

Psychogenic Stuttering: Diagnosis and Treatment

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What is Psychogenic Stuttering?

- Also referred to often in the literature as a conversion disorder.
- Conversion disorder = loss or alteration of physical functioning, but caused by psychological factors
(Mahr, Leith, 1992)
- It is NOT consciously produced by the patient but cannot be explained by a physical cause.

Psychogenic vs. Functional

(Edwards 2014)

- Psychogenic – “Born of the mind”
 - Psychological issues often have a negative connotation
 - “People think I’m crazy.”
- Functional
 - Less negative connotation
 - More acceptable to patients – better outcomes

Differential Diagnosis

- Developmental Stuttering
- Neurogenic Stuttering
- Functional Stuttering
- Other Acquired Stuttering

Developmental Stuttering

(continued)

- Primary Behaviors
 - Repetitions, prolongations, blocks
- Secondary behaviors
 - Escape and avoidance
- Attitudes toward communication
 - Frustration, fear, shame

Developmental Stuttering

(continued)

- Diagnostic Indicators:
 - Usually show improved fluency with repeated reading
 - Can be reduced with fluency inducing conditions (i.e. DAF, choral reading, masking, rhythm)
 - Usually have secondary behaviors that are just as much a part of the stuttering as the primary behaviors

Neurogenic Stuttering

(Tippet and Seibans, 1991), (Guitar, 2006), (Rosenbeck 1984)

■ Etiology

- Stroke
- Head trauma
- Tumor
- Degenerative disease
- Dementia
- Seizure disorder
- Medication reaction

■ Typical Onset

- Following neurological event
- First sign of neurological problem (rare)

Neurogenic Stuttering

(Continued)

■ Diagnostic Indicators

- Central nervous system damage
- Often associated with other neurological deficits
- Occurrence not primarily on initial sounds/syllables
- Absence of secondary behaviors (little anxiety)
- Indifference to speech characteristics
- Lack of relationship to grammatical function of words
- Little/no adaptation with repeated reading
- Little/no reduction with fluency inducing conditions (DAF, choral speaking, masking, rhythm)
- Often persists several weeks to several years

Neurogenic Stuttering

(Continued)

- Other diagnostic considerations –
Because it often co-exists with other neurological deficits, difficult to determine with certainty if is truly neurogenic stuttering instead of:
 - Memory problems
 - Speech-language formulation problems (i.e. aphasia, apraxia)
 - Emotional distress
 - Palalalia

Functional Stuttering

(Mahr and Leith 1992), (Tippett and Siebens 1991), (Guitar 2006)

- Most telling features
 - Sudden onset
 - Coincidence with emotional crisis
 - Absence of neurologic factors
- Other features
 - Dramatic improvement with trial therapy
 - Little/no effect of traditional fluency enhancing techniques (i.e. choral reading, DAF, masking, rhythm)
 - Atypical pattern – both of disfluencies and struggle
 - Decreased symptoms with improved outlook
 - High disfluency rate (with no islands of fluency)
 - No attempts to inhibit stuttering – no secondary behaviors
 - No interest in stuttering behavior
 - Usually sound/syllable repetitions = most frequent

Both Neurogenic and Functional Factors

- Having neurogenic diagnosis does not necessarily mean stuttering can't be functional in nature
- Many overlapping features between neurogenic and functional stuttering
- Sometimes only truly know if functional after trial therapy

Other Types of Acquired Stuttering

- Factitious – The patient is doing it on purpose but does not have a clear motivation to do so.
- Malingering – The patient is doing it on purpose and has something to gain from the action.

Importance of Thorough Case History/Interview

- Information to gather
 - Onset
 - Any neurological findings
 - History of anxiety or psychological factors
 - Chronic pain – especially if uncontrolled
 - Many different doctors – none able to find a physical cause for deficits
 - Stressors in life

Therapy Techniques

- Not a cookie-cutter approach
- Treat the symptoms – using what you know about traditional therapy techniques, adapt them for the specific needs of the patient
- Traditional Therapy Techniques
 - Fluency shaping
 - Focused breathing
 - Tension reduction
- VERY positive about potential for improvement
- Need to get improvement early and show patient they are in control
- Do you discuss the functional nature of the stuttering?
 - ABSOLUTELY but often not immediately
 - Gain rapport and trust first
 - HOW??

Therapy: Put on your counseling hat

- Leave the medical diagnosis to the doctors – “We will treat the symptoms regardless of the cause.”
- Give them an “out” – an excuse to get better without having to admit there was a psychological reasoning it was happening
- Psychiatric referral may not be necessary – often patients will refuse to go see psychiatrist
- SLP as Counselor – Plays a key factor
- Referral for outside counseling – Sometimes the psychological issues are outside our scope of practice