

Adult Stuttering



What are person-centered functional goals?

- Goals identified by the person, in partnership with the clinician that allow participation in meaningful activities and roles

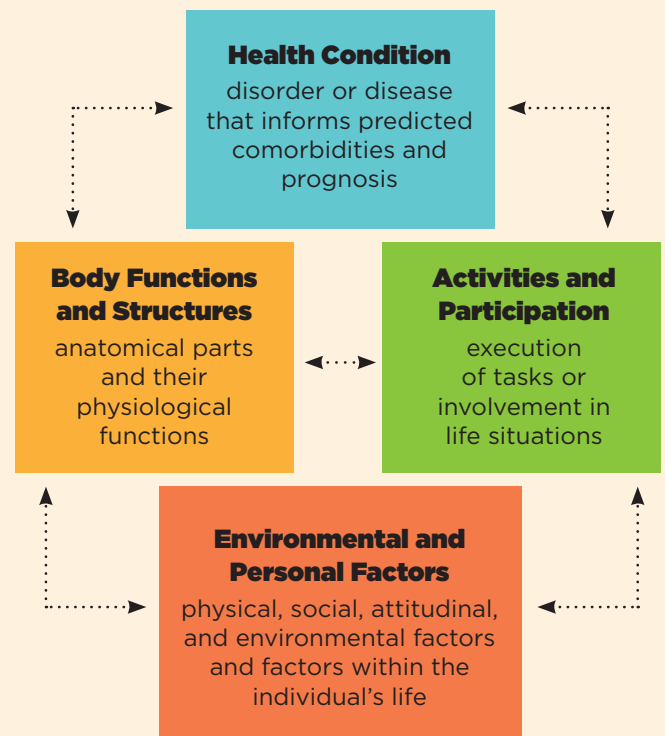
Why target person-centered functional goals?

- To maximize outcomes that lead to functional improvements that are important to the person
- To optimize the person's potential to participate in meaningful activities
- To facilitate a partnership that ensures the person has a voice in their care and outcomes.
- To demonstrate the value of skilled services to payers

What is the ICF, and how does it help?

The International Classification of Functioning, Disability and Health (ICF) was developed by the World Health Organization (WHO). It provides a framework to address a child's functioning and disability related to a health condition within the context of that person's activities and participation in everyday life.

ICF: International Classification of Functioning, Disability and Health



Person-Centered Focus on Function: Adult Stuttering

Case study: George

Health Condition: Stuttering

Assessment Data

Body Functions and Structures

SSI-4^a

- Mild stuttering according to SSI-4
 - Overall Score = 19
 - Frequency = 8 (speaking = 3% syllables stuttered, reading = 2% syllables stuttered)
 - Duration = 8 (2 seconds)
 - Physical concomitants = 3 (head movements, movement of extremities)

Client interview;^b Speech-Language Samples

- Stuttering-like disfluencies include single-syllable repetitions (e.g., my my myself), sound prolongation (e.g., mmmmy), and blocks (i.e., no sound)
- Physical tension/secondary behaviors (e.g., eye closure; head and trunk movements; jingling keys when blocking)
- Avoidance behaviors (e.g., word substitutions)

Activities and Participation

Client Interview;^b Oases-A^c

- George chose his career because he thought it would require less talking; he wanted to be a teacher.
- George has been passed over for promotion due to speaking abilities.
- George refrains from speaking in work-related meetings, reading aloud in Bible study, ordering at restaurants, and speaking on the phone.
- OASES-A Impact Rating = 3.80 (Severe)

Environmental and Personal Factors

Environmental Factors (Client Interview^b)

- Spouse is very supportive and understanding
- George received unsuccessful speech therapy in elementary school

Personal Factors (Oases-A;^c Speech-Language Samples; Client Interview^b)

- Age: 34
- Monolingual English speaker
- Onset of stuttering in childhood
- Works as a software engineer
- No family history of stuttering
- No co-existing speech-language disorders
- Reports feelings of exhaustion, isolation, frustration, and concern that his children will stutter

Clinical Reasoning

What impairments most affect function in this setting, based on clinician assessment and individual/family report?

What activities are most important to the individual in the current setting?

What environmental/ personal characteristics help or hinder participation in activities or situations in the current setting?

Goal Setting

George's Functional Goals

Long-Term Goal

George will identify feared speaking situations, develop an action plan, and implement a strategy to reduce avoidance.

Short-Term Goals

- George will tell five different listeners that he is a person who stutters.
- George will reduce target avoidance behavior to a self-rating of 2 on a 5-point scale (1 = never, 2 = rarely, 3 = sometimes, 4 = a lot, 5 = always) across three consecutive sessions.
- George will enter into one feared speaking situation each week for 5 consecutive weeks.

Long-Term Goal

George will reduce physical tension related to stuttering moments in a variety of speaking situations and environments.

Short-Term Goals

- George will identify physical tension/secondary behavior in 80% of stuttering moments across three sessions.
- George will reduce physical tension (e.g., cancellation) in 80% of stuttering moments across three sessions.
- George will reduce physical tension during a stuttering moment in five different speaking environments.

^aSSI-4 = Stuttering Severity Instrument for Adults and Children, Fourth Edition (Riley, 2009). ^bEthnographic interviewing: Asking the right questions to the right people in the right ways (Westby, 1990). ^cOASES-A = Overall Assessment of the Speaker's Experience of Stuttering-Adult (Yaruss, & Quesal, 2010).

For clinical and documentation questions, contact healthservices@asha.org.

The interpretation of ICF and examples above are consensus based and provided as a resource for members of the American Speech-Language-Hearing Association.