



John G. Rangos, Sr. School of Health Sciences

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# Evaluation Report

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<i>Client:</i>	<b>Smith, John</b>	<i>Date of Evaluation:</i>	<b>4/10/01</b>
<i>Address:</i>	<b>8211 Martha Avenue</b>	<i>DOB:</i>	<b>9/23/68</b>
	<b>Pittsburgh, PA 15221</b>	<i>Phone:</i>	<b>412.555.8839</b>
<i>Diagnosis:</i>	<b>Stuttering</b>	<i>Diagnostic Code:</i>	<b>307.0</b>

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## BACKGROUND INFORMATION

John Smith, a 22-year old male, was for an evaluation of a persistent stuttering problem. His stuttering was first noticed in childhood and became progressively worse through high school. In the summer of 1998 he received speech therapy one time per week for three months at Rehabilitation Consultants, where he learned to slow his rate of speech and use controlled breathing. This therapy resulted in some improvement, but diminished its effectiveness as John stopped practicing the techniques. He is now looking for a program to regain his fluency skills and become more confident when speaking.

John lives with his parents and three sisters. He is the only one who stutters in his immediate family, but reported an uncle with a much more pronounced stutter. The primary language used in his home is Spanish. John explained that his family places a great deal of emphasis on communicating well and that he feels an obligation to speak fluently with them. The client reported his stuttering to be most prominent when talking for long periods of time and speaking in detail. He felt that his disfluency has caused him to avoid speaking at times and that his life would be different if he did not stutter.

John is currently attending the University of Potomac. He is seeking therapy to make speaking to those he perceives as authority figures easier, and to improve abilities in social situations. He stated that his family is supportive of him seeking therapy for his fluency problem.

## RESULTS OF THE ASSESSMENT

**Stuttering:** The Stuttering Severity Instrument-3 (SSI-3) was used to assess stuttering severity as measured by frequency of stuttering moments, the duration of the three longest stuttering moments and physical concomitants that accompany the stuttering. A 467-word spontaneous speech sample was elicited. The client was disfluent on 6% of the words spoken. A reading sample was also elicited in which the client was disfluent on

2% of words read aloud. Part- and whole word repetitions and prolongations primarily characterized disfluent moments. On average, his three longest stuttering moments each lasted for half a second. The client scored an overall score of 15, placing him in the 5-11<sup>th</sup> percentile range, categorizing his stuttering as very mild.

John indicated that he has become increasingly less willing to speak in social situations and in the classroom, in fear of stuttering. He noted that his stuttering is becoming more prevalent when making phone calls as well. John felt that he had more difficulty making plosive sounds. He is concerned that his grades and job prospects will suffer if he continues to participate less in class and feels self conscious in social interactions.

John experimented with the fluency technique of easy voice onset before speech production. He was very stimulable for this technique, however he was unable to maintain the technique beyond a few sentences in conversation.

**Language, Voice and Articulation:** Language ability was judged to be functional, as John was able to express his thoughts without difficulty and accurately understand what was said to him. Parameters of his voice were judged to be within normal limits. He demonstrated functional ability to articulate all sounds used in the English language.

**Oral Mechanism Examination:** The structure and function of the oral mechanism were examined and found to be unremarkable.

**Hearing:** A pure tone hearing screening at 25 dB for the frequencies of 500, 1000, 2000 and 4000. Results indicated his hearing to be within normal limits bilaterally.

## **SUMMARY**

John Smith exhibited a chronic stuttering problem of very mild severity. Primarily part- and whole-word repetitions and prolongations characterized disfluencies. He was disfluent on 6% of the words spoken in a dialogue and on 2% of words read aloud. The average duration of his longest disfluency was half a second. Virtually no accessory behaviors were noted. Prognosis for improvement was felt to be very good.

## **RECOMMENDATIONS**

It was recommended that John enroll in individual therapy one time per week and group speech therapy once per week. Use of the gentle voice onset technique may be a beneficial starting point in therapy. The results of the evaluation and these recommendations were discussed with the client at the conclusion of the assessment.

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Kelly Sestric, BS  
Student Clinician

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Clinical Instructor