

# Treatment Efficacy Summary



AMERICAN  
SPEECH-LANGUAGE  
HEARING  
ASSOCIATION

## Stuttering

Stuttering is a communication disorder characterized by disruptions in the flow of speech or disfluencies. Disfluencies can be part and whole word repetitions, prolongations of sounds, or hesitations. The frequency, duration, type, and severity of disfluencies vary greatly from person to person and from situation to situation. Approximately 2% of adults stutter and 5% of children exhibit stuttering. People who stutter are often subjected to discrimination due to public misconceptions about the disorder. Employers believe that stuttering decreases employability and interferes with promotion opportunities. School children who stutter exhibit poorer educational and social adjustment than their normally fluent peers. The speech-language pathologist diagnoses and treats people who stutter.

Clinical evidence shows that individuals who stutter can benefit from treatment provided by speech-language pathologists at any time in their life span. Treatment can be scheduled on an intensive (several hours per day for several weeks) or extended (1–2 hours per week for several months or longer) basis. Techniques that appear to have the greatest efficacy for reducing the frequency of stuttering in adults and older children include those that change the *timing* of speech (e.g.,

slowing down, stretching out sounds) or reduce physical *tension* during speaking (e.g., gentle onsets of speech movement). Comprehensive treatment approaches focus on improving the speaker's attitudes toward communication and minimizing the negative impact of stuttering on the speaker's life. Many speakers report greater benefits from comprehensive approaches than from those that focus only on changes in speech fluency.<sup>i</sup> More than 100 studies on adults who stutter concluded that significant improvement typically occurs as a result of treatment in 60 to 80% of cases.<sup>ii</sup> Studies of school-age children reveal an average reduction in stuttering frequency of approximately 61%.<sup>iii</sup>

According to data from ASHA's National Outcomes Measurement System (NOMS), 79% of adults who stutter showed gains of one or more levels on the Fluency Functional Communication Measure (FCM) following speech-language pathology intervention. FCMs are a series of seven-point rating scales ranging from least functional (Level 1) to most functional (Level 7) designed to measure improvement in a variety of clinical areas. Nearly one half of these individuals made multiple levels of FCM progress resulting in increased communicative competence.

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<sup>i</sup> Yaruss, J.S., Quesal, R.W., Reeves, L., Molt, L., Kluetz, B., Caruso, A.J., Lewis, F., & McClure, J.A. (2002). Speech treatment and support group experiences of people who participate in the National Stuttering Association. *Journal of Fluency Disorders*, 27, 115–135.

<sup>ii</sup> Bloodstein, O. (1987). *A handbook on stuttering* (4th ed.). Chicago, IL: National Easter Seal Society.

<sup>iii</sup> Conture, E., & Guitar, B. (1993). Evaluating efficacy of treatment of stuttering: School-age children. *Journal of Fluency Disorders*, 18, 253–287.