

Post Monitor Studies for the Treatment of Speech Hand Synchronization for Adult who Stutter: 3 Months Follow Up

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Abstract

Objective: The aim of the current study was to follow up for 3 months of stuttering therapy procedure in adults who stutters accomplishing spontaneous fluent speech.

Methods: In this pilot study, 30 subjects were selected and divided into (i) speech-hand synchronization (SHS) (ii) Camperdown Programme (CP) and (iii) control group (CG) for the treatment therapy. The post-treatment sessions were carried out for 3 months for 50 minutes a day for 10 weeks and each week was considered as week days (5 days).

Result: The SHS and CP patients could not show the significant association in post-treatment sessions for 3 months' sessions. SSI-4, OASES and LCB were seems to be non-significant. However, SHS and CP was also seeming to be positive effect in assessments measuring well-being and self-perceptions.

Conclusion:

Stage IV: Maintenance (Here clients develop problem-solving skills to prevent relapse).

The current study was the monitor study for the Almodhi et al [2016], a pilot study of 30 participants opted from 3 categories (i) SHS (ii) CP and (iii) control group (CP). The aim of this current study was the follow up study of 3 months in 30 participants with and without subjects and controls to innovate the novel stuttering therapy procedure and to evaluate its effectiveness in adults who stutters in accomplishing spontaneous speech.

Materials and Methodology

As with the present study

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	CG post CG 3 m	-0.77	2.05861	0.65099
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-2.24264

0.70264

-1.183

9

0.267

step change, while the change between any of the post-treatments are incremental, and are likely to take time before they become important. It can be argued that a certain amount of decline suggests g[b] Wbh improvement over long period of time. g maybe because motivation could wear down purely as a function of time and that the clients may forget the coping mechanisms [17].

Y Y is no reason to assume that this will happen in SHS without testing the programme for a longer time such as j Y years to make some XY b)hY conclusions on sustainability. Clinically g[b] Wbh decline is also likely to be avoided because clients were advised to visit the clinic for a 50-minute therapy every 3 months. g aims to assist with spontaneous i Ybh speech and conversation, reading and also give the client the opportunity to raise any issues. If the clinician notices anything majorly going wrong the client is referred back to the clinic for further therapy. Y client would also be reminded of the motivational factors, that life is not perfect and that the responsibility is theirs. g is a core element of SHS.

It is very clear from the results that SHS is an Y Wj) Y programme, given the extent of the improvements made between pre and post, and the sustainability shown over the post, 3 months post-clinic periods. SHS is likely to take shorter time compared to CP because while both took 10 weeks in this study, in some studies CP took up to two years.

As set out by Hayes et al. [18], unlike the CP based approach that focuses on changing the content of thought, an acceptance-based therapeutic approach like the SHS focuses on awareness, acceptance and understanding of context. Y result of this study therefore gives weight to the theory that acceptance can also reduce the frequency of stuttering and improve the i YbW)of speech [19]. Y importance of this is not just the statistical g[b] Wbh