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Speech Pathology Australia

Position Statement

Stuttering Management

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1. Background

This position statement has been developed to inform parents, clients, educators, speech pathologists and government of the role of speech pathologists in the assessment and treatment of stuttering and the position of Speech Pathology Australia regarding stuttering management.

This position statement has been informed by the *Clinical Guideline: Stuttering Management for Speech Pathologists* (Speech Pathology Australia, 2017).

Stuttering is a relatively common disorder, for which all details about the cause are not known. It affects approximately 1% of the general population (Yairi & Ambrose, 2013) with an estimated incidence of approximately 11% in children under four years of age (Reilly, 2013). Stuttering can impact a person's life in a variety of ways (Menzies *et al*, 1999) such as reduced quality of life (Craig *et al*, 2009), reduced employment opportunities (Hurst & Cooper, 1983) and negative stereotyping by others (Klassen, 2002).

Although natural recovery occurs often, it is not possible to predict which children who begin to stutter will recover without treatment. After the pre-school years stuttering starts to become intractable to treatment and mental health problems become prevalent. Only around 10% of natural recovery occurs within 18 months after onset (Yairi & Ambrose, 2013; Reilly, 2013). Consequently, early intervention is recommended.

Stuttering research has significantly influenced approaches to assessment and treatment of stuttering. The evidence shows stuttering can be effectively treated and early intervention for stuttering management will minimise quality of life impairment caused by stuttering. Whilst stuttering becomes less tractable as children age, speech pathologists are trained to provide evidence-based treatment to people of all ages who stutter. Speech pathologists may collaborate with other health professionals, particularly clinical psychologists, for the management of co-occurring social anxiety or other mental health difficulties.

2. Definitions

The use of the term ‘stuttering’ throughout this document refers to what is sometimes termed developmental stuttering. For the purpose of this document, stuttering does not include cluttering or tic disorders, nor a range of conditions labelled as acquired stuttering. The latter term refers to “a fluency disorder of non-developmental origin” (p.42, Van Borsel, 2014). Such conditions include neurogenic stuttering arising from neurological causes, psychogenic stuttering, and drug-induced stuttering. Those conditions are beyond the scope of this position statement.

There is no single, universally accepted definition of stuttering and it is not possible to define stuttering in a way that categorically distinguishes it from normal disfluency. However, for clinical purposes, Speech Pathology Australia recommends Wingate’s definition (Wingate, 1964) to describe stuttering:

(a) Disruption in the fluency of verbal expression, which is (b) characterized by involuntary, audible or silent, repetitions or prolongations in the utterance of short speech elements, namely: sounds, syllables, and words of one syllable. These disruptions (c) usually occur frequently or are marked in character and (d) are not readily controllable. Sometimes the disruptions are (e) accompanied by accessory activities involving the speech apparatus, related or unrelated body structures, or stereotyped speech utterances. These activities give the appearance of being speech-related struggle.

Also, there are not infrequently (f) indications or report of the presence of an emotional state, ranging from a general condition of "excitement" or "tension" to more specific emotions of a negative nature such as fear, embarrassment, irritation, or the like (p. 488).

The Position of Speech Pathology Australia

The following statements articulate the position of Speech Pathology Australia regarding stuttering assessment and management and are informed by current best evidence.

1. **It is the position of Speech Pathology Australia that speech pathologists have the knowledge and skills to assess and provide intervention services to individuals who stutter.**
   Speech pathologists have knowledge of communication development and disorders across the lifespan which includes disorders of fluency and stuttering. They understand that efficient and effective communication skills enable engagement in education, employment, social interaction and community participation. Speech pathologists are trained to facilitate communication skills. Speech pathologists therefore play a critical role in the differential diagnosis of stuttering, selection and delivery of appropriate intervention programs based on a client's needs and in working collaboratively with other health professionals. These behaviours are consistent with the minimum competency levels described in the Competency Based Occupational Standards for entry into the profession of speech pathology in Australia.

2. **Speech Pathology Australia advocates early intervention for all pre-school children who stutter.**
   Speech Pathology Australia strongly advocates accessible early intervention services for all pre-school children who stutter. Research evidence indicates that early intervention provides the best chance of clinical success, the best chance to prevent negative life impacts and consequences of chronic stuttering and appears to be the most economical use of resources to treat the disorder.

   Speech Pathology Australia advocates use of evidence-based practice in the selection of assessment and intervention programs.

3. **Assessment and treatment of stuttering across the lifespan should be based on the best available evidence and considered in the context of the client's goals, functioning and well-being.**
   Speech Pathology Australia advocates the use of evidenced based assessment and treatment. Evidence based and effective treatment options are available for preschool children, school aged children, adolescents and adults. Speech pathologists at all times should select assessment and treatment programs based on individual needs and the best available evidence.

4. **Speech Pathology Australia recognises that speech pathologists should work collaboratively with clients and other professionals as appropriate in the provision of stuttering assessment and intervention services.**
   Speech pathologists should consider stuttering from a holistic perspective and ensure they work collaboratively with the client and other health professionals. Stuttering may impact an individual's social, educational and vocational attainment, quality of life and mental health. Speech pathologists should screen for speech related anxiety as appropriate and refer to other health professionals such as clinical psychologists as needed.

5. **Speech Pathology Australia does not recommend machine-aided treatments.**
   Speech Pathology Australia advocates the use of evidenced based interventions. Current evidence for portable machine–aided treatments such as the Speech Easy device is poor and as such there are no machine-aided treatments which can be recommended at this time.

6. **Speech Pathology Australia does not recommend pharmacological treatments.**
   Speech Pathology Australia advocates the use of intervention techniques that are evidenced based. There is no evidence of clinically meaningful treatment effects from pharmacological treatments for stuttering (Boethe *et al,* 2006; Boyd *et al,* 2011). However, it is recognised that a person who stutters may be prescribed medication for co-occurring conditions such as a mental health disorder.

Conclusion

Speech pathologists play a critical role in the management of stuttering. Stuttering is a relatively common disorder, particularly in the early years. If left untreated, stuttering has the potential to negatively impact quality of life.

Speech pathologists have the knowledge and skills to effectively treat stuttering using evidence-based treatments. Whilst early intervention is advocated, effective treatments are available across the lifespan. Appropriate and timely referral and collaboration with other health professionals is essential if the individual who stutters presents with co-occurring health concerns, such as anxiety or mental health problems.

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