



EFFECT OF STENDORO-ROCCA METHOD ON OVERT AND COVERT SYMPTOMS IN A GROUP OF PEOPLE WHO STUTTER: PRELIMINARY DATA



INTRODUCTION:

Stendoro-Rocca Method is a rehabilitation method for the person who stutters (PWS) developed in the 1980'. It is designed for PWS aging from 7 years to adulthood. SRM is held in small group (3-6 PWS) with the support of both a Speech and Language Pathologist (SLP) and a child Psychologist. The SRM is based on the acquisition of pneumo-phonatory control before speech block and its application in different communication contexts and emotional situations. To the best of our knowledge no data exist on the effects of SRM on overt and covert symptoms.

Objective: the aim of the study is to analyze the effect of SRM on overt and covert symptoms in a group of 9 PWS.

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THE METHOD:

Stendoro-Rocca Method (SRM) is structured in 17 sessions, twice a week, lasting 90 minutes each, and daily exercises practiced.

The Speech and Language Pathologist teaches the technique to the PWS, while a Child Psychologist runs psychological, cognitive and social aspects, providing support to the patient and his family.

AIM:

The aim of the study is to assess SRM impact on speech fluency, acoustic and emotional aspects in young PWS.

MATERIALS & METHOD:

9 pws, (8 males, 1 female), aged 8-19 years, divided in 3 groups of 3 PWS each. Each PWS was assessed before (T0) and at the end (T1) of the treatment. Scores at T0 and T1 were compared through Wilcoxon test with Bonferroni's correction.

RESULTS:

will be reported separately to analyze accurately each outcome.

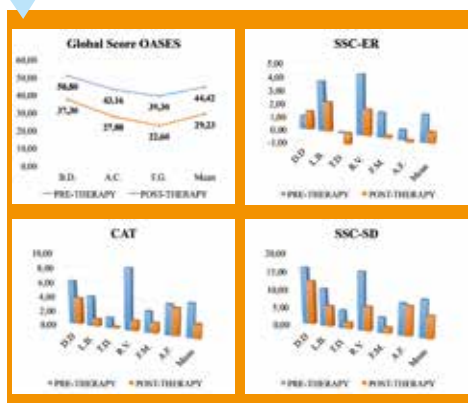
EMOTIONAL ASPECTS

OBJECTIVE: analyze patients' change in communicative attitude and affective-cognitive reactions about their speech ability.

MATERIALS & METHOD: PWS younger than 16 years (6) were evaluated with these questionnaires: CAT (*Communication Attitude Test*), SSC-ER (*Speech Situation Checklist-Emotional Reaction*) and SSC-SD (*SSC- Speech Disruption*).

The other 3 PWS, because aged 18-19, were examined through OASES questionnaire (*Overall Assessment of the Speaker's Experience of Stuttering*). Only OASES results weren't considered for statistical analysis because of the exiguous sample.

RESULTS:



CONCLUSIONS: Preliminary data suggest positive effect of SRM on communicative attitude and affective-cognitive reactions in PWS aged 8-13. PWS aged 18-19 have undergone clinical improvement but no significant difference was observed in T1-T0 compare because of the exiguous sample.

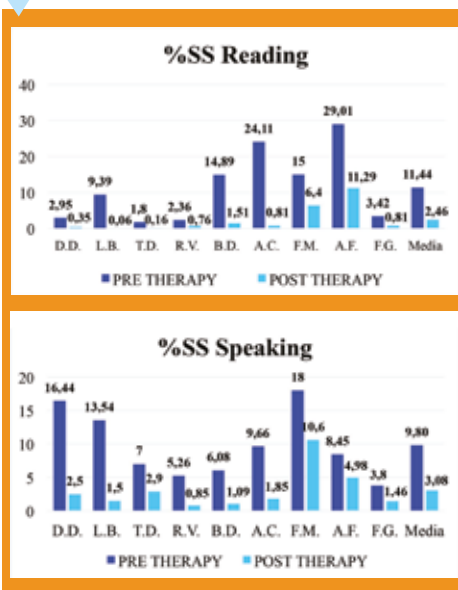
LIMITS: this pilot study lacks of a control group, sample dimensions, raters' blindness and long-term follow-up. Another evaluation at T2 was made 2 months after the end of treatment but results could only be discussed qualitatively

SPEECH FLUENCY

OBJECTIVE: evaluate how the patients' fluency changes during reading and conversation.

MATERIALS & METHOD: the fluency of each patient was assessed before (T0) and post treatment (T1) with SSI-4 (*Stuttering Severity Instrument*); in particular it was considered the % of stuttered syllables (%SS).

RESULTS:



CONCLUSIONS: according to many studies a 3%SS or less level can be considered a "good outcome", so our preliminary data can suggest a considerable improvement on fluency.

with a comparison to literature best knowledge.

CONCLUSIONS: these preliminary results let the authors presume that major effects could be found improving parameters reported in 'limits' section.

ACOUSTIC ASPECTS

OBJECTIVE: Observe the modifications of electroacoustic parameters in verbal production of patients.

MATERIALS & METHOD: The electroacoustic parameters, concern with the temporal aspects of the language, the variation of the fundamental frequency and the modification of the prosody of the speech, were examined before the start of rehabilitation (T0) and at the end of the rehabilitation treatment (T1).

The data were obtained using the Praat 6.0.23 acoustic analysis software, and compared also with the Student t test.

RESULTS:



CONCLUSIONS: Comparing the modifications of the electroacoustic parameters emerged as significant, with the results of the speech therapy clinic evaluation, it is possible that an improvement in verbal fluency means an improvement of electroacoustic parameters.