



<b>Department:</b>	Rehabilitation Centre		
<b>Document:</b>	Departmental Policy and Procedure		
<b>Title:</b>	Speech Protocol for Stuttering		
<b>Applies To:</b>	All Speech and Language Pathologist Staff		
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## 1. PURPOSE:

- 1.1 Improving speech fluency for the patient.
- 1.2 Enhancement self-confidence.
- 1.3 Improvement quality of life (home, school, community).
- 1.4 More positive identity and congruence.

## 2. DEFINITIONS :

- 2.1 Stuttering: is an interruption in the flow of speaking characterized by specific types of disfluencies
- 2.2 Types
  - 2.2.1 Developmental stuttering: is the most common type of stuttering, occurs while the child is still learning speech and language skills.
  - 2.2.2 Acquired stuttering: it's caused by stroke or head trauma or any other type of brain injury
  - 2.2.3 Stuttering including some characteristics:
    - 2.2.3.1 Repetitions
    - 2.2.3.2 Prolongations
    - 2.2.3.3 Blocks
- 2.3 SLP: Speech and language pathologist

## 3. POLICY:

- 3.1 Patient should have a referral from the SLP, psychiatrist, rehab doctor or neurologist
- 3.2 The SLP initially assesses the condition and considers these factors.
  - 3.2.1 Medical History
  - 3.2.2 Family History
  - 3.2.3 Behaviour Analysis
  - 3.2.4 Evaluation Of Language Abilities
  - 3.2.5 Description of disfluency and rating of severity.
  - 3.2.6 Age of onset of disfluency and patterns of disfluency since onset (e.g., continuous or variable)
- 3.3 In the case that a patient in PICU or in NICU needs Speech and language pathologist services, a consultation is requested from the rehabilitation doctor and speech pathologist to evaluate the case and create a therapeutic program.
- 3.4 Screening is conducted whenever a fluency disorder is suspected or as part of a comprehensive speech and language assessment. The purpose of the screening is to identify individuals who require further speech-language evaluation.
- 3.5 SLP apply the plan of treatment and sessions according severity of the case.

## 4. PROCEDURE:

- 4.1 In the first visit:
  - 4.1.1 Consultation with family members, educators, and other professionals regarding fluency variability (when disfluencies are noticed most and least) and the impact of disfluency).

- 4.1.2 Real-time analysis or analysis based on an audio-visual recorded speech sample demonstrating representative disfluencies beyond the clinic setting.
- 4.1.3 Review of previous fluency evaluations and educational records.
- 4.1.4 Assessment of speech fluency (e.g., frequency, type, and duration of disfluencies), speech rate, speech intelligibility, and the presence of secondary behaviours in a variety of speaking tasks (e.g., conversational and narrative contexts).
- 4.2 Management:
  - 4.2.1 Indirect treatment
    - 4.2.1.1 Focuses on counselling families about how to make changes in their own speech and how to make changes in their child's environment. These modifications are used to facilitate speech fluency and may include:
      - 4.2.1.1.1 Reducing the communication rate
      - 4.2.1.1.2 Sing indirect prompts rather than direct questions
      - 4.2.1.1.3 Recasting/rephrasing to model fluent speech or techniques, and resilience building within the child and family.
  - 4.2.2 Direct treatment
    - 4.2.2.1 Focuses on changing the child's speech, attitudes, and beliefs in order to manage stuttering or facilitate fluency. Direct treatment approaches may include speech modification (e.g., reduced rate of speech, prolonged syllables) and stuttering modification strategies (e.g., modifying a stuttered word, "pulling out" of a stuttered word) to reduce disfluency rate, physical tension, and secondary behaviours.
    - 4.2.2.2 Direct treatment approaches can also target resilience and effort control in the child and family.
- 4.3 Discharge Planning:
  - 4.3.1 Any patient after 3 months of treatment is re-evaluated by the therapist to see if the planned goal has been reached or not.
  - 4.3.2 If the patient exceeds 2 months of treatment or more without any noticeable improvement, a consultation is requested from the rehabilitation doctor to take an opinion based on the rehabilitation program. Either the patient is discharged to complete the treatment at home or he is transferred to a higher rehabilitation center for intensive treatment.
  - 4.3.3 If the patient's condition improves during the 2-month treatment period, during which the treatment method is changed according to the patient's need and the treatment period is extended according to the vision of the therapist and upon achieving the desired goal, the patient is discharged.
  - 4.3.4 Any patient who reaches the treatment goals set by the therapist is re-evaluated and discharged.
  - 4.3.5 Patients who were recently discharged from rehabilitation after two months of treatment and became the utmost goal of treatment is to maintenance only will not be accepted in the Rehabilitation Department.

## 5. MATERIALS AND EQUIPMENT:

- 5.1 Multi-speech.
- 5.2 Speech sample.
- 5.3 Reading task.
- 5.4 Mirror.

## 6. RESPONSIBILITIES:

- 6.1 Speech and language pathologist

## 7. APPENDICES:

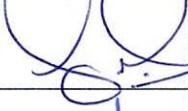
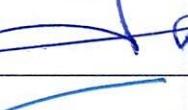
- 7.1 Referral form

- 7.2 Stuttering Assessment form
- 7.3 Follow up note
- 7.4 Discharge form
- 7.5 Home programming form

#### 8. REFERENCES:

- 8.1 American Speech-Language-Hearing Association (ASHA)

#### 9. APPROVALS:

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