STUTTERING THERAPY AND THE DANGER OF MISLEADING TREATMENT CLAIMS; ISA POINT OF VIEW

- 1. Although research in recent years has demonstrated a neurological root cause of stuttering (which may relieve possible feelings of guilt), there is no treatment that is guaranteed to be effective in terms of recovering normally fluent speech.
- 2. Despite an improvement in understanding, many people who stutter, and many parents of children who stutter, still only know a little about the causes and treatment of stuttering. When they seek help, they are often faced with a wide and potentially confusing range of interventions which can increase uncertainty.
- 3. To further confuse matters, many treatment providers advertise aggressively, often promising a fast and complete 'cure' giving false hope to those who stutter and fuel misconceptions amongst the general society at large. But there is no easy 'cure' for stuttering, in the medical sense of the word.
- 4. Although there is still little evidence to support the total effectiveness of any one therapy, it can reasonably be claimed that some therapies will usually help people who stutter to improve their fluency, as well as their life skills and resilience.
- 5. However, it is widely accepted that the chances of full recovery are much more likely if treatment is sought at an early age, ideally within 15 months of onset. Postponing treatment for too long after onset reduces the likelihood of a recovery.
- 6. In order to help people who stutter and parents of children who stutter, the International Stuttering Association (ISA) has drawn up this declaration, in order to help identify the hallmarks of good therapy.
- (i) Not all suppliers of stuttering treatments are qualified speech and language therapists; in some cases, the therapy offered is based mainly on personal experience which, because of the very personal and individual nature of stuttering, will only suit a small percentage of people who stutter.

Our advice: ask critical questions about the therapist's academic and vocational training and also if possible seek feedback from their current and past clients.

(ii) Professional therapists are bound by a code of ethics, which ensure the therapists abide by the code, continue their education throughout their working life and allow a client to seek redress if they are unhappy with the service they received.

Our advice: ask about membership of relevant professional bodies.

(iii) The frequency and severity of stuttering can sometimes be reduced very quickly by making simple changes in the manner of speaking, sometimes with the help of fluency devices. This may give the impression of a short term 'cure'. However, for most people who stutter, these simple changes do not continue to work in the long term, when they return to their normal daily lives.

Our advice: be skeptical of therapies which concentrate on learning methods designed to improve speech fluency quickly with no or little practice in the real world.

(iv) It is generally accepted that a successful stuttering therapy requires a good deal of personal input, over a period of many weeks or months and often years.

Our advice: be very careful about 'miracle' treatments, promising success within a short time and provide no follow up free access.

(v) A major aspect of many stuttering therapies is that they require the long term implementation of techniques learned in daily practice. Relapses into old patterns of speech and behavior are common. The quality and the duration of aftercare, following a therapy course, is therefore crucial.

Our advice: ask critical questions about whether and how the aftercare is provided and which kind of self-help is available.

(vi) Even 'good therapies' as described above, don't do the work for you. The only way people who stutter will progress is to take personal responsibility for their stutter, get out and lead a full life.

Our advice: resolve to do that.