

## Stuttering

### **What is stuttering?**

- Stuttering is a communication disorder associated with dysfluency. Fluency refers to a smooth and rhythmic speech pattern, while dysfluencies are disruptions or breaks in that pattern.
- Stuttering is characterized by repetitions (part or whole words, or phrases), prolongations of sounds or syllables, interjections (uh, okay, ya know), silent pauses, broken words, incomplete phrases, and revisions (changed words or ideas).
- We have poor understanding of what may cause stuttering, but some believe:
  - Genetics, inherited stuttering or a predisposition to stutter
  - Processing language in the “wrong” hemisphere (right, not left)
  - Nervous system that does not support control of the speech mechanism
  - Defects within the auditory system, delays or other problems
  - Environmental theories (avoidance, tension, anxiety, etc.)
- Research suggests a connection: a stuttered event occurs, leads to shame/guilt, leads to fear and avoidance. Fear and avoidance worsen a future stuttered event, worsening shame/guilt, and the cycle continues.

### **How do we evaluate stuttering?**

- Evaluation for Stuttering
  - Case History: relevant family, medical, therapy, and stuttering information
  - Speech Sampling- stuttered syllables are tallied and compared to total number of syllables during both reading and spontaneous speech samples to obtain percent of stuttered syllables
    - Five percent (5%) or greater is usually considered a fluency disorder
  - Clinicians will also take note of types of dysfluencies observed, average length of longest dysfluencies, and any associated motor/behavioral observations (eye blinking, jaw movements, etc.)
  - Rate of speech, articulation, and oral-motor abilities also assessed
  - Questionnaires exist to explore the client’s feelings, attitudes, reactions, and behaviors toward their speech

### **How do we treat stuttering?**

- Long and short term goals and objectives are designed and specifically based on the patient’s stuttering behaviors and their personal goals
- Fluency enhancement techniques include using full breath, easy onset, light articulatory contact and pacing strategies to decrease tension and maximize control
- Some stuttering modification techniques include:
  - Cancellations- *after* an uncontrolled moment of stuttering, the client will repeat the word in a slow and well-controlled manner
  - Pull-outs- *during* an uncontrolled moment of stuttering, the client will to stretch the sound or syllable being stuttered until control is regained

- Preparatory sets- *before* an anticipated moment of stuttering, the client will ease slowly into the word they may stutter on to maximize control
- Voluntary stuttering- intentional stuttering to feel full control, and in turn decrease associated anxiety and embarrassment

References:

- 1- Assessment in Speech-Language Pathology, A Resource Manual, 3<sup>rd</sup> Edition (Kenneth G. Shipley, Julie G. McAfee- 2004)
- 2- Easy Stuttering: Avoidance-Reduction Therapy (Vivian Sheehan, Pamela Shanks, Stephen Mereu- 2005)
- 3- [www.stutteringresearch.com](http://www.stutteringresearch.com)