

## Case Study

### The effect of CranioSacral Therapy on a premature boy who stutters.

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**Background:** Preschool stuttering can be both developmental and non-developmental in nature. The causes of stuttering are not known and there are no known cures. When stuttering is developmental in nature, the subject often ceases stuttering after a period of time and the characteristic patterns are as follows: occasional interjections “uh”, revisions, phrase repetitions and word repetitions. When stuttering is not developmental it shows as: sound repetitions, syllable repetitions, prolongations of sounds, and blocks where speech is unable to come out.

**Purpose:** The purpose for this case study is to present the effect of CranioSacral Therapy on a premature boy who stutters.

The boy followed in this study, began stuttering at 2 and ½ years of age. His patterns were as follows: use of chronic interjections “uh” and “um”, part word repetitions. He exhibited secondary symptoms such as facial contortion and eye blinks. He was evaluated by a speech language pathologist who specializes in fluency disorders. At the time of the evaluation, said subject displayed very severe stuttering per the Stuttering Severity Instrument-3 (SSI-3).

K.'s mother is an SLP and a CranioSacral therapist. His mother noticed that after she completed CranioSacral therapy on him, his system was calmer, more organized and his stuttering would subside for a few days. After speaking to the specialist, he noted positive changes too. It was noted that K. would push through his stuttering and have hard blocks thus moving his head and tapping his chin to get his words out. Thoughts were discussed about K. having some sensory integration issues (SI) as he seemed to have to feel the stutter and became locked in it. He was never evaluated for SI issues, however this could be the reason for why CranioSacral therapy was so beneficial.

**Methods:** K. was suffering from severe stuttering. During CranioSacral therapy his body showed a tight cranial base with dural tube twisting. He had tight transverse muscles to temporal bones and a locked sphenoid. As he received CranioSacral treatments, his trouble areas moved deeper e.g., parietal lobes into ethmoid and optic chiasm and most recently his medulla oblongata and pons. CranioSacral therapy was provided for a period of 5 months post fluency program with SLP. He was seen three times by a diplomate certified Upledger Institute CranioSacral therapist and then every other week by his mother (a CranioSacral therapist) for 30 minute sessions. Treatment plan-K. went through 12 weeks of speech therapy for stuttering which required daily practice 30 minutes a day on fluent speech. His mother provided CranioSacral therapy upon request of K., usually every other week for 30 minute sessions. He also received cranial work from a diplomate level CranioSacral therapist 3 x's.

**Results:** The stuttering has ceased with occasional developmental types of stuttering noted now, e.g., repetition of whole words and phrases, no longer tension or blocks. He still uses fillers “um” and “uh” but it is less effortful. His cranial system has changed and calmed and he will occasionally ask for and receive sessions from his mother.

**Conclusion:** The findings of this case history show that CranioSacral therapy has assisted in easing K.’s stuttering and could be an additional treatment for children who suffer from stuttering. It is the mother’s belief that CranioSacral therapy has helped to ease K.’s central nervous system therefore decreasing tension in his body and allowing for a state of calm over the fight/flight system which was fired during his stuttering episodes.

It has now been a year since K.’s speech therapy and above cranial work. K. still has good and bad days however his bad days are few and he is better able to fix his dysfluencies on his own so that they are less noticeable.