RCSLT Stammering guidance

## DRAFT FOR CONSULTATION

April 2025

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**The information in this document is currently in development and has been shared as part of a consultation. If you are seeking guidance or information on this topic, please ensure you refer to final published content which can be found on rcslt.org.**

We appreciate any comments provided to us during the consultation, all of which will be reviewed by the working group within the context and scope of the project. We ask that, where possible and relevant, you accompany any counter arguments to statements made in the document with supporting evidence e.g. a research reference.

Members of the working group should not be contacted directly, and all feedback should be made through the assigned route e.g. via survey or project manager. Feedback made through unassigned routes or after the closing date will not be accepted or responded to.

Thank you for your support with this project.

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# Practice recommendations

The RCSLT makes the following recommendations for delivering the remit of a speech and language service in stammering. You can also find a summary of the area [add link], as well as additional resources [add link].

See also RCSLT general guidance on [Care Pathways](https://www.rcslt.org/members/delivering-quality-services/care-pathways), including [Referrals](https://www.rcslt.org/members/delivering-quality-services/care-pathways/screening-and-referrals), [Assessmen](https://www.rcslt.org/members/delivering-quality-services/care-pathways/assessment)t, [Management](https://www.rcslt.org/members/delivering-quality-services/care-pathways/management-and-intervention) and [Discharge](https://www.rcslt.org/members/delivering-quality-services/care-pathways/discharge).

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Please [contact us](https://www.rcslt.org/help-and-support/contact-us) if you have any suggestions or feedback on these pages.

# 2. Introduction

These web pages provide practice guidance for speech and language therapists (SLTs) who work with children, young people and adults who stammer and outline the key responsibilities and activities of SLTs. Feedback from people with lived experience of stammering has been sought when writing this guidance.

## 2.1 Terminology

The terms *stammering, stuttering* and *dysfluency* can be used inter-changeably. The term dysfluency is deficit based and implies that deviation from the “norm” is a problem. *Stammering* or *stuttering* acknowledge the lived experience without implying that variation is inferior. Within the UK, *stammering* is the term most used by organisations that provide support to this group of people. *Stammering* will be the term used within this guidance.

# 3. Ensuring access to speech and language therapy services

## 3.1 Public health and partnerships

The role of the SLT is to:

* Advocate for the existence of speech and language therapy services for people who stammer
* Develop appropriate care pathways for children, young people and adults who stammer
* Collaborate with the stammering community and organisations that support people who stammer to provide accurate information and advice.
* Provide training and support to colleagues in Education and Health to increase the identification of stammering and appropriate referrals. This ensures timely support and positive outcomes.
* Work in partnership with parents to increase their awareness of the things that they can do to support their child’s communication confidence and participation.
* Support children, young people and their families with the possible psychosocial and emotional aspects of stammering.

## 3.2 Awareness raising and early identification

Early identification of stammering is important to ensure timely support and positive outcomes. When children and their families do not receive timely support, parents may become anxious about their child’s speech and children may start to develop negative thoughts, feelings and responses to stammering.

SLTs play a role in educating others about stammering and when and how to seek support.

## 3.3 Access

All speech and language therapy services should provide information about their referral criteria for children, young people and adults who stammer. Details about how to refer should be available in service literature and/or website. Information must be accessible in accordance with the [Information Accessible Standard](https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/).

## 3.4 Referrals

The RCSLT recommends that:

* Consent guidance is followed (see [RCSLT guidance on consent](https://www.rcslt.org/members/delivering-quality-services/consent-guidance/)).
* Referrals for stammering are processed in a timely manner.
* An assessment is offered as soon as service priorities allow, and that both the referrer and client are informed of the waiting time.
* When the waiting time will be significant, it may be appropriate to offer some general advice to be implemented during this waiting time and signpost to the available resources [link to public pages resources].

Please see [RCSLT information on screening and referrals](https://www.rcslt.org/members/delivering-quality-services/care-pathways/screening-and-referrals/) for general details about referral management.

# 4. Assessment

Assessment of stammering is a detailed process. It aims to establish the nature of the stammering and the possible impact on the client and others around them. An initial comprehensive assessment would be individualised for the client and typically involves gathering information linked to relevant medical, developmental, communication, psychosocial, environmental and family history factors.

## Assessment to consider the following factors:

### 4.1 Children

* parental concern and reasons for seeking support
* parental and child understanding of stammering
* parent child interaction
* strategies parents have used or are currently using to support their child.
* assessment of factors relating to likelihood of continuing such as family history, biological sex, time since onset, language development.
* screen of speech and language skills including stammering
* detailed assessment of stammering including effort, struggle, secondary behaviours
* impact of stammering at home, socially at nursery/school / college though gaining additional information from relevant key partner agents
* impact on academic attainment
* previous therapy and what helped
* strategies to manage stammering including masking
* level of insight, understanding or concern from the child about their stammering?
* thoughts and feelings about stammering
* responses of others to stammering.
* connection to stammering community and sources of support
* does the child want help and what might their best hopes be?

### 4.2 Adults

* is stammering something new or is it typical for the client?
* if stammering is new, have medical investigations being conducted?
* reasons for seeking help now and hopes from therapy
* history of stammering and changes over time
* previous therapy and what helped
* what is the client already doing to help / support themselves?
* strategies to manage stammering including masking strategies such as switching words, not speaking
* Impact of coping strategies and the cost vs benefit of these
* impact of stammering at home, on relationships, socially and on education or employment
* thoughts and feelings about stammering
* variability
* impact of others’ responses to stammering.

### 4.3 Formal assessment

There is a range of formal assessment tools which can be used to gather further information about stammering and the client’s experiences. These assessments provide useful but limited information and should be used alongside more informal, client-centred methods.

Some assessments objectively measure the frequency of stammering behaviours such as percentage Syllables Stammered (%SS) or Stammering per Minute of Speaking Time (SMST) as well as the duration of moments of stammering. Measuring stammering in this way provides limited information as it only tells us how much the client is stammering in that moment and is based on the listener's (i.e. the therapist's) perception of the stammering, rather than the person who stammer's experience and perception of the moments of stammering.

Some assessments are based on self-rating scales where clients rate their experiences of stammering across various dimensions including thought and feelings reactions to stammering, communication in daily situations and quality of life. These assessments enable the client to provide detail about their experiences of stammering but are limited by potential issues with relevance and reliability.

# 5. Decision making and therapy

Therapy takes different forms over time and people who stammer may access support across different transition points and stages of life. Therapy for stammering is individualised, based on the client’s priorities and best hopes. Areas to be prioritised in therapy will be agreed with the client and may include one or more of the following:

* psychological change
* speech modification
* facilitating changes in the speaking environment to ensure it is supportive.

The process of decision making when working with people who stammer is complex. In deciding about the best way to support a child, young person or adult who stammers, the following questions need to be addressed:

* What are the priorities or best hopes from therapy for the client or parent?
* Will speech and language therapy help to reduce any negative *impact* of stammering?
* Will therapy for the child support parents to reduce their concern about their child’s speech?
* Does therapy need to address speech, thoughts, feelings or concealment strategies?
* Could a reduction of any negative impact of stammering be achieved through working with others to create a more supportive communication environment?
* What level of support is needed to facilitate the client’s (child, young person, parent, adult) knowledge and understanding of stammering?
* Would group therapy support be beneficial?
* Are there any other areas within the child or young person’s speech, language and communication profile which require support?
* Would the individual benefit from being a member of the stammering supported community?
* Will working directly on speech be beneficial or could we inadvertently reinforce ableist views about stammering and fluency?
* Will this client’s needs be more appropriately met by another service or professional?

The above questions can support collaboration between the SLT and client to formulate an agreed joint plan which needs to be discussed with the client/child and/or parent. Where it is considered that the client’s needs will be most appropriately met by another professional or service, the SLT will make an onward referral or contact with the GP to request a referral.

# 6. Therapy

The RCSLT recommends that SLTs take a holistic approach when providing therapy and consider the range of personal factors to determine the timing and duration of support for the client.

## 6.1 Early stammering

For young children who stammer, therapy will be offered through partnership working with parents and/or carers and others in the child's life. It will be based on the findings from discussion with the parent/or carer and assessment.

Therapy aims to support children to communicate confidently, enjoy speaking and participate in everyday activities. It may involve one or more of the following:

* Supporting stammering affirming attitudes amongst parents / carers / nursery staff through education about stammering
* Supporting family interaction to create a nurturing and supportive communication environment for the child e.g. limiting demands on the child’s speech such as time pressure or correcting stammering
* Supporting easier speaking using behavioural strategies

## 6.2 School aged children

Therapy for this age group follows an individualised approach, based on assessment discussion and findings and the parent and child's best hopes for therapy. It aims to promote effective and confident communication through supporting the speech, communication and cognitive/psychological aspects of stammering. It will include elements from the following:

* Supporting stammering affirming attitudes amongst parents/carers/school staff through education about stammering
* Advocacy through working with the family, school, friends and community to create a supportive communication environment
* Support the child, family and school to problem-solve difficult situations linked to stammering e.g. teasing or other challenging reactions to it
* Developing confidence and competence in communication skills
* Developing general resilience and the ability to be more comfortable during a moment of stammering
* Strategies to ease speech tension.

## 6.3 Young people and adults

Therapy for young people and adults is personalised according to the client's goals and presentation. It will involve working with them to facilitate change in their thoughts, feelings and behaviours relating to their speech. It may include working directly on their speech but often may not. Therapy might include one or more of the following:

* Providing information and education about stammering
* Working to gain more understanding of individual experiences of stammering
* Reducing self-stigma or internalised ableism
* Working towards a stammering affirming identity
* Advocacy and engagement with stammering culture
* Developing greater comfort during a moment of stammering
* Reducing concealment
* Speech modification strategies

## 6.4 Group therapy

Therapy may be offered on a one-to-one basis or in groups. Group therapy for school aged children, young people and adults who stammer has several benefits:

* Fostering a sense of community and shared identity
* Promoting acceptance of the identity as a person who stammers
* Gaining insight and inspiration from others who share similar experiences
* Creating a communication environment that is more reflective of communication situations outside of therapy which cannot be as easily achieved in individual therapy
* Building resilience
* Supporting with problem solving linked to more challenging communication situations or reactions to stammering
* Developing confidence in communicating in a group setting
* Developing a supportive peer network/community
* Optimising therapy resources.

## 6.5 Psychological approaches

At the time of writing, the following approaches are quite commonly used within SLT support for older children and adults who stammer. They can enhance SLT's skills and require additional training before implementing

* Cognitive Behavioural Therapy (Menzies et al., 2029; Nnamani et al, 2019; Berquez & Jeffrey, 2024)
* Mindfulness (Boyle, 2011; Emge and Pellowski, 2019)
* Acceptance and Commitment Therapy (Freud et al., 2020; Naz, 2020)
* Solution Focused Brief Therapy (Ramos-Heinrichs, 2023).

Compassion Focussed Therapy (Gilbert, 2009)

## 6.6 Acquired stammering

Therapy for people with acquired stammering is in its infancy and more evidence-based protocols are needed. Good practice currently prioritises information and education about the visible and invisible aspects of stammering. Strong multidisciplinary working is recommended to ensure an accurate diagnosis of acquired stammering and that speech therapy fits within the overall management of need. The MDT may include Neurology, Psychiatry or Psychology.

## 6.7 Stammering affirming therapy

In recent years, aligned with the neurodiversity movement, there has been a move towards stammering affirming therapy (Sisskin, 2023). This is an acceptance-based approach which regards direct attempts to work on changing speech within therapy as harmful, reinforcing stigma and ableist views of stammering.

The development of any evidence-based approach takes several years and so the empirical evidence for this way of working is not yet established. However, as new evidence emerges, it is likely that stammering affirming therapy will increase in prominence over the coming years.

Therapists influenced by the Stammering Pride movement may choose to emphasise client's autonomy during therapy (including their ability to choose when/how to use self-supportive strategies, when/how to use speech techniques) as well as using psychological techniques to reduce negative thoughts/feelings around stammering and encourage confidence and resilience.

## 6.8 Assistive technology

Some people use assistive technology. These operate using two different methods:

1. Delayed auditory feedback (DAF) where the individual’s voice is played back into the earpiece with a slight delay.
2. Frequency adjusted feedback (FAF) where the speaker’s voice is played back into the earpiece at a different pitch.
3. Masking where white noise is played into the earpiece to mask the sound of the voice.

Both methods elicit more fluent speech. In some people who stammer. However, there is variability in the duration of this change. Some people report that using DAF or FAF makes it harder for them to feel present in a conversation. These effects are available through both apps and devices. See further information on [[STAMMA's website](https://stamma.org/get-help/for-your-stammer/apps-fluency-devices?gad_source=1&gclid=EAIaIQobChMI-oyR3pCijAMV8YtQBh0f2CHCEAAYASAAEgJNKfD_BwE)](https://stamma.org/get-help/for-your-stammer/apps-fluency-devices?gad_source=1&gclid=EAIaIQobChMI-oyR3pCijAMV8YtQBh0f2CHCEAAYASAAEgJNKfD_BwE).

## 6.9 Discharge

Clients will be discharged from speech and language therapy for the following reasons:

* Care has been transferred to another service via onward referral.
* Therapy is complete and outcomes have been achieved and maintained.
* Therapy is no longer meeting their needs.
* They have been unable to engage with therapy through non-attendance (discharge within local policy).

For whatever reason the client is discharged, they should be signposted to organisations and services that can offer support (link to public pages resources) and provided with information about how to re-enter the service if required later. Care should be transferred to the professional with a universal duty of care i.e. GP and/or headteacher along with information about how to re-refer. See [RCSLT guidance on discharge](https://www.rcslt.org/members/delivering-quality-services/care-pathways/discharge/).

## 6.10 Bilingualism

For bilingual clients who stammer, see [RCSLT bilingualism guidance](https://www.rcslt.org/members/clinical-guidance/bilingualism/).

# 7. Professional requirements

## 7.1 Supervision

The RCSLT recommends that all practising SLTs access regular supervision – see [RCSLT supervision guidance](https://www.rcslt.org/members/delivering-quality-services/supervision/supervision-guidance/).

When working with people who stammer, SLTs help parents, children, young people and adults who are experiencing challenging thoughts and feelings. They work in partnership with the client to facilitate psychological change. It is essential that this work is brought to regular supervision sessions to ensure the SLT is well supported in providing high quality care for their clients.

## 7.2 Collaborative working

SLTs should work with others to ensure that children, young people and adults who stammer are fully supported. This includes but is not limited to:

* Providing general advice about stammering to schools, colleges and universities
* Providing information to employers
* Working with teachers to support a specific child at school
* Supporting clients’ self-advocacy

See [RCSLT guidance on collaborative working](https://www.rcslt.org/members/delivering-quality-services/collaborative-working-guidance/).

## 7.3 Workforce

SLTs have recognised variability with their knowledge, skills and confidence levels when working in the field of stammering (e.g. Crichton-Smith, 2003). In view of this, CPD and workforce development opportunities linked to stammering can ensure an appropriate mix of clinical knowledge and skill across services. As part of CPD and support / supervision, it is helpful for practitioners to understand the post registration level that they are working at in order to access relevant learning and development to support autonomous practice. It is advisable for services to consider their current workforce skill mix for stammering in terms of access to specialist practitioners e.g. for shadowing, mentoring and supervision opportunities.

It can be helpful for service providers to consider their workforce knowledge and skill mix for stammering across the three defined levels of practice outlined below. Information gathered from a training needs or skill mix analysis can then be integrated as part of local service competencies to facilitate a streamlined and evidence-based approach to CPD, supervision and mentorship within this field.

**At Level 1**, practitioners typically work with a range of stammering cases. This level of practice will usually incorporate early entry clinicians (e.g. newly qualified practitioners) or those who are new to working in the field, often as part of a more generalist caseload. Depending on case complexity, Level 1 practitioners can usually work autonomously within the field to a certain level with appropriate support / supervision and guidance in place.

**At Level 2**, practitioners will typically demonstrate an emerging specialist level of knowledge and skill and they can work autonomously with stammering cases. This may involve undertaking additional specialist training within the field as well as offering supervision and second opinions to more generalist practitioners e.g. with complex cases and decision making.

**At Level 3**, practitioners demonstrate advanced knowledge / skills within the field of stammering. Typically, Level 3 practitioners will lead with areas such as care pathway and training development. In terms of workforce development, Level 3 practitioners will be able to identify learning and CPD opportunities for Level 1 / 2 SLTs as well as offering specialist support and supervision.

## 7.4 Telehealth

Services for stammering can be provided online. See [RCSLT telehealth guidance](https://www.rcslt.org/wp-content/uploads/2022/11/telehealth-guidance-update-member-consultation-November-2022.pdf).

# References – TO BE ADDED