

Speech-Language Services for Individuals Who Stutter: Consideration of Anxiety

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Stuttering is a speech disorder which affects the capacity to communicate effectively. The incidence is estimated at approximately 4 - 5%, with a 1% prevalence rate and there is a male to female ratio of 4:1 for the disorder in adulthood [1,2]. The onset of stuttering typically occurs between 2 to 5 years of age when children are developing speech and language skills [3]. Traditionally, speech-language-pathologists have been diagnosing stuttering based on two principal components: core behaviors and secondary behaviors during speech performance. The core behaviors consist of blocks (sound/airflow/articulators are stopped), prolongations (sound or air flow continues, but articulators are stopped), and repetitions (a sound or part-word is repeated) [4]. Secondary behaviors are strategies that an individual use in trying to avoid a moment of stuttering. Examples of the secondary behaviors are muscle tensing, excessive eye blinking, and facial muscle twitching. Recently, the speech-language-pathology field has focused on the third component of stuttering, which involves the thoughts, attitudes, and anxieties associated with stuttering when assessing and treating individuals who stutter.

Addressing anxiety and producing fluent speech performance have become the common goals for speech-language pathologists when treating people who stutter. Hence, understanding the cognitions, beliefs, and anxiety experienced by adults who stutter have become the standard when evaluating these patients. Several anxiety inventories have been developed to assess patient's anxiety level towards communication. Examples of these tools are the Leibowitz Social Anxiety Scale (LSAS), Unhelpful Thoughts and Beliefs about Stuttering scale (UTBAS), Erickson S-24 [5-7]. The UTBAS could be used to assess the presence of a large number of negative thoughts, beliefs, and anxiety across different situations in which people who stutter may encounter, which can be used to inform clinical management [7,8].

Anxiety has been recognized as a significant concomitant of stuttering [9,10]. For individuals with stuttering, the existence of speech-associated negative emotion and anxiety is often the reason why they seek for speech therapy. There are several reasons that stuttering may be associated with high social anxiety, which could result in negative consequences across the lifespan. For instance, children with stuttering have reported to experience bullying, teasing, and exclusion from their peers [11]. This negative experience continues to school age when children become more involved in social interaction situations. Evidence has shown that children and adolescent who stutter frequently experience social isolation and peer bullying [12]. These negative experiences result in shame, low self-esteem, and social anxiety [13]. Adults who stutter have reported that stuttering has significantly impacted their social and emotional functioning [14]. These negative social experiences give rise to the development of anxiety and affect the quality of life of those who stutter [15].

Knowing that people who stutter carry negative thoughts, beliefs, and anxiety across different social situations, speech therapy program for individuals who stutter should include identifying the difficult social situations faced by patients and the impact of stuttering on quality of life. Hence, collaboration among speech-language-pathologists, teachers, social workers, family members, and psychologists are crucial to provide comprehensive assessment and treatment programs to people who stutter.

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