

Comparison of Cases Presenting Late Onset Stuttering

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Introduction

- Clinicians need to diagnose developmental stuttering vs. psychogenic stuttering and know the prognostic and treatment implications of such differential diagnosis.
- Currently, there is little to no information available about psychogenic stuttering in children.
- “Psychogenic stuttering” equals “Late-onset stuttering” wherein onset is associated with prolonged stress or traumatic event(s) (Guitar, 2006).
- Late onset stuttering is generally regarded to occur after the age of 10 years of age, as 98% of stuttering cases have reported onsets before that age (Mahr & Leith, 1992).
- Mahr and Leith (1992) offered three defining criteria for diagnosis of psychogenic stuttering in adults:
 - (1) A change in speech pattern suggesting stuttering;
 - (2) A relationship to psychological factors, as evidenced by the onset of symptoms associated with emotional conflict, the apparent symbolic significance of the symptoms, and/or the presence of primary or secondary gain;
 - (3) An absence of organic etiology (p. 286)."
- However, many of the “associated symptoms” that Mahr and Leith (1992) provide (e.g., “past history of mental health problems”) are less applicable to school-age children due to their limited life experiences and history.
- Our purpose is to compare the only two cases of late onset stuttering encountered in the past 16 years at a university clinic, where about 6-8 new cases are seen each year. Thus, these two cases represent about 2% of all cases referred for fluency concerns.

Methods and Results

- The two cases, a male and a female, were selected on the basis of being the only individuals of a similar age (11-12 years old) whose parents reported a late onset of stuttering (9-11 years old).
- A clinical retrospective design was used to evaluate diagnostic and observation data from case files in order to find commonalities and differences between the cases. Results indicate similar characteristics between Case 1 and Case 2.
- Profiles of each case are presented in Table 1.
- Follow-up contacts, phone and face-to-face, allowed us to gain “triangulation” of current fluency status and treatment (Schiavetti, Metz & Orlikoff, 2011). The responses from three prompts are presented in Table 2.

Table 1:

	Case 1: Age 12 at Dx; Tx sessions = 19	Case 2: Age 11 at Dx; Tx sessions = 22 to date
Gender	➤ Female	➤ Male
Medical History	➤ Jaundice at birth ➤ Also: Chicken Pox; Earaches ➤ Lyme's disease at age 4 ➤ Lactose intolerant	➤ Jaundice at birth ➤ Also: In vitro insemination; Premature birth; Head injury at 15 months of age; normal CAT scan ➤ Adverse reaction to MMR resulting in high fever and rash ➤ Two surgeries (9 months old to remove bony cyst; 10 years old appendectomy) ➤ Swallowing difficulties; Oral-pharyngeal hypersensitivity
Family History	➤ No known history of stuttering or other speech-language disorders	➤ Mom stuttered for about six months in 9 th grade; unassisted recovery; has been a fluent speaker since
Stuttering Onset and Possible Socio-emotional Factors	➤ Began to stutter at age 11;7 ➤ Primarily sound-syllable repetitions & interjections ➤ Onset of stuttering immediately followed a traumatic event around a religious ceremony and difficulties with friends in home-school group ➤ “Busy schedule” a possible factor ➤ Upset and frustrated when speaking disfluently	➤ Began stutter at age 9;9 ➤ Primarily sound-syllable repetitions & interjections ➤ Onset of stuttering was during the time of parents' difficult separation and divorce ➤ “Stress” - a residential / school move out-of-state ➤ Upset about speaking disfluently
Temperament / Personality Traits	➤ Shy; Not eager to engage in social situations ➤ Desires attention from parents ➤ Prefers down-time to process daily information ➤ Becomes confused when working with a small group ➤ Very compliant; likes to please others	➤ Shy; Very social with familiar individuals ➤ Becomes upset easily ➤ Very intelligent and challenges himself at school ➤ Gets along well with both peers and adults ➤ Low self-esteem; High expectations for himself

Table 2:

	Case 1 (now a 23 yo woman)	Case 1 Mother	Case 2 (now a 13 yo boy; fluency client)	Case 2 Mother
Current fluency status?	“I don't stutter anymore and my speech is much better...to others they wouldn't even know I used to stutter.”	No recurrence of her stuttering since 12-1999. She is now “very good with talking” but also that B “does not talk a lot.”	Still stutters but most are modified. “Slow rate, easy onset and light contacts” all help	“Big difference” in greater fluency. At a school meeting, reports of his “greater confidence” in speaking
What helps or helped? What factors were involved in Tx?	“In therapy we did a lot of crafts and talked about them. We played word games which helped me use my speech at a slower rate. We had a very relaxed environment and used techniques of talking slowly. When I would stumble on words, I would go back and use my slowing technique.”	At that time she had a “low perception of herself,” and by now she is “more confident.” At the age of 12, she was “not as interested in boys” as her peers – a possible factor mixed in with her low self-esteem at the time.	“Therapy definitely helps... When I've been off the therapy my speech isn't as good.” “It is better when focusing on using the techniques.”	“Always been very nervous– he now seems happier and less anxious;” “...used to be more selective with friends & now he's comfortable with a variety of friends”; Sub-therapeutic dose (10 mg) of Fluoxetine (Prozac™); antidepressant; SSRI) initiated 6 mos ago by his pediatrician – reported to help decrease overall anxiety; Mother is unsure of effect on fluency.

Discussion

- Roth, Aronson & Davis (1989) found that for almost all of their 12 adult psychogenic stuttering cases, “the onset of stuttering was associated with emotional stress, sometimes situationally acute (p.643).” The two cases presented here appear to follow suit.
- We provide here clinical profiles of children with late-onset stuttering to be used as a basis of comparison for differential diagnosing. Future clinical researchers could add to this database.

References:

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