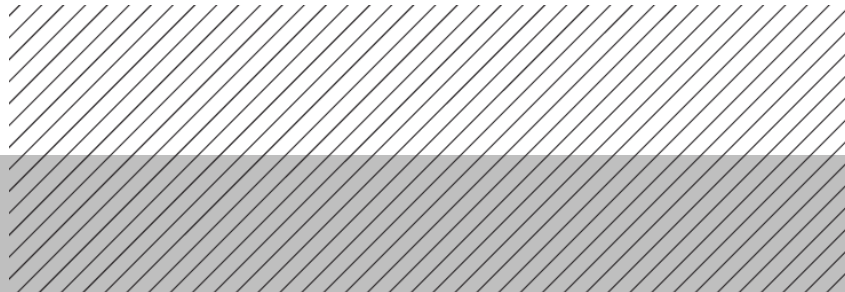


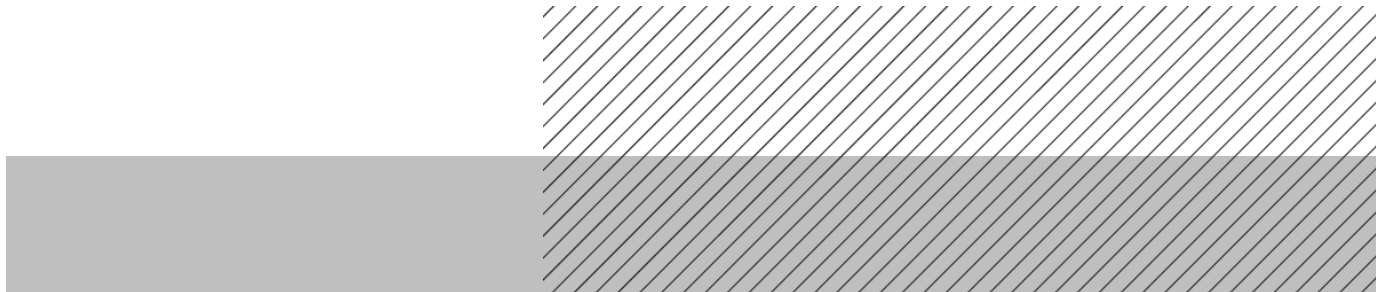
# Clinical Decision Making - Fluency

By: Lauren Bihm, Denni Hickman, Alexis King,  
Kylee Thames



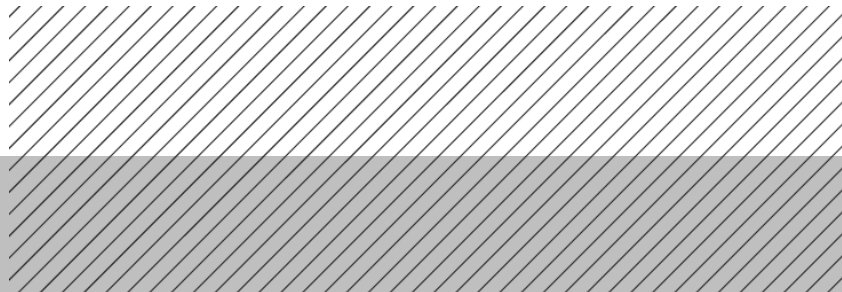
# Purpose

The purpose of this project was to apply the principles of EBP to a case study and to utilize a decision-making map to ensure evidence, clinical judgement and client needs are thoroughly considered when making clinical decisions.



# Case Study

Marcus is an 18-year-old male, moderately severe stutterer, employed as an electrician in Monroe, Louisiana. The client's brother and father stuttered until about 10 years of age. The client has participated in therapy at different times throughout his life. This therapy usually focused solely on modification of his speech. The client still demonstrates part-word repetitions, prolongations, and silent and voiced blocks. He says he is struggling to do his job effectively and would like to employ a renewed and different approach to his stuttering issue.



# Results

## **Client Need:**

Based on case history and assessment information, it was revealed that Marcus presents with a moderately severe stutter that impacts his quality of life.

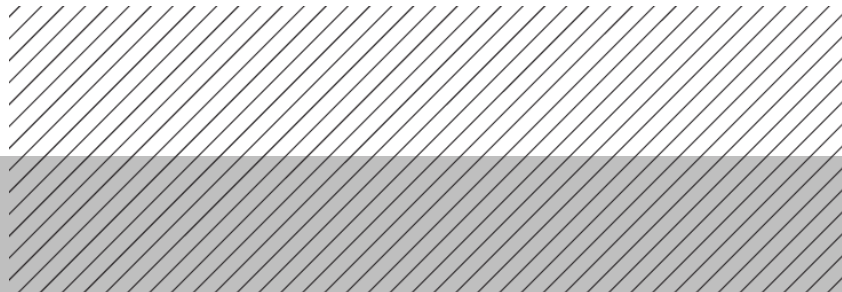
Specifically, Marcus is interested in trying other methods of therapy because his current speech modification techniques are ineffective in improving his disfluencies and affecting his work.

## **Clinical Judgement:**

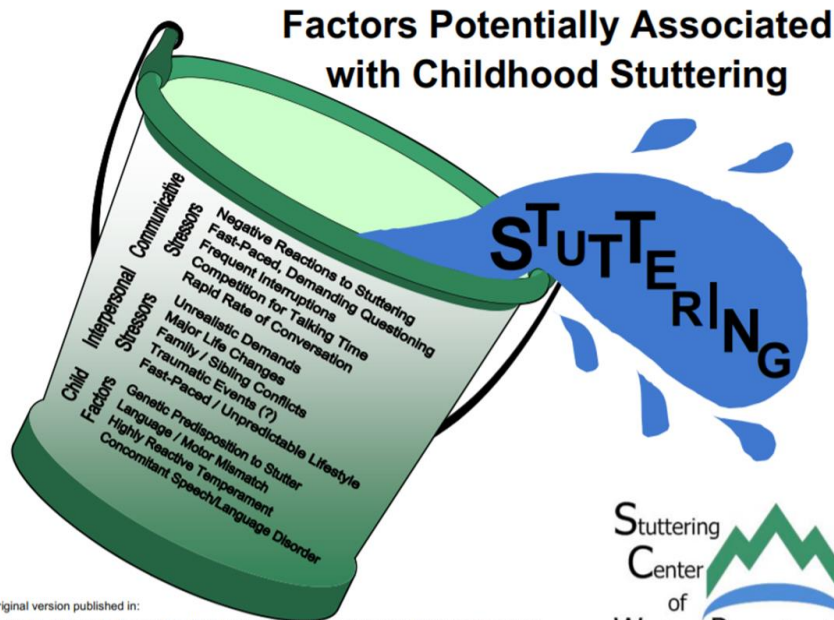
Marcus' past intervention has been solely focused on fluency-modification. This does not fully account for the multidimensional nature of stuttering disorder. According to Yairi and Seery (2015), there are six major dimensions that contribute to a complete stuttering disorder. These dimensions include overt speech characteristics, physical concomitants, physiological activity, affective features, cognitive processes, and social dynamics. Therefore, a combined approach that focuses on the modification of stuttering and the emotional reactions (psychological/cognitive aspects) to stuttering should be utilized to address the complex nature of Marcus' stuttering disorder.

## **Research:**

1. Fluency Focused Therapies  
Fluency Shaping
2. Psychological  
Desensitization  
Psychotherapy



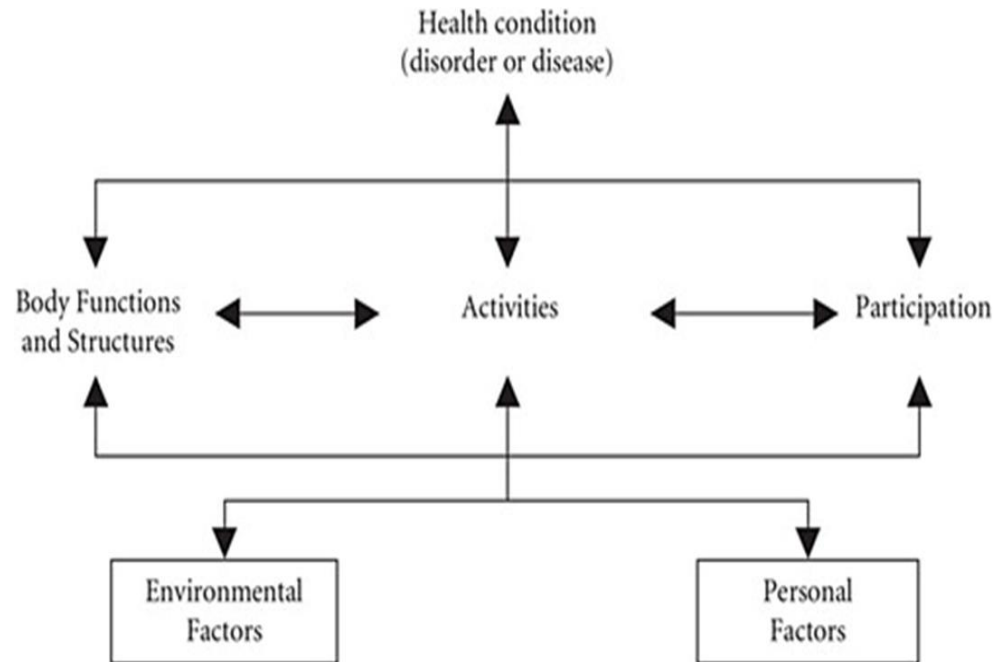
# Theoretical Considerations



Original version published in:  
 Yaruss, J.S., Coleman, C., & Hammer, D. (2006). Treating preschool children who stutter: Description and preliminary evaluation of a family-focused treatment approach. *Language, Speech, and Hearing Services in Schools*, 37, 118-136.  
 Revised March, 2009. Copyright © 2009. All Rights Reserved. The Stuttering Center of Western Pennsylvania.

Stuttering  
 Center  
 of  
 Western Pennsylvania

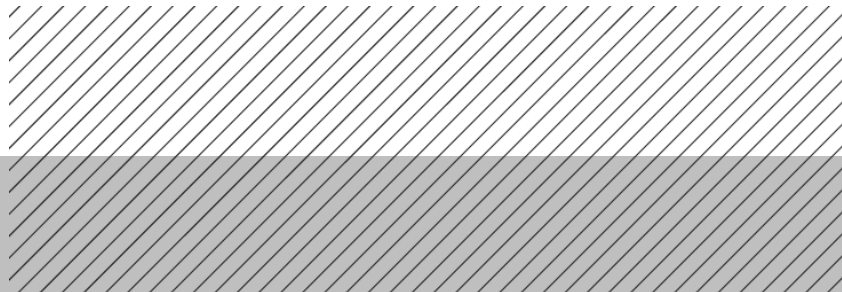
A partnership between the Department of Audiology and  
 Speech/Language Pathology at Children's Hospital of  
 Pittsburgh of UPMC and the Department of Communication  
 Science and Disorders at the University of Pittsburgh



# Results

## Recommendation for Treatment:

- It is recommended that Marcus receives speech therapy services due to the severity and impact his stutter has on his quality.
- The implementation of a combined fluency approach is recommended for therapy because of the multidimensional nature of stuttering.
- Therapy should include addressing the ineffectiveness of his current fluency modification strategies, implementing psychological approaches/techniques such as emotional adjustment through desensitization and psychotherapy. Also, Marcus should be involved in group therapy and assertiveness training to enhance learning and connect with others impacted by stuttering.



# Literature Cited

Amster, B.J., & Klein, E.R. (2018). More Than Fluency: The Social, Emotional, and Cognitive Dimensions of Stuttering. Retrieved from: <http://web.a.ebscohost.com/ehost/detail/detail?vid=0&sid=bf95eaf9-323f-45df-8af5-99e627a34d37%40sessionmgr4008&bdata=JnNpdGU9ZWWhvc3QtbGl2ZQ%3d%3d#AN=1989167&db=e000xna>

Blake, H., & McLeod, S. (2018). *The International Classification of Functioning, Disability and Health: Considering Individuals From a Perspective of Health and Wellness*. Retrieved from: <https://pubs.asha.org/doi/10.1044/persp3.SIG17.69>

Blomgren, M. (2010). Stuttering Treatment for Adults: An Update on Contemporary Approaches. 31(4): 272-282. Retrieved from: <https://www.thieme-connect.com/products/ejournals/html/10.1055/s-0030-1265760?update=true>

Boyle, M.P., (2015). Relationships Between Psychosocial Factors and Quality of Life for Adults Who Stutter. 1-12 Retrieved from: [https://pubs.asha.org/doi/10.1044/2014\\_AJSLP-14-0089](https://pubs.asha.org/doi/10.1044/2014_AJSLP-14-0089)

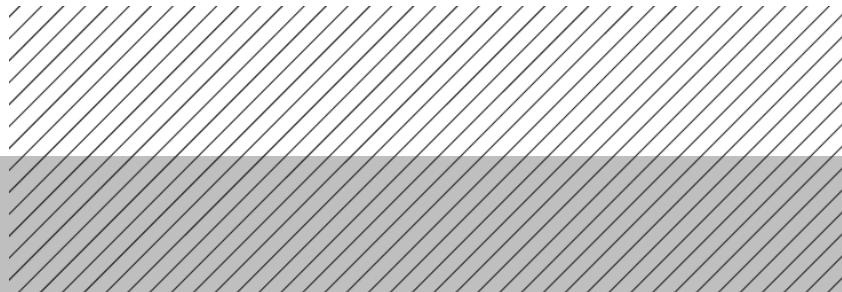
Byrd, C.T., (2016). The Client's Perspective on Voluntary Stuttering. P. 290-305. Retrieved from: [https://pubs.asha.org/doi/10.1044/2016\\_AJSLP-15-0018](https://pubs.asha.org/doi/10.1044/2016_AJSLP-15-0018)

Ehud H. Yairi; Carol H. Seery. (2015). *Stuttering: Foundations and Clinical Applications*. Pearson Education, Inc.

Reddy, R.P., Sharma, M.P., Shivashankar, N. (2010). Cognitive Behavior Therapy for Stuttering: A Case Series. Retrieved from: <https://eds.b.ebscohost.com/eds/pdfviewer/pdfviewer?vid=13&sid=90605fc1-1b52-49c9-bd22-2ab6282a386e%40pdc-v-sessmgr04>

Reeves, Lee. (2007). *Are Self-Help/Mutual Aid Groups and Professional Intervention Mutually Exclusive Concepts for Helping Those Affected by Stuttering?* 4-8. Retrieved from: <https://pubs.asha.org/doi/10.1044/ffd17.1.4>

Trichon, M. (2007). *Getting the Maximum Benefits From Support Groups: Perspectives of Members and Group Leaders*. 10-13. Retrieved from: <https://pubs.asha.org/doi/10.1044/ffd17.1.10>





An aerial photograph of a university campus at sunset. A large body of water in the foreground reflects the sky and the campus buildings. A bridge crosses the water. In the background, there are several buildings, including a large dome-shaped structure, and a line of trees. The sky is filled with clouds, and the sun is low on the horizon, creating a warm, golden glow.

**Acknowledgments: Amanda Elias, M.A., CCC-SLP**

