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
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

- Facticious – 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