

Stuttering and its treatment in adolescence: The perceptions of people who stutter

Anna Hearne^{a,b,*}, Ann Packman^a, Mark Onslow^a, Susan Quine^c

^a Australian Stuttering Research Centre, The University of Sydney, Australia

^b Stuttering Treatment and Research Trust, Auckland, New Zealand

^c School of Public Health, The University of Sydney, Australia

Received 14 June 2007; received in revised form 19 December 2007; accepted 8 January 2008

Abstract

Adolescence is a complicated phase of maturation during which a great deal of physical, neurological and social development occurs. Clinically this phase is thought to be the last chance to arrest the development of the disorder of stuttering before it becomes chronic in adulthood. However, little treatment development for this age group has occurred. Previous research on the impact of stuttering during adolescence presents a complex picture of apprehension about speaking which does not, however, appear to interfere with social life. The purpose of the present study was to investigate further the experiences of adolescents who stutter with respect to: (1) their experience of stuttering during the adolescent years, (2) reasons for seeking or not seeking therapy during the adolescent years, (3) barriers to seeking therapy during the adolescent years, (4) their experience of therapy during the adolescent years, and finally (5) suggested improvements to therapy for adolescents. Two focus groups and seven individual interviews were conducted with 13 adolescents and young adults. The major finding was a perceived lack of awareness about stuttering by teachers and parents, as well as other adolescents. In addition it appeared that having a stutter was, in itself, not enough reason to seek treatment. However when adolescents did seek treatment, for reasons such as joining the workforce, group therapy was well liked.

Educational objectives: The reader will summarize key features that characterize: (1) the complex developmental phase of adolescence, (2) evaluate the experience of stuttering during the adolescent years, (3) discuss the experience of stuttering therapy during the adolescent years, (4) list adolescents' reported barriers to seeking therapy during the adolescent years, and (5) suggest possible ways to improve management of stuttering in adolescence.

Crown Copyright © 2008 Published by Elsevier Inc. All rights reserved.

Keywords: Stuttering; Adolescence; Qualitative; Focus groups; Interviews

1. A qualitative study of stuttering and adolescence

Adolescence is a unique period in life, marking the transition from childhood to adulthood. In addition to physiological maturation, this is a time of complex cognitive and social growth (Coleman & Hendry, 1999; Hall, 1904; Harter & Mansour, 1992; Masten, 1991; Spear, 2000). Physical maturation is certainly the most noticeable feature of adolescence, however, changes are also taking place in the brain. Neuronal connections that are not used disappear, while those that are used remain intact—the *use it or lose it* principle (Giedd et al., 1999). Changes predominate in

* Corresponding author at: Stuttering Treatment and Research Trust, 541 Parnell Rd, Parnell, Auckland, New Zealand. Tel.: +64 9 3796364.
E-mail address: anna@start.org.nz (A. Hearne).

the frontal lobe, which is the seat of executive functions, planning, impulse control and reasoning. Development also occurs in the parietal lobe, where auditory, tactile and visual signals are integrated. Given this significant development in the brain it is not surprising that adolescents do not function like young adults (Giedd et al., 1999; Gogtay et al., 2004; Rapoport et al., 1999).

Cognitive development involves adolescents beginning to master what Piaget terms ‘formal operational thought’ (Kelly, 2007). With these capabilities, they start to think abstractly, hypothetically and logically (Cobb, 1995; Coleman & Hendry, 1999; Gowers, 2005; Steinberg, 2004). They also develop a coherent sense of self which relates closely to the development of independence and autonomy (Kelly, 2007; Padilla-Walker, 2007). In addition to increased self-reliance, there is also an increase in the importance of the peer group (Spear, 2000). While parental advice is typically still sought and followed on important matters, such as career goals and further study, adolescents rely more on their peers for information about money, fashion and lifestyle (Noller & Patton, 1990). With this comes pressure to conform to group norms (Heaven, 2001), which is conceivably significant in terms of the disfiguring effects of a stutter. In addition, a decline in motivation has been observed across adolescence (Anderman, Maehr, & Midgley, 1999; Kurita & Zarbatany, 1991; Murphy & Alexander, 2000; Midgley & Edelin, 1998; Wentzel, 1989). This has potential implications for treatment of this age group.

It is clear that adolescence is a period of much change and growth. While many adolescents pass through this phase of development without significant levels of stress, others do not (Dubas, Miller, & Petersen, 2003; Spear, 2000). It is conceivable that the additional burden of a stutter in this complicated period of development may increase the level of stress an individual experiences. Hence, given the complexity of this age group and the need to provide treatment before stuttering becomes chronic in adulthood, it is surprising that there has been so little development in stuttering treatments for this age group. Student texts typically discuss stuttering in adolescence in the context of stuttering in adults. No treatments have been specifically designed for this age group and treatment trials that report on adolescents typically include findings for them with adult participants or school age children (e.g., Craig et al., 1996; Hancock et al., 1998). Treatment trials in which results for adolescents are discernable include those based on (1) speech restructuring (e.g., Andrews & Harris, 1964; Boberg & Kully, 1994; Harrison, Onslow, Andrews, Packman, & Webber, 1998), (2) time-out (e.g., Hewat, Onslow, Packman, & O’Brian, 2006), (3) regulated breathing (e.g., De Kinkelder & Boelens, 1998), (4) self-modelling (e.g., Bray & Kehle, 1996), (5) electromyographic (EMG) feedback (e.g., Craig et al., 1996; Huber, O’Brian, Onslow, & Packman, 2003), (6) an eclectic approach (Hasbrouck et al., 1987) and (7) maintenance of treatment effects (Blood, 1995). The latter appears to be the only intervention (albeit part of a treatment) designed specifically for adolescents.

Blood, Blood, Tellis, and Gabel (2003) presented a study of 48 adolescents, investigated self-esteem, the extent of stigmatization because of stuttering, and the extent to which adolescents discussed stuttering. Interestingly, as a group they demonstrated positive self-esteem and did not consider their stuttering to be a barrier to making friends or to affect whether people liked them or asked out socially. This was confirmed in a later study of 53 adolescents who stutter (Blood & Blood, 2004). Further, most responded that they rarely or never spoke about their stuttering to others, even though most thought their friends knew they stuttered. Notably, the older adolescents (16–18 years) were less reticent (45%) than the younger ones (13–15 years). The authors acknowledge that the findings of this study may have been influenced by the fact that all participants were currently in treatment, although there was no apparent relationship between scores and extent of previous treatment.

These findings are interesting in light of the findings of an earlier study by the same group (Blood, Blood, Tellis, & Gabel, 2001), which compared 39 adolescents who stutter with 39 who did not, on a measure of apprehension about communication and a measure of self-perceived communicative competence. The adolescents who stutter indicated more apprehension about speaking than the controls and there was a correlation between apprehension scores and stuttering severity. They also indicated less perceived competence in communicating, although they felt as competent as controls in meetings, when speaking publicly, and with friends. Together these studies paint a complex picture: while adolescents who stutter appear to be apprehensive about talking, it also seems that stuttering does not interfere to any great extent with their social life and their ability to make friends.

We agree with Blood (1995) that working with adolescents who stutter is different from working with children and adults, and that consequently interventions need to be tailored especially for this age group. A recent attempt by the present research group to conduct a randomized controlled trial of treatments for adolescents was abandoned due to major recruitment difficulties (Huber, Packman, Quine, Onslow, & Simpson, 2004). The reason for adolescents not presenting to clinics is unclear, but could be due to the fact that the treatments on offer have not been designed with their special needs and interests in mind and so do not appeal to them.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات