRAINING MANUAL FOR PERSONS WHO STUTTER IN KANNADA LANGUAGE

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A Dissertation Submitted in Part Fulfilment of Degree of

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University of Mysore, Mysuru

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August, 2022

CERTIFICATE

This is to certify that this Dissertation entitled "**Development and Validation of Home Training Manual for Persons Who Stutter in Kannada Language"** is a bonafide work submitted in part fulfilment for the degree of Master of Science (Speech-Language Pathology) student with Registration Number 20SLP028. This has been carried out under the guidance of a faculty of this institute and has not been submitted earlier to any other University for the award of any other Diploma or Degree.

Mysuru

August, 2022

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Mysuru

August, 2022

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DECLARATION

This is to certify that this Dissertation entitled "**Development and Validation of Home Training Manual for Persons Who Stutter in Kannada Language"** is a result of my study under the guidance of Dr. Sangeetha Mahesh, Associate professor and Head, Department of Clinical Services, All India Institute of Speech and Hearing, Mysuru and has not been submitted earlier to any other University for the award of any other Diploma or Degree.

Mysuru **Registration No. 20SLP028**

August, 2022

DEDICATED TO

MY BELOVED GRANDFATHER

ACKNOWLEDGEMENT .

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Chapter I

Introduction

According to the World Health Organization (WHO, 1997), stuttering is defined as "disorders in the rhythm of speech in which the individual knows exactly what he desires to say but at the time is unable to utter because of an involuntary repetition, prolongation, or cessation of a sound."

Stuttering is characterised by the repetition of sounds or syllables, prolonged sounds, interjections, broken words, sound blocking, word replacements, or extreme physical effort required to produce speech. Other coexisting traits may include grimacing, tremor in the speech muscles, blinking of the eyes, and avoiding words or circumstances that exacerbate stuttering episodes (Maguire et al., 2012).

In children, stuttering (speech dysfluency) affects 1.4% of people under the age of 10. Regardless of age, stuttering can happen to anyone, although it is most prevalent in young children as they learn and develop their language and speech. By the time they reach adulthood, about 80% of kids with developmental stuttering have overcome it. Stuttering also occurs in adults which can be termed as acquired stuttering, this happens because of secondary factors such as stroke, brain trauma or medications.

Between the ages of 24 and 35 months, there is a significant concentration of onsets in a single year, according to Yairi and Ambrose (2005), which corresponds to about 60%. Only six months later, at 42 months of age, 85% of onsets over the study range had already happened, and by 48 months of age, that number had risen to 95%. Even though children up to the age of six were eligible for this study, only 5% of the cases were reported to have begun stuttering beyond the age of six (Yairi & Ambrose, 2013). Depending on the time period investigated, the disorder's incidence and

prevalence in the general population can change significantly. Between the ages of two and four, it is more likely than at any other age that the incidence (only new cases) and prevalence (those who stutter at the time of the survey) numbers will be close. This is due to the fact that as new cases arise, previous cases that recover naturally somewhat offset those (Yairi & Ambrose, 2005). Stuttering is prevalent in all socioeconomic, economic, cultural, and racial groups to a similar extent.

Stuttering ratios between adult men and women are thought to be at least 4:1. (Bloodstein & Bernstein Ratner, 2008). Yairi and Ambrose (1992) discovered a 2:1 male-to-female ratio in a population of 87 pre-schoolers with ages ranging from 23 to 75 months. In the sample of 4- and 5-year-old CWS, boys were approximately three times more prevalent than females. As a result, the sex ratio rises with age, showing that preschool-aged girls have a higher recovery rate from stuttering than boys do (Yairi & Ambrose, 2013).

For centuries, stuttering was thought to be caused by tongue or laryngeal abnormalities. However, treatments that target the tongue or larynx have not consistently improved stuttering symptoms. The pioneering research of Orton and Travis, who suggested that stuttering might be brought on by irregular cerebral activity, indicated a shift in how stuttering was perceived. Currently, it is believed that stuttering has a physiological cause and is a complex process. According to twin and family studies, genetic factors are considered to be responsible for between 50 and 80 percent of occurrences with stuttering (Daniels, 1940).

As young children learn to speak and communicate, they experience developmental stuttering. It is the most typical type of stuttering. When a child's verbal

expectations are not being met by their speech and language abilities, developmental stuttering takes place.

Psychogenic stuttering is typically caused by emotional trauma or even emotional stress. Because psychogenic stuttering does not have a specific age of onset, it is frequently difficult to diagnose. Furthermore, two people who have experienced the same or similar trauma may not develop stuttering at the same time.

Neurogenic stuttering is a complicated condition. Neurogenic stuttering's pathogenesis is not completely known. It is linked to several neurological disorders and ailments, as well as the usage of specific medications. It might be challenging for clinicians to distinguish between neurogenic and psychogenic stuttering. Collaboration between speech therapists and medical professionals, most frequently neurologists, is usually necessary for treatment(Junuzovic-Zunic et al., 2021).

Non-pharmacologic approaches to stuttering treatment include self-monitoring of speech to manage stuttering events and symptom reduction rather than elimination. The goal of treatment in children is to keep confirmed stuttering from progressing to adulthood. The involvement of family members plays an important role in the management of stuttering, particularly in children, by providing an environment that encourages slow speech, giving the child time to talk, and modelling slowed and relaxed speech. This will help to avoid exacerbating the problem and may provide comfort to a frustrated child. Stuttering treatment in children focuses on preventing or eliminating stuttering behaviours. Parental involvement and direct treatment are common features of therapy.

Adult persons who stutter frequently struggle with a range of affective issues, including fear, humiliation, anxiety, embarrassment, and even social anxiety (Tran et

al., 2011). Additionally, they frequently struggle with negative behavioural issues including trying to control stuttering episodes and cognitive reactions like thinking that stuttering is their fault (Kamhi, 1982). These emotional, behavioural, and cognitive responses may interfere with how they interact with others and perform at work (St Clare et al., 2009).

1.1 Need for the study

According to a study by Craig, 1998, 70% of individuals who received treatment for stuttering reported relapse after successful treatment. The relapse was observed between 6-18 months post-treatment. This observation calls for a crucial need for long-term intervention for persons who stutter. Hence the speech-language pathologist must provide proper guidelines regarding potential relapse in the individuals' dysfluencies post-treatment**.**

It is essential to provide guidelines based on the specific age of individuals. For children who stutter, the role of parents, teachers and friends becomes vital. Modification in the speaking environment, such as the classroom and home environment, will help the child to speak better. Including guidelines for changes in the speaking environment and suggestions for parents and teachers will help children with stuttering feel included and improve their fluency.

The manual will act as a guide to help persons who stutter to maintain their fluency after receiving therapy from the speech pathologist. It will provide general strategies to enhance fluency in different speaking situations. Including a self-evaluation and self-report scale is beneficial for persons who stutter and for the speech therapist to evaluate and track the relapse of stuttering. It may also help to identify the potential triggering factor for the relapse in stuttering. The self-report will aid in self-

monitoring one's speech, which persons who stutter can utilize to maintain their speech without being monitored by the speech therapist.

There are approximately forty- three million speakers of Kannada, including speakers outside the native state of Karnataka and there is a dearth of home training manuals in Kannada language for persons who stutter available to educate parents and PWS about the rehabilitation measures. Hence, it is imperative to develop a comprehensive manual for PWS. The guidelines help both individuals with stuttering and also guide parents /caregivers to work with individuals who stutter effectively in a natural setup.

1.2 Aim of the Study

The current study aims to develop and validate a home training manual for persons who stutter in Kannada language.

Chapter II

Review of literature

Stuttering is a fluency disorder marked by repetitions, hesitations, prolongations, and audible pauses. The most noticeable symptom of stuttering is interruptions in the flow of speech, often known as dysfluencies. Stuttering is characterised by a temporal disturbance in the simultaneous and sequential programming of muscle actions required to create a speech sound or its link to the next sound (Van Riper, 1982). Stuttering typically appears in early childhood during language learning (Van Riper, 1971; Bloodstean, 1981).

According to Starkweather (1980, 1987), many of the characteristics that influence fluency refect temporal features of speech production. These include pauses, rhythm, intonation, stress, and rate, determined by when and how quickly we move our speech structures. As a result, our fluency is governed by our temporal control of the movements of these components. He also mentioned that the rate of information flow, rather than only the rate of sound flow, is an essential aspect of fluency. As a result, a speaker who speaks without hesitation but struggles to transmit information in a timely and ordered manner may not be called a fluent speaker.

Stuttering is a multifaceted speech condition characterised by frequent prolongations, repetitions, or blocks of spoken sounds and syllables. It is a prevalent condition that impacts around 1% of the adult population and is classified as an Axis I disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

Facial grimacing, tremors in the speech muscles, eye blinks, and avoiding words or situations that aggravate stuttering episodes are two typical symptoms that may coexist with stuttering.

Developmental stuttering begins in childhood and is the most frequent type of stuttering. 80-90 percent of developmental stuttering starts by the age of six, and it affects roughly 5% of children. In around 75% of cases, spontaneous recovery occurs. Rare occurrences of acquired stuttering exist in adults; however, they are caused by secondary factors such as medicines, brain trauma, or stroke. Approximately 60% of children who stutter will have their symptoms resolved by age 16. However, remaining cases continue into adulthood, and given the importance of communication in a child's development, treatment of stuttering in children necessitates early intervention.

DSM-V diagnostic criteria for stuttering are as follows.

A. Disturbances in the normal fluency and time patterning of speech that are inappropriate for the individual's age and language skills persist over time and are characterised by frequent and marked occurrences of one (or more) of the following:

1. Sound and syllable repetitions.

2. Sound prolongations of consonants as well as vowels.

3. Broken words (e.g., pauses within a word).

4. Audible or silent blocking (filled or unfilled pauses in speech).

5. Circumlocutions (word substitutions to avoid problematic words).

6. Words produced with an excess of physical tension.

7. Monosyllabic whole-word repetitions (e.g., "I-I-I-I see him").

B. The disturbance causes anxiety about speaking or limitations in effective communication, social participation, or academic or occupational performance, individually or in combination.

C. The onset of symptoms is in the early developmental period (Note: Later-onset cases are diagnosed as adult-onset fluency disorder).

D. The disturbance is not attributable to a speech-motor or sensory deficit, dysfluency associated with a neurological insult (e.g., stroke, tumour, trauma), or another medical condition and is not better explained by another mental disorder.

2.1 Etiology

New research suggests that stuttering has a physiological cause and is a multifactorial process. According to twin and family studies, genetic factors are thought to be responsible for between 50 and 80 percent of cases of stuttering. 13 Monozygotic same-sex twins had much higher pairwise concordance than fraternal twins (63 percent vs 19 percent, respectively).

Several recent research has focused on determining if stuttering has a genetic basis. The presence of the C allele at rs6277 in the dopaminergic DRD2 gene was linked to higher vulnerability to the condition in a study of 112 people. Similarly, gene deletions and disruptions cause language and speech impairments in a case with a complicated collection of speech and language difficulties, including stuttering(Petrin et al., 2010)). Mutations in 3 genes on chromosome 12 have been discovered that affect the lysosomal targeting process that creates the mannose 6-phosphate signal. Although the mutations are found in less than 10% of cases of familial stuttering, their discovery provides new information and direction for future research (Maguire et al., 2012).

A recent case report describes stuttering as a paediatric autoimmune neuropsychiatric illness associated with streptococcal infections (PANDAS), which has many of the same clinical symptoms as Tourette syndrome (Maguire et al., 2012). The

theory is that antibodies used to resist streptococcal infection cross-react with the developing basal ganglia, a brain region implicated in the origin of stuttering.

Recent theories explain causal phenomena of stuttering, including COVERT, EXPLAN and DIVA. EXPLAN theory states that stuttering and fluent speakers can use the autonomous model of spontaneous speech production called EXPLAN. The independent processes of planning (PLAN) and execution (EX) correspond to the linguistic and motor levels, respectively. Fluency issues can arise when plans are supplied to the motor system too late due to failures in the regular mode of interaction between the PLAN and EX processes (Howell, 2004).

DIVA Model (Directions Into Velocities of Articulators) concerns how the brain transforms desired movement directions into velocities of the articulators and also describes a computer-implemented artificial neural network (ANN) consisting of equations for neural activities and synaptic weights. The initiation circuit of DIVA is responsible for sequentially initiating phonemic gestures within a (typically syllabic) motor program by activating nodes for each phoneme in an initiation map in SMA. The SMA initiation map node's activity for the current sound would not be terminated at the appropriate time if the sensory, motor, and cognitive context for terminating the current phoneme were not recognised. This would cause a prolongation stutter. The failure to recognise the context for initiating the next phoneme would cause a block stutter because the SMA's initiation map node would not be activated at the proper time. Production of the next phoneme may begin, end prematurely, and then resume if the initiation signal briefly "drops out," as in a repetition stutter. According to Postma and Kolk's (1993) Covert Repair Hypothesis, people who stutter more frequently make phonological encoding errors that are found and corrected during the monitoring of inner speech, leading to stuttering-like disfluencies.

Stuttering has an about 4:1 male-to-female ratio, with females who stutter considerably more likely to have spontaneous remission as they age. As a result of this gender disparity, up to 80% of adults who stutter are male. Acquired stuttering is also possible, although it is considerably less common and usually caused by brain trauma or medications.

2.2 Associated Symptoms

Dysfluencies are the core of developmental stuttering and are the bare minimum for diagnosis. The diagnosis depends on the kind of dysfluencies present at the time and whether they wax and wane over time. However, dysfluencies are not the only aspect of developmental stuttering. Additionally, it is connected to "anticipatory anxiety" and secondary motor behaviours. Most people who stutter have these symptoms to varying degrees, and the most severe forms of developmental stuttering are frequently accompanied by these associated symptoms, which are discussed further below.

People who stutter may exhibit secondary motor activities in addition to their dysfluencies. When someone stutters, secondary motor behaviour is an involuntary movement. Developmental stuttering may be accompanied by motor tics, which are involuntary skeletal muscle spasms. The muscles of the face and neck are typically affected by these tics. Muscle spasms in the lower body might occasionally accompany developmental stuttering. Some people who have developmental stuttering may pound their feet on the ground or shake their entire body.

Secondary motor behaviours such as eye blinking, lip and tongue tremors, and disordered breathing are also common. These behaviours are associated with developmental stuttering and are not medical conditions in their very own right. If a person stutters and experiences severe muscle contractions, it may appear that he or she

is having a seizure or in respiratory distress, which is not true. Muscle contractions are only one aspect of developmental stuttering, and their severity varies from person to person.

2.2.1 Anticipatory anxiety

Anxiety related to the fear of stuttering is known as anticipatory anxiety. The self-perception of communication is closely linked to the fear of stuttering. Even if a person stutters excessively, he or she will experience less fear and consequently less anticipatory anxiety if they feel they are communicating clearly and the audience is not distracted. If they think their stuttering is affecting their ability to communicate, anticipation anxiety develops.

2.3 Treatment for stuttering

2.3.1 Speech therapy

Speech therapy is the treatment of speech disorders and is usually overseen by a speech pathologist. Speech pathologists treat developmental stuttering with a variety of therapeutic approaches. There are so many approaches that it would be impossible to cover them all in this manual. However, some fundamental tenets and tools of speech therapy will be discussed.

2.3.2 Strategies to enhance fluency

a) Relaxation

Tension is the main element which precipitates stuttering. The severity of the stuttering varies on how tensed and stressed a person is. Depending on previous experiences of PWS, they would have developed a tendency to tense up whenever they face difficult/demanding communication. By doing this, the fluency of the individual

will not improve. During a stuttering event, the individual may experience tension in muscles of the throat, tongue, lips etc. So it is essential for them to practice relaxation. Although the ability to relax may not produce fluency for most people, for many, it will make it easier to control the stress that speaking in a difficult situation can bring about (Turnbull, 2017).

b) Airflow

The usual breathing pattern is modified for speaking purposes. Typically, the inhalation and exhalation are of equal duration. While speaking, one takes quick inhalation and speaks on slow exhalation. Generally, one does not stop for a breath in between a sentence unless the sentence is too big to speak. Taking a deep breath and sustaining it to regulate the breath stream for easy airflow is required for good speech.

c) Slow rate of speech

In order to maintain fluency, speaking slowly is crucial. When the speech rate is high, one becomes stuck because their speech muscles are tensed. The speech rate has been adapted since a child first started speaking. The key to achieving good fluency is to speak at a slower pace that does not hinder communication but is still comfortable for the speaker

d) Soft contacts

Many older individuals with stuttering would have developed a habit of producing the initial sound or syllables of a word or sentence with great difficulty. This is caused by making "hard contact with the lips, tongue or palate. E.g. closes the lips so tightly for uttering /p/ in "pen" that it is difficult to release is to produce 'en'. Some do it on one or two sounds, and others may do it on most of the sounds. Negative experiences increase tensions; this might happen with more and more sounds and for longer durations. This

will severely affect the communication process in that they cannot proceed further in speech.

Hence it is essential to learn to adapt to 'soft contact'. For this, it is necessary to analyse the stuttering blocks and note down the sounds and syllable on which one make hard contact.

e) Easy onset

Easy onset is a fluency technique developed following research on laryngeal function. Several studies suggest that adults who stuttered had difficulty coordinating respiration and phonation when initiating speech (Turnbull, 2017). When carrying out easy onset, the individual is encouraged to start an utterance with a small amount of exhaled air, and then the sound of the first word follows effortlessly. Thus the speaker breaks down the start of the speech into its constituent parts rather than attempting to coordinate respiration, voice production and articulation simultaneously.

f) Overcoming secondary behaviours

Raising the eyebrows, blinking, closing the eyes, flaring nostrils, twitching, head jerks, abnormal hand or leg movements etc. are adopted by some individuals with stuttering unconsciously to get rid of speech blocks, these over a period of time get stabilised to call more attention to itself than the actual speech blocks. Observing and noting down the secondary behaviours exhibited during various speaking situations helps tackle each unwanted behaviour. It is essential to know about the secondary behaviours and how they do not help in any way to improve speech production, taking one unwanted behaviour at a time and trying to speak without it in a different speaking situation such as reading, narration and during a conversation. Monitoring of such behaviours can be done by family members, friends and persons who stutter.

2.4 Relapse from stuttering

Although treatment of stuttering has shown significant improvement in fluency and has been reported to generalise to other non-clinical settings (A. Craig, 1998a); however, the improvement in fluency achieved after successful treatment will remain intact for the period of six months (Andrews et al., 1980). In a study (A. Craig, 1998a) on 152 individuals who received stuttering treatment, 70 % of them reported relapse 6-18 months post-treatment. The study also revealed that negative emotions were more likely to precede a relapse and the relapse itself was more stressful. These individuals who believed to have relapsed after treatment were three times more anxious than ones who believed they had not experienced a relapse.

2.5 Home training for persons who stutter

Due to the high incidence of stuttering even after successful treatment, it is essential to educate persons who stutter and parents of children who stutter on relapse after the treatment. It is also crucial to suggest general strategies to improve fluency, self-evaluation and self-reports that will aid not only the persons who stutter and also the professionals in tracking the speaking situation and frequency of dysfluencies in these individuals.

On the same note, it is vital for a communication partner, family members, friends and teachers to know about stuttering, the probable cause and characteristics, and general instructions on communicating with a child or adult who stutters.

A study done on individuals post-treatment to check for relapse of stuttering illustrates that self-report data can be clinically helpful. The result of the study suggests that long-term fluency control is a realistic goal for intensive treatments in the clinical setup, it also suggests that the same information can be used when counselling clients

about relapse. Suppose the client understands that relapse is not a final affair and that most recover, in that case, this should facilitate clinical support, enhance motivation and commitment, and perhaps reduce feelings of hopelessness (A. R. Craig & Hancock, 1995)

Self-therapy for the Stutterer by Malcolm Fraser offers advice on how to stop postponements, avoidances, and secondary symptoms as well as how to analyse stuttering and maintain eye contact with listeners. The book contains informal lay language throughout the monograph to make its contents more understandable to the unsophisticated reader. The information, advice, and management strategies presented in this manner are enhanced by citations from a number of renowned stuttering therapists that are included in the accompanying footnotes (Fraser Malcom, 2010).

The book does not give information about basic understanding of stuttering, such as speech characteristics of stuttering or how it varies during different situations. It also does not address Children and Adults who stutter separately. The environmental modification that will aid a child in improving his speech and guidance for parents and teachers are not available.

"*Sometimes I just stutter"* is a book written by Eelco de Geus which was later translated to English by Elisabeth Versteegh-Vermeij. This book is primarily intended for children who experience emotional reactions to stuttering. This can appear as a struggle or avoidance behaviour or as an external expression of negative feelings and thoughts associated with talking. Because it is often difficult to assess a child's true feelings and thoughts, observing behaviours like struggle and avoidance may help to understand how they feel about their speech (Versteegh-vermeij, 2011). The book contains line drawing that illustrates different emotions of persons who stutter. It is

written in simple language and is intended for children between the ages of 7 to 12. It provides small case studies in the form of story stories which motivates the children to understand that stuttering can be treated with the help of the right professional service and also with the help of those around them.

The book has only focused on children between the ages of 7 to 12. It does not give information about the probable cause of stuttering, speech characteristics or how the child's fluency varies across different speaking settings. It also does not talk about the potential relapse that can happen after successful therapy. The book is mainly intended to provide children who stutter with emotional support and a feeling of belongingness in society.

"*Advice to those who stutter*" is a book edited by Stephen B Hood. The chapters in the book are contributed by 23 people who had personally experienced a significant problem with stuttering. Every article in this book was written by men and women who stutter makes it unique and unusual. Each of them understands what it was like to experience the fear, anxiety, and hopelessness that often befalls people who stutter. They are aware of the issue. In addition, all of the authors of these articles are currently or have previously been speech pathologists; this implies that they have prior experience and are trained in helping others with their communication difficulties; they have written these articles to assist the readers in dealing with their stammering (Stephen, 2008).

The language used in the book is simple to comprehend. It talks about general strategies that can be used by persons who stutter and how they can improve their fluency if and when there is a relapse in their stuttering behaviour. It contains examples

of case studies from the authors' own experience on how they could tackle situations that carried stress and anxiety.

The book also suggests that modifying one's attitude toward stuttering can lead to a successful outcome. The book addresses the problems of both adults and children who stutter. However, the book does not give guidelines for parents of children who stutter, which is crucial in developing a child's speech. It also does not focus on environmental modifications that will aid the child who stutters in improving his or her fluency in the developing stage.

Hence there is a need for resource material that addresses both children and adults who stutter by providing them with general strategies to maintain fluency after receiving speech therapy. It should also provide guidelines for parents, teachers and other communication partners about stuttering and suggestions to create a better speaking environment for persons who stutter.

Chapter III

Method

3.1 Objectives of the study

The present study aims to develop a home training manual on stuttering in Kannada that provides guidelines for persons who stutter, parents and teachers. The specific objectives of the current study included.

- Compilation of information regarding stuttering with appropriate picture illustrations.
- Development of a home training manual for children and adults who stutter with appropriate images and instructions.
- Compilation of information for counselling of parents and teachers.
- Validation of the developed manual by SLPs, adults who stutter and parents of children who stutter.

The preparation of the home training manual was done in three different phases.

Phase 1: Literature Review and Planning of the framework of the manual

Phase 2: Content Validation of the framework of the manual

Phase 3: Compilation and finalising the manual

3.2 Phase 1: Literature Review and Planning of the framework of the manual

3.2.1 Step 1: Identifying the keywords

A literature review was done on the main areas which are essential for stuttering intervention. The literature review was done using keywords like early intervention, incidence and prevalence, probable causes, strategies to enhance fluency, probable

factors for relapse of stuttering, parent counselling, and strategies to follow in fluency shaping and stuttering modification.

3.2.2 Step 2: Review of literature in Journals, Books and Internet resources

Once the keywords were finalised, using the keywords, journal articles, dissertations, books and internet resources for the intervention of stuttering were identified. Books such as *Self-therapy for the stutterer* (Fraser Malcom, 2010), *Sometimes I stutter* (Versteegh-vermeij, 2011), *Advice to those who stutter* (Stephen, 2008). *Understanding stuttering* (Lavid & Nathan, n.d.) were referred and articles that explicitly talk about treatment of stuttering, relapse of stuttering, parent counselling and tips for children who stutter and adults who stutter was referred.

Articles such as Overview if the Diagnosis and Treatment of Stuttering (Maguire et al., 2012), The need for self-report data in the assessment of stuttering therapy efficacy (Guntupalli et al., 2006), Maintenance of fluency (Boberg et al., 1979), The problem of relapse in stuttering (Kamhi, 1982), Relapse following treatment for stuttering (A. Craig, 1998), Long-Term Follow-up of Self-Modeling as an Intervention for Stuttering (Bray & Kehle, 2001) were referred.

Links and sites which provide reliable information regarding general information about stuttering and strategies that can be followed to enhance fluency was referred.

3.2.3 Step 3: Preparation of content of the Home Training Manual

A framework for the manual was prepared in Kannada language where the index of the manual contains the topics mentioned below with appropriate picture illustrations taken from sources such as Canva and Google.

- What is fluency
- What is stuttering
- How to identify stuttering
- Probable cause of stuttering
- Speech and behavioral characteristics of PWS
- General strategies to enhance fluency
- Self-assessment tools
- Counselling for parents of children who stutter
- Counselling of communication partners of PWS
- Success stories of PWS

3.3 Phase 2: Content validation of the framework of the Manual

The compiled framework was sent to three experienced speech-language pathologists (SLPs) for validation. The SLPs were requested to contribute based on their clinical and research expertise in the domains of information given in the manual and the comprehensibility of the manual. The manual was also validated by five adults who stutter and parents of children who stutter. The content validation was done by using the adapted version of the feedback form which was prepared for Manual for Adult Aphasia Treatment (Goswami et al, 2010). Relevant questions for the present manual were chosen and were given for content validation.

3.3.1 The content validation was provided for the following parameters

- **Simplicity:** Is the content of the manual simple to understand?
- **Familiarity**: Does the manual's information contain familiar words?
- **Pictures:** Are the pictures in the manual appropriate in terms of size, colour, and dimension and appear representational?
- **Volume**: Is the overall manual appropriate in size?
- **Relevance**: Whether the information given in the home training manual relevant to your (/your child's) condition.
- **Accessibility:** Is the manual user-friendly for adults who stutter, parents of children who stutter and teachers?
- **Generalization**: Can the information provided in the manual be generalized to persons with stuttering, parents of children with stuttering, teacher and the public?
- **Scope of Practice:** Is the manual within the profession's scope of practice and within the personal scope of practice?
- **Scoring Pattern**: Is the scoring pattern for self-assessment followed in the manual applicable?
- **Publications, outcomes, and developers (Professional Background):** Is there any other resource material similar to this test material which you are aware of?

  The responses are marked on a 5-point rating scale, where 1 = very poor, 2 = poor, 3 = fair, 4 = good, 5 = excellent.

3.4 Phase 3: Finalizing the content

Based on all the three SLPs' suggestions and modifications, appropriate pictures, simple sentence structure, activities, counselling tips to parents and teachers

were provided and implemented in the resource material. Suggestions from the adults who stutter and parents of children who stutter were also considered.

Chapter IV

Results and Discussion

The primary aim of the study was to prepare a home training manual for persons who stutter in the Kannada language. The study also aimed to educate parents, teachers and the public about stuttering. The content in the manual included information regarding different aspects of fluency disorders and general guidelines that parents and teachers can follow to create a better environment for persons who stutter. It also contained general strategies to be followed by persons who stutter that will aid them in maintaining their fluency after receiving speech therapy.

4.1 Phase I: Development of a home training manual for persons who stutter in Kannada language - pre final phase

The home training manual was written in simple language. The information in the manual was compiled from various sources, including books and articles. The manual included a total of 20 images sourced from sites such as Canva and Google. The manual's content was written for parents of stuttering children, teachers, and adults who stutter. The content was supplemented with picture illustrations for better understanding. The pictures were relevant for the content and also culturally appropriate. The manual starts with information on stuttering and ends with success stories of famous personalities who have or had stuttering.

The manual is divided into sections that explain about stuttering, its characteristics, and guidelines for parents and teachers, self-assessments, and so on.

Details in the manual are as follows

a) What exactly is stuttering?

This page explains what fluent speech is and when it is considered as dysfluent. This understanding is supplemented by an example of how it takes visible effort to speak when a person stutters.

b) Stuttering-related speech and non-speech symptoms

This section describes the characteristics of stuttering. It contains information on key stuttering characteristics such as prolongation, repetition, and blocks. Picture illustrations and examples were used to understand the key features of stuttering. Each key stuttering feature was demonstrated with an example. Anticipatory anxiety and fear while speaking experienced by the person who stutters are mentioned. It also discussed secondary behaviours such as eye blinking, facial grimaces, and head, hand, or leg movement.

The information about stuttering and its related symptoms will help to distinguish the individual's speech problem from other communication disorders. They would gain a better understanding of stuttering. The knowledge would help them share their viewpoint and discuss their issues with other PWS, allowing them to reach the appropriate professional. It also allows other communication partners like family, friends and teachers to understand the disorder.

c) How and when does stuttering begin?

This section provides information about the development of fluent speech, the onset of stuttering and other cognitive functions in children. It discusses how 80 %

outgrow from disfluencies which are displayed during the early stages of learning to speak. At the same time, few persist with dysfluent speech, where the frequency of disfluencies increases, and also development of secondary behaviours as a result of increased awareness of one's own speech.

The age of onset of stuttering is crucial in understanding the nature of stuttering. Children whose stuttering frequency and severity is not decreasing over a year after onset is at more risk of persistence.(Guitar, n.d.) Hence it is essential for parents to identify the stuttering behaviour at the earliest and seek assistance from speech pathologists. Sudden onset after psychological trauma, mainly if onset is in late adolescence or adulthood, may indicate psychogenic stuttering

d) Causes of stuttering

CALMS model was used to explain the causes of stuttering in simple terms. It focuses on how stuttering is a multifactorial disorder. It describes how stuttering is influenced by motor issues, how people think and feel about themselves and their stuttering.

The section talks about how an individual's cognitive, motor, linguistic, and social messages will impact the thoughts, perceptions, feelings, and attitudes regarding the communicative experiences in which one engages. All five components will uniquely combine in individuals to have variable degrees of influence on the frequency, type, and duration of stuttering. The genetic basis of stuttering is briefly discussed. There is information on acquired stuttering, which occurs after brain damage or while recovering from any disease.

Due to outdated or incorrect information, many parents feel bad about their child's stuttering. They might have heard an explanation that is no longer true, or they

might have received inaccurate information from a well-intentioned but misinformed friend or relative. Such parents then place the blame for some supposed misdeed on themselves. They require accurate information about the nature of stuttering. Thus it is essential to provide knowledge on possible causes of stuttering. Knowing what causes stuttering will improve our chances of modifying and possibly even preventing it.(Guitar, n.d.)

e) Development of stuttering

The importance of parents, teachers, friends and other communication partners in speech development are discussed. The speech subsystem's critical functions in producing fluent speech are described. The communication demands that every child confronts as he enters are noted.

An example of a child being bullied at school, which has a significant emotional impact, and how it affects the child's confidence in speaking in various situations are provided.

The details of the occurrence of fear and anxiety caused by the response of the communication partners that affect the child's fluency and that last in into adulthood are also mentioned.

A child's treatment plan is determined by his developmental level of stuttering, and each advance in level requires new components in treatment. The demands of language acquisition, ineffective speech-motor control abilities, interpersonal stress associated with growing up in a typical family, and threats to security from occurrences like relocation, family breakup, or hospitalisation are some factors that contribute to increases in normal disfluencies. Disfluencies may also increase under the ordinary daily pressures of competition and excitement while speaking. Hence it is vital to

understand the role one plays in the child's speech and language development which in turn affects the child's fluency.

f) What are the characteristics of stuttering?

Variations in the frequency of dysfluencies were discussed in relation to different people and speaking environments. Speaking to a stranger, talking on the phone, or speaking in front of a group or a large audience are some examples of situations during which stuttering may worsen. Similarly, situations where the frequency of stuttering is relatively low, such as speaking to a younger group of people, talking to pets, or practising the speech in front of a mirror, are provided.

g) Intervention of stuttering

The importance of identifying stuttering as early as possible and seeking treatment from a speech-language pathologist are discussed. There is information provided concerning normal non-fluency during a child's development stage. The significance of correct and effective environmental speech stimulation provided by parents, teachers, and peer groups on a child's fluency is discussed.

The nature of intervention ranges from observing a child's stuttering to assisting parents in altering their communication styles to, if necessary, directly working on the child's stuttering behaviour. Treatment strategies for achieving these objectives may involve techniques for reducing the frequency and severity of stuttering and secondary behaviours, decreasing unfavourable emotions and thoughts that hinder fluency, improving communication skills, and creating environments that support fluency.

The majority of stuttering treatment for children between the ages of 2 and 3 is indirect because it focuses on reducing stress and improving fluency in the family environment rather than directly treating the child's speech. The initial goal is to lessen

the family's anxiety, comprehend their feelings, and assist them in changing a few specific aspects of the interactions between the family and the child.

When the family members find ways to facilitate the child's fluency they gain self-assurance in their capacity to bring about change and are able to take on long-term responsibility for the child's fluency. If this is inefficient, the speech pathologists will work directly with the family to improve the child's speech. When the indirect therapy is ineffective in reducing stuttering after six weeks, or if the child's stuttering proves to be more advanced than initially thought, aid from a speech pathologist becomes crucial. . (Gottwald & Starkweather, 1995) To conclude, it is essential for parents, friends and others to know about the intervention of stuttering, when to seek assistance from professionals and also to understand the vital role they play in enhancing fluency in children who stutter

f) Guidelines for parents of children who stutter

Do's and Don'ts for parents of children who stutter are provided in the manual that helps them to understand what circumstances in the daily speaking environment are aiding the child's fluency and what does not. Don'ts are described at the beginning, including environmental stress and demanding to speak in stressful conditions, such as confronting a stranger and speaking in front of the class. The manual also provides suggestions for parents to help the child to speak smoothly. For example, discussing the issues he is facing while talking to his teachers and friends, giving him time to finish his sentence, encouraging him to speak slowly and creating a positive environment at home.

Bloodstein (1987) reported that a sizeable proportion of the parents of children who stutter appear to be, in varying degrees, demanding, over-anxious, or perfectionist

in their child training practices. In some families, additional environmental factors like the frantic pace of life at home, stressful life circumstances, and the manner in which other family members communicate may need to be modified. Parents can follow simple approaches at home, such as listening to the child, reducing speech rate at home, providing positive comments and asking fewer questions on the days when the frequency of stuttering. These changes will help create a friendly environment for the child where he does not feel threatened or obligated to speak fluently.

h) Guidelines for teachers

A child spends most of his time in school, and speaking demands are also high. It becomes crucial to educate teachers about stuttering and how they can help the child who stutters. The manual contains a few points they can consider while confronting a child who stutters, for example, encouraging the child to speak slowly using general techniques such as breathing and relaxation. It also provides information on emotional stress and anxiety that a child goes through in speaking under stressful conditions. The manual provides suggestions to teachers, such as giving the child ample time to speak out his thoughts, creating awareness about the disorder among classmates and creating a positive environment in the classroom. Engaging the child in activities that do not demand speaking is advised on the days when the dysfluencies are more. It also helps the teacher to create awareness among the peers group

Teachers are encouraged to support the child during oral recitations, give him the same speaking opportunities as other kids, and support the class as a whole in cultivating effective speaking and listening skills. They play an essential role in creating an environment that accepts the child regardless of his progress with speech, thus helping him feel free to work on his speech with the other outcome of facilitating

change. The information provided to teachers on stuttering will also help to reduce classroom teasing and bullying of the child with stuttering. The teacher should explain that the teasing is affecting the stutterer's speech negatively and it has to stop immediately.

i) General strategies for persons who stutter

This section offers general fluency-enhancing strategies that a person with stuttering can utilize to maintain fluency after receiving therapy from the speech-language pathologist. The manual discusses relaxation techniques, breathing exercises, reducing speech rate, soft contact of articulators, phonological encoding and prolongation. It also discusses strategies to reduce avoidance and secondary behaviours by receiving feedback from friends and family and also by self-evaluating own video recordings of speaking about different topics.

The manual also includes self-evaluation scales for a variety of speaking situations, such as reading tasks, narration, speaking to strangers, speaking on the phone, etc., that can be used by persons who stutter to monitor their behaviour over the course of the week.

After the completion of therapy, it is important for persons who stutter to remember the strategies and guidelines that was provided during therapy sessions. This manual will act as a tool to maintain the fluency in a non-clinical set up. The self-evaluation scale that are provided in the manual will help in tracking the stuttering behaviours and to self-monitor their speech. Improvement and decline in fluency can be understood by such self-evaluating scales.

4.2 Phase II: Content validation of the developed manual

4.2.1 Quantitative Validation by speech language pathologists.

Three speech-language pathologists (SLPs) rated the developed manual using a feedback questionnaire adapted from the Manual for Adult Aphasia Treatment (Goswami et al., 2010)

Table 1

Ratings of SLPs for home training manual for persons with stuttering

Sl No.	Parameters	Very Poor	Poor	Fair	Good	Excellent
1	Simplicity	-	-	-	1	2
2	Familiarity				1	2
3	Pictures			1	1	1
4	Volume			1	1	1
5	Relevance				1	2
6	Accessibility				1	2
7	Generalization				2	1
8	Scope of practice				2	1
9	Scoring pattern				3	0
10	Publications				No (3 judges-SLP)	

Table 1 shows that two professionals rated the manual "excellent" for simplicity, familiarity, relevance, and accessibility.

One SLP rated "excellent" for the parameters of pictures, volume, generalization and scope of practice. Three SLP rated "good" for the scoring pattern. Two rated "good" for generalization and scope of practice. One SLP rated "good" for simplicity, familiarity, pictures, volume, relevance and accessibility.

One SLP rated "fair" for the picture and volume. All three judges were unaware of any publication, outcome and developers related to the home training manual for persons who stutter in Kannada language. Two out of three judges were aware of the publication of self-therapy manual on stuttering however they required modifications in terms of content.

According to the findings, speech-language pathologists are confident that the manual is easy to understand, contains well-known words, and has the right amount of text and pictures. Additionally, they gave favourable reviews one accessibility of the manual by persons who stutter and other communication partners and the self-evaluation manual's scoring system. SLPs were unaware of any Kannada-language home training manuals that had been published. However, they were aware of the Kannada self-help material offered by the Department of Clinical Services, AIISH, which was created in 2000 but requires revisions.

Speech-language pathologists validated the content of the manual to make sure it includes all the information users might need about stuttering and leaves out no vital details.

4.2.2 Quantitative Validation by parents of children who stutter

Five parents of children who stutter rated the developed manual using a feedback questionnaire adapted from the Manual for Adult Aphasia Treatment (Goswami et al., 2010).

Table 2

Ratings of parents of children who stutter, for home training manual for persons with stuttering

Sl No.	Parameters	Very Poor	Poor	Fair	Good	Excellent
1	Simplicity				2	3
2	Familiarity				1	4
3	Pictures				2	3
4	Volume				3	2
5	Relevance				1	4
6	Accessibility					5
7	Generalization				1	4
8	Scope of practice				3	2
9	Scoring pattern				4	1
10	Publications				No	
					(5 judges)	

Table 2 reveals four parents of children who stutter rated "excellent" for familiarity, relevance, and generalization. Five parents graded "excellent" for accessibility. Three parents graded "excellent" for simplicity and pictures, and two

parents graded "excellent" for volume and scope of practice. One parent graded "excellent" for the scoring pattern.

Two parents rated the simplicity and picture as "good". Three parents graded "good" for volume and scope of practice. Four parents graded "good" for the scoring pattern. One parent graded "good" for familiarity, relevance, and generalization.

All the five parents who participated in the content validation were not aware of any published material related to the home training manual for persons who stutter in Kannada language.

The analysis of results obtained from parents of children who stutter indicated that most of the parameters, including appropriate picture illustrations, the familiarity of words, user-friendliness, relevance for the clinical population and scoring pattern, were given "excellent" or "good" ratings by the parents of children who stutter.

The developed manual was validated by the parents of children who stutter in order to gauge its usefulness and determine whether it serves its intended purpose.

4.2.3 Quantitative Validation by parents of children who stutter.

Five adults who stutter rated the developed manual using a feedback questionnaire adapted from the Manual for Adult Aphasia Treatment (Goswami et al., 2010)

Table 3

Ratings of adults who stutter, for home training manual for persons with stuttering.

Sl No.	Parameters	Very Poor	Poor	Fair	Good	Excellent
1	Simplicity				2	3
2	Familiarity			1	1	3
3	Pictures				3	2
4	Volume				3	2
5	Relevance				2	3
6	Accessibility				1	4
7	Generalization			1	1	3
8	Scope of practice				4	1
9	Scoring pattern			1	3	1
10	Publications				No (5 judges-AWS)	

Table 3 contains ratings given by adults who stutter for different parameters. The rating results revealed that three adults who stutter rated as "excellent" for simplicity, familiarity, relevance and generalization. Two adults graded "excellent" for pictures and volume. Four individuals rated "excellent" for accessibility, and one rated "excellent" for the scope of practice and the scoring pattern.

Further, two adults who stutter graded "good" for simplicity and relevance. Three adults who stutter rated "good" for pictures, volume and scoring pattern. Four adults who stutter rated "good" for the scope of practice, and one rated "good" for familiarity, accessibility and generalization. One adult with stuttering graded "fair" for familiarity, generalization and the scoring pattern.

The analysis of results obtained from adults who stutter indicated that the manual is simple to understand and contained familiar words had appropriate picture illustrations and was relevant to their speech problems and was user-friendly. It showed that the manual's content was satisfactory.

The table also shows that all five adults who stutter who participated in content validation were not aware of any published material "good" related to the home training manual for persons who stutter in Kannada language.

The content validation was done by adults who stutter to understand the manual's efficiency and usefulness. As the developed manual was intended to help persons who stutter, the content validation done by the adults who stutter tells us whether the information provided in the manual is useful or not

4.3 Qualitative Validation

The home training manual for persons who stutter was evaluated by three speech-language pathologists (SLPs) who are fluent in Kannada. They made content-related comments and recommendations, which were later incorporated into the manual.

The SLPs advised to include culturally appropriate images and rephrase a few sentences to improve comprehension. The judges suggested including images that were appropriate for the content, such as soft contact between articulators and the significance of the speech subsystem. SPLs recommended making separate guidelines for teachers and parents.

Success stories about famous personalities were not included in the manual's unedited version, but they were added after SLPs suggested it during the content validation.

The pre-finalized manual was distributed to five parents of stuttering children and five adults who stutter. After reading the manual, the recipients offered some feedback, noting that the volume was appropriate and not time-consuming to read, the sentences and concepts explained in the manual were simple to comprehend, and the words used were words they were already familiar with.

The guidelines and suggestions for parents and teachers about stuttering received positive feedback from the parents of children who stutter, allowing them to gain a better understanding of stuttering and learn how to interact with stuttering children. They also appreciated the picture illustrations that were provided in the manual to facilitate understanding.

The scoring pattern for self-evaluation provided in the manual was unclear for adults who stutter in the unedited version, but it was later clarified. They appreciated the visual representation of stuttering symptoms and other people's reactions toward a person with stuttering, which provides readers to understand the condition better and creates a better speaking environment for persons who stutter.

4.4 Phase III: Finalized home training manual for persons who stutter in Kannada

The manual was completed following quantitative and qualitative validation by three SLPs, five parents of children who stutter and five adults who stutter. The manual presently includes the modifications and advice suggested by the judges including three groups. The finalised Kannada-language home training manual for people who stutter is available in Appendix I (28 pages).

The progress of treatment as a whole relies greatly on the therapists' responsibility to educate parents about stuttering. Stuttering has historically been the subject of incredible misconceptions, many of which persist today. For this reason, the

manual includes information on what stuttering is, signs of stuttering, onset, and myths and facts related to stuttering. It's crucial to distinguish between stuttering and non-stuttering aspects. Parents are understandably perplexed and confused because they don't know what to believe or what to disregard. Parents can better assess new information and form their own opinions about their child's stuttering by being given informational materials and talking about a model of stuttering (Cook & Rustin, 1997)

The manual contains information on the different types of disfluencies, duration and frequency, and other instances of normal disfluencies. It also includes information on stuttering with specific to a particular sound, word, or situation. This is attributable to the fact that this is critical to cultivate an objective attitude toward stuttering, which makes it possible to talk about it with more emotional detachment. As their thoughts are drawn to more objective aspects of the disorder, focusing on specific, discrete behaviours helps to lessen parental anxiety and fears (Gottwald & Starkweather, 1995)

The manual also includes advice on reducing family members' rate of speech, avoiding fluency-demanding situations and too many complex sentences, and giving time pressure. The pace of speech in many homes reflects this rapidity. These factors can be controlled, but it may be best for the stuttering child to establish "relaxed zones" with a slower pace and softer speaking voices (Ratner, 2000).

Predictable cues, known as antecedents, influence or elicit certain behaviours, ideas, or emotions. Developing the ability to recognise antecedents through self-observation is crucial for self-regulation because it can result in strategies for altering those cues. . For example, antecedents that lead to increased stuttering are usually speaking situations associated with communicative pressure (e.g., speaking to authority

figures). As mentioned in the home training manual, structured diaries will make it easier to recognise these cues.

The systematic observation and recording of one's actions, thoughts, or emotions are known as self-monitoring. It is critical to understand that self-monitoring occasionally has a reactive effect. In other words, systematic self-observation and recording can lead to positive behavioural changes, such as a reduction in stuttered speech. Self-monitoring alone will typically not be enough to encourage any long-lasting changes, though.

Self-monitoring plays two crucial roles in effective self-regulation. First, it provides a solid foundation for accurate self-awareness, which in turn influences the choice of goals in a more strategic way—especially when those goals change frequently throughout treatment. Second, it provides the framework for self-evaluation, allowing the client to track their progress toward their objective (Finn, 2003).

The necessity of including famous personalities who stutter or have stuttered is also of utmost significance. Parents of stuttering children frequently express concern about their kids being teased and made to feel uncomfortable because they are different. When accurate, impartial information is withheld, many fears and worries are only made worse. Only after the reality of a situation is understood can coping begin. By allowing parents to speak with the parents of other clients, joining a support group, and even identifying adults who have succeeded in life despite their stuttering, it is possible to paint a picture of a realistic outcome (Rentschler, 2011).

To conclude, the developed home training manual for persons who stutter in Kannada language will aid parents, teachers, and others in understanding stuttering and its characteristics. It provides suggestions and guidelines to parents and teachers to

create a better speaking environment for children who stutter. The developed manual also indent to deliver strategies that persons who stutter can follow and maintain fluency after receiving therapy from the speech-language pathologist.

Chapter V

Summary and Conclusion

The present study aims to develop a home training manual on stuttering in Kannada that provides guidelines for persons who stutter, parents and teachers. The developed manual was validated both qualitatively and quantitatively by speech-language pathologists, parents of children who stutter and adults who stutter.

The pre-finalized manual was developed after a literature review and planning of the framework of the manual, the manual was prepared based on the framework planned and further, it was given for content validation by a total of thirteen judges, which included three speech-language pathologists, five parents of children who stutter and five adults who stutter. The final manual was developed based on the judges' comments, suggestions, and ratings obtained during content validation.

The content in the manual included information regarding different aspects of fluency, stuttering, and general guidelines that parents and teachers can follow to create a better environment for persons who stutter. It also contained general strategies to be followed by persons who stutter that will aid them in maintaining their fluency after receiving speech therapy.

It is essential to provide guidelines based on the specific age of individuals. For children who stutter, the role of parents, teachers and friends becomes vital. Modification in the speaking environment, such as the classroom and house, will help the child to speak better. Guidelines for changes in the speaking environment and suggestions for parents and teachers will help children with stuttering feel included and improve their fluency.

Self-evaluation and self-report scales are beneficial for persons who stutter and for the speech therapist to evaluate and track the management of fluency. It may also help to identify the potential triggering factor for the relapse in stuttering. The self-report will aid in self-monitoring one's speech, which persons who stutter can utilise to maintain their speech without being monitored by the speech therapist.

The manual was completed following quantitative and qualitative validation by three SLPs, five parents of children who stutter and five adults who stutter. The manual presently includes the modifications and advice suggested by the judges, including three groups. The finalised manual includes ten sections that are listed below

1) What is stuttering?
2) What are the characteristics of stuttering?
3) When and how does stuttering begin?
4) Probable cause of stuttering
5) Speech and behavioural characteristics of PWS
6) Development of stuttering
7) Treatment of stuttering
8) Counselling for parents of children who stutter
9) Guidelines for teachers on stuttering
10) General strategies to enhance fluency
11) Self-assessment
12) Success stories of PWS

The manual also consists of appropriate picture illustrations and images for better understanding. The finalised Kannada-language home training manual for people who stutter is available in Appendix I.

To sum up, this manual was developed as a supplement to help people who stutter continue to speak fluently after receiving therapy from a speech-language pathologist. We hope that clinicians extensively use this manual to guide adults and parents of children who stutter with strategies they can use outside of the clinic to maintain their fluency

5.1 Implications of the study

- It is beneficial for SLPs to provide home training guidelines based on the specific age of individuals who stutter during discharge from speech therapy.
- The parent would be well aware of the treatment strategies appropriate for their children, which would improve the child's prognosis.
- It serves as a guide for persons who stutter and for the speech therapist to evaluate and track the maintenance of fluency.
- It may also help to identify the potential triggering factor for the relapse in stuttering.
- Serves as an aid for the communication partner (friends/colleagues/family members) to create a better speaking environment for PWS.

5.2 Limitation of the study

- The manual should only be used following therapy by a speech-language pathologist.
- The manual is in Kannada and thus may be helpful only for literate stuttering clients and their families. It is also inaccessible for individuals of other languages.
- Picture illustrations used in the manual are not original; they were obtained from a number of online sources, which are acknowledged in the appropriate places.
- Although the manual is well attempted to offer a comprehensive manual for self-therapy, it may not satisfy the needs of all PWS because it is known that they exhibit a wide

heterogeneity in their characteristics. Hence for some clients, the manual may only serve as a rudimentary guide.

5.3 Future directions

- Similar manuals can be developed in other Indian languages.
- More examples with picture illustrations can be provided for each section of the manual.
- The images provided in the manual can have individualized original pictures or can be drawn appropriate to the content.
- Field texting can be done on a larger number of persons who stutter using questionnaires.

This home training manual was proposed to help persons with stuttering maintain speech fluency after receiving therapy from a speech-language pathologist. This manual was prepared based on the best knowledge of literature, clinical evidence and reports. The manual sections were well understood by five PWS and five parents of CWS and approved for its content by three experienced speech-language pathologists. Thus, this manual is expected to be useful for PWS.

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Appendix I

HOME TRAINING MANUAL FOR PERSONS WHO STUTTER IN KANNADA LANGUAGE

Candidate

Madhurya B S

II MSc (Speech-Language Pathology)

Roll number: 20SLP028

Guide

Dr. Sangeetha Mahesh

Associate Professor, Head

Department of Clinical Services

AIISH, Mysuru

All India Institute of Speech and Hearing

Manasagangothri, Mysuru – 570 006

Note: *The manual should only be given to persons who stutter and parents of children who stutter who had availed therapy by the speech-language pathologist*

ತೊದಲಿನಿಂದ ಬಳಲುವ ವ್ಯಕ್ತಿಗಳಿಗೆ ಗೃಹ ತರಬೇತಿ ಕೈಪಿಡಿ

Candidate

Madhurya B S

II MSc (Speech-Language Pathology)

Roll number: 20SLP028

Guide

Dr. Sangeetha Mahesh

Associate Professor, Head

Department of Clinical Services

AIISH, Mysuru

ಅಖಿಲ ಭಾರತ ವಾಕ್ ಮತ್ತು ಶ್ರವಣ ಸಂಸ್ಥೆ

ಮಾನಸಗಂಗೋತ್ರಿ, ಮೈಸೂರು – 570 006

ಸೂಚನೆ: *ಈ ಕೈಪಿಡಿಯನ್ನು ತೊದಲಿನಿಂದ ಬಳಲುವ ವ್ಯಕ್ತಿಗಳು ಹಾಗು ಮಕ್ಕಳ ಪೋಷಕರು, ವಾಕ್-ಭಾಷಾ ತಜ್ಞರಿಂದ ತರಬೇತಿ ಪಡೆದ ನಂತರ ಮಾತ್ರ ಬಳಸತಕ್ಕದ್ದು*

ತೊದಲುವಿಕೆ: ಅರಿವು ಮತ್ತು ಮಾರ್ಗದರ್ಶನ

ಈ ಕೈಪಿಡಿಯು ಹಲವಾರು ಅಧಿಕೃತ ಸಂಶೋಧನಾ ಬರಹ, ವೈಜ್ಞಾನಿಕ ಲೇಖನ ಮತ್ತು ಪುಸ್ತಕಗಳಿಂದ ಸಂಗ್ರಹಿಸಲಾಗಿದೆ. ಇದರ ಮುಖ್ಯ ಉದ್ದೇಶವು ತೊದಲುವಿಕೆಯ ಬಗ್ಗೆ ಸಾರ್ವಜನಿಕರಲ್ಲಿ ಮತ್ತು ತೊದಲುವ ಮಕ್ಕಳ ತಂದೆ ತಾಯಿಯರಲ್ಲಿ ಅರಿವು ಮೂಡಿಸುವುದಾಗಿದೆ. ಈ ಕೈಪಿಡಿಯು ತೊದಲುವವರಿಗೆ ಮಾತಿನ ತರಬೇತಿಯ ನಂತರ ಸ್ವಯಂ ಚಿಕಿತ್ಸೆಗೆ ನೆರವಾಗುತ್ತದೆ. ಇದು ಶಾಲಾ ಶಿಕ್ಷಕರಿಗೂ ತೊದಲಿನ ಬಗ್ಗೆ ಮಾರ್ಗದರ್ಶನ ನೀಡುವ ಕೈಪಿಡಿಯಾಗಿದೆ.

ಪರಿವಿಡಿ:

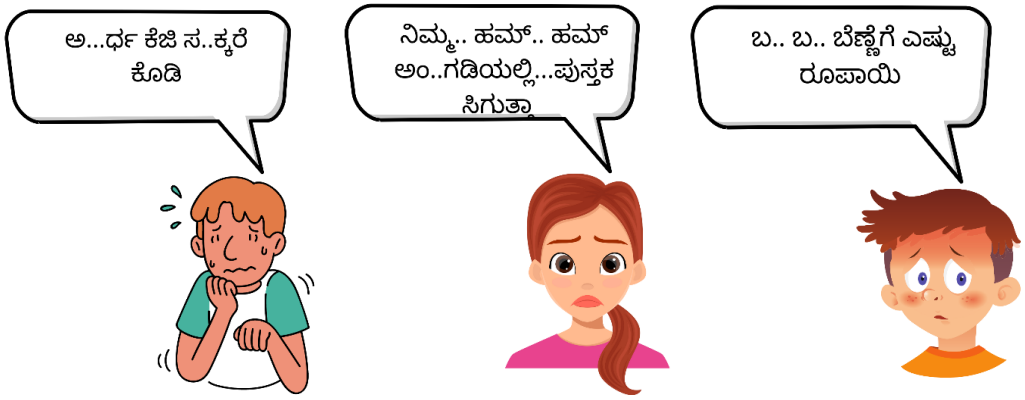
ಪ್ರತಿಯೊಬ್ಬರು ಒಂದಲ್ಲ ಒಂದು ಸನ್ನಿವೇಶದಲ್ಲಿ ತೊದಲುತ್ತಾರೆ. ಇದು ಸಾಮಾನ್ಯವಾದದ್ದು. ಆದರೆ ಇದು ಉಂಟಾಗುವ ಸಾಧ್ಯತೆಯೂ ಅತಿ ಹೆಚ್ಚಾದಲ್ಲಿ ಅನ್ಯರ ಗಮನ ಸೆಳೆಯುವಂತಹದು.

ತೊದಲುವಿಕೆ ಎಂದರೇನು?

ಮಾತಿನ ಸರಾಗ ಹರಿವಿನಲ್ಲಿ ತಡೆಯುಂಟಾದರೆ ಅದನ್ನು ತೊದಲಿವಿಕೆ/ ಉಗ್ಗುವಿಕೆ ಎನ್ನುತ್ತಾರೆ. ಅವರಿಗೆ ಏನು ಹೇಳಬೇಕು ಎಂಬುದು ಗೊತ್ತಿರುತ್ತದೆ. ಆದರೆ ಅದನ್ನು ಹೇಳಲು ಅತ್ಯಂತ ಶ್ರಮ ಹಾಗು ಅತಿ ಹೆಚ್ಚಿನ ಸಮಯ ತಗೆದುಕೊಳ್ಳುತ್ತಾರೆ.

ತೊದಲುವವರಲ್ಲಿ ಕಂಡುಬರುವ ಮಾತಿನ ಲಕ್ಷಣಗಳು

ತೊದಲು ಒಂದು ಮಾತನಾಡುವ ತೊಂದರೆಯಷ್ಟೇ ಹೊರೆತು ಅದು ಒಂದು ರೋಗವಲ್ಲ. ತೊದಲುವವರು ಮಾತನಾಡುವಾಗ ಪದಗಳ ಮೊದಲಿನ ಅಕ್ಷರ ಅಥವಾ ಶಬ್ದಗಳನ್ನು ಪದೇಪದೇ ಪುನರುಚ್ಚರಿಸಬಹುದು. ಅಕ್ಷರಗಳನ್ನು ದೀರ್ಘವಾಗಿ ಹೇಳಬಹುದು ಇಲ್ಲವೇ ಮಧ್ಯ ಮಧ್ಯದಲ್ಲಿ ನಿಲ್ಲಿಸಿ ಕಷ್ಟಪಟ್ಟು ಮುಂದುವರಿಸಬಹುದು. ಒಮ್ಮೊಮ್ಮೆ ಈ ಸಮಯದಲ್ಲಿ ಭಯ ಆತಂಕಗಳೊಂದಿಗೆ ಉದ್ವೇಗಕ್ಕೊಳಗಾಗಬಹುದು. ಕೆಲವರು ಮಾತನಾಡುವಾಗ ಬೆವರುವುದು, ಹೃದಯದ ಬಡಿತ ಏರುವಿಕೆ, ನಡುಕ ಇತ್ಯಾದಿಗಳನ್ನು ಅನುಭವಿಸುವುದೂ ಇದೆ. ಉದಾಹರಣೆಗೆ, ಕಣ್ಣು ಮಿಟಿಕಿಸುವುದು, ಮುಖವನ್ನು ವಕ್ರಗೊಳಿಸುವುದು, ತಲೆ ಅಥವಾ ಕೈಗಳನ್ನು ಅಲ್ಲಾಡಿಸುವುದು, ಉಸಿರಾಟದ ಏರುಪೇರು ಇತ್ಯಾದಿ. ಇಂತಹ ವರ್ತನೆಗಳು ಕಂಡುಬರುತ್ತದೆ.



ತೊದಲು ಯಾವಾಗ ಮತ್ತು ಹೇಗೆ ಪ್ರಾರಂಭವಾಗುವುದು?

ತೊದಲುವಿಕೆಯನ್ನು ನಾವು ದೊಡ್ಡವರಲ್ಲಿ ಹೆಚ್ಚಾಗಿ ಗಮನಿಸುತ್ತೇವೆ, ಆದರೆ ಅದು ಸಾಮಾನ್ಯವಾಗಿ ಪ್ರಾರಂಭವಾಗುವುದು ಎಳೆಯವಯಸ್ಸಿನ ಮಕ್ಕಳಲ್ಲಿ. ಮಾತು ಹಾಗೂ ಭಾಷೆಯ ಬೆಳವಣಿಗೆ ಶೀಘ್ರ ಗತಿಯಲ್ಲಿ ಆಗುತ್ತಿರುವ ವಯಸ್ಸು, ಅಂದರೆ ಸುಮಾರು ಮೂರರಿಂದ ಐದು ವಯಸ್ಸಿನ ಮಕ್ಕಳಲ್ಲಿ ಈ ತೊಂದರೆಯನ್ನು ಮೊದಲು ಗಮನಿಸಬಹುದು. ಸಾಮಾನ್ಯವಾಗಿ ಈ ವಯಸ್ಸಿನ ಮಕ್ಕಳಲ್ಲಿ ಶೇಖಡಾ 80 -90 ರಷ್ಟು ಮಾತಿನಲ್ಲಿ ತಡವರಿಕೆ ಕಂಡುಬರುವುದು. ಇದನ್ನು ಸಹಜ ತಡವರಿಕೆ (normal non fluency ಎಂದು ಕರೆಯುತ್ತಾರೆ). ಮಕ್ಕಳಲ್ಲಿ ದೈಹಿಕ, ಮಾನಸಿಕ, ಮಾತು ಹಾಗೂ ಭಾಷೆ ಬೆಳವಣಿಗೆಗಳ ಒತ್ತಡದಿಂದ ತಡವರಿಕೆಯು ರೂಪಾಂತರಗೊಂಡು ಅಸಹಜವಾದ ಮಾತು ಅಂದರೆ ತೊದಲುವಿಕೆ ಪ್ರಾರಂಭವಾಗುತ್ತದೆ.

ತೊದಲುವಿಕೆಯು ಚಿಕ್ಕ ಮಕ್ಕಳಲ್ಲಿ ನಿಧಾನವಾಗಿ ಕಾಣಿಸಿಕೊಳ್ಳುತ್ತದೆ. ಅಂದರೆ ಮಗು ಮೊದಮೊದಲು ಯಾವಾಗಲಾದರೊಮ್ಮೆ ತೊದಲಬಹುದು, ಕೆಲವೊಮ್ಮೆ ವಾರಗಳು ಅಥವಾ ತಿಂಗಳುಗಳವರೆಗೆ ಕಾಣೆಯಾಗಿದ್ದು ಮತ್ತೆ ಮರುಕಳಿಸಬಹುದು

ತೊದಲುವಿಕೆಗೆ ಕಾರಣವೇನು?

ತೊದಲುವಿಕೆ ಉಂಟಾಗಲು ಅನೇಕ ಕಾರಣಗಳಿವೆ. ಇದರಲ್ಲಿ ನಾವು ಮುಖ್ಯವಾಗಿ ಐದು ಅಂಶಗಳ ಬಗ್ಗೆ ಚರ್ಚಿಸುತ್ತೇವೆ. ಒಬ್ಬ ವ್ಯಕ್ತಿಯ ಆಲೋಚನೆ, ಭಾವನಾತ್ಮಕ ಅಂಶ, ಭಾಷಾ, ಸಾಮಾಜಿಕ ಮತ್ತು ಮಾತಿನ ಚಲನೆಯ ಅಂಶಗಳ ತೊಂದರೆಯಿಂದ ತೊದಲುವಿಕೆ ಉಂಟಾಗುತ್ತದೆ. ವ್ಯಕ್ತಿಯ ಆಲೋಚನೆ, ಗ್ರಹಿಕೆ, ಭಾವನೆ ಮತ್ತು ವರ್ತನೆಗಳು ಅವನ ಮಾತಿನ ಮೇಲೆ ನೇರವಾದ ಪ್ರಭಾವವನ್ನು ಹೊಂದಿರುತ್ತದೆ.

ಈ ಮೇಲಿನ ಐದು ಅಂಶಗಳು ತೊದಲುವಿಕೆಯ ಸಂದರ್ಭ, ಪ್ರಕಾರ ಮತ್ತು ಅವಧಿಯನ್ನು ನಿರ್ಧರಿಸುತ್ತವೆ. ಮತ್ತು ಈ ಅಂಶಗಳನ್ನು ಸರಿಪಡಿಸುವುದರಿಂದ ನಿರರ್ಗಳತೆಯು ಸುಧಾರಿಸುತ್ತದೆ

ಕೆಲವೊಮ್ಮೆ ಯಾವುದಾದರೂ ಖಾಯಿಲೆಯಿಂದ ಗುಣ ಹೊಂದುವಾಗ, ಅಪಘಾತವಾದ ನಂತರ, ಭಾಷೆ ಬೆಳವಣಿಗೆಯ ಸಮಯದಲ್ಲಿ, ಪೋಷಕರು ಮಗುವಿನ ಮೇಲೆ ಸ್ಪಷ್ಟವಾಗಿ ಮಾತನಾಡಲು ಒತ್ತಡ ಏರುವುದರಿಂದ ಅಥವಾ ತೊದಲುವವರೊಂದಿಗೆ ಸಂಪರ್ಕ ಹೊಂದಿದ ಮೇಲೆ ಕಾಣಿಸಿಕೊಳ್ಳುವುದು. ಇಲ್ಲವೇ ಆನುವಂಶಿಕ ಕಾರಣಗಳಿಂದಲೂ ತೊದಲು ಕಂಡುಬರುತ್ತದೆ.

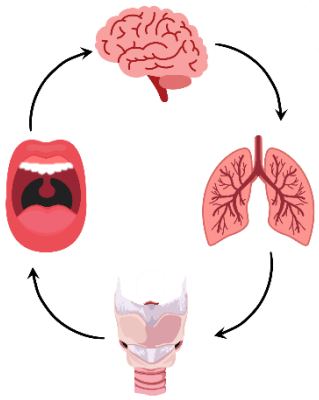
ವಯಸ್ಕರಲ್ಲಿ ತೊದಲುವಿಕೆ

ಅಪರೂಪಕೊಮ್ಮೆ ತೊದಲುವಿಕೆಯು ಕೆಲವು ದೊಡ್ಡ ಮಕ್ಕಳಲ್ಲಿ ಇಲ್ಲವೇ ವಯಸ್ಕರಲ್ಲಿ ಪ್ರಾರಂಭಗೊಳ್ಳಬಹುದು, ಇಂತಹವರಲ್ಲಿ ಇದಕ್ಕೆ ನಿರ್ದಿಷ್ಟ ಕಾರಣಗಳನ್ನು ಗುರುತಿಸಬಹುದು.

ಉದಾಹರಣೆಗೆ- ಖಾಯಿಲೆಗಳ ನಂತರ, ಅತ್ಯಂತ ಆಘಾತಕಾರಿ ಸನ್ನಿವೇಶಗಳನ್ನು ಎದುರಾದಾಗ, ಇಲ್ಲವೇ ಕೆಲವೊಮ್ಮೆ ತೊದಲುವವರನ್ನು ಅಣುಕಿಸಲು ಹೋಗಿ ತೊದಲಲು ಪ್ರಾರಂಭಿಸಿದ ಸಂಧರ್ಬಗಳು ಇದೆ.

ತೊದಲಿನ ಬೆಳವಣಿಗೆ

ತೊದಲು ಯಾವುದೇ ಕಾರಣದಿಂದ ಪ್ರಾರಂಭವಾದರೂ ಅದು ಅನೇಕ ರೀತಿಯ ಮಾನಸಿಕ ಹಾಗೂ ಪರಿಸರದ ಒತ್ತಡಗಳಿಂದ ಏರುಪೇರಾಗುತ್ತಿರುತ್ತದೆ. ಪ್ರಾರಂಭದಲ್ಲಿ ಅದು ಆಗೀಗ ಕಾಣಿಸಿಕೊಂಡು ಕೆಲವು ಸನ್ನಿವೇಶಗಳಿಗೆ ಸೀಮಿತವಾಗಿರುತ್ತದೆ. ಕ್ರಮೇಣ ಅದು ಪೋಷಕರ, ಸ್ನೇಹಿತರ ಮತ್ತು ಶಿಕ್ಷಕರ ಆತಂಕ, ಭೀತಿ ಇತ್ಯಾದಿಗಳಿಂದ ಪರಿಣಾಮ ಹೊಂದಿ ಮಾರ್ಪಾಡು ಹೊಂದುವುದು.



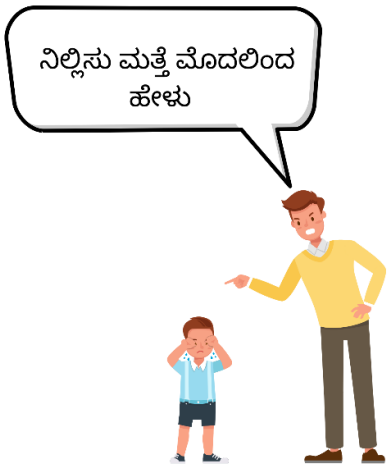
ಮಾತನಾಡುವುದು ಒಂದು ಕಠಿಣ ಕ್ರಿಯೆ ಅದಕ್ಕೆ ಮಿದುಳಿನಿಂದ ಹಿಡಿದು ಉಸಿರಾಟದ, ಗಂಟಲಿನ ಹಾಗೂ ಮಾತಿನ ಅಂಗಾಂಗಗಳಾದ ಬಾಯಿ, ತುಟಿ, ಅಂಗುಳು, ನಾಲಿಗೆ ಇತ್ಯಾದಿಗಳ ಸಾಕಷ್ಟು

ಹೊಂದಾಣಿಕೆ ಅತ್ಯಗತ್ಯ. ಈ ಕ್ರಿಯೆಯಲ್ಲಿ ಎಲ್ಲೆ ಅಡೆತಡೆಗಳುಂಟಾದರೂ ಅದು ಮಾತಿನ ದೋಷಗಳಾಗಿ ಕಂಡುಬರಬಹುದು.

ಮಾತು ಮತ್ತು ಭಾಷಾ ಬೆಳವಣಿಗೆಯು ತೀವ್ರ ಗತಿಯಲ್ಲಿ ಆಗುತ್ತಿದ್ದು ಮಗುವಿನ ಸಾಮಾಜಿಕ, ಭೌಧಿಕ ಹಾಗೂ ದೈಹಿಕ ಬೆಳವಣಿಗೆಗಳು ಒಂದಕ್ಕೊಂದು ಪೂರಕವಾಗಿರುತ್ತದೆ. ಜೊತೆಗೆ ಈ ವಯಸ್ಸಿನಲ್ಲಿ ಮಕ್ಕಳು ತಮ್ಮ ಶೈಕ್ಷಣಿಕ ಜಗತ್ತಿಗೆ ಕಾಲಿಡಲು ತೊಡಗುತ್ತಾರೆ. ಈ ಎಳೆಯ ಮಕ್ಕಳಿಗೆ ಪೋಷಕರಿಂದ ಹಾಗೂ ಶಿಕ್ಷಕರಿಂದ ಮಾತನಾಡಲು, ಓದಲು ಹಾಗೂ ಬರೆಯಲು ಒತ್ತಡವಿರುತ್ತದೆ. ಈ ಒತ್ತಡಗಳು ಕೆಲವು ಮಕ್ಕಳ ಮೇಲೆ ಮಾನಸಿಕವಾಗಿ ಪರಿಣಾಮ ಬೀರಿ ತೊದಲು ಕಾಣಿಸಿಕೊಳ್ಳಬಹುದಲ್ಲದೆ ಅವರ ಬೆಳವಣಿಗೆಯ ಮೇಲು ತೀವ್ರ ಪರಿಣಾಮ ಬೀರಬಹುದು.

ಮಗುವು ತೊದಲಲು ಪ್ರಾರಂಭಿಸಿದ ಕೂಡಲೇ ಅದಕ್ಕೆ ವಿವಿಧ ರೀತಿಯ ಪ್ರತಿಕ್ರಿಯೆಗಳು ಪರಿಸರದಿಂದ ಬರುವುದು. ತಂದೆ ತಾಯಿಯರಿಗೆ ಈ ಉಗ್ಗುವಿಕೆ ಒಂದು ಅವಹೇಳನಕಾರಿ ಸಮಸ್ಯೆಯಾಗಿ ಕಾಡಬಹುದು. ಅವರು ಅನೇಕ ಪ್ರತಿಕ್ರಿಯೆ ತೋರಿ ಅದನ್ನು ನಿವಾರಿಸಲು ಪ್ರಯತ್ನಿಸುತ್ತಾರೆ.

ಉದಾಹರಣೆಗೆ- ಮಗುವನ್ನು ದಂಡಿಸುವುದು, ಮಾತನ್ನು ನಿಲ್ಲಿಸಿ ಮೊದಲಿನಿಂದ ಸರಿಯಾಗಿ ಹೇಳಲು ತಿಳಿಸುವುದು, ಇನ್ನು ಕೆಲವರು ಏನೂ ಹೇಳದಿದ್ದರೂ ಅವರ ಮುಖದ ಭಾವನೆಯಲ್ಲಿ ವ್ಯಕ್ತವಾಗುವ ಉದ್ವೇಗ, ಆತಂಕ, ಭಯ ಇತ್ಯಾದಿ ಮಗುವಿನ ಮಾತಿನ ಮೇಲೆ ಇನ್ನೂ ಹೆಚ್ಚಿನ ದುಷ್ಪರಿಣಾಮ ಬೀರಬಹುದು.



ಶಾಲೆಯಲ್ಲಿ ಸ್ನೇಹಿತರು ಅಥವಾ ಇತರ ವಿದ್ಯಾರ್ಥಿಗಳು ಅವನನ್ನು ಅಣುಕಿಸಿ ಗೇಲಿ ಮಾಡಬಹುದು. ಇದರಿಂದ ಮಗುವಿನ ಸೂಕ್ಷ್ಮ ಮನಸ್ಸಿನ ಮೇಲೆ ತುಂಬಾ ಪರಿಣಾಮ ಬೀರಿ ಅವನು ಮಾತನಾಡಲು ಪ್ರಯತ್ನಿಸಿದಾಗಲೆಲ್ಲ ತನಗೇ ತಿಳಿಯದೆ ಮಾತಿನ ಅಂಗಾಂಗಗಳನ್ನು ಬಿಗಿಹಿಡಿದು ಕಷ್ಟಪಟ್ಟು ಉಚ್ಚರಿಸಲು ತೊಡಗಿ ನಾನಾ ವಿಧದ ತಡವರಿಕೆಯನ್ನು ಬೆಳೆಸಿಕೊಳ್ಳಬಹುದು.

ಇತರರ ಈ ಪ್ರತಿಕ್ರಿಯೆಗಳೊಂದಿಗೆ ಮಗುವಿನ ಪ್ರತಿಕ್ರಿಯೆಗಳೂ ಸೇರಿಕೊಂಡು ಮಗುವಿನಲ್ಲಿ ಮಾತನಾಡುವ ಸನ್ನಿವೇಶಗಳ ಬಗ್ಗೆ ಭೀತಿ ಆತಂಕಗಳು ತಲೆದೋರಬಹುದು. ಮೊದಮೊದಲು ಈ ಪ್ರತಿಕ್ರಿಯೆಗಳು ಕೆಲವು ಸಂದರ್ಭಗಳಿಗೆ ಸೀಮಿತವಾಗಿದ್ದು ಕ್ರಮೇಣ ಬೇರೆಬೇರೆ ಸನ್ನಿವೇಶಗಳಿಗೆ ವರ್ಗಾಯಿಸಬಹುದು. ಅಲ್ಲದೆ ಮಗು ಮಾತನಾಡಲು ಹಿಂಜರಿಯುವುದು, ಅಂಜುವುದು, ತನಗೆ ಮಾತನಾಡಲು ಆಗುವುದಿಲ್ಲ ಎಂದು ಹೇಳುವುದು ಇಲ್ಲವೇ ಆದಷ್ಟು ಬೇಗ ಹೇಳಿ ಮುಗಿಸಲು ಮಾತಿನ ವೇಗವನ್ನು ಹೆಚ್ಚಿಸುವುದು ಮುಂತಾದವುಗಳನ್ನು ರೂಢಿಸಿಕೊಳ್ಳಬಹುದು.

ತೊದಲುವಿಕೆಯ ವೈಶಿಷ್ಟ್ಯವೇನು?

ಮಾತಿನ ತೊದಲುವಿಕೆಯ ಮುಖ್ಯ ಅಂಶವೆಂದರೆ ಅದು ಯಾವುದೇ ವ್ಯಕ್ತಿಯಲ್ಲಿ, ಯಾವುದೇ ಸಂದರ್ಭದಲ್ಲಿ ಒಂದೇ ಸಮನಾಗಿರುವುದಿಲ್ಲ. ಅಂದರೆ ಅದು ಏರುಪೇರಾಗುತ್ತಿರುತ್ತದೆ. ಸಾಮಾನ್ಯವಾಗಿ ತೊದಲಿರುವವರು ಕೆಲವು ಸಂದರ್ಭದಲ್ಲಿ ಚೆನ್ನಾಗಿ ಮಾತನಾಡಬಲ್ಲರು.

ಉದಾ- ಹಾಡುವಾಗ, ತಮಗಿಂತ ಚಿಕ್ಕವರ ಜೊತೆ ಮಾತನಾಡುವಾಗ ಇತ್ಯಾದಿ. ಅಂತೆಯೇ ಇನ್ನು ಕೆಲವು ಸಂದರ್ಭಗಳಲ್ಲಿ ತೊದಲು ಹೆಚ್ಚಾಗಿರಬಹುದು.

ಉದಾ- ದೊಡ್ಡವರು, ಗುರುತು ಇಲ್ಲದವರು, ಗುಂಪಿನ ಎದುರಲ್ಲಿ ಹಾಗೂ ಫೋನಿನಲ್ಲಿ ಮಾತನಾಡುವ ಸಂದರ್ಭಗಳಲ್ಲಿ ಅನೇಕರಲ್ಲಿ ತೊದಲು ಹೆಚ್ಚುವುದು

ತೊದಲುವಿಕೆಯ / ಉಗ್ಗಿನ ನಿವಾರಣೆಯ ಬಗೆ ಹೇಗೆ?

ಈ ಉಗ್ಗಿನ ನಿರ್ದಿಷ್ಟ ಕಾರಣವನ್ನು ಗುರುತಿಸಲು ಆಗದಿದ್ದರೂ ಅದರ ನಿವಾರಣೆಗೆ ಹಲವಾರು ವರ್ಷಗಳಿಂದ ಹಲವಾರು ಬಗೆಯ ಚಿಕಿತ್ಸಾ ವಿಧಾನಗಳನ್ನು ಉಪಯೋಗಿಸಲಾಗುತ್ತಿದೆ. ಇದು ದೈಹಿಕ ರೋಗವಲ್ಲದ ಕಾರಣ ಯಾವುದೇ ರೀತಿಯ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ ಅಥವಾ ಔಷಧಗಳ ಸೇವನೆಯ ಅವಶ್ಯಕತೆ ಇರುವುದಿಲ್ಲ. ಇದನ್ನು ಆದಷ್ಟು ಬೇಗ ಗುರುತಿಸಿ ಸೂಕ್ತ ಚಿಕಿತ್ಸಾ ವಿಧಾನವನ್ನು ಅನುಸರಿಸುವುದರಿಂದ ಇದು ಉಲ್ಬಣಗೊಳ್ಳುವುದನ್ನು ತಡೆಗಟ್ಟಬಹುದಲ್ಲದೆ ಉಗ್ಗಿನ ಮೇಲೆ ಸಂಪೂರ್ಣ ಹತೋಟಿ ಪಡೆಯಲು ಸಾಧ್ಯ. ಇದಕ್ಕೆ ಸೂಕ್ತ ತಜ್ಞರ (ವಾಕ್-ಭಾಷಾ ತಜ್ಞರು) ಮಾರ್ಗದರ್ಶನ, ಬಂಧುಬಳಗ ಹಾಗೂ ಸ್ನೇಹಿತರ ಬೆಂಬಲ ಮತ್ತು ಎಲ್ಲಕ್ಕಿಂತ ಹೆಚ್ಚಾಗಿ ತೊದಲುವ ವ್ಯಕ್ತಿಯ ಮನಸ್ಥೈರ್ಯ, ಛಲ, ಆತ್ಮವಿಶ್ವಾಸ ಹಾಗೂ ಸತತ ಅಭ್ಯಾಸ ತುಂಬಾ ಮುಖ್ಯ.

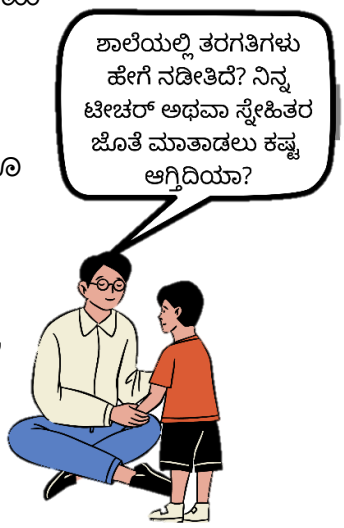
ಚಿಕ್ಕ ಮಕ್ಕಳಲ್ಲಿ ಹಲವುಬಾರಿ ಈ ತೊಂದರೆ ಹಾಗೇ ಸರಿಹೋಗುವುದುಂಟು, ಆದರೆ ಯಾರಲ್ಲಿ ಇದು ಸಾಧ್ಯ? ಯಾರಿಗೆ ಚಿಕಿತ್ಸೆಯ ಅವಶ್ಯಕತೆ ಇದೆ ಎಂಬುದನ್ನು

ಸ್ಪಷ್ಟವಾಗಿ ಹೇಳುವುದು ಕಷ್ಟ. ಇದು ತೊದಲಿನ ಪ್ರಮಾಣ, ಅದರ ಏರುಪೇರು, ತನ್ನ ಕುಟುಂಬದವರಲ್ಲಿ ತೊದಲುವಿಕೆ, ಮಗುವಿನ ಲಿಂಗ (ಹೆಣ್ಣು ಮಕ್ಕಳಲ್ಲಿ ಇದು ಅಪರೂಪವಲ್ಲದೆ ಹಾಗೇ ಸರಿಹೊಂದುವ ಸಾಧ್ಯತೆ ಜಾಸ್ತಿ) ಮಗುವಿನ ಅಥವಾ ಅವನ ಸುತ್ತಮುತ್ತಲಲ್ಲಿರುವವರ ಪ್ರತಿಕ್ರಿಯೆ ಇತ್ಯಾದಿಗಳನ್ನು ಅವಲಂಬಿಸಿರುತ್ತದೆ.

ಆದುದರಿಂದ ಪೋಷಕರು ಮಗುವಿನ ತೊದಲನ್ನು ಆಲಕ್ಷಿಸದೆ ಆದಷ್ಟೂ ಬೇಗ ತಜ್ಞರನ್ನು ಸಂಪರ್ಕಿಸಿ ಸೂಕ್ತ ಮಾರ್ಗದರ್ಶನ ಪಡೆಯುವುದು ಅತ್ಯವಶ್ಯ.

ಪೋಷಕರಿಗೆ ಸಲಹೆಗಳು

- ಮಗುವಿನ ಮೇಲೆ ಯಾವುದೇ ಒತ್ತಡವನ್ನು ಹೇರದೆ ಅವನ ಮೇಲಾಗುತ್ತಿರಬಹುದಾದ ಒತ್ತಡಗಳನ್ನು ಗುರುತಿಸಿ ಅವುಗಳನ್ನು ಹೋಗಲಾಡಿಸುವುದು.
- ಮಗುವಿನ ತೊದಲಿನ ಬಗೆಗಿರುವ ಆತಂಕ, ಉದ್ವೇಗಗಳನ್ನು ಬದಿಗೊತ್ತಿ ಅವನೊಂದಿಗೆ ಮಾತನಾಡುವಾಗ ತಾಳ್ಮೆಯಿಂದಿರುವುದು.
- ಇನ್ನಿತರ ಮಕ್ಕಳೊಂದಿಗೆ ಅವನನ್ನು ಹೋಲಿಸಿ ಕೀಳರಿಮೆ ಉಂಟಾಗುವಂತೆ ಮಾಡದಿರುವುದು.
- ಅವನೊಂದಿಗೆ ನಿಧಾನವಾಗಿ ಮಾತನಾಡಿ ಅವನೂ ನಿಧಾನವಾಗಿ ಮಾತನಾಡಲು ಪ್ರೋತ್ಸಾಹಿಸುವುದು.
- ಮಗು ಮಾತನಾಡಲು ಹಿಂಜರಿಕೆ, ಆತಂಕ, ಆಂಜಿಕೆಗಳನ್ನು ತೋರಿಸಿದರೆ ಅವನನ್ನು ಪ್ರೋತ್ಸಾಹಿಸಿ, ಎಲ್ಲಾ ರೀತಿಯ ಉತ್ತೇಜನೆ ನೀಡಬೇಕು. ಮಾತನಾಡುವ ಬಗ್ಗೆ ಅವನೊಡನೆ ಚರ್ಚಿಸಿ ಅವನ ಭಯ, ಆತಂಕಗಳನ್ನು ಹೋಗಲಾಡಿಸುವುದು.



- ಮಗುವಿನ ಮಾತಿನ ತೊಂದರೆಯ ಬಗ್ಗೆ ಅವನೆದುರಲ್ಲಿ ಇತರರೊಡನೆ ಚರ್ಚಿಸಬಾರದು. ಇದು ಅವನ ಸೂಕ್ಷ್ಮ ಮನಸ್ಸಿನ ಮೇಲೆ ಪರಿಣಾಮ ಬೀರಿ ಕೀಳರಿಮೆ, ಹಿಂಜರಿಕೆಗಳನ್ನು ಹೆಚ್ಚಿಸಬಹುದು.
- ಮಗುವಿನೊಡನೆ ಹೆಚ್ಚು ಸಮಯ ಕಳೆದು ಅವನ ಭಾಷಾಜ್ಞಾನವನ್ನು ಹೆಚ್ಚಿಸುವುದು. ಅಲ್ಲದೆ ಆಟೋಟಗಳಲ್ಲಿ ಆಸಕ್ತಿ ವಹಿಸಿ ಅವನ ಆತ್ಮವಿಶ್ವಾಸವನ್ನು ಹೆಚ್ಚಿಸುವುದು.
- ಮಗು ಶಾಲೆಗೆ ಹೋಗುತ್ತಿದ್ದರೆ ಅವನ ಶಿಕ್ಷಕರೊಂದಿಗೆ ಆಗಾಗ್ಗೆ ಅವನ ಪ್ರಗತಿಯ ಬಗ್ಗೆ ಮತ್ತು ಅವನ ಮೇಲಾಗುತ್ತಿರಬಹುದಾದ ಒತ್ತಡಗಳ ಬಗ್ಗೆ ಚರ್ಚಿಸಿ, ಸೂಕ್ತ ಕ್ರಮ ಕೈಗೊಳ್ಳುವುದು.

- ಕುಟುಂಬದಲ್ಲಿ ಅಥವಾ ಇತರೆಡೆ ತೊದಲುವವರಿದ್ದರೆ ಅವರಿಗೂ ಸೂಕ್ತ ಚಿಕಿತ್ಸೆ ಕೊಡಿಸಿ, ಮಗುವಿಗೆ ಒಳ್ಳೆಯ ಮಾತಿನ ಮಾದರಿ ನೀಡಿ ಪ್ರೋತ್ಸಾಹಿಸಬೇಕು.

ಶಿಕ್ಷಕರಿಗೆ ಕೆಲವು ಸಲಹೆಗಳು:

- ತೊದಲಿನ ತೊಂದರೆಯ ಬಗ್ಗೆ ಮಾಹಿತಿ ಪಡೆಯಿರಿ.
- ಒಂದೇ ಉಸಿರಿಗೆ ಮಾತಾಡಿ ಮುಗಿಸಬೇಕೆಂಬ ಅಗತ್ಯವಿಲ್ಲ ಎಂದು ತಿಳುವಳಿಕೆ ನೀಡಿ.
- ಬೇಗನೇ ಮಾತಾಡಿದಾಗ ಯೋಚಿಸಲು ಮತ್ತು ಸೂಕ್ತ ಪದಗಳನ್ನು ಆರಿಸಿ ಅವನ್ನು ವಾಕ್ಯಕ್ಕೆ ಅಳವಡಿಸಲು ಸಮಯಾವಕಾಶ ಇರುವುದಿಲ್ಲ, ಆದ್ದರಿಂದ ನಿಧಾನವಾಗಿ ಮಾತನಾಡಲು ಉತ್ತೇಜಿಸಿ
- ಸರಳ ಪ್ರಶ್ನೆಗಳಿರಲಿ, ಮಾತಿಗೆ ಹೆಚ್ಚು ಅವಕಾಶ ಇರುವಂತಹ ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳಿ.

- ಭಾಷೆಯನ್ನು ಸರಿಯಾಗಿ ಬಳಸಿ, ನಿಗದಿತ ಸಮಯದೊಳಗೆ ಸ್ಪಷ್ಟವಾಗಿ ಪ್ರತಿಕ್ರಿಯೆ ನೀಡಲು ಅವಕಾಶ ನೀಡಿ.
- ಮಾತನಾಡಲು ಅವಕಾಶವಿರುವ ಸಂಧರ್ಭದಲ್ಲಿ ತನ್ನ ಸರಧಿಯನ್ನು ಉಪಯೋಗಿಸಿಕೊಳ್ಳುವಂತೆ ಮಕ್ಕಳನ್ನು ಪ್ರೇರೇಪಿಸಿ.
- ವಾಕ್ ಸಮಸ್ಯೆಯ ಅನುಭವಗಳು ಕ್ರಮೇಣ ವಿದ್ಯಾರ್ಥಿಯ ಆತ್ಮವಿಶ್ವಾಸವನ್ನು ಕಸಿದುಕೊಳ್ಳಬಹುದು. ಅದಕ್ಕೆ ಅವಕಾಶ ನೀಡದೆ, ವಿದ್ಯಾರ್ಥಿಯಲ್ಲಿ ಆತ್ಮವಿಶ್ವಾಸ ಬೆಳಸಿಕೊಳ್ಳಲು ಪ್ರೇರೇಪಿಸಿ
- ವಿದ್ಯಾರ್ಥಿಯ ವಿದ್ಯಾಭ್ಯಾಸ ಮತ್ತು ಪಠ್ಯೇತರ ಚಟುವಟಿಕೆಗಳಲ್ಲಿ ಆಸಕ್ತಿ ತೋರಿಸಿ.
- ಸಾಧ್ಯವಾದಷ್ಟು ಗುಂಪಿನ ಚಟುವಟಿಕೆಗಳಿಗೆ ಆದ್ಯತೆ ನೀಡಿ

  ಉದಾ: ಗುಂಪಿನಲ್ಲಿ ಮಾತನಾಡುವುದು, ಹಾಡುವುದು ಅಥವಾ ಓದುವುದು ಇತರೆ

- ತೊದಲುವಿಕೆ ಇರುವ ಮಕ್ಕಳನ್ನು ಇತರ ಮಕ್ಕಳಂತೆ ಸಹಜವಾಗಿ ಕಾಣಬೇಕು. ಅವರಲ್ಲಿ ಭೇದ-ಭಾವ ಮಾಡಬಾರದು, ಇವರಿಗೆ ವಿಶೇಷ ತರಗತಿಯ ಚಟುವಟಿಕೆಗಳ ಅವಶ್ಯಕತೆ ಇರುವುದಿಲ್ಲ.
- ಹೆಚ್ಚು ಮಾತನಾಡಬೇಕೆಂಬ ಒತ್ತಡ ಮತ್ತು ಆತಂಕ ತೊದಲುವಿಕೆಯನ್ನು ಹೆಚ್ಚಾಗಿಸುತ್ತದೆ. ಮಾತಿನಲ್ಲಿ ನಿರರ್ಗಳತೆಯ ತೊಂದರೆಯಿದ್ದಲ್ಲಿ ಅವನ ಉಸಿರಾಟವನ್ನು ನಿಯಂತ್ರಿಸಲು ಮತ್ತು ನಿಧಾನವಾಗಿ ಮಾತನಾಡಲು ಹೇಳಿ.
- ವಿದ್ಯಾರ್ಥಿಯ ತೊದಲಿನ ಸಮಸ್ಯೆ ಹೆಚ್ಚಿನ ಪ್ರಮಾಣದಲ್ಲಿ ಕಂಡುಬರುವ ದಿನಗಳಲ್ಲಿ ಮಾತಿನ ಆಗತ್ಯ ಇಲ್ಲದಂತಹ ಚಟುವಟಿಕೆಗಳಲ್ಲಿ ತೊಡಗಿಸಿ.

  ಉದಾ: ಚಿತ್ರ ಬಿಡಿಸುವುದು, ಬರೆಯುವುದು, ಆಟವಾಡುವುದು ಇತ್ಯಾದಿ.

- ಮಾತನಾಡುವಂತಹ ಸಂದರ್ಭಗಳಿಂದ ನುಣುಚಿಕೊಳ್ಳುವ ವರ್ತನೆ ತೊದಲುವಿಕೆಯಲ್ಲಿ ಪ್ರಮುಖವಾಗಿ ಕಂಡುಬರುತ್ತದೆ. ತಾನು ಮಾತನಾಡಬೇಕಾದ ಸಂದರ್ಭಗಳನ್ನು ಹೇಗೆ ನಿಭಾಯಿಸುತ್ತಾನೆ ಎಂದು ಗಮನಿಸುವುದು.
- ನಿಧಾನಗತಿಯ ಮಾತು, ಮೊದಲನೆಯ ಅಕ್ಷರವನ್ನು ಎಳೆದೆಳೆದು ಮಾತನಾಡುವುದು ತೊದಲನ್ನು ಕಡಿಮೆ ಮಾಡುತ್ತದೆ.
- ತೊದಲುವ ಪ್ರಮಾಣ ಕಡಿಮೆಯಾಗುವುದು ಮತ್ತು ಮುಕ್ತವಾಗಿ/ ನಿಸ್ಸಂಕೋಚವಾಗಿ ಮಾತನಾಡುವುದು ಮಗುವಿನ ಮಾತಿನಲ್ಲಿ ಕಂಡುಬರುವ ಸುಧಾರಣೆಯ ಪ್ರಮುಖ ಅಂಶಗಳು.

ತೊದಲುವವರಿಗೆ ಕೆಲವು ಸ್ವಯಂ ಚಿಕಿತ್ಸೆ ಸಲಹೆಗಳು

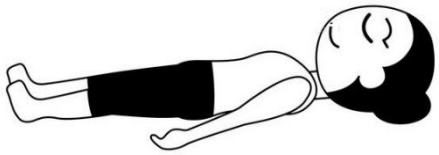
ತೊದಲುವಿಕೆ ಇರುವ ಪ್ರತಿ ವ್ಯಕ್ತಿಯ ಲಕ್ಷಣಗಳು ಬದಲಾಗಿತ್ತಿರುತ್ತದೆ. ಒಬ್ಬ ವ್ಯಕ್ತಿಯಲ್ಲೇ ಇದು ಕಾಲಕಾಲಕ್ಕೆ ಅಥವಾ ಸಂದರ್ಭದಿಂದ ಸಂದರ್ಭಕ್ಕೆ ಬದಲಾಗುತಿರುತ್ತದೆ. ಆದ್ದರಿಂದ ಸ್ವಯಂ ಚಿಕಿತ್ಸಾ ವಿಧಾನಗಳನ್ನು ಅಳವಡಿಸಿಕೊಳ್ಳುವ ಮುನ್ನ ನಿಮ್ಮ ತೊಂದರೆಗಳನ್ನು ಮೌಲ್ಯಮಾಪನ ಮಾಡಿಕೊಳ್ಳಿ. ನೀವು ಮಾತನಾಡುವಾಗ ಕಷ್ಟದ ಅನುಭವವಾದರೆ ನಿಮ್ಮ ಭಾವನೆಗಳನ್ನು ಹಾಗೂ ಅದನ್ನು ತಡೆಯಲು ನೀವು ಏನು ಮಾಡುತ್ತೀರಿ ಎನ್ನುವುದನ್ನು ವಿಶ್ಲೇಷಿಸಿ ನಿಮ್ಮ ಪ್ರಗತಿಯನ್ನು ನಿಯತಕಾಲಿಕವಾಗಿ ನೋಡಲು ಮೌಲ್ಯಮಾಪನಕ್ಕಾಗಿ ಒಂದು ಸ್ವರೂಪವನ್ನು ಇಲ್ಲಿ ಒದಗಿಸಲಾಗಿದೆ.

ಹೊಸ ಚಿಕಿತ್ಸಾ ವಿಧಾನಗಳನ್ನು ಅಳವಡಿಸಿಕೊಳ್ಳುವಾಗ ನಿಮ್ಮ ದಿನನಿತ್ಯದ ಅನುಭವಗಳನ್ನು ದಾಖಲಿಸಲು ಒಂದು ಡೈರಿಯನ್ನು ಉಪಯೋಗಿಸಿ. ನೀವು ಒಬ್ಬರೇ ಇರುವಾಗ ನಿಮ್ಮ ಮಾತು ಯಾವುದೇ ತೊಂದರೆ ಇಲ್ಲದೆ ನಿರರ್ಗಳವಾಗಿ

ಇರುವುದರಿಂದ ನಿಮ್ಮ ಪ್ರಗತಿಯನ್ನು ಮೌಲ್ಯಮಾಪನ ಮಾಡಲು ಹತ್ತಿರದ ಸ್ನೇಹಿತರಿಂದ ಸಹಾಯ ತೆಗೆದುಕೊಳ್ಳಿ.

ನಿಮ್ಮ ಪ್ರಗತಿಯ ಬಗ್ಗೆ ಅಥವಾ ಹೆಚ್ಚಿನ ಮಾರ್ಗದರ್ಶನದ ಅಗತ್ಯವಿದ್ದರೆ ನಿಮ್ಮ ವಾಕ್-ಭಾಷಾ ತಜ್ಞರನ್ನು ಸಂಪರ್ಕಿಸಿ. ಕೆಲವು ವಿಧಾನಗಳನ್ನು ಅನುಸರಿಸಿದರೆ ಹಾಗೂ ಅಳವಡಿಸಿಕೊಂಡರೆ ನೀವು ನಿಮ್ಮ ಮಾತಿನಲ್ಲಿ ನಿಯಂತ್ರಣ ಸಾಧಿಸಬಹುದು. ಹಲವು ವರ್ಷಗಳ ಕಾಲದಿಂದ ಬೆಳೆದ ಕೆಟ್ಟ ಅಭ್ಯಾಸವನ್ನು ತೆಗೆದುಹಾಕಲು ಕಷ್ಟವಾಗುವಂತೆಯೇ, ನೀವು ಶ್ರದ್ಧೆಯಿಂದ ಅಭ್ಯಾಸ ಮಾಡಲು ನಿರ್ಧರಿಸದಿದ್ದರೆ ನಿಮ್ಮ ಸಮಸ್ಯೆಯನ್ನು ಪರಿಹರಿಸುವುದು ಕಷ್ಟ, ಇದಕ್ಕೆ ಕೆಲವು ವಾರಗಳಿಂದ ತಿಂಗಳುಗಳವರೆಗೆ ಕಾಲಾವಕಾಶ ತೆಗೆದುಕೊಳ್ಳಬಹುದು. ಉತ್ತಮವಾಗಿ ಮಾತನಾಡಲು ಸಾಕಷ್ಟು ಪ್ರೇರಣೆ ಮತ್ತು ಆತ್ಮವಿಶ್ವಾಸವನ್ನು ಹೊಂದಿರಬೇಕು.

1. ಸಡಿಲಿಸುವುದು (ರಿಲ್ಯಾಕ್ಸೇಶನ್)



ತೊದಲುವಿಕೆಗೆ ಉದ್ವೇಗವು (anxiety) ಒಂದು ಮುಖ್ಯ ಕಾರಣ. ನಿಮ್ಮ ತೊದಲುವಿಕೆಯ ತೀವ್ರತೆಯೂ ನೀವು ಎಷ್ಟು ಉದ್ವೇಗಕ್ಕೆ ಒಳಗಾಗಿದ್ದೀರಿ ಎಂಬುದರ ಮೇಲೆ ಅವಲಂಬಿತವಾಗಿರುತ್ತದೆ. ಹಿಂದಿನ ಅನುಭವಗಳಿಂದ ನೀವು ಕಠಿಣ ಸಂವಹನ ಎದುರಿಸುವಾಗಲೆಲ್ಲ ಉದ್ವೇಗಕ್ಕೊಳಗಾಗುವ ಅಭ್ಯಾಸವನ್ನು ನೀವು ಬೆಳಸಿಕೊಂಡಿರಬಹುದು. ನೀವು ನಿಮ್ಮ ಗಂಟಲು, ತುಟಿ ಅಥವಾ ನಾಲಿಗೆಯ ಸ್ನಾಯುಗಳನ್ನು ಬಿಗಿಹಿಡಿದರೆ ಮಾತು ನಿರರ್ಗಳವಾಗಲು ಸಾಧ್ಯವಿಲ್ಲ. ಆದ್ದರಿಂದ ನೀವು ರಿಲ್ಯಾಕ್ಸ್ (ಸಡಿಲವಾಗಿ) ಆರಾಮವಾಗಿ ಮಾತನಾಡುವುದನ್ನು ಅಭ್ಯಾಸ ಮಾಡಿಕೊಳ್ಳಬೇಕು.

1) ಆರಂಭದಲ್ಲಿ ನೀವು ಬೆನ್ನಮೇಲೆ ಮಲಗಿಕೊಳ್ಳಿ ಮತ್ತು ಕೈ ಕಾಲುಗಳ ಸ್ನಾಯುಗಳನ್ನು ಬಿಗಿ ಹಿಡಿಯಿರಿ ನಂತರ ನಿಧಾನವಾಗಿ ರಿಲ್ಯಾಕ್ಸ್ ಮಾಡಬೇಕು. ಇದರ ನಂತರ ನಿಮಗೆ ಬಿಗಿಹಿಡಿದ ಮತ್ತು ರಿಲ್ಯಾಕ್ಸ್ ಆಗಿರುವ ಸ್ನಾಯುಗಳ ಅನುಭವ ತಿಳಿಯುತ್ತದೆ.
2) ಈಗ ಇದೇ ತರಹ ನಾಲಿಗೆ, ತುಟಿ ಮತ್ತು ಗಂಟಲಿನ ಸ್ನಾಯುಗಳನ್ನು ಬಿಗಿ ಹಿಡಿದು ರಿಲ್ಯಾಕ್ಸ್ ಮಾಡಿ. ಇದರಿಂದ ನಿಮಗೆ ಈ ಭಾಗಗಳು ಬಿಗಿ ಇಲ್ಲದೆ ಸಡಿಲ (ರಿಲ್ಯಾಕ್ಸ್) ಆಗಿರುವುದು ನಿಮಗೆ ತಿಳಿಯುತ್ತದೆ.
3) ಪ್ರತಿ ದಿನ ಇದನ್ನು 15 - 30 ನಿಮಿಷ ಅಭ್ಯಾಸ ಮಾಡಿ. ಇದೆ ತರಹ ರಿಲ್ಯಾಕ್ಸ್ ಆಗಿ ಓದುವುದನ್ನು ಮತ್ತು ಮಾತನಾಡುವುದನ್ನು ಅಭ್ಯಾಸ ಮಾಡಿ.
4) ಕ್ರಮೇಣ ಈ ಅಭ್ಯಾಸದ ಅವಧಿಯನ್ನು ಹೆಚ್ಚಿಸಿ ಮತ್ತು ಇತರೆ ಮಾತನಾಡುವ ಸಂದರ್ಭದಲ್ಲೂ ಇದನ್ನು ಅಭ್ಯಾಸ ಮಾಡಿ.
5) ನೀವು ಇದನ್ನು ಸ್ವಯಂ ಪ್ರೇರಿತವಾಗಿ ಮತ್ತು ಶ್ರಮವಿಲ್ಲದೆ ರಿಲ್ಯಾಕ್ಸ್ ಆಗಿ ಮಾತನಾಡುವದನ್ನು ಕಲಿಯುವವರೆಗೂ ಅಭ್ಯಾಸ ಮಾಡಿ.

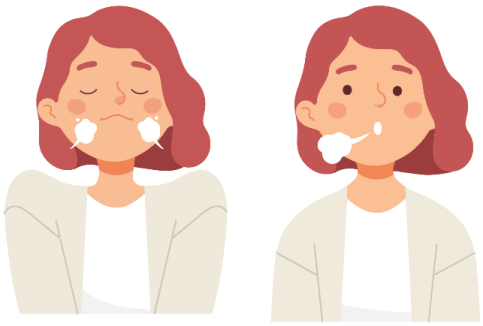
ಸ್ವಯಂ ಮೌಲ್ಯ ಮಾಪನ

[0- ಇಲ್ಲ, 1- ತುಂಬ ಕಡಿಮೆ, 2- ಕಮ್ಮಿ, 3 -ಮಾಧ್ಯಮ, 4-ಜಾಸ್ತಿ, 5- ತುಂಬ ಜಾಸ್ತಿ]

	ಸೋಮ	ಮಂಗಳ	ಬುಧ	ಗುರು	ಶುಕ್ರ	ಶನಿ	ಭಾನು
ಓದುವುದರಲ್ಲಿ							
ವಿಷಯದ ವಿವರಣೆಯಲ್ಲಿ							

ಅಪರಿಚಿತರ ಜೊತೆ ಮಾತನಾಡುವಾಗ							
ಅನ್ಯ ಲಿಂಗದವರ ಜೊತೆ ಮಾತನಾಡುವಾಗ							
ಗಣ್ಯ ವ್ಯಕ್ತಿಗಳ ಜೊತೆ ಮಾತನಾಡುವಾಗ							
ಗುಂಪಿನಲ್ಲಿ ಮಾತನಾಡುವಾಗ							
ಕರೆ ಮಾಡುವಾಗ							

2. ಉಸಿರಾಟ



ಮಾತನಾಡಲು ಉಸಿರಾಟವು ಬಹಳ ಮುಖ್ಯವಾದ ಪಾತ್ರವನ್ನು ವಹಿಸುತ್ತದೆ. ನಾವು ಮಾತನಾಡುವಾಗ ಉಚ್ಛ್ವಾಸದ (exhalation) ಉಸಿರನ್ನು ಬಳಸುತ್ತೇವೆ. ನಾವು ಎಷ್ಟು ಧೀರ್ಘವಾಗಿ ಉಸಿರಾಡುತ್ತೇವೋ ಅಷ್ಟು ಉದ್ದವಾದ ವಾಕ್ಯಗಳನ್ನು ಹೇಳಬಹುದು ಮತ್ತು ನಮ್ಮ ಧ್ವನಿಯು ಅಷ್ಟೇ ಜೋರಾಗಿ ಕೇಳಿಬರುತ್ತದೆ, ಮಾತನಾಡುವ ಉದ್ದೇಶಕ್ಕಾಗಿ ನಮ್ಮ ಉಸಿರಾಟದ ನಮೂನೆಯನ್ನು ಮಾರ್ಪಡಿಸಲಾಗುತ್ತದೆ. ಸಾಮಾನ್ಯವಾಗಿ ಉಸಿರು ತೆಗೆದುಕೊಳ್ಳುವ ಮತ್ತು ಉಸಿರು ಬಿಡುವ ಅವಧಿ ಒಂದೇ ಆಗಿರುತ್ತದೆ. ಆದರೆ ಮಾತನಾಡುವಾಗ ನಾವು ಬೇಗ ಉಸಿರನ್ನು ತೆಗೆದುಕೊಂಡು ನಿಧಾನವಾಗಿ ಉಸಿರು ಬಿಡುತ್ತಾ ಮಾತನಾಡುತ್ತೇವೆ. ಸಾಮಾನ್ಯವಾಗಿ ನಾವು ಮಾತನಾಡುವಾಗ (ಉದ್ದವಾದ ವಾಕ್ಯಗಳನ್ನು

ಹೊರತುಪಡಿಸಿ) ಯಾವುದೇ ವಾಕ್ಯದ ಮಧ್ಯೆ ಉಸಿರು ತೆಗೆದುಕೊಳ್ಳಲು ನಿಲ್ಲಿಸುವುದಿಲ್ಲ.

ಆಳವಾದ ಉಸಿರಾಟದ ವ್ಯಾಯಾಮ ಮಾತಿನ ಉಸಿರಾಟ ನಿಯಂತ್ರಿಸಲು ಸಹಾಯ ಮಾಡುತ್ತದೆ.

1) ಆಳವಾದ ಉಸಿರು ತೆಗೆದುಕೊಂಡು, ನಿಧಾನವಾಗಿ ಬಿಡುವುದನ್ನು ಅಭ್ಯಾಸಮಾಡಿ.
2) ಉಸಿರು ತೆಗೆದುಕೊಂಡ ನಂತರ ನಿಧಾನವಾಗಿ ಉಸಿರು ಬಿಡುತ್ತಾ ಆ/ ಈ ಅನ್ನು ಹೇಳಿ (ಎಷ್ಟು ಉದ್ದ ಎಳೆಯುವುದಕ್ಕೆ ಆಗುವುದೋ ಅಷ್ಟು)
3) ಅದೇ ತರಹ, ಸಣ್ಣ ಪದಗಳು, ವಾಕ್ಯಗಳಲ್ಲಿ ಅಭ್ಯಾಸ ಮಾಡಿ, ಮಧ್ಯದಲ್ಲಿ ಉಸಿರು ತೆಗೆದುಕೊಳ್ಳಲು ನಿಲ್ಲಿಸಬಾರದು ಎಂಬುದನ್ನು ನೆನಪಿಟ್ಟುಕೊಳ್ಳಿ. ನೀವು ಆಳವಾಗಿ ಉಸಿರನ್ನು ತೆಗೆದು ಕೊಳ್ಳಿ ಮತ್ತು ಮಧ್ಯದಲ್ಲಿ ಉಸಿರಾಟವನ್ನು ಕಳೆದುಕೊಳ್ಳದೆ ಮಾತನಾಡಲು ಕಲಿಯಿರಿ.
4) ನಿಯಂತ್ರಿತ ಉಸಿರಾಟವನ್ನು ಓದುವುದರಲ್ಲಿ, ವಿಸ್ತರಿಸುವುದರಲ್ಲಿ ಮತ್ತು ಮಾತನಾಡುವ ಸಂದರ್ಭಗಳಲ್ಲಿ ಅಭ್ಯಾಸ ಮಾಡಿ.

ಉ - ಉತ್ತಮ ಮ- ಮದ್ಯಮ ಸಾ- ಸಾದಾರಣ

	ಸೋಮ	ಮಂಗಳ	ಬುಧ	ಗುರು	ಶುಕ್ರ	ಶನಿ	ಭಾನು
ಆಳವಾದ ಉಸಿರಾಟದಲ್ಲಿ							
ಆ/ಈ ಹೇಳುವಾಗ							
ಪದ/ವಾಕ್ಯಗಳಲ್ಲಿ							
ಓದುವುದರಲ್ಲಿ							

ವಿವರಿಸುವುದರಲ್ಲಿ							
ಮಾತನಾಡುವ ಸಂದರ್ಭಗಳಲ್ಲಿ							

3. ನಿಧಾನಗತಿಯ ಮಾತು

ನಿಧಾನವಾಗಿ ಮಾತನಾಡುವುದು ನಿರರ್ಗಳತೆಯನ್ನು ಕಾಪಾಡಲು ಬಹುಮುಖ್ಯ. ನೀವು ವೇಗವಾಗಿ ಮಾತನಾಡಿದರೆ, ಮಾತನಾಡುವುದಕ್ಕೆ ಸಹಾಯಮಾಡುವ ಸ್ನಾಯುಗಳು ಉದ್ವೇಗಕ್ಕೆ ಒಳಗಾಗಿ ಮಧ್ಯದಲ್ಲಿ ಹಿಡಿದಂತಾಗುತ್ತದೆ. ಮಾತಿನ ವೇಗವು ನೀವು ಚಿಕ್ಕ ವಯಸ್ಸಿನಿಂದ ಅಳವಡಿಸಿಕೊಂಡಿದ್ದು, ಮಾತಿನಲ್ಲಿ ನಿರರ್ಗಳತೆಯನ್ನು ಹೊಂದಲು ನಿಧಾನವಾಗಿ ಮಾತನಾಡಿ. ಅಂದರೆ ನಿಮಗೆ ಆರಾಮವಾಗಿ ಮಾತನಾಡುವಂತೆ ಇರಬೇಕು.

1) ನಿಧಾನವಾಗಿ ಮಾತನಾಡುವುದನ್ನು ಮೊದಲು ಓದುವುದರಲ್ಲಿ ಅಭ್ಯಸಿಸಿ. ವೇಗವನ್ನು ಬದಲಾಯಿಸುತ್ತ ನಿಮಗೆ ಯಾವುದು ಆರಾಮದಾಯಕವಾಗಿದೆಯೋ ಆ ವೇಗವನ್ನು ಕಂಡುಹಿಡಿದುಕೊಳ್ಳಿ. ಈ ವೇಗದಲ್ಲಿ ಓದುವುದನ್ನು ಕನಿಷ್ಠ 30 ನಿಮಿಷ ಅಭ್ಯಾಸ ಮಾಡಿ (ಯಾವುದೇ ತಡೆ (block) ಇಲ್ಲದೆ ನಿರರ್ಗಳತೆ ಇಂದ ಓದುವ ತನಕ.) ಈ ಅಭ್ಯಾಸ ಮಾಡುವಾಗ ನಿಮ್ಮ ಸ್ನೇಹಿತರ ಅಥವಾ ಸಂಬಂಧಿಗಳ ಮುಂದೆ ಓದಿ ಏಕೆಂದರೆ, ಬೇರೆಯವರ ಎದಿರು ಮಾತನಾಡುವಾಗ ಆತಂಕ ಹೆಚ್ಚಾಗಿ ತಪ್ಪುಗಳು ಕಂಡುಬರುತ್ತದೆ. ಇಂತಹ ಸಂದರ್ಭದಲ್ಲಿ ನಿಯಮಿತವಾಗಿ ಓದಲು ಕಲಿಯಬೇಕು.

2) ನಿಧನಾವಾಗಿ ಮಾತನಾಡುವುದನ್ನು ನೀವು ಸಂಬಂಧಿಕರೊಂದಿಗೆ ಅಥವಾ ಸ್ನೇಹಿತರೊಂದಿಗೆ ಮತ್ತು ದೂರವಾಣಿ ಕರೆಗಳಲ್ಲಿ ಮಾತನಾಡುವಾಗ ಅಭ್ಯಾಸ ಮಾಡಿ. ಸಮಯದ ಒತ್ತಡವನ್ನು ತಗೆದುಹಾಕಿರಿ ಮತ್ತು ನೀವು ಎದುರಿಸುವ ಯಾವುದೇ ಸಂಧರ್ಭದಲ್ಲೂ ಉದ್ದೇಶ ಪೂರ್ವಕವಾಗಿ ನಿಧಾನವಾಗಿಯೇ ಮಾತನಾಡಿ.

ಸ್ವಯಂ ಮೌಲ್ಯಮಾಪನ

ನಿ- ನಿಧಾನ ಮಾ- ಮಾಧ್ಯಮ ವೇ- ವೇಗ

	ಸೋಮ	ಮಂಗಳ	ಬುಧ	ಗುರು	ಶುಕ್ರ	ಶನಿ	ಭಾನು
ಓದುವಾಗ							
ವಿವರಿಸುವಾಗ							
ಮಾತನಾಡುವಾಗ							

4. ಮೃದು ಸ್ಪರ್ಶ (soft contact)

ಅನೇಕ ಬಾರಿ ತೊದಲುವಿಕೆ ಇರುವ ವ್ಯಕ್ತಿಗಳು ಮೊದಲು ಬರುವ ಶಬ್ದ ಅಥವಾ ಅಕ್ಷರಗಳನ್ನು ಉಚ್ಚರಿಸಲು ತುಂಬಾ ಕಷ್ಟ ಪಡುತ್ತಾರೆ. ಇದು ತುಟಿ, ನಾಲಿಗೆ, ಅಂಗಳು ಇವುಗಳ ಗಟ್ಟಿಯಾದ ಸಂಪರ್ಕದಿಂದ (hard contact) ಉಂಟಾಗುತ್ತದೆ.

ಉದಾ: ಪೆನ್ ಎಂಬ ಪದದಲ್ಲಿ 'ಪ್' ಹೇಳಲು ತುಟಿಯನ್ನು ಹೆಚ್ಚು ಹೊತ್ತು ಬಿಗಿ ಹಿಡಿಯುವುದು. ಇದರಿಂದ ತುಟಿಯನ್ನು ಬಿಡಲು ಕಷ್ಟವಾಗುವುದು. ಕೆಲವರಲ್ಲಿ ಈ ತೊಂದರೆ ಒಂದು ಅಥವಾ ಎರಡು ಶಬ್ದಗಳಲ್ಲಿ ಕಂಡುಬಂದರೆ ಇನ್ನು ಕೆಲವರಲ್ಲಿ ಈ ತೊಂದರೆ ಹೆಚ್ಚು ಶಬ್ದಗಳಲ್ಲಿ ಕಾಣುತ್ತದೆ. ಇದು ಕೆಟ್ಟ ಅನುಭವಗಳಿಂದ ಅಥವಾ ಉದ್ವೇಗದಿಂದ ಹೆಚ್ಚುತ್ತಾ ಹೋಗಬಹುದು ಮತ್ತು ಬೇರೆ ಶಬ್ದಗಳಲ್ಲೂ ಬಿಗಿಹಿಡಿಯುವುದು ಶುರು ಆಗಬಹುದು. ಜೊತೆಗೆ ಇದರ ಅವಧಿಯು ಹೆಚ್ಚಾಗಬಹುದು. ಇದರಿಂದಾಗಿ ಸಂವಹನದ ಮೇಲೆ ತೀವ್ರ ಪರಿಣಾಮವನ್ನು ಬೀರುತ್ತದೆ.

ಇದನ್ನು ತಡೆಗಟ್ಟಲು ಮೃದು ಸಂಪರ್ಕಕ್ಕೆ (soft contact) ಬದಲಾಯಿಸಬೇಕು.

ಇದಕ್ಕೆ ನಿಮ್ಮ ತೊದಲುವಿಕೆಯನ್ನು ವಿಶ್ಲೇಷಿಸಿ ಯಾವ ಶಬ್ದ ಮತ್ತು ಅಕ್ಷರಗಳನ್ನು ಬಿಗಿಹಿಡಿಯುತ್ತೀರ ಎಂದು ಬರೆದಿಡಿ.

1) ಒಂದು ಬಾರಿಗೆ ಒಂದು ಶಬ್ದ ತೆಗೆದುಕೊಳ್ಳಿ ಮತ್ತು ಅದನ್ನು ಮೃದುವಾಗಿ ಸ್ಪರ್ಶಿಸಿ ಹೇಳಿ. ಇದನ್ನುನೀವು ಕನ್ನಡಿಯ ಮುಂದೆ ಕುಳಿತು ಅಭ್ಯಾಸ ಮಾಡಬಹುದು.
2) ಕಷ್ಟವಿರುವ ಅಕ್ಷರ / ಪದಗಳನ್ನು ಪಟ್ಟಿ ಮಾಡಿ ಮತ್ತು ಅದನ್ನು ಪದೇ ಪದೇ ಹೇಳಿ. ನಿಮ್ಮನ್ನು ಕನ್ನಡಿಯಲ್ಲಿ ನೀವೇ ಗಮನಿಸುತ್ತ ಗಟ್ಟಿಯಾಗಿ ಒತ್ತುವುದು ಮತ್ತು ಬಿಗಿ ಹಿಡಿಯುವುದನ್ನು ಕಡಿಮೆ ಮಾಡಿ.
3) ಅಕ್ಷರ / ಪದವನ್ನು ಸರಾಗವಾಗಿ ಬರುವಂತೆ ಓದುವುದರಲ್ಲಿ ಮತ್ತು ಮಾತನಾಡುವುದರಲ್ಲಿ ಅಭ್ಯಾಸಿಸಿ.
4) ಇದೇ ತರಹ ನಿಮಗೆ ಕಷ್ಟ ಇರುವ ಅಕ್ಷರ / ಪದವನ್ನು ಅಭ್ಯಾಸ ಮಾಡಿ.

ಸ್ವಯಂ ಮೌಲ್ಯಮಾಪನ

ಮೃಧು - ಮೃಧು ಸ್ಪರ್ಶ/ soft contact ಗಟ್ಟಿ- ಗಟ್ಟಿಯಾಗಿ ಉಚ್ಚರಿಸುವುದು/ hard contact

	ಸೋಮ	ಮಂಗಳ	ಬುಧ	ಗುರು	ಶುಕ್ರ	ಶನಿ	ಭಾನು
ಶಬ್ದಗಳಲ್ಲಿ							
ಪದಗಳಲ್ಲಿ							
ವಾಕ್ಯಗಳಲ್ಲಿ							
ಓದುವುದರಲ್ಲಿ							
ವಿಷಯದ ವಿವರಣೆಯಲ್ಲಿ							
ಮಾತನಾಡುವುದರಲ್ಲಿ							

5. ಪದ/ ವಾಕ್ಯಗಳ ರಚನೆ

ನಿರರ್ಗಳತೆ ಮತ್ತು ನಿರಂತರವಾಗಿ ಮಾತನಾಡಲು ಪದಗಳ ಮತ್ತು ವಾಕ್ಯಗಳ ರಚನೆ ಬಹಳ ಮುಖ್ಯ. ನೀವು ಹೆಚ್ಚಾಗಿ ತೊದಲುವ ಅಕ್ಷರಗಳನ್ನು ಪಟ್ಟಿ ಮಾಡಿ ಮತ್ತು ಆ ಅಕ್ಷರಗಳು ಇರುವ ಪದಗಳನ್ನು ಮತ್ತು ವಾಕ್ಯಗಳನ್ನು ರಚಿಸಿ ಅದನ್ನು ತೊದಲುವಿಕೆ ಇಲ್ಲದೆ ನಿಧಾನವಾಗಿ ಹೇಳಲು ಅಭ್ಯಸಿಸಿ.

ಆರಂಭದಲ್ಲಿ, ನೀವು ಸರಳ ಪದಗಳೊಂದಿಗೆ ಪ್ರಾರಂಭಿಸಿ, ಹಂತ ಹಂತವಾಗಿ ಸಂಕೀರ್ಣವಾದ ವಾಕ್ಯಗಳನ್ನು ಪಟ್ಟಿ ಮಾಡಿ. ಎಲ್ಲ ಹಂತದಲ್ಲೂ ತೊದಲುವಿಕೆ ಇಲ್ಲದೆ ಮಾತನಾಡಲು ಪ್ರಯತ್ನಿಸಿ. ಈ ಚಟುವಟಿಕೆಯು ವಾಕ್ಯವನ್ನು ಯೋಜಿಸಲು

ನಿಮಗೆ ಸಹಾಯ ಮಾಡುತ್ತದೆ ಮತ್ತು ನಿಮ್ಮ ನಿರರ್ಗಳತೆಯನ್ನು ಸುಧಾರಿಸಲು ಮತ್ತಷ್ಟು ಸಹಾಯ ಮಾಡುತ್ತದೆ.

6. ಎಳೆದು ಮಾತನಾಡಿ

ನೀವು ಮಾತನಾಡುವಾಗ ತೊದಲುವಿಕೆ ಎದುರಿಸಿದರೆ ಅಥವಾ ತೊದಲುವಿಕೆ ಬರುವಂತೆ ಅನಿಸಿದರೆ. ಆ ಪದದ ಇಲ್ಲವೇ ವಾಕ್ಯದ ಮೊದಲನೆಯ ಅಕ್ಷರವನ್ನು ಎಳೆದು ಮಾತನಾಡಿ.

1) ನಾ…ನು ಭಾನುವಾರ ಸಿನಿಮಾ ನೋಡಲು ಹೋಗಿದ್ದೆ

2) ಇ...ವತ್ತು ಸಂಜೆ ಮಾಮ ಊ…ರಿಂದ ಬರುತ್ತಾರೆ

3) ನನಗೆ ನೇ…ರಳೆ ಬಣ್ಣ ತುಂಬ ಇಷ್ಟ

4) ನಾನು ಬಿಡುವಿನ ಸಮಯದಲ್ಲಿ ವಾ….ಲಿಬಾಲ್ ಆಡ್ತಿನಿ

(ವಾಕ್ಯದ ಮೊದಲ ಅಕ್ಷರವನ್ನು ಎಳೆದು ಮತ್ತು ಹೆಚ್ಚು ಸಮಯ ನೀಡಿ ಉಚ್ಚರಿಸಿ. ಇಲ್ಲವೇ ನಿಮಗೆ ತೊದಲುವಿಕೆ ತರುವ ಅಕ್ಷರಗಳನ್ನು ಗುರುತಿಸಿ ಮತ್ತು ಆ ಅಕ್ಷರಗಳು ವಾಕ್ಯದ ನಡುವೆ ಬಂದರೆ, ಅದನ್ನು ಎಳೆದು ಹೇಳಿ).

7. ಇತರೆ ನಡವಳಿಕೆಗಳನ್ನು ಕಡಿಮೆ ಮಾಡಲು

ತೊದಲುವಿಕೆಯ ತೊಂದರೆ ಇರುವವರು ಅದನ್ನು ಮರೆಮಾಚಲು ಅವರಿಗೆ ಅರಿವಿಲ್ಲದೆ ಕೆಲವು ನಡವಳಿಕೆಗಳನ್ನು ಬೆಳೆಸಿಕೊಂಡಿರುತ್ತಾರೆ.

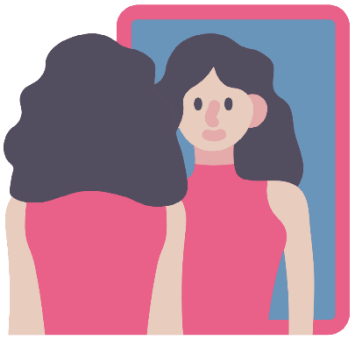
ಉದಾ:

1) ಮುಖ ,ಕೈ , ಕಾಲಿನ ಮತ್ತು ದೇಹದ ಚಲನೆ

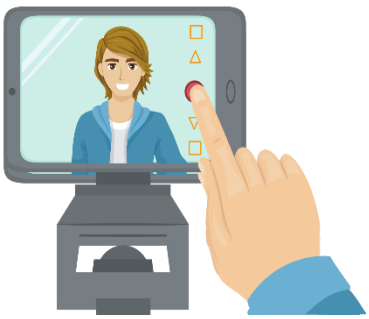
2) ಉಬ್ಬು ಏರಿಸುವುದು

3) ಪದೇ ಪದೇ ಕಣ್ಣು ಮುಚ್ಚುವುದು

4) ತಲೆ ಅಲ್ಲಾಡಿಸುವುದು ಮುಂತಾದವು.



ಕೆಲವು ಸಂದರ್ಭಗಳಲ್ಲಿ ಈ ನಡುವಳಿಕೆಗಳು ಸ್ಥಿರವಾಗುತ್ತದೆ ಮತ್ತು ಮಾತಿನ ತೊಂದರೆಗಿಂತ ಇದೇ ಹೆಚ್ಚಾಗಿಬಿಡುತ್ತದೆ. ನೀವು ಕನ್ನಡಿ ಮುಂದೆ ಕುಳಿತು ಓದುವಾಗ ಅಥವಾ ವಿವರಿಸುವಾಗ ಈ ಮೇಲೆ ಸೂಚಿಸಿದ ಅನಗತ್ಯ ಚಲನೆಗಳನ್ನು ಗಮನಿಸಿ, ಮತ್ತು ಅದನ್ನು ಪಟ್ಟಿಮಾಡಿ. ಇದಕ್ಕೆ ನೀವು ನಿಮ್ಮ ಆಪ್ತರ ಸಹಾಯ ಪಡೆಯಬಹುದು. ಕೆಲವು ಕೈಸನ್ನೆ, ಮುಖ ಭಾವನೆ ಮತ್ತು ಚಲನೆಗಳನ್ನು ಸಾಮಾನ್ಯವಾಗಿ ಬಳಸುತ್ತೇವೆ ಎನ್ನುವುದನ್ನು ಗಮನದಲ್ಲಿಟ್ಟುಕೊಳ್ಳಿ. ಎಲ್ಲಾ ಚಲನೆಗಳು ಅನಗತ್ಯ ನಡುವಳಿಕೆ ಆಗಿರುವುದಿಲ್ಲ.



ನೀವು ಮಾತನಾಡುವ ಅಥವಾ ಓದುವ ಸಂದರ್ಭವನ್ನು ವಿಡಿಯೋ ರೆಕಾರ್ಡ್ ಮಾಡಿ ಮತ್ತು ಅದನ್ನು ವಿಶ್ಲೇಷಿಸಿ, ಅನಗತ್ಯ ನಡುವಳಿಕೆಗಳು ಕಂಡುಬಂದಲ್ಲಿ ಅದನ್ನು ನಿಭಾಯಿಸಲು ಮತ್ತು ಪರಿಹರಿಸಲು ಪ್ರಯತ್ನಿಸಿ.

ಒಂದೊಂದೆ ಅನಗತ್ಯ ನಡವಳಿಕೆಯನ್ನು ತೆಗೆದುಕೊಳ್ಳಿ, ಈ ತರಹದ ನಡುವಳಿಕೆ ಇಲ್ಲದೆ ಓದಲು ಮತ್ತು ಮಾತನಾಡಲು ಪ್ರಯತ್ನಿಸಿ. ಇದು ಒಂದು ಕೆಟ್ಟ ಹವ್ಯಾಸ ಮತ್ತು ಇದು ಸರಾಗವಾಗಿ ಮಾತನಾಡಲು ಯಾವುದೇ ರೀತಿ ಸಹಾಯ

ಮಾಡುವುದಿಲ್ಲ ಎಂಬುದನ್ನು ನೆನಪಿಟ್ಟುಕೊಳ್ಳಿ. ಒಂದೊಂದೇ ಅನಗತ್ಯ ನಡುವಳಿಕೆಗಳನ್ನು ತೆಗೆದುಕೊಂಡು ಅದಿಲ್ಲದೆ ಮಾತನಾಡುವುದನ್ನು ಪ್ರಯತ್ನಿಸಿ.

8. ತಪ್ಪಿಸಿಕೊಳ್ಳುವ ನಡವಳಿಕೆ ಕಡಿಮೆ ಮಾಡಲು

ತೊದಲುವಿಕೆ ಇರುವ ಬಹಳ ಜನ ಮಾತನಾಡುವ ಸಂದರ್ಭಗಳಿಂದ ತಪ್ಪಿಸಿಕೊಳ್ಳುತ್ತಾರೆ. ಇಲ್ಲವೇ ಮಾತನಾಡುವಾಗ ಬೇರೆ ಪದಗಳನ್ನು ಬಳಸುತ್ತಾರೆ. ಮುಖ ನೋಡಿ ಮಾತನಾಡುವುದಿಲ್ಲ ಇವುಗಳನ್ನು ತೊದಲುವಿಕೆಯನ್ನು ಮರೆಮಾಚಲು ಬಳಸುತ್ತಾರೆ. ಮುಜುಗರದ ಭಯ, ಅವಮಾನ, ನಿರೀಕ್ಷಿತ ವೈಫಲ್ಯಗಳು ಉದ್ವೇಗತೆಗೆ ಕಾರಣವಾಗುತ್ತದೆ. ಇಂತಹ ನಡುವಳಿಕೆಗಳು ಕ್ರಮೇಣ ಹೆಚ್ಚಾಗುತ್ತದೆ. ಇದರ ಪ್ರತಿಯಾಗಿ ಹೆಚ್ಚು ತೊದಲುವಿಕೆಯನ್ನು ತರುತ್ತದೆ. ತೊದಲುವಿಕೆ ಅಪರಾಧವಲ್ಲ. ಎಲ್ಲರೂ ಒಂದಲ್ಲ ಒಂದು ಸಂದರ್ಭದಲ್ಲಿ ಮಾತಿನ ನಿರರ್ಗಳತೆಯಲ್ಲಿ ತೊಂದರೆಯನ್ನು ಅನುಭವಿಸಿರುತ್ತಾರೆ. ಉದಾಹರಣೆಗೆ ಮಾತಿನ ನಡುವೆ ನಿಲ್ಲಿಸುವುದು, ಅದೇ ವಾಕ್ಯವನ್ನು ಪುನರಾವರ್ತಿಸುವುದು, ನಾವು ಹೇಳಲು ಹೊರಟ ವಿಷಯವನ್ನು ತಪ್ಪಾಗಿ ಪ್ರಾರಂಭಿಸುವುದು ಇತ್ಯಾದಿ. ಇದರ ತೀವ್ರತೆಯ ಒಂದೇ ವ್ಯತ್ಯಾಸದಿಂದ ಮಾತ್ರ ಮಾತಿನ ತೊದಲುವಿಕೆ ಎಂದು ಕರೆಯಲ್ಪಡುತ್ತದೆ. ನೀವು ನಿಮ್ಮ ತೊದಲುವಿಕೆಗೆಯನ್ನು ಮುಚ್ಚಿಡಲು ಎಷ್ಟು ಪ್ರಯತ್ನಿಸುತ್ತಿರೋ ಅಷ್ಟು ನೀವು ಉದ್ವೇಗಕ್ಕೊಳಗಾಗುತ್ತೀರ ಇದರ ಪ್ರತಿಯಾಗಿ ತೊದಲುವಿಕೆಯೂ ಹೆಚ್ಚಾಗುತ್ತದೆ.

ನಿಮ್ಮ ಸಮಸ್ಯೆಯನ್ನು ನಿಮ್ಮ ಸ್ನೇಹಿತರು ಮತ್ತು ಸಂಬಂಧಿಕರ ಬಳಿ ಬಹಿರಂಗವಾಗಿ ಚರ್ಚಿಸಿ, ಇದರಿಂದ ನಿಮಗೆ ಇತರರಿಂದ ಸಹಕಾರವನ್ನು

ಪಡೆದುಕೊಳ್ಳಲು ಸಹಾಯವಾಗುತ್ತದೆ. ಕನ್ನಡಿ ಮುಂದೆ ನಿಮ್ಮ ಮುಖವನ್ನು ನೋಡಿಕೊಂಡು ಓದುವುದನ್ನು ಮತ್ತು ಮಾತನಾಡುವುದನ್ನು ಅಭ್ಯಾಸ ಮಾಡಿ.

9. ತೊದಲುವವರಿಗೆ ಕೆಲವು ಸಲಹೆಗಳು

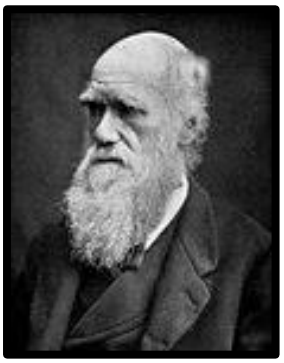
- ನೀವು ತೊದಲುವಿಕೆಯನ್ನು ಅನುಭವಿಸಿದಾಗಲೇ ಮುಖ ನೋಡಿಕೊಂಡು ಮಾತನಾಡಿ. ತೊದಲುವಿಕೆಯನ್ನು ಅನುಭವಿಸುವ ಸಂದರ್ಭಗಳನ್ನು ಪಟ್ಟಿಮಾಡಿ ಮತ್ತು ಅವುಗಳನ್ನು ಒಂದೊಂದಾಗಿ ನಿಭಾಯಿಸಲು ಪ್ರಾರಂಭಿಸಿ.
- ನಿಯಮಿತವಾದ ಮೌಲ್ಯಮಾಪನಗಳ ಮೂಲಕ ನಿಮ್ಮ ಸಮಸ್ಯೆಯನ್ನು ವಿಶ್ಲೇಷಿಸಿ.
- ಆಡಿಯೋ / ವಿಡಿಯೋ ರೆಕಾರ್ಡಿಂಗ್, ಡೈರಿ ಬರೆಯುವುದು ಮತ್ತು ಸ್ನೇಹಿತರ, ಸಂಬಂಧಿಗಳ ಅಭಿಪ್ರಾಯ ನಿಮಗೆ ಮಾರ್ಗದರ್ಶನ ನೀಡುತ್ತದೆ.

- ನಿಯಮಿತವಾಗಿ ಡೈರಿ ಬರಿಯುವುದು ಮತ್ತು ಸ್ವಯಂ ಚಿಕಿತ್ಸಾ ವಿಧಾನಗಳನ್ನು ನಿರ್ವಹಿಸುವುದರಿಂದ ಸಮಸ್ಯೆಗಳನ್ನು ವಿಶ್ಲೇಷಿಸಲು ಮತ್ತು ಪ್ರಗತಿಯನ್ನು ಗಮನಿಸಲು ನಿಮಗೆ ಸಹಾಯ ಮಾಡುತ್ತದೆ.
- ವಿವಿಧ ಸಂದರ್ಭಗಳಲ್ಲಿ ಚಿಕಿತ್ಸ ವಿಧಾನಗಳನ್ನು ಅಭ್ಯಾಸ ಮಾಡುವ ಮೂಲಕ ನಿಧಾನವಾಗಿ ನಿಮಗಿರುವ ಆತ್ಮವಿಶ್ವಾಸಾವನ್ನು ಬೆಳಸಿಕೊಳ್ಳಿ ಹೆಚ್ಚು ಸ್ವಾವಲಂಬಿತವಾಗಿರಲು ಪ್ರಯತ್ನಿಸಿ.

ಯಶಸ್ಸಿನ ಕಥೆಗಳು

ತೊದಲುವಿಕೆಗೆ ತಮ್ಮ ವ್ಯಕ್ತಿತ್ವವನ್ನು ನಿರ್ಧರಿಸವ ಅವಕಾಶ ನೀಡದ, ವಿವಿಧ ಕ್ಷೇತ್ರಗಳಲ್ಲಿ ದೊಡ್ಡ ಹೆಸರನ್ನು ಸಾಧಿಸಿದ ಕೆಲವು ಪ್ರಸಿದ್ಧ ವ್ಯಕ್ತಿಗಳ ಬಗ್ಗೆ ತಿಳಿಯೋಣ.

ಚಾರ್ಲ್ಸ್ ಡಾರ್ವಿನ್



"ನಿಮ್ಮಲ್ಲಿ ನೀವು ನಂಬಿಕೆಯಿರಿಸಿ. ಯಾವುದೇ ಅಡೆತಡೆಗಿಂತ ದೊಡ್ಡ ಧೈರ್ಯ ನಿಮ್ಮೊಳಗೆ ಇದೆ ಎಂದು ತಿಳಿಯಿರಿ".

ಇವರು ಭೂವಿಜ್ಞಾನಿ ಮತ್ತು ಜೀವಶಾಸ್ತ್ರಜ್ಞರಾಗಿದ್ದರು, ವಿಕಾಸಾತ್ಮಕ ಜೀವಶಾಸ್ತ್ರಕ್ಕೆ ನೀಡಿದ ಕೊಡುಗೆಗಳಿಗೆ ಹೆಸರುವಾಸಿಯಾಗಿದ್ದಾರೆ.

ಜೋ ಬಿಡೆನ್

"ನಿಮ್ಮ ಗುರಿಗೆ ನೀವು ಬದ್ಧರಾಗಿರುವಾಗ ಮತ್ತು ಹೋರಾಟದ ಮುಖಾಂತರ ನೀವು ಮುನ್ನುಗ್ಗಿದಾಗ, ಈ ಸವಾಲನ್ನು ಮಾತ್ರವಲ್ಲದೆ ಜೀವನದ ಸವಾಲುಗಳನ್ನು ಸಹ ಜಯಿಸಬಹುದು".

ಜೋಸೆಫ್ ರಾಬಿನೆಟ್ ಬಿಡೆನ್ ಅಮೇರಿಕನ್ ರಾಜಕಾರಣಿಯಾಗಿದ್ದು, ಅವರು ಯುನೈಟೆಡ್ ಸ್ಟೇಟ್ಸ್ನ 46 ನೇ ಮತ್ತು ಪ್ರಸ್ತುತ ಅಧ್ಯಕ್ಷರಾಗಿದ್ದಾರೆ.

ಹೃತಿಕ್ ರೋಷನ್

"ನಾನು ವಾಕ್ಚಾತುರ್ಯದಿಂದ ವಂಚಿತನಾಗಿರಬಹುದು, ಆದರೆ ನನ್ನ ಮನಸ್ಸು ಎಂದಿಗೂ ಮೂಕವಾಗುವುದಿಲ್ಲ."

ಹಿಂದಿ ಚಲನಚಿತ್ರಗಳಲ್ಲಿ ಕೆಲಸ ಮಾಡುವ ಭಾರತೀಯ ನಟ. ಇವರು ತಮ್ಮ ವೈವಿಧ್ಯಮಯ ಪಾತ್ರಗಳು ಮತ್ತು ಇವರ ನೃತ್ಯ ಕೌಶಲ್ಯಕ್ಕೆ ಹೆಸರುವಾಸಿಯಾಗಿದ್ದಾರೆ.

ಮರಿಲಿನ್ ಮನ್ರೋ

"ತೊದಲುವಿಕೆಯಿಂದ ಯಾರು ನಾಚಿಕೆಪಡಬಾರದು. ನಿಜವಾದ ಸೌಂದರ್ಯ ಆತ್ಮವಿಶ್ವಾಸದ ಜ್ವಾಲೆಯಾಗಿದೆ ಅದು ಒಳಗಿನಿಂದ ಹೊಳೆಯುತ್ತದೆ"

ತೊದಲಿನ ಸಮಸ್ಯೆಯ ಹೊರತಾಗಿಯೂ ತನ್ನ ನಟನ ಸಾಮರ್ಥ್ಯದಿಂದ ಮನ್ರೋ ಹೆಚ್ಚು ಮೆಚ್ಚುಗೆ ಪಡೆದ ಅಂತರರಾಷ್ಟ್ರೀಯ ತಾರೆಯಾದಳು.

ಕೆ. ಅಣ್ಣಾಮಲೈ

"ತೊದಲುವಿಕೆಯನ್ನು ಒಂದು ಸಮಸ್ಯೆಯಾಗಿ ಪರಿಗಣಿಸಬೇಡಿ - ನೀವು ಪಡೆಯಲು ಬಯಸುವ ಚಿಕಿತ್ಸೆಯನ್ನು ಪಡೆಯಿರಿ, ಅದನ್ನು ನಿಮ್ಮ ಜೀವನದಲ್ಲಿ ಒಂದು ದುರದೃಷ್ಟಕರ ಸ್ಥಿತಿ ಎಂದು ಪರಿಗಣಿಸದೆ ಮುಂದಕ್ಕೆ ಸಾಗಿ".

ಅಣ್ಣಾಮಲೈ ಕುಪ್ಪುಸಾಮಿ ಅವರು ಪ್ರತಿಷ್ಠಿತ UPSC ಪರೀಕ್ಷೆಗೆ ಅರ್ಹತೆ ಪಡೆದಿದ್ದರು ಮತ್ತು ಭಾರತೀಯ ಪೊಲೀಸ್ ಸೇವೆಗಳ ಅಧಿಕಾರಿಯಾಗಿ ರಾಷ್ಟ್ರಕ್ಕೆ ಸೇವೆ ಸಲ್ಲಿಸಿದ್ದರು.

ವಿವಿಧ ಆಂತರಿಕ ಮತ್ತು ಬಾಹ್ಯ ಕಾರಣಗಳಿಂದ ನಿಮ್ಮ ತೊದಲುವಿಕೆಯು ಮರುಕಳಿಸಬಹುದು. ಇದರಿಂದ ಬೇಸರಗೊಳ್ಳಬೇಡಿ, ಇದಕ್ಕೆ ಕಾರಣವಾದ ಅಂಶಗಳನ್ನೂ ವಿಶ್ಲೇಷಿಸಿ ಮತ್ತು ಅದನ್ನು ಸರಿ ಪಡಿಸಲು ಪ್ರಯತ್ನಿಸಿ. ನಿಮ್ಮಲ್ಲಿ ನೀವು ಆತ್ಮವಿಶ್ವಾಸವಿರಿಸಿ. ಈ ಮೇಲಿನ ಚಟುವಟಿಕೆಗಳನ್ನು ನಿಯಮಿತವಾಗಿ ಮತ್ತು ಪ್ರಾಮಾಣಿಕವಾಗಿ ಅಭ್ಯಾಸಮಾಡಿ. ನಿಮ್ಮ ಮಾತು ಉತ್ತಮಗೊಳ್ಳುತ್ತದೆ. ಹೆಚ್ಚಿನ ಸಹಾಯ ಬೇಕಾಗಿದ್ದರೆ ವಾಕ್-ಭಾಷಾ ತಜ್ಞರನ್ನು ಸಂಪರ್ಕಿಸಿ.

ವೈಫಲ್ಯದ ಭಯವು ನಿಮ್ಮ ಅರ್ಹವಾದ ಅರ್ಹತೆಗೆ ಹಾನಿಯಾಗದಿರಲಿ

ಹೆಚ್ಚಿನ ಸಹಾಯಕ್ಕಾಗಿ ದಯವಿಟ್ಟು ಸಂಪರ್ಕಿಸಿ

ಚಿಕಿತ್ಸಾ ಸೇವಾ ವಿಭಾಗ
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