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Case Report

A life interrupted by stuttering and reclaimed through therapy: a case report

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ABSTRACT

Stuttering is a communication disorder characterized by repetitions, prolongations, and blocks that disrupt the normal flow of speech. Beyond these overt speech disruptions, individuals who stutter often experience emotional, cognitive, behavioral, and social difficulties that affect their overall quality of life. This case report describes the assessment and therapeutic management of a 27-year-old male with persistent developmental stuttering. A comprehensive evaluation, including case history, fluency assessment, and psychosocial profiling, was conducted to develop an individualized intervention plan. Therapy incorporated fluency-shaping techniques, stuttering modification strategies, relaxation exercises, counseling, and home practice. Following intervention, the client demonstrated improved speech fluency, reduced dysfluencies, increased confidence, enhanced communication participation, and better overall psychosocial functioning.

Keywords: Stuttering, Communication disorder, Therapy

INTRODUCTION

Stuttering is a fluency disorder characterized by involuntary disruptions in the flow of speech, including repetitions, prolongations, and blocks that interfere with effective verbal communication. These disruptions may be accompanied by secondary behaviors such as facial grimacing, eye blinking, head movements, and other physical manifestations that develop as reactions to speech difficulties. In addition to these overt symptoms, individuals who stutter often experience covert emotional, cognitive, and behavioral responses, including anxiety, fear, embarrassment, frustration, and avoidance of speaking situations.[1-3]

Stuttering is a multidimensional communication disorder that affects individuals across different ages, genders, languages, and cultural backgrounds. The condition can have a significant impact on educational achievement, social participation, occupational functioning, and overall quality of life. Adults who stutter frequently report difficulties in interpersonal communication, reduced self-confidence, and increased communication-related anxiety. These challenges may lead to avoidance of speaking situations and reduced participation in academic, social, and professional activities.[4-6]

The manifestations of stuttering are generally classified into core and secondary behaviors. Core behaviors include repetitions, prolongations, and blocks that directly disrupt speech production, whereas secondary behaviors are learned responses that develop in an attempt to cope with or avoid moments of stuttering. Over time, these secondary behaviors may become deeply ingrained and further affect communication effectiveness and psychosocial well-being.[2]

Contemporary approaches to stuttering management emphasize not only the reduction of speech dysfluencies but also the improvement of emotional adjustment,

communication confidence, and participation in everyday activities. Intervention strategies commonly include fluency-shaping techniques, stuttering modification approaches, counseling, and cognitive-behavioral components aimed at addressing both overt and covert aspects of the disorder.[7-9]

The present case report describes the assessment and therapeutic management of a 27-year-old male with persistent developmental stuttering. The report highlights the impact of stuttering on daily functioning and demonstrates the outcomes of a comprehensive intervention program incorporating fluency-shaping strategies, speech modification techniques, counseling, and behavioral management. The case provides insight into the effectiveness of a holistic approach for improving speech fluency and communication-related quality of life in adults who stutter.

CASE REPORT

A 27-year-old male research scholar presented with persistent developmental stuttering of early childhood onset, with no identifiable etiological factors and no prior history of speech therapy. The disorder significantly affected his academic, social, professional, and emotional functioning. The client reported frequent speech blocks and prolongations, particularly during interactions with unfamiliar individuals, teachers, and lecturers. Speech difficulties were more pronounced during public speaking and academic presentations, leading to increased anxiety, avoidance behaviors, and reduced communication confidence.

Baseline fluency assessment was conducted using the stuttering severity instrument–fourth edition (SSI-4). The client obtained a frequency score of 12, duration score of 8, and physical concomitant score of 13, resulting in a total score of 33, indicating severe stuttering. Blocks and prolongations were the predominant dysfluencies, accompanied by secondary behaviors such as jaw clenching and avoidance of challenging speaking situations.

An individualized therapy program was implemented over 35 sessions. Intervention included Simplified regulated breathing, speech-rate control, soft articulatory contact, cognitive-behavioral strategies, counseling, and systematic generalization activities. Therapy initially focused on awareness, tension reduction, and fluency-shaping techniques, followed by the introduction of stuttering modification strategies such as pull-outs, cancellations, voluntary stuttering, and desensitization. As therapy progressed, emphasis shifted toward transferring learned skills to real-life communication environments, including public speaking, telephone conversations, and interactions with unfamiliar listeners. Motivation, self-monitoring, and confidence-building activities were incorporated throughout the intervention process.

Gradual improvement was observed across therapy sessions. The frequency and duration of dysfluencies decreased, secondary behaviors reduced substantially, and communication confidence improved. The client demonstrated increased participation in academic discussions, maintained better eye contact, and reported reduced communication-related anxiety. By the final phase of therapy, he was able to communicate effectively across a variety of speaking situations with minimal avoidance behaviors.

Post-therapy assessment using the SSI-4 revealed a frequency score of 4, duration score of 4, and physical concomitant score of 6, resulting in a total score of 14, corresponding to mild stuttering. The findings demonstrated a clinically significant improvement in fluency, communication effectiveness, and psychosocial functioning, highlighting the effectiveness of a comprehensive and holistic intervention approach for adults with persistent developmental stuttering.

Table 1: Comparison of pre- and post-therapy SSI-4 scores.

Parameters	Pre-therapy	Post-therapy
Frequency score	12	4
Duration score	8	4
Physical concomitant score	13	6
Total SSI-4 score	33	14
Severity rating	Severe	Mild
Predominant dysfluencies	Blocks, prolongations	Occasional mild prolongation/ repetitions
Secondary behaviours	Jaw clenching, avoidance behaviour	Minimal jaw clenching, reduced avoidance
Communication confidence	Poor	Improved
Participation in academic/social situations	Limited	Active participation
Communication - related anxiety	High	Reduced

DISCUSSION

The findings of the present case report demonstrate the effectiveness of a comprehensive stuttering intervention program in reducing stuttering severity and improving overall communication functioning. Following 35 therapy sessions, the client exhibited a clinically significant improvement, progressing from severe to mild stuttering as measured by the SSI-4. Improvements were observed not only in speech fluency but also in communication confidence, participation, and psychosocial well-being.

The positive outcomes observed in this case are consistent with previous research supporting the use of regulated breathing techniques in stuttering management. Breathing-based interventions have been reported to improve respiratory–phonatory coordination, reduce speech-related tension, and enhance fluency. Similar improvements in breath control and reduction of physical struggle were observed in the present case, suggesting that breathing pattern training was an important contributor to the therapeutic gains achieved.

Speech-rate control also appeared to play a significant role in improving fluency. By reducing speaking rate and encouraging more deliberate speech production, the client demonstrated fewer dysfluencies and improved speech naturalness. These findings are in agreement with previous studies indicating that controlled speech rate can reduce time pressure during speech production and facilitate more stable motor planning.

In addition to fluency-shaping techniques, cognitive-behavioral strategies contributed substantially to treatment outcomes. The client demonstrated reduced communication-related anxiety, improved self-esteem, and decreased avoidance of speaking situations. These findings support previous reports showing that cognitive-behavioral interventions can positively influence emotional and psychological aspects of stuttering while enhancing the effectiveness of behavioral therapy approaches. Addressing both overt speech disruptions and covert emotional reactions is therefore essential for achieving meaningful and lasting improvements.

The structured therapy program also incorporated elements of stuttering modification, desensitization, and gradual exposure to challenging communication situations. Such approaches encourage individuals to manage moments of stuttering with reduced fear and struggle while increasing participation in real-life communication contexts.

The client's improved ability to engage in academic presentations, discussions, and interactions with unfamiliar listeners highlights the value of focusing on functional communication outcomes rather than fluency alone.

Recent perspectives in stuttering management emphasize acceptance, communication participation, and quality of life alongside fluency enhancement. Consistent with these views, the present case demonstrated improvements in communication effectiveness, confidence, and social participation.

Although the findings are limited to a single individual, they suggest that a holistic intervention approach integrating fluency-shaping, stuttering modification, and cognitive-behavioral strategies can produce meaningful clinical benefits for adults with persistent developmental stuttering.

CONCLUSION

The present case study demonstrates that structured fluency therapy, incorporating techniques such as simplified regulated breathing (SRB), speech-rate control, and cognitive behavior therapy (CBT), can lead to meaningful improvements in stuttering severity. Pre- and post-therapy comparisons showed reduction in dysfluencies, improved breath control, decreased physical tension, and better emotional regulation during speech. The client also exhibited increased confidence and participation in communication situations, indicating functional gains beyond measurable fluency outcomes. Although findings from a single case cannot be generalized broadly, this study provides encouraging evidence for the effectiveness of an integrated therapeutic approach. Future studies with larger samples and long-term follow-up are recommended to further validate these outcomes. Overall, the results highlight the potential of a comprehensive fluency therapy program to produce clinically significant improvements in individuals who stutter.

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