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# Proposal to Revise Classification of Stuttering in ICD-9-CM

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# What is Stuttering?

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- ▶ Stuttering affects the fluency of speech. It begins during childhood and, in some cases, lasts throughout life. The disorder is characterized by disruptions in the production of speech sounds, also called "disfluencies."
  - <http://www.asha.org/public/speech/disorders/stuttering.htm>

# National Institutes of Health

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- ▶ “Whereas at one time the major cause of stuttering was thought to be psychogenic, this type of stuttering is now known to account for only a minority of the individuals who stutter. Although individuals who stutter may develop emotional problems such as fear of meeting new people or speaking on the telephone, these problems often result from stuttering rather than causing the stuttering.”
  - <http://www.nidcd.nih.gov/health/voice/stutter.htm#what>

# From the National Stuttering Association:

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## ▶ What Causes Stuttering?

- ▶ The precise cause of stuttering is not known; however, researchers around the world are actively seeking new information about this complex communication disorder. ***We know that stuttering is not caused by emotional problems, and it is not a “nervous” disorder.*** We also know that stuttering is not the fault of the family, or of the person who stutters.

# Stuttering Foundation of America

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- ▶ Is stuttering caused by emotional or psychological problems?
  - ▶ ***Children and adults who stutter are no more likely to have psychological or emotional problems than children and adults who do not.*** There is no reason to believe that emotional trauma causes stuttering.
    - <http://www.stutteringhelp.org/Default.aspx?tabid=17>

# Current Exclusive Placement

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- ▶ Chapter 5. Mental Disorders (290-319)
  - ▶ 307 Special symptoms or syndromes, not elsewhere classified

# Current Placement

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- ▶ **Diagnosis 307**
  - ▶ Special symptoms or syndromes not elsewhere classified
  - ▶ “This category is intended for use if the psychopathology is manifested by a single specific symptom or group of symptoms which is not part of an organic illness or other mental disorder classifiable elsewhere.”

## Diagnosis 307 includes:

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- ▶ Anorexia nervosa
- ▶ Tics
- ▶ Disorders of sleep of non-organic origin
- ▶ Other and unspecified disorders of eating
- ▶ Enuresis
- ▶ Encopresis
- ▶ Psychalgia

# DSM-IV (1994): Stuttering

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## ▶ Stuttering

- ▶ A disturbance in the normal fluency and time patterning of speech that is inappropriate for the individual's age... Stuttering may occur as a developmental condition in childhood or as an acquired disorder which may be associated with brain infarctions and other brain diseases.

# 2008 ICD-9-CM Diagnosis 307.0: Stuttering

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- ▶ 307.0 is a specific code that can be used to specify a diagnosis
- ▶ 307.0 contains 6 index entries
- ▶ 307.0 excludes:
  - ▶ dysphasia (784.5)
  - ▶ lisping or lalling (307.9)
  - ▶ retarded development of speech (315.31-315.39)

# Proposed Placement

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- ▶ **Reserve code 307** for psychogenic stuttering (not part of an organic illness or other mental disorder classified elsewhere)
- ▶ **Create a new code** for unspecified speech disturbance, to include stuttering with onset in childhood (most typical presentation) in Chapter 16 Symptoms, Signs, and Ill-Defined Conditions, Section 784 Symptoms involving head and neck

# Proposed Placement

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784.50 Unspecified speech disturbance

784.51 Stuttering with onset in childhood

Excludes: Psychogenic stuttering  
(307.0)

784.59 Other speech disturbance

Dysarthria

Dysphasia

Slurred speech

# Section 784

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- ▶ Site of other speech and language disorders:
  - ▶ Symptoms involving head and neck

784.3 Aphasia

784.4 Voice disturbance

784.41 Aphonia

784.5 Unspecified Speech Disturbance  
Dysarthria

# Final Recommendation

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- ▶ In Chapter 7. Diseases of the Circulatory System create a code for fluency disorder due to late effect of cerebrovascular accident
- ▶ Section 438 Late effects of cerebrovascular disease

438.1 Speech and language deficits

438.13 Fluency disorder due to late effect of cerebrovascular accident (NEW)

# Rationale

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- ▶ No evidence that most stuttering reflects underlying mental pathology appropriate to **primary** code in 307.

## Rationale, continued

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- ▶ Placement of majority of cases (~98%) in 784.5 (speech disturbance) reflects:
  - ▶ Typical profiles for primary referral for diagnosis and treatment (to speech-language pathologists; National Stuttering Association survey findings, 2002)
    - ▶ Only ~ 5% of cases appear to warrant treatment beyond that provided by speech-language pathologists (Conture, 2001).
  - ▶ Evidence-based speech-language pathology treatment approaches for the remediation of symptoms (Bloodstein & Bernstein Ratner, 2008)

## Rationale, continued

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- ▶ Placement of stuttering subsequent to CVA (438) reflects symptom etiology and groups this condition with other, similar sequelae to cerebral vascular accidents.

## Inappropriateness of 307 code:

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- ▶ No evidence of underlying primary mental disorder in the typical case of stuttering with onset in childhood
- ▶ No evidence of effectiveness of treatments other than those utilized in speech therapy
  - ▶ In the past 20 years, out of approximately 250 published, peer-reviewed reports of stuttering treatments, only 1 involved psychotherapy (case study), while a few reported pharmacological treatments positioned as adjuncts to conventional speech therapy. Nearly all other reports involved conventional speech therapy procedures.

## Benefit of removing typical presentation of stuttering from Mental Disorders chapter

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- ▶ Stuttering will be accurately classified as something other than a mental or emotional disease. The perception that it is mental or emotional is still so strong that all responsible information sources feel that they must address it and refute it in defining stuttering, as our earlier slides show.

# Benefits

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- ▶ Currently difficult to track the three distinct varieties of stuttering presentation for demographic purposes.
- ▶ Assessment and therapeutic procedures differ for the three distinct varieties of stuttering (Bloodstein & Bernstein Ratner, 2008; Manning, 2001).

## Benefits, continued

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- ▶ Makes an effort to correct ongoing misperceptions encouraged by the 307 code.
- ▶ For example, a recent survey (Altholtz & Galensky, 2004) found that almost 1/3 of social workers believed stuttering to be a “sign of an inherent character weakness” and people who stutter to have psychological problems... “Of special concern is that stuttering is listed (as a mental disorder), even though it is no longer considered a psychiatric disorder” (Altholtz & Galensky, 2004, p. 199)