

Stuttering

What is stuttering?

Stuttering is something that affects the fluency or flow of speech. It begins during childhood and can continue right through a person's life. It is characterised by specific types of disruptions or disfluencies in the production of speech sounds that occur regularly and impact on communication. Most people produce disfluencies in their speech. However these are usually brief and generally do not cause a problem.

What are the common features of stuttering?

Speech containing stuttering may include:

- Repetitions of sounds, parts of words and whole words (e.g. "wha...wha... what are you....you....you d..d...d.....d..doing").
- Prolongations or stretching of speech sounds (e.g. "whaaaaaat are you doing").
- Blocking or struggling to get words out. This is when the mouth is positioned to say a sound, sometimes for several seconds, before the sound is said. After some effort the person may complete the word.
- Interjections, such as "um" or "like" can occur particularly when they contain repeated ("um- um- um") or prolonged ("uuuum") speech sounds. They are also used intentionally to delay the initiation of a word the speaker expects to "get stuck on".
- Pausing for extended periods of time.

- Frustration because talking takes a lot of effort.
- “Secondary” physical signs, such as blinking, leg slapping and facial movements when they are trying to get out a word.

Common difficulties often (but not always) experienced by the child with a stutter:

- For most children, stuttering occurs over a number of activities at home, school and in play. For some children, a stutter only occurs in specific situations, such as talking on the telephone or talking in front of groups.
- A stutter can range from being mild to being very severe. The impact of stuttering on a child is highly individual such that a mild stutter may cause one child extreme frustration and/or anxiety while a more severe stutter in another child may not affect them at all.
- The child may avoid situations in which the stutter is worse or hide their stuttering by choosing words on which they are less likely to stutter.
- The child may also re-arrange their words and sentences to avoid a stutter. Sometimes they will pretend they have forgotten what to say or remain quiet.
- Stuttering can have a great affect on a child’s confidence when speaking and may affect their social skills or how they relate to others.
- School age children will often report feeling embarrassed when they have to read out aloud or talk in front of the class.
- Language delay or disorder.
- Articulation difficulties.

Management strategies that support the child with a stutter (at preschool, school and/or home):

- Give the child space and time to formulate what they want to say.
- Make sure they know they have plenty of “airspace” in which to say what they want to say.
- Reduce activity and background noise at home (e.g. turning TVs and music off, especially during talking times).
- Slow down your own speech when talking to the child.
- Avoid commenting on the stutter or bringing attention to it.

- Avoid telling your child to stop, slow down or 'think about what you want to say'.
- Get down to the child's level when they are speaking with you to show that you are interested in what they have to say (i.e. getting 'face to face').
- Praise the child when they say something fluently.

Speech Therapy approaches and activities that can support the child with a stutter and/or their carers include:

- Lidcombe Program for children up to 7-8 years. This is a parent-based program which focuses on reinforcement and rewards and requires the parents to spend time talking with their child each day.
- Speech and language assessment: Looking in depth and determining the child's strengths and weaknesses in all areas of communication, including play and interaction skills, attention and listening, understanding words and language, using words and language, social communication, pronunciation and talking.

For older children, the focus is on:

- Breathing techniques, producing sounds slower and with less anxiety.
- Controlling and monitoring speech.
- Producing fluent speech at different language levels and within different situations.
- Understanding stuttering: Helping the child and family to understand what is occurring and why, and exploring how stuttering affects the child emotionally.
- Reduce anxiety: Working together with the child to reduce anxiety and stress which may be associated with the stutter.
- Liaising with school staff to implement strategies and ideas into the educational setting.
- Speech and language assessment: Looking in depth and determining the child's strengths and weaknesses in all areas of communication, including play and interaction skills, attention and listening, understanding words and language, using words and language, social communication, pronunciation and talking.

Why should I seek therapy if I notice a stutter in my child?

Diagnosis alone is NOT the solution. It simply opens the door to getting the help that is needed by arming all involved with the relevant information.

The 'help' still needs to be provided. The help that is provided (at least from a therapy perspective) will reflect:

- First and foremost what medical intervention is needed.
- What the parents/teachers/carers biggest concerns are for the child (i.e. what are the most significant functional challenges).
- The specific areas that are problematic to the child (which will vary even within children with the same diagnosis).
- The capacity of the child's environments to meet the child's needs.

If left untreated the child with a stutter may have difficulties with:

- Learning to talk, speech intelligibility and clarity
- Self esteem and confidence when they realise their skills do not match their peers.
- Bullying when others become more aware of a child's difficulties.
- Social isolation because they are unable to cope in group situations or busy environments, impacting on their ability to form and maintain friendships.
- Anxiety and stress in a variety of situations leading to difficulty reaching their academic potential.
- Social communication, such as eye contact, appropriate distance when talking to someone, turn-taking within a conversation.
- Vocabulary whereby a child cannot clearly get their message across due to limited word knowledge.

What does the diagnosis of a stutter really mean for the child?

Diagnoses are used to label a specific set of symptoms that are being experienced

by a child.

This label then helps to narrow down and specifically tailor what:

- Other issues commonly occur simultaneously.
- Medication might be appropriate.
- Therapies might help the child (e.g. Medical, Occupational Therapy, Speech Therapy, Psychology).
- Course of intervention (medical and/or allied health) might be and what outcome might be expected (prognosis).
- Can be done to help the child.

A diagnosis helps the child and their carers (parents, teachers, health professionals, carers) to:

- Access information about the relevant cluster of symptoms.
- Communicate the salient features of the child's challenges to all people involved in the child's care.
- Possibly interpret certain behaviours differently in light of the diagnosis.
- Obtain information about what can be done to help the child.
- Determine specifically where and how to help the child.
- Access funding or services that might not otherwise be accessible.

Contact us today to make an initial enquiry or book an assessment for your child
on 1800 KID SENSE (1800 543 736)

