

## ADULTS: Fluency Guidelines for Referral to Speech-Language Pathologists (SLPs)

### Most Common Etiologies:

- Functional stuttering or cluttering
- Stroke

### Related Terms:

Apraxia of speech, avoidance behavior, block, circumlocution, cluttering, disfluency, dysarthria, eye contact, false start, perseveration, prolongation, prosody, repetition, revision, slurred speech, sound distortion, sound omission, sound substitution, stutterer

### Potential Consequences:

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| <ul style="list-style-type: none"> <li>• Avoidance of certain words and sounds resulting in failure to convey message</li> <li>• Embarrassment, anxiety, fear, and/or frustration due to difficulty expressing information fluently</li> <li>• Avoidance of situations felt to have a higher potential for disfluent speech</li> </ul> | <ul style="list-style-type: none"> <li>• Avoidance of communication with certain individuals</li> <li>• Limitation of activities to avoid verbal situations</li> <li>• Social and/or emotional isolation (which may lead to reduced self-esteem and increased risk for depression)</li> </ul> |
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### Behaviors<sup>1</sup> That Should Trigger an SLP Referral

#### Difficulty functioning independently due to

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| <ul style="list-style-type: none"> <li>• disfluencies or disruptions in natural, smooth flow of speech that may be characterized by             <ul style="list-style-type: none"> <li>- part-word repetitions (e.g., “buh-buh-buh-baby”)</li> <li>- word repetitions (e.g., “She-she-she was going”)</li> <li>- phrase repetitions (e.g., “I was – I was going”)</li> <li>- revisions (e.g., “I was – I am going”)</li> <li>- prolonged sounds (e.g., “Rrrright here”)</li> <li>- loss of rhythm due to tensing or improper stress, timing, or prolongation during production of words (e.g., “She-w-was going ... home”)</li> <li>- tension and/or pauses between words or part words (i.e., “She was go-ing home”)</li> <li>- stoppage of airflow or phonation</li> <li>- tremor of lips, jaw, and tongue</li> <li>- interjections of sounds, syllables, words, or phrases (e.g., “uh” or “well”)</li> </ul> </li> <li>• avoidance of places and activities where individual feels maintaining fluent speech is difficult</li> </ul> | <ul style="list-style-type: none"> <li>• secondary sounds or facial/body movements developed to distract listener and facilitate fluent speech (such as closing or enlarging eyes, dilating nostrils, turning head sideways, or moving hands, fingers, legs, or body)</li> <li>• neurologically based difficulties in word finding, sound/word substitutions, perseverations, or revisions (e.g., “I need a ... fork ... knife”)</li> <li>• neuromuscular disturbances causing spastic, jerky, tremory, or tense muscle movements, with slurred speech or inappropriate false starts in speaking (e.g., “R-r-r-ri-i-i-ghhhh-hh-ere”)</li> <li>• disturbance of programming, positioning, and sequencing of muscular movements causing severe tension; halting word production; or sound, syllable, or word repetitions and revisions (e.g., “To-To-Do-Do-you want to go?”)</li> <li>• abnormally slow rate, repetitions, prolongations, or hesitations with lack of concern regarding disfluencies following emotionally or physically traumatic event (e.g., “... I’m ... not really sure ... I don’t know ...”)</li> </ul> |
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<sup>1</sup>Behaviors are clustered to indicate different levels of function and/or patterns commonly associated with different medical conditions or etiologies.

Compliments of the  
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