

Implementation of Wright and Ayre Stuttering Self-Rating Profile in the Saudi Subjects Who Stutters

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Abstract

Objectives: The aim of this study was to identify systematically, appraise and synthesize evidence on interventions to assess stuttering in Saudi adults who stutter with WASSP and to determine how applicable to identify patients of potential obstacles to successful outcomes following intervention.

Methods: In this study, 5 Saudi male adults who stutter were recruited. The pre-phase and post-phase well prepared questionnaire was given to fill with sign consent form.

Results: The 5 subjects were frequently more comfortable in post-phase than the pre-phase. In pre-phase, the subjects were severely affected with different forms of stutters like frequency, uncontrollable and urgency.

Conclusion: The results of this study conclude the identifying the importance of stuttering and the opinion on WASSP and assessment in Saudi adults who stutter.

Keywords: Stuttering; WASSP; Saudi Adults

Abbreviations

1-None; 2-Good; 3-Fine; 4-OK; 5-Pre-severe; 6-Severe; 7-Very severe

Introduction

Stuttering is defined as fluency disorder characterized with involuntary disrupting the flow of speech, hindering the production of continuous, smooth and effortless speech. The definition could be defined as dysfluency of speech that may be characterized by repetition of the initial sound of words, repetition of whole words, 'getting stuck' and being unable to say a word, or avoiding certain words or situations because of a fear of stuttering and the treatment of stuttering has been made availability since 1950s in both children and adults [1]. WASSP is elongated as Wright & Ayre stuttering self-Rating profile, defined as the recordings of a person how stutters their stutter in the initial and final block of the speech and language therapy and therefore makes it possible for any perceived changes to be noted and future management to be planned according to the light of these measures. WASSP was originally designed and standardized as an outcome measure to be used with adults who stutter in the UK. It reflects the increasingly influential World Health Organization's International Classification of Functioning, Disability, and Health (ICF) framework. Recent publications have demonstrated that WASSP is now in mainstream use, both clinically and as a research tool, and appears to measure change effectively with a variety of therapy approaches both within and outside the UK [1-3]. WASSP was developed to assess and measure outcomes in the areas of perceptions of stuttering behaviours, avoidance, feelings and disadvantage [2,3]. Researchers have also called

for other aspects of stuttering such as cognition and affect to be measured [4], and self-reporting may be considered a valuable way of assessing covert aspects of stuttering that are not easily observable [5]. WASSP represents another recent attempt to examine cognitive and affective variables amongst adults who stutter age 18 or over. The profile has also been used with clients aged 14 to 18, but the authors suggest that not all clients of this age group will be able to use the profile effectively and the clinician should exercise her judgement on such cases. Like OASES, WASSP was developed with the help of feedback from clients who stutter [6]. There are no studies have been implemented in the Saudi population and I had tried to conduct the pilot study to see the feedback. The aim of this study was to identify systematically, appraise and synthesize evidence on interventions to assess stuttering in Saudi adults who stutter with WASSP and to determine how applicable to identify patients of potential obstacles to successful outcomes following intervention.

Methods

In this pilot study, we have selected five Saudi adults who stutter to tell their opinion in 2 phases i.e. (i) pre-phase (Tables 1-10) and (ii) post-phase via the questionnaire. Consent form was signed by five of them and filled the questionnaire. This study was carried out in King Saud University, Riyadh and Saudi Arabia. All the subjects have filled the pre-phase and post-phase questionnaire. Ethical approval was obtained from the college of Applied Medical Sciences, King Saud University, Capital city of Saudi Arabia.

Results

In this study, we have recruited 5 subjects, native of Saudi Arabia to identify the stuttering in adults of their own experience. The result in

this section has been described as pre-phase and post-phase. All the tables follow 7 rows and first row is termed as none, 2nd as good, 3rd as fine, 4th as OK, 5th as pre-severe, 6th as severe and 7th as very-severe.

Pre-phase analysis

The pre-phase details are documented in Tables 1-5.

Stuttering Behavior	None 1	2	3	4	5	6	Very severe 7
Frequency of stutter			2		1	2	
Physical struggle during stutter	1		1	1	1	1	
Duration of stutter			1	1	3		
Uncontrollable stutter					2	2	1
Urgency/Fast rate speech			1	1	1	2	
Associated facial/body movement		1	2	1		1	
General level of physical tension			1	2	2		
Loss of eye contact	1		2		2		
Other	2				1	2	

Table 1: Information of stuttering behavior in pre-phase.

Thoughts about stuttering	None 1	2	3	4	5	6	Very severe 7
Negative thoughts before speaking				1	2	2	
Negative thoughts during speaking				1	2	2	
Negative thoughts after speaking		1		1	1	2	

Table 2: Stuttering about the patient thoughts.

Feeling about stuttering	None 1	2	3	4	5	6	Very severe 7
Frustration				1			
Embarrassment							1
Fear				1			
Anger				1			
Helplessness					1		
Other					1		

Table 3: Pre-phase feeling of stuttering.

Avoidance due to stuttering	None 1	2	3	4	5	6	Very severe 7
Of words						5	
Of situations			1	1		2	1
Of talking about stuttering with others			1	1	1	1	1
Of admitting your problem to yourself	1	1		1	1		1

Table 4: Pre-phase avoidance due to stuttering.

Avoidance due to stuttering	None 1	2	3	4	5	6	Very severe 7
At home	2	2		1			
Socially	1		1		1	1	1
Educationally	1					3	1
At work				2		1	2

Table 5: Representation of stuttering Evasion.

The results of Table 1 describe the maximum subjects are prone in 5th phase i.e. pre-severe stage i.e. 13 (28.8%) respectively followed by 6th phase 10 (22.2%) and 3rd phase 10 (22.2%) respectively. Only 1 subject opinion fits in the severe phase.

The Table 2 describe the opinion about the negative thoughts. Overall, 60% of subjects feel about negative thoughts which compile in pre-severe and severe phase.

Stuttering Behavior	None 1	2	3	4	5	6	Very severe 7
Frequency of stutter		2	1	2			
Physical struggle during stutter	3		2				
Duration of stutter		2	2		1		
Uncontrollable stutter		1	4				
Urgency/Fast rate speech		1	1	1	2		
Associated facial/body movement		2	2		1		
General level of physical tension		2	1	2			
Loss of eye contact		1	1	2	1		
Other	5						

Table 6: Information of stuttering behavior in post-phase.

The feelings of stuttering in public are described in Table 3. Only 1 subject feel embarrassment in public very severely and rest of them feel

comfortable in the public. All the subjects 5 (100%) feel to avoid the stuttering words in the public and follows in severe phase.

Thoughts about stuttering	None 1	2	3	4	5	6	Very severe 7
Negative thoughts before speaking		3	1	1			
Negative thoughts during speaking	1		3	1			
Negative thoughts after speaking	1	2		1	1		

Table 7: Post-phase stuttering about the patient thoughts.

The severe phase will be categorized as demanding the situation, talking about own and other problems, described in Table 4. However, 40% of the subjects avoid stuttering in work very-severely and 60% of them avoid the stuttering in the education. Rest of them avoid the stuttering in the public places and homes (Table 5).

Feeling about stuttering	None 1	2	3	4	5	6	Very severe 7
Frustration	1	2	1		1		
Embarrassment	1		3		1		
Fear		4	1				
Anger	2	2		1			
Helplessness		4	1				
Other	4	1					

Table 8: Post-phase feeling of stuttering.

Avoidance due to stuttering	None 1	2	3	4	5	6	Very severe 7
Of words		2	1	1	1		
Of situations		1	3	1			
Of talking about stuttering with others		3			2		
Of admitting your problem to yourself	1	2		2			

Table 9: Post-phase avoidance due to stuttering.

Post-phase analysis

Coming to the post-phase analysis, maximum number of subjects falls into none to pre-severe phase. 60% of the subjects describe the physical struggle during the stutter (Table 1). The Table 2 describes the thoughts about stuttering in post-phase. The maximum number of negative thoughts were found be in between 2nd and 3rd phase. Other results of table of post-phase were documented 2nd and 3rd phase (Tables 3-5).

Avoidance due to stuttering	None 1	2	3	4	5	6	Very severe 7
At home	1	4					
Socially		2	2	1			
Educationally		1	1	2		1	
At work	1	2	1	1			

Table 10: Representation of post-phase stuttering Evasion.

Discussion

Stuttering is a fluency disorder that extends beyond its physical nature and has social, emotional and vocational impacts. Research shows that individuals often exhibit negative attitudes towards people who stutter [7]. Epidemiological research methods have been shown to be useful in determining factors that might predict commonly reported negative public attitudes toward stuttering. The earlier research has suggested that stuttering attitudes of respondents from western countries, though characterized by stereotypes and potential stigma, are more positive than those from several other regions of the world. This inference assumes that public attitudes within various regions characterized by “The West” are similar [8]. Till date, lot of research has been carried out in evaluating public attitudes toward stuttering has been conducted in adults, wherein the etiology of such attitudes remains uncertain due to myriad environmental influences from years of diverse experiences. However, there is growing evidence that awareness of and negative attitudes toward stuttering may begin at a young age [9-11].

WASSP consist of mainly 5 internal reliable sub-scales such as Behaviour, Thoughts, and Feelings about stuttering, avoidance and disadvantage. The frequency and range of qualitative stuttering behaviours are included and the improvement may be as defensive, coping reactions to stuttering [12]. The cognitive aspects of stuttering were initially recognised by Sheehan et al. [13] and Van Riper [14]. The negative thoughts may include unrealistic beliefs or predictions about stuttering, instinctive thoughts and reactions following speaking [15]. The other kind may be used for feeling specific to individuals. Sheehan et al. [13] has introduced the important factor i.e. avoidance at different levels are addressed. The disadvantage term was preferred by speech language and therapists and people who stutter as a neutral and clear term for social role restriction rather than handicap/participation. A recent study by Mugambi et al. [16] carried out a study in stutter patients in Nairobi to evaluate the satisfaction of work and results confirmed the low level job satisfaction among Deputy Principals could be improved by addressing factors that leads the job dissatisfaction and low morale among this cadre of institutional managers.

The limitation of this study would be low sample size. The results of this study conclude the identifying the importance of stuttering and the opinion on WASSP and assessment in Saudi adults who stutter. Future studies should also implement in adolescents with large sample size in both adults and adolescents.

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