

ADULTS: Fluency Guidelines for Referral to Speech-Language Pathologists

Most Common Etiologies:

- Functional stuttering or cluttering
- Stroke

Related Terms:

Apraxia of speech, avoidance behavior, block, circumlocution, cluttering, disfluency, dysarthria, eye contact, false start, perseveration, prolongation, prosody, repetition, revision, slurred speech, sound distortion, sound omission, sound substitution, stutterer.

Potential Consequences:

- Avoidance of certain words and sounds results in failure to convey message.
- Embarrassment, anxiety, fear, and/or frustration due to difficulty expressing information fluently.
- Avoidance of situations felt to have a higher potential for disfluent speech.
- Avoidance of communication with certain individuals.
- Limitation of activities to avoid verbal situations.
- Social and/or emotional isolation (i.e., reduced self-esteem; at risk for depression).

Behaviors¹ That Should Trigger an SLP Referral

- Exhibits disfluencies or disruptions in natural, smooth flow of speech that may be characterized by:
 - part-word repetitions (i.e., buh-buh-buh-baby).
 - word repetitions (i.e., She-she-she was going).
 - phrase repetitions (i.e., I was-I was going).
 - revisions (i.e., I was - I am going).
 - prolonged sounds (i.e., "Rrrright here").
 - loss of rhythm due to tensing or improper stress, timing, and/or prolongation during production of words (i.e., "She-w-was going-home").
 - tension and/or pauses between words and/or part words (i.e., "She-was-go-ing home").
 - avoidance of people, places, words, sounds, and/or activities where individual feels maintaining fluent speech is difficult.
 - secondary sounds and/or facial/body movements developed to distract listener and facilitate fluent speech are habitualized and often have associated tension in movement (i.e., closing/enlarging eyes; dilating nostrils; turning head sideways; moving hands, fingers, legs, and/or body.
- stoppage of airflow or phonation.
- tremor of lips, jaws, and tongue.
- interjections of sounds, syllables, words, phrases (i.e., "uh" or "well").
- reduced self-image as speaker.
- may have previous "stuttering impairment" diagnosis and is currently experiencing regression.
- may have previously accepted disfluencies and dealt with them through avoidance and escape strategies; currently has a new opportunity of interest (i.e., job promotion) that requires more fluent speech.

¹ Behaviors are clustered to indicated different levels of function and/or patterns commonly associated with different medical conditions or etiologies.

- Neurologically based language difficulties with difficulties in word finding, sound/word substitutions, perseverations, and/or revisions (i.e., "I need a..fork...knife") *
- Neuromuscular disturbances causing spastic, jerky, tremory, and/or tense muscle movements with slurred speech and/or inappropriate false starts in speaking (i.e., "R-r-r-ri-i-i-ghhhh-ere.")*
- Disturbance of programming positioning and sequencing of muscular movements causes severe tension, halting word production and/or sound, syllable, word repetitions and revisions (i.e., "To-To-Do-Do-you want to go?")*
- Abnormally slow rate, repetitions, prolongations, and/or hesitations with lack of concern regarding disfluencies following emotionally or physically traumatic event (i.e., "...I'm...not really sure...I don't know...").

* These behaviors, while not considered by SLPs to be symptomatic of a fluency disorder, are included in this list of behaviors to assist referral guidelines users who may look in this section for information about these observed behaviors, and should trigger a referral to a speech-language pathologist.