Introductions/Course Description

The sudden onset of stuttering following a neurological event can be devastating to the patient and the family. The pws can quickly develop negative emotions and thoughts associated with their speech impediment. An integration of behavioral speech control techniques and cognitive therapy is often necessary to make significant and lasting improvements.

This course will include video of therapy in action, demonstration of techniques, and live testimony from an adult recovering from neurogenic stuttering.
Today’s Agenda

12:00-12:05  Introduction with overview of today’s agenda and learning objectives
12:05-12:15  Introductions to our guest speaker who is recovering from neurogenic stuttering
12:15-1:05  Neuroimaging and diagnostics of TBI and concussion- Dr. Kim E. Ono, Ph.D.
1:05-1:20  Diagnostics and needs assessment for Sara post TBI
1:20-2:05  Fluency shaping and stuttering modification adapted for neurogenic stuttering
2:05-2:15  Concomitant issues: visual deficits, fine motor, right sided weakness
2:15-2:25  CBT for neurogenic stuttering
2:25-2:30  Closing statements and farewell

Learning Objectives

1) Identify 3 common cognitive distortions that result from sudden onset stuttering
2) List 3 speech production steps in a hierarchy from phoneme production to carrier phrases
3) Identify 2 ways to utilize phrasing to increase fluency
Tim Mackesey, CCC-SLP, BCS-F

Tim Mackesey, CCC-SLP, BCS-F has a full-time private practice dedicated to stuttering. He is a Board Certified Specialist in Fluency Disorders and a Specialist Mentor per ASHA. Tim had a severe stutter well into his 20s. He has been an SLP since 1992. Tim taught the graduate level Fluency Disorders course at Georgia State University. Tim is a past president of Georgia Speech and Hearing Association. He is a Master Practitioner of NLP and Neurosemantics. He integrates leading-edge CBT into stuttering therapy. Tim has published several articles in peer-reviewed professional journals.

Kim E. Ono, Ph.D.

Kimie Ono is a neuropsychologist at the Children’s Healthcare of Atlanta (CHOA). She completed her undergraduate work at Harvard University, concentrating in neuroscience. She went on to complete her graduate studies at the University of Miami, and her internship and fellowship in pediatric neuropsychology at Emory.

Kimie has extensive research and clinical background in various imaging and brain monitoring modalities, including fMRI and EEG. Her current research and clinical interests include concussion and epilepsy.
Sara Propes

Sara is a 38 year-old female with a doctorate degree in Occupational Therapy. Prior to her accident, she was employed as a pediatric occupational therapist. Sara and her husband, Cameron, enjoy an active lifestyle.

Sara was struck hard under her left eye at work on November 15, 2017. Right sided weakness, headaches, visual impairment, and a severe stutter resulted. Prior to receiving stuttering therapy, previous documentation reported that Sara was “barely able to utter words” following very light activity.

On the date of Sara’s evaluation, (October 15, 2018), Sara’s conversational speech was 73% disfluent. Oral reading was deferred due to Sara’s stuttering severity- this caused her sample unable to be standardized. Sara used a communication board and ASL to supplement verbal output. Cameron reported that Sara looks away when she has trouble talking. Sara stated that her stuttering has drawn attention from listeners and she wonders what people think about her speech. Sara began speech therapy in October 2018.

We dedicate this day to Sara

Video Content Here
Neuroimaging - Kim E. Ono, Ph.D.

Speech Pathology for Neurogenic Stuttering

CBT

Speech Mechanics
Integrated & Holistic Therapy

- Tactile helpers
- Speaking on an exhale
- Melodic intonation therapy
- Spousal support & training
- Spelling & oral reading
- Multi-sensory
- Eye contact
- CBT
- Phrasing

FLUENCY SHAPING & STUTTERING MODIFICATION FOR NEUROGENIC STUTTERING

TIM MACKESEY, CCC-SLP, BCS-F
www.stuttering-specialist.com
Speech Anatomy Essentials

Lips: p, b, f, v, m, w
Tongue: th, t, d, s, z, n, l, r, sh, ch, j, y, r, k, g
Voice: h, vowels

Filler “bopsy” to /m/- Isolation & CV

Evaluation- “bopsy” filler to compensate for /m/ /m/ in isolation and in CV words

Video Content Here

Video Content Here
/m/ - “My name is Sara”

Continuous voicing and tactile support

Sara → “My name is Sara.”

Video Content Here

Video Content Here

Sara- Oral Reading Strategies

CBT and initial reading - trial therapy

Reading /m/ sentences using oral reading strategies

Video Content Here

Video Content Here
Phrasing in Oral Reading

Phrasing is a style of speaking that can help you develop a tempo that is often seen with professional speakers. It is better than beginning to speak with no idea when you are going to take your breaths. Your listeners are better able to understand your stories and information when you present it in these smaller segments.

A metaphor I like to think of is when you get an email with several pictures. Do you hit “download all” or do you open one attachment at a time? Since your language is in your left hemisphere, it is like you download words from your brain to your mouth. Your tongue, lips, and vocal cords...
Crossing Midline

Sara’s findings when crossing midline with her right hand

What would you do?

Video Content Here

Video Content Here

Crossing Midline- vowels

Using strategies when crossing midline to produce vowels

Video Content Here
Visual Deficits

Video Content Here

CBT in SLP

“Freedom is to speak. And I fear to form what is air and may be made in a minute.”

-M. McClure
Logical Levels

- Environment - The “Where, When, and With Whom”
- Behavior - The “What”
- Capabilities - The “How”
- Beliefs - The “Why”
- Identity - The “Who”

When Attempted Solutions Become the Problem

Sudden onset of neurogenic stuttering → identity of a “stutterer”

- Avoid talking
- Word changing
- Enabling
- Avoid introductions
- Phone tricks
- Point to menu for server to say it
- Backwards speech
- Eye aversion
- Fillers
Cognitive Distortions- Top Four

1) **Projecting**- Imagining what others think when you stutter  
   - i.e., “They will think I’m special needs because I stutter.”

2) **Black and White Thinking**- Either/or thinking  
   - i.e., “If I stutter on a phone call, my coworkers will be mad and blame me.”

3) **Personalization**- Blaming yourself for something you weren’t entirely responsible for or blaming other people.  
   - i.e., “If I stutter, I failed...I’ve started speech therapy.”

4) **Should statements**- Criticizing yourself with *shoulds* or *shouldn’ts.*  
   - i.e., “I *should* be able to say my name...everyone else can.”

*David D. Burns- The Top 10 Forms of Twisted Thinking

---

**Projecting**

*Stuttering = burden, frustrating, tense*

*Video Content Here*
Black and White Thinking

Realizing old thoughts were “all or nothing”

Video Content Here

CLOSING STATEMENTS