

Decrease in stuttering severity resulting from intensive stationary group treatment

Darinka Soster¹, Jelena Tadic¹, Nada Dobrota Davidovic^{1,2},
darinkasoster@gmail.com logotif.logotif@gmail.com ndobrota@beatel.net

¹ Institute for Psychophysiological Disorders and Speech Pathology, "Prof. Dr. Cvetko Brajović", Serbia
² Faculty for Special Education and Rehabilitation, Belgrade University, Serbia

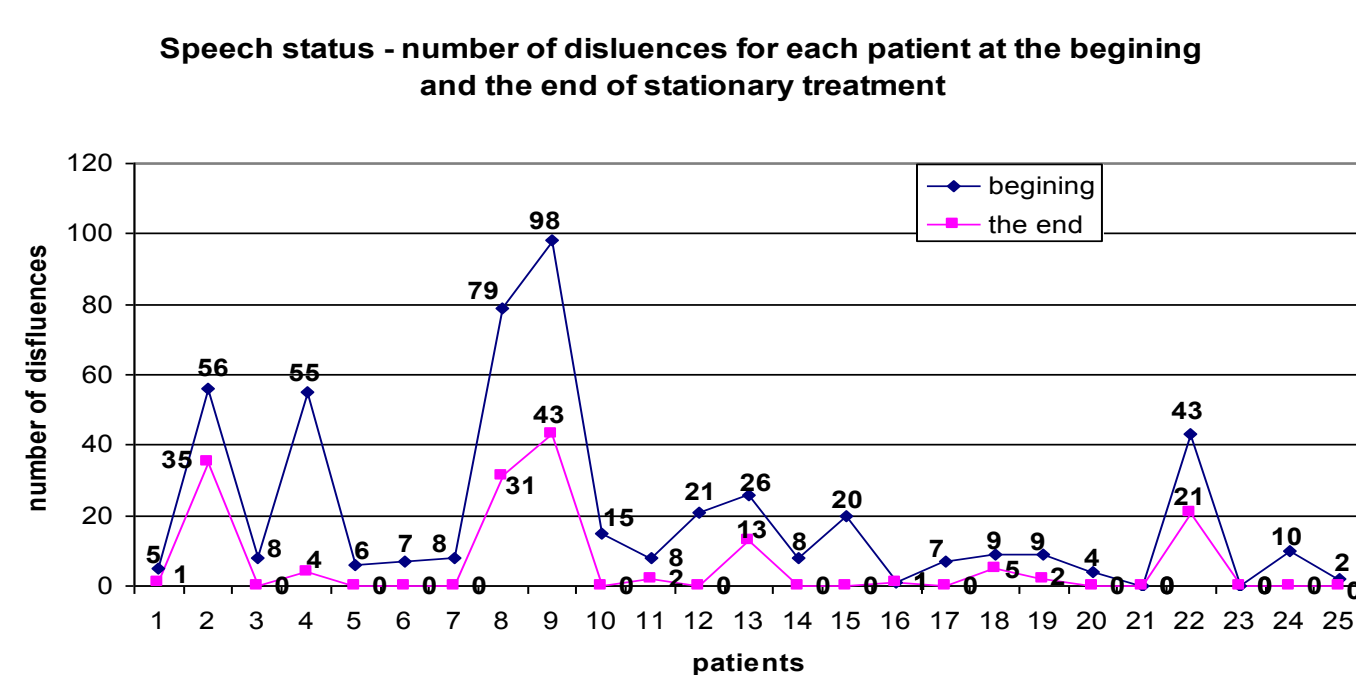
There are many different approaches. Some put accent on the fluency shaping techniques, some on breathing, some only on cognitive-behavioral aspects of stuttering, but many are trying to incorporate more than one modality in treatment. On the other hand, therapy can be done individually and in a group.

In our therapy approach we try **to address a person who stutters as a whole**, having on mind that stuttering is a problem that shows itself in social speaking situations. This is why we consider **group treatment necessary part of our therapy approach**, and in-patient group treatment as a best chance to address social speaking situations. **In-patient treatment** enables us to work intensively and to address some issues that cannot be addressed otherwise.

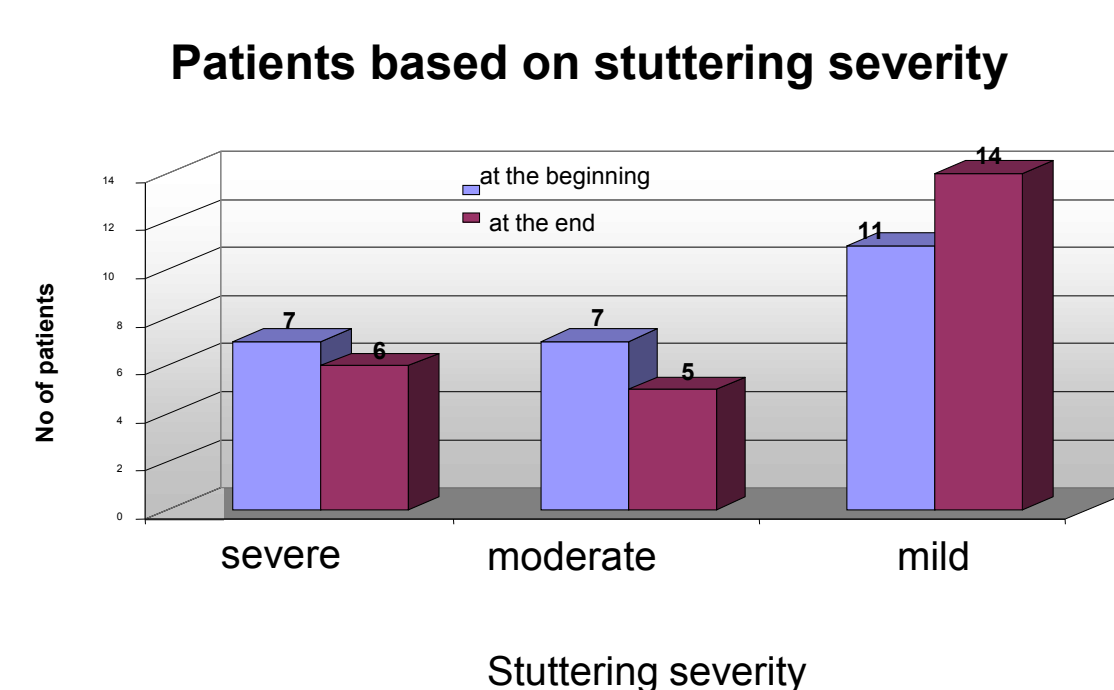
Methodology: The subjects were 25 adolescents who stutter, who came to treatment for stuttering. Subjects were 14-26 and all had average or above average intelligence. They were included in therapy called 'Conscious synthesis of development' (author Prof. Cvetko Brajovic, PhD) and successfully mastered first phase therapy program. After entering **the second phase**, they were included in **2-weeks intensive in-patient group treatment**. On the beginning and at the end of in-patient group treatment the number of disfluencies and severity of stuttering was evaluated using Speech status (by Fiedler, P.A. Standop, R. Stotern – Schwarzenberg, Muenchen, 1978).

Results & discussion: At the beginning of the in-patient group treatment results show that number of disfluencies on overall speech status varied from 0 to 98 for different subjects, while at the end of treatment (second speech status) it was between 0 and 43. Average decrease in the number of disfluencies for the whole group was 68.7%. Patients with more disfluencies at the beginning of treatment have shown decrease of 37.5% to 92.8%. Patients who initially had lower or low number of disfluencies have also shown significant reduction in disfluencies, in most cases to the 0 disfluencies, or 100% reduction.

At the beginning of the treatment large difference between different forms of verbal expression is noticeable. At the end of the treatment there is no such difference.



As for the **severity of stuttering** that was determined by taking speech status, at the beginning of treatment 7 (28%) patients were stuttering severely, 7 (28%) moderately, and 11(44%) of them stuttered mildly. At the end of treatment, 6 (24%) patients stuttered severely, 5 (20%) patients moderately, while a mild form or absence of stuttering was present in 14 (56%) patients.



We can **conclude** that our results show significant reduction of the number of speech disfluencies at the end of intensive group in-patient treatment compared to the beginning, and also the decrease in stuttering severity. Based on these results, we suggest that in-patient group treatment in stuttering is valuable and should be part of the therapy of adolescents who stutter.

References:

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