TEENAGER WHO STUTTERS: A CASE STUDY BASED ON THE ICF MODEL

Author: Anna Mamica SLP (private practice Krakow)
amamica-logoped.pl
OVERVIEW

1. Client profile
2. Assessment & conclusion
3. Treatment plan
4. Treatment (16 weeks)
1. Client profile

- Stuttering since age of 3
- Full family; two brothers (20, 11), loving parents
- No stuttering in family history
- Very intelligent and one of the best pupil at school
- Footballer
- Fast rate of speech
- Talker & fighter
- Previous therapies

- Speech therapy in kindergarten (1 year, group therapy 3-6 children).

- Parents did not participate in therapy.

- Matti did not continue therapy at the beginning of primary school.

- In the 4th grade in primary school - therapy at a psychological and pedagogical counseling center.

- He stopped the therapy himself after a year. He did not like the therapist and her working methods (a lot of home fluency exercises).
2. Assessment

SSI-4 - Riley, (2009)

OASES (13-17 age) - Yaruss & Quesal, (2004)

Palin Parent Rating Scales - Millard, online; Edwards, Cook (2009)

1. SSI-4 - the moderate severity of stuttering

2. OASES - The assessment of the effect of stuttering on life is moderate.

3. Palin Parent Rating Scales –
   - poor knowledge of stuttering and confidence in managing it
   - high level of the severity of stuttering and the impact of stuttering on the parent
   - high level of the impact of stuttering on the child
Client’s perspective
• he loves his parents very much and respects them for their professional success
• the parental acceptance
• respect – father for his knowledge and broad horizons, mother for her wisdom and tenderness
• hates comparing with his older brother

• sport is his passion - likes to be the best
• he stutters at school the most, he has the pressure to talk constantly, he is frustrated, hates school; he is one of the best pupils
• he would like to develop his passions, learn languages, history, travel to historical places
• Stuttering = disturb social contacts, fear of oral answers, physical & body tension

Parent’s perspective –
• he is intelligent, ambitious, perfectionist, mentally strong, malicious, bad listener (interrupts, enters the word)
• attention to education, grades- v. high attitude
• there are professions not available to stutterers
• they expect an increase of fluency

4. Assessment: interview, questionnaire
ICF model applied to stuttering - Seth E. Tichenor, J. Scott Yaruss (2019)

Etiology

Underlying genetic & neurological differences

Impairments in body function or structure (physiological & psychological functions)
Differences in linguistic, motoric, temperament & other processes

Primary symptoms (direct result of using an impaired symptoms)
Sensation of being stuck, losing control, feeling to unable to continue speaking

Impairments in body function or structure (physiological & psychological functions)
Differences in linguistic, motoric, temperament & other processes

The experience of stuttering

Personal factors
(responses to perceptions & experiences)

Affective reactions
Feelings, emotions (fear, shame, anxiety etc)

Behavioral reactions
Overt & covert (speech disfluencies, tension, aviodance)

Cognitive reactions
Thoughts, self-confidence, self-stigma, self-esteem acceptance

Activity limitations and participation restrictions
(performance and capacity in various life areas)

Speaking
Discussing
Forming relationships
Participating

Impact of education, work, community, social, civic life

Environmental factors
(external on functioning)
Reactions and attitudes of listeners, others; stigma, influence of speaking situations and real-world experience
**Observable symptoms**

**PRIMARY SYMPTOM**
- prolongations sounds and syllables at the beginning of a word
- longer prolongations especially vowels
- raised voice

**SECONDARY SYMPTOMS:**
- hand movement, excessive gestures
- increase the volume of speech
- blinking eyes
- head turn with right neck tension
- mouth tension
- loosing eye contact
PERSONAL FACTORS

AFFECTIVE

BEHAVIORAL

COGNITIVE

A:
- Anger
- Helplessness
- Frustration
- School fears

B:
- Avoiding words, communication situations,
- Physical tension
- Sense of constant struggle/ fight everywhere
- School fatigue

C:
- "I'm worse"
- "They will reject me because I stutter"
- He doesn’t speak to class although he knows the answer even he is prepared
- He won't come to a person he doesn't know although he wants
- He won't call a person he doesn't know well
- He finds it harder to talk to girls
 ENVIRONMENTAL FACTORS:

- Compared with older brother
- Very high parental attitude; regarding learning outcomes (not verbalized directly);
- Father has a great impact on achieving a high social position through education; ridiculed several times of stt. in past
- Teachers - usually supportive, but (1) told his mother that Matti could afford more (than 5.0 - very good)
- School-friends - accepting, appreciating;
  - new ones who don't know him sometimes say: "stop stuttering" or "why do you speak so weirdly?"
3. Treatment plan (by ICF)

goals focusing on general attitude

goals focusing on communication & social behavior

goals focusing on covert stuttering behavior

**client**

1. **nearest goals:**
   - Learning about speech system, speech production, his body reactions; his stuttering, famous PWS
   - Improving interpersonal skills
   - A cognitive reconstruction – a fresh look
   - Self-confidence, self-estimeee, acceptance, perfectionism (?)

**client’s environment:**

1. Learning about stuttering in family and at school
2. Talking in turn in the family, being a good speaker & listener
3. The factors supporting stuttering
4. Educational attitude
5. Free time
Treatment plan -
goals focusing on overt stuttering behavior

- client

2. long-term goals
- Self-reflection, finding time during the day just for himself with elements of relaxation and calmness
- Revision of controlling and fighting attitude
- Ability to talk about stuttering in a positive way at school, in social situations
- Control of stuttering by desensitization
- Stuttering modification strategies (e.g.)
  - Catching the stutter
  - Slide
  - Easy stuttering
  - In-block corrections (pull-out)
  - Post-block corrections (cancellation)
4. Treatment
- 16 weeks

SMART TREATMENT GOALS (Schut & Stam, 1994)

Specific Measurable Attainable / Ambitious Relevant Time-bound

Goals = **S.M.A.R.T.** method

- Knowledge = movies, articles, talks, talks, talks, talks
- Slowing down the rate of speech - recording
- Reduction of tension by yoga and mindfulness techniques
- Desensitization - voice games, jokes, acting roles
- Techniques and practice them in the client's environment (based on an interview and OASES questionnaire): soft start, in-block corrections (pull-out), post-block corrections (cancellation)
Summary of intervention - results

Client – 16 meetings

- He tries not to interrupt and be a good interlocutor
- He tries to speak more slowly, without tension
- He made oral statements in class several times
- He began talking to his brother in a different way
- He did shopping several times (6)
- He made an appointment with his friends to Mac Donalds
- The head and neck tension symptoms have disappeared
- He looks calmer
- He is not ready to speak openly about stuttering with his father
- Tried to talk about to mother about his profile of education & spending holiday

Parents – 4 meetings

- They know much more about stuttering, Matti speech and his ABC = personal factors
- They received information on how to care for relationships, confidence
- They received information about what their son hated and about his preferences


7. OASES (13-17 age) -Overall Assessment of the Speaker’s Experience – 2004, Yaruss, Quesal