

Speech Pathology — Advice Letter to an Adult who Stammers on Starting Therapy

THE CASE NOTES

Patient: Mr Ethan Blake, 28 years old; trainee teacher; has stammered since childhood; referred by GP after increased severity following job stress

Assessment findings: SSI-4 (Stuttering Severity Instrument): moderate severity; predominantly repetitions and prolongations; secondary behaviours: head nodding and eye avoidance on anticipation; avoidance: avoids telephone calls, raises hand to speak in meetings but withdraws; self-assessment: 'my stammer controls me more than I control it'

Therapy approach discussed: Acceptance and Commitment Therapy (ACT) approach alongside fluency strategies — addressed the avoidance cycle; therapy is about living fully despite the stammer, not eliminating it; supported willingness to stammer openly

Strategies introduced today: (1) Voluntary stammering — intentionally stammer on a sound to reduce anticipatory anxiety and demonstrate control; (2) Pausing before speaking — reduces time pressure and secondary behaviours; (3) Smooth starts — begin words with a gentle vocal onset, not abrupt push

Practice for next session: Practise voluntary stammering in one low-risk situation per day (e.g. ordering coffee, speaking to a colleague); record observations in the therapy diary

Next session: In 2 weeks; will review the diary; introduce the CALMS approach to telephone calls

Task: Write an advice letter to Mr Blake explaining the therapy approach and the strategies to practise before his next session.

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WHAT TO INCLUDE

+ The therapy approach: ACT-aligned — about living fully alongside the stammer, not eliminating it, and reducing avoidance

Setting the therapeutic frame is the most important thing the patient takes from the first session. A patient who expects elimination of stammering and instead receives acceptance-based therapy will be confused and may disengage. The letter reinforces the frame.

+ The three strategies with brief descriptions: voluntary stammering (to reduce anticipatory anxiety), pausing before speaking, smooth starts

The patient needs these in writing — the session content is new and often partially retained under the anxiety of the first appointment. The advice letter serves as a take-home reference.

+ The specific practice task: voluntary stammering in one low-risk situation per day and recording observations in the therapy diary

A specific, do-able task converts the session into an action. 'Practise stammering' is too vague; 'stammer deliberately when ordering a coffee or speaking to a colleague once a day and note how it felt' is the instruction the patient can follow.

WHAT TO LEAVE OUT

OET Case Notes

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- **The SSI-4 severity score and the clinical assessment findings**

The assessment is in the clinical record. The advice letter focuses on what the patient does next. One line of positive framing — 'your therapy starts from a good understanding of how your stammer affects you' — is appropriate; the score is not.

- **A description of the CALMS approach**

This is next session's content. Introducing it now overloads the patient. 'In your next session, we will introduce strategies for telephone calls' is the correct forward reference — one sentence.

CRITERION IN FOCUS · GENRE & STYLE

A stammering advice letter must be warm, respectful, and empowering — never clinical or distancing. The patient has shared something vulnerable about how his stammer affects his professional and personal life. The tone acknowledges this: 'You described feeling that your stammer controls you more than you control it — our therapy focuses on shifting that experience.' The letter is not a clinical summary; it is a continuation of the therapeutic relationship in writing.

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