



NSW Speech Pathology Evidence Based Practice Interest Group

Critically Appraised Paper (CAP)

CLINICAL BOTTOM LINE: Self imposed time-out treatment may be a valid treatment for some adults who stutter. It would be necessary to collect outcome measures to determine suitability for any particular client.

Clinical Question [patient/problem, intervention, (comparison), outcome]: Does self-imposed time-out from speaking reduce stuttering frequency in adults and is this maintained across time?

Search Terms: time-out
stuttering

Search Systems: PsycINFO
MEDLINE

Citation: James, J. E. (1981). Behavioural self control of stuttering using time-out from speaking. *Journal of Applied Behaviour Analysis*, 14, 411 – 419.

Design: Multiple Baseline Design

Participants: 1 single case study

Experimental Group: 18 year old male. Beyond clinic pre-treatment %ss (syllables stuttered) ranging from 4 – 18%ss.

Control Group: Multiple baseline design provides internal control of variables.

Results: Significantly reduced stuttering maintained for up to 12 months, measured both within laboratory context and in everyday situations.

Level of Evidence/Comments on Design: Lower than level IV (single case study). Within the context of a single case study it was well designed, giving valid results for that particular subject.

Appraised By: Margaret Webber
Clinical Group: Adult Fluency

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