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RATIONALE FOR TREATMENT DECISION-MAKING IN OLDER CHILDREN AND ADULTS

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In young children who stutter the chances on spontaneous recovery are reasonably high, making the factors related to this recovery important beacons in clinical decision-making. In older children and adults on the other hand, the chances on spontaneous recovery have markedly decreased (Yairi & Ambrose, 2005).

This group has been stuttering for a longer period of time, the awareness of their own stuttering has increased quite often resulting in an impact on their speech attitude (De Nil & Brutten, 1991), and the social-interactional context has changed continuously resulting in a different impact of environmental factors, such as listener reactions, speech situations etc. Operant and classical conditioning processes have been playing a more significant role with frequently more and/or more elaborate secondary behaviors. Sometimes previously followed therapies form an additional challenge for the client's current motivation to start intervention.

It is imperative that all of these components are taken into account when developing therapeutic goals, in consultation with the client.
After the initial assessment, a functional analyses of both overt and covert stuttering-related behaviors, can offer a rationale for a well-founded clinical decision-making compliant with the principles of 'stepped care'.
This decision matrix for older children and adults is thus not only more complicated because of the more varied therapy goals but also because of more complex interactions between the different components.

Intervention should therefore not be limited to a 'small-spectrum approach', only focusing on observable behaviors, but ideally adhere to a 'broad-spectrum approach', in which all the components of the stuttering problem, not just on the level of the impairment but also on the level of daily functioning (Yaruss & Quesal, 2004), are addressed in a structured, methodological and evidence-based manner.