Letters to Editor

The efficacy of cognitive behavior therapy in an adult who stutters

Sir,

Research studies show that speech therapy treatment for stuttering is available in early childhood,[1] but stuttering in adults is much less responsive to speech therapy.[2] Behavioral speech programs involving speech restructuring are the strongest evidence-based stuttering treatments for adults who stutter (AWS).[3] Hence, cognitive behavior therapy (CBT) has been used in the present case to examine the efficacy in the reduction of anxiety, reduction of avoidance behavior, reduction of frequency of stuttering, and increasing the social interaction, increasing self-esteem, increasing the positive thoughts and attitudes about verbal communication.

Index patient Mr. NN was a 24-year-old postgraduate student, belonging to middle socioeconomic family and the younger of two brothers with normal birth and developmental history. He came with the chief complaints of dysfluent speech and difficulty to speak with authority persons and strangers for the last 5 years which have increased in the last 8 months. Dysfluent speech significantly impacted his personal and social life. The onset was insidious, and course of the disorder was progressive. He had poor self-esteem and negative automatic thoughts (NATs) that “I will stutter and I am inferior” as well as autonomic arousal such as sweating and palpitation during communication and interaction with teachers and strangers. Premorbid personality was well adjusted. No significant family and treatment history were reported by him.

The patient was diagnosed as a case of stuttering (ICD-10 DCR, F98.5)[4] and was not having any concurrent diagnosis of psychiatric and medical illness or previous exposure to the cognitive behavioral intervention. The pre- and post-intervention assessments were done using Perceptions of Stuttering Inventory (PSI), Stuttering Severity Instrument (SSI), Modified Erickson Scale of Communication Attitudes (MESCA), Rosenberg Self-Esteem Scale (RSES), and Beck Anxiety Inventory (BAI).

The CBT program consisted of 25 sessions and each session lasted for 45–50 min duration. CBT components included trust building, psychoeducation, deep breathing, relaxation techniques, cognitive restructuring, problem-solving, and prolongation technique. The prolongation is the speech production style used to facilitate fluency, where the person prolongs segments in spoken utterances. The client was asked to self-monitor and/or control the situations, where he stutters, and maintain a diary for the same. The cognitive-behavioral model of stuttering of Mr. NN is shown in Figure 1.

The significant improvement was observed on both pre- and post-intervention scores on the following scales such as PSI (reduced from 42 to 19, 54.76%), SSI (reduced from 22 to 10, 54.54%), MESCA (reduced from 21 to 09, 57.14%), RSES (increased from 19 to 31, 63.15%), and BAI (reduced from 25 to 09, 64%). The severity level came down after implementing structured and need-based 25 sessions of CBT program. This clinically significant improvement was maintained at 1-year follow-up. The improvement criteria analysis was carried out calculating clinically significant changes (>50%) based on pre- and post-intervention scores.

This case report highlights that the CBT program plays a vital role in managing NATs pertaining to stuttering, improve communication attitude, and boost self-confidence and self-esteem to face the social situation. The finding of this study is consistent with other studies, which also reported significant improvement in AWS.[4] In another study, it was noted that CBT treatment was associated with significant and sustained improvements in psychological functioning but did not improve fluency.[6] To conclude, CBT is effective in reducing anxiety and developing positive attitude, self-esteem, problem-solving skills, and communication competence in AWS. In the coming years, it would be interesting to compare different treatment modalities and the use of a combination of CBT and mindfulness techniques for the optimum benefit for the AWS.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

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