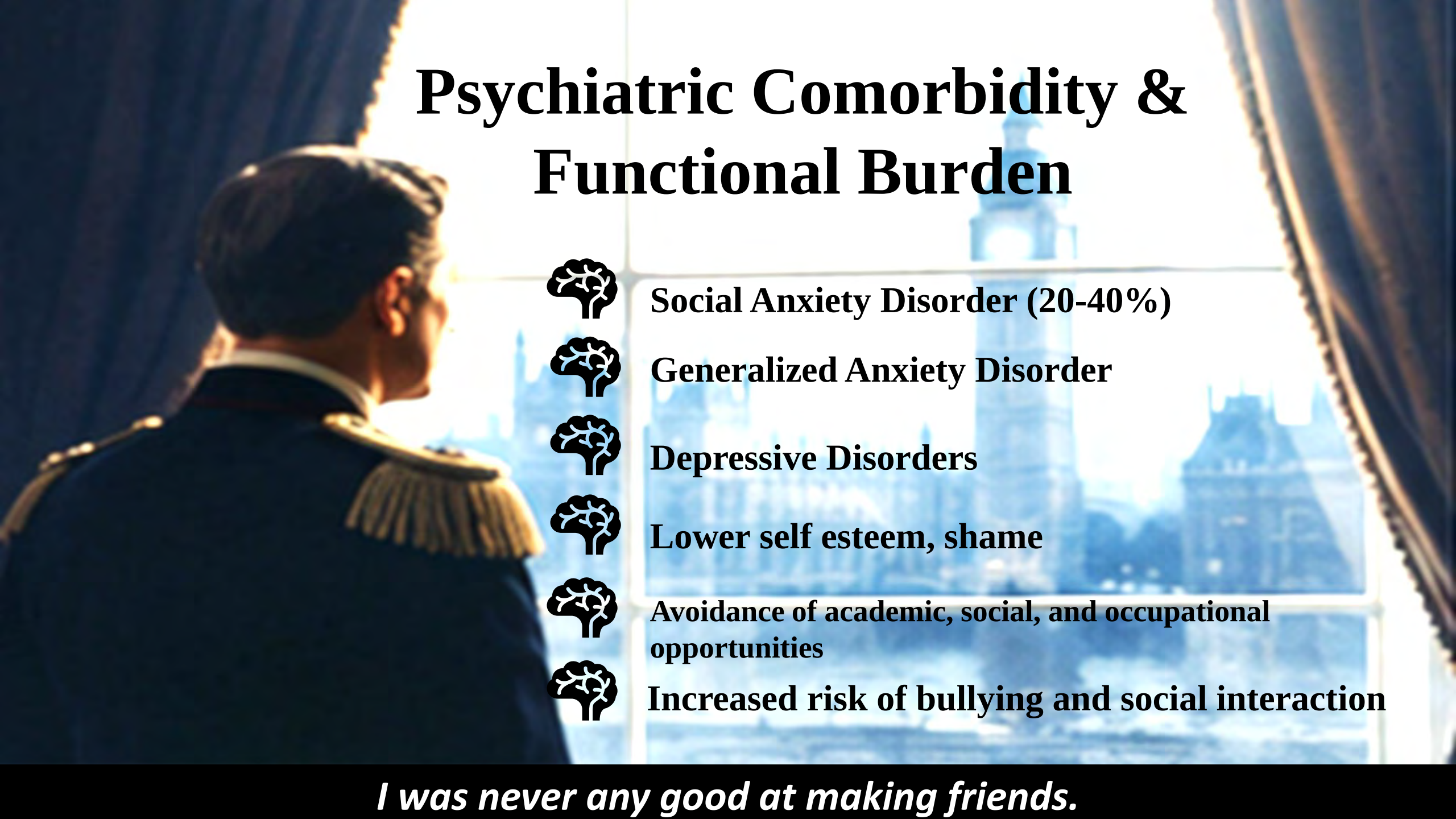

Psychiatric Comorbidity & Functional Burden

- Social Anxiety Disorder (20-40%)
- Generalized Anxiety Disorder
- Depressive Disorders
- Lower self esteem, shame
- Avoidance of academic, social, and occupational opportunities
- Increased risk of bullying and social interaction

I was never any good at making friends.

Bertie: A Psychiatric Formulation

Primary Disorder Childhood onset fluency disorder	**Persistent stuttering** **Blocks, repetitions, increased effort** **Worse under pressure**
Secondary Psychological Consequences	**Anticipatory anxiety** **Shame, frustration, anger** **Avoidance and reduced self-confidence**
Interpersonal & Environmental Reinforcement	**Critical/intimidating father** **Sibling dynamics** **Extraordinary public expectations**
Protective Factors	**Queen Elizabeth's support** **Lionel's therapeutic relationship** **Mastery experiences**
Treatment Targets	**Fluency-enhancing strategies** **Reduce avoidance and anxiety** **Build self-efficacy and participation/Address psychiatric comorbidity**

Treatment: Then and Now

“Relax, Breathe, Speak.” – Lionel Logue

1930s-1950s (Logue’s era)	**Today** (Multidisciplinary)
• Breathing and relaxation • Rhythmic speech/pacing • Choral and reading techniques • Desensitization • Focus on fluency and control	• Evidence-based speech therapy (e.g., stuttering modification, ACT) • Psychological interventions (CBT, mindfulness) • Family and school support • Address comorbidities • Focus on communication, participation, and quality of life



Psychopharmacology

- No FDA-approved medication
- Limited and inconsistent benefit from dopaminergic agents (e.g., aripiprazole, risperidone, levodopa)
- Other agents studied: SSRIs, glutamatergic agents, etc.
- Treat co-occurring psychiatric disorders
- Medications are adjunctive, not primary treatment

Medication may reduce the volume of the struggle – but the goal is a richer life, not just fewer stutters.



What *The King's Speech* Gets Right…

- Portrays real struggle and shame
- Shows the power of a supportive therapeutic alliance
- Highlights the role of family (Queen Elizabeth)
- Depicts practical, individualized techniques
- Illustrates growth, confidence, and resilience

…And What It Leaves Out

- Oversimplifies the complexity of stuttering
- Limited portrayal of psychiatric comorbidity
- Does not show multidisciplinary care (e.g., speech-language pathology)
- Little on developmental course or variability
- Implies a “cure” rather than ongoing management and acceptance

A powerful story –
but not the whole story.



Key Takeaways

1. Stuttering is a common, multifactorial neurodevelopmental condition.
2. Anxiety can worsen stuttering but is not the primary cause.
3. Assess and treat psychiatric comorbidity.
4. A biopsychosocial approach is most effective.
5. Professionals, families, and allies can help create a more inclusive world where people who stutter are heard, valued, and included.

Everyone deserves to be heard.

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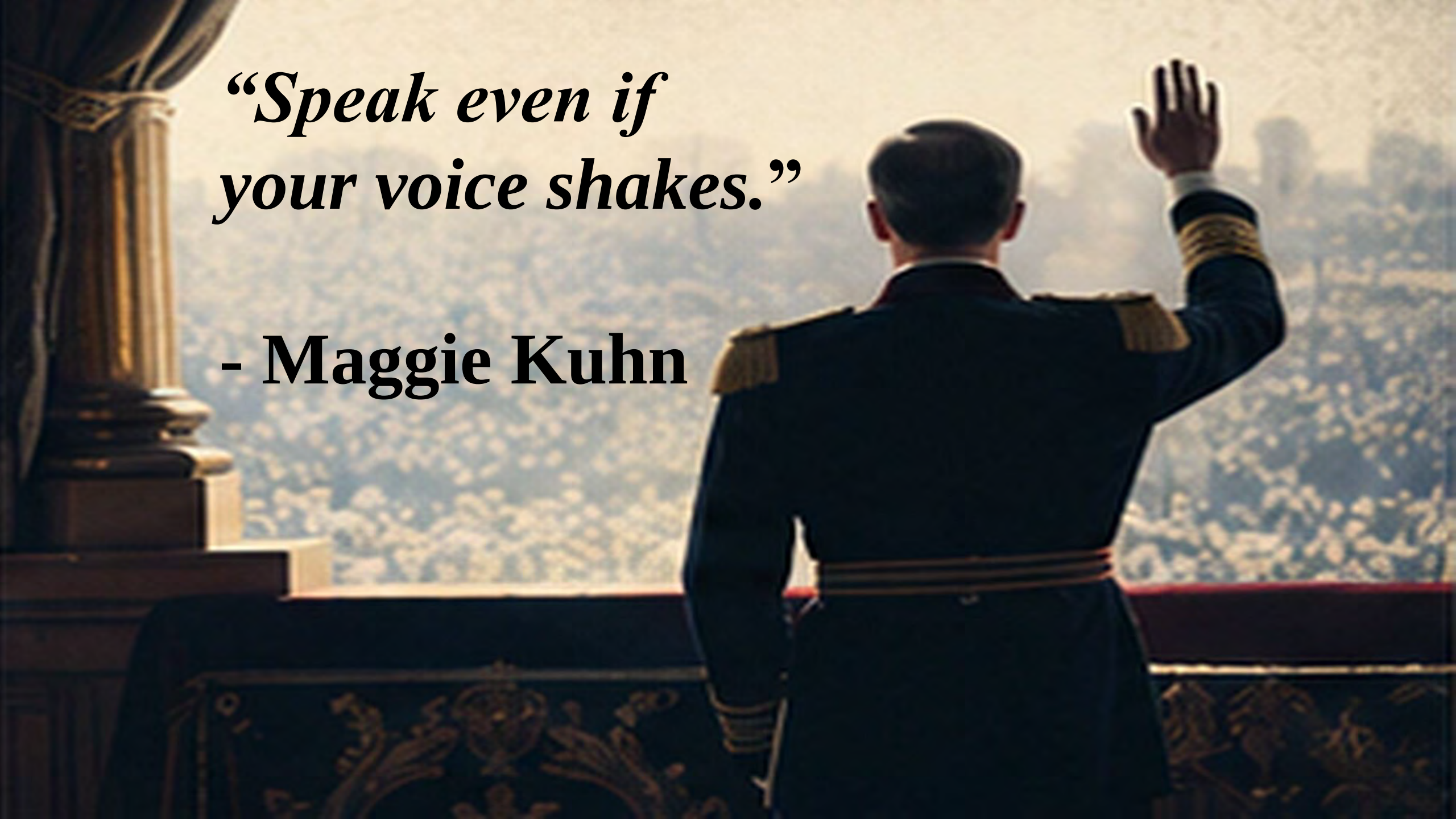
Selected References


“Speak even if your voice shakes.”
- Maggie Kuhn



“Perhaps all of us give the best of our hearts uncritically – to those who hardly think about us in return.”

- King George VI



Jon Corey Jackson, MD, DFAPA

Thank you.

Questions?

Executive Physician | Leader | Advocate | Master Educator