

## **Concepts, Goals, and Procedures for Recovering Fluid Speech During Moments of Stuttering**

### **Concepts**

1. Stuttering moments are aberrant variations in normal speech movements that inhibit the ability to coordinate forward sequence of sound and air.
2. Ineffective recovery from stuttering is characterized by speeding, tensing, pushing, and repeating disrupted speech movements (the “stuttered word”) in rushed attempts to suppress the stuttering moment or to finish the word or phrase.
3. Stuttering feels as though speech is virtually out of control and endless. That is, the stutter is an entity with a life of its own. Stuttering promotes a feeling of helplessness, fear, and anticipation of not being able to talk and the embarrassment of stuttering itself.
4. The natural reaction to a moment of stuttering is to physically fight or avoid the stutter altogether in order to avoid feeling out of control and to continue talking.
5. Uncontrolled recovery from stuttering is motivated by a strong drive to “suppress” the stuttering moment in a manner that further block of fluid movement of sound and air.
6. Time pressure, anxiety, fear, and perceived negative reactions (from speaker or listener) exacerbates stuttering and prohibits effective recovery.
7. Stuttered speech movements are characterized by:
  - a. Rapid, abrupt movements, especially at points of transition between onset and offset of speech.
  - b. Tensing in speech and respiratory muscles associated with stopping and restarting (recoiling) or forward pushing (blasting) behavior. This behavior can generalize to nonspeech muscles as well.
  - c. Attempts to fight or suppress the stutter are characterized by “bracing” of the abdominal, chest, and vocal cord muscles prior to and during stuttering moments (abdomen and chest muscles locked and the vocal cords closed).
  - d. End of stuttering moments are often rapid, abrupt, and forceful. This disrupts fluid transition into the rest of the utterance. That is, rapid and forceful attempts to end one stutter can trigger another.

### **Goals of Recovery of Fluid Speech**

1. Increase the clients “feeling of being in charge” of speech and ability to recover fluid speech effectively rather than end the stutter quickly.
2. Increase the client’s willingness and ability to freely move into, experience, and “feel” stuttering moments without avoidance behaviors.
3. Increase the client’s confidence and ability to attend to and alter the speed, tensing, pushing, and forward transitions of speech movements during moments of stuttering.
4. Increase the client’s confidence and ability to gradually reduce the speed, tensing, and pushing of speech movements during stuttering while making gradual forward transitions back into fluid speech. This includes maintaining fluid speech well after the “end” of the perceived stuttering moment.

## General Procedures

The following specific procedures and sequence for teaching a client to recover fluid talking might vary from one client to the next based on their own stuttering pattern and perceptions. Regardless, it is important that prior to learning to recover fluid speech, the client become familiar with the ability to attend to (feel) and maintain fluid speech (baseline). The client is learning to move from uncoordinated speech, back to baseline talking, so without this reference, the client will continue to perceive rapidly ending the stutter as success. It is often helpful to teach recovery strategies during pseudo stuttering before attempting to recover from actual stuttering moments. Once the principles of recovery of fluid speech have been accomplished with relative success, the clinician introduced progressively more linguistically (length and complexity of the utterance), cognitively (the degree of information being conveyed) and social/emotional (degree of social interactions and emotional arousal) demand.

1. Approach and desensitize the client to moments of stuttering
  - a. Have the client move smoothly into and “feel” what they are doing during moments of stuttering without attempting to finish the word. All avoidance behaviors are omitted. The client voluntarily maintains the stuttering pattern well past the trigger point (perception that the word will come out). The clinician signals the client when to stop stuttering without finishing the word.
2. Learning to be in charge
  - a. The clinician guides the client into a stuttering moment (pseudo or real) without any form of avoidance behaviors.
  - b. The clinician signals the client, verbally and with gestures, to maintain the stuttered behavior past the trigger point without trying to finish the word or end the stutter.
  - c. The clinician signals the client (verbally and gestures) to vary the speed, tensing, and pushing of speech movement in a variety of ways without trying to finish the word. Simultaneously, the clinician provides feedback about the client’s ability to “stay in charge of what he’s doing” rather than rapidly trying to end the stutter. The clinician has the client make multiple changes in speech, demonstrating their ability to shape speech during stuttering in many different ways.
3. Recovering fluid speech beyond the stutter
  - a. The client enters a stuttering moment freely and openly as in steps 1 and 2.
  - b. The clinician guides the client in gradually slowing the stuttered movement while simultaneously reducing tensing and pushing. The clinician then guides the client in attending to and making a slow, gradual movement transitions forward until continuous, fluid speech is being produced. The client maintains attending to and producing fluid speech well after the stuttering moment has passed, gradually increasing movement pace.
  - c. The client maintains a pace necessary to maintain attending and fluid speech.
4. Transfer and Maintenance: The clinician guides the client in accomplishing steps 1-3 in a hierarchy of emotional, cognitive, and linguistic demand