

Stuttering goes to school

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A Guide for teachers

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> INTRODUCTION <

What is stuttering?

Stuttering can be described as a difficulty in the fluent course of speech movements in which shorter or longer interruptions occur. These interruptions have some characteristics such as repetition of sounds, words or syllables, prolongations or pauses, as a result of a motor block.

Teachers should know that stuttering does not consist only of word repetition, but it can appear in many ways: Some children make big efforts to speak, they redden, show displeasure and tension, make gestures and movements with their heads and/or their bodies, frown or shut their eyes, take a breath before speaking or make sound prolongations. It is very important for teachers to know and take into account these signals because many times they are the early detectors of disfluencies. Children spend a lot of time at school and very often teachers are those who first attract parents' attention.

What is the cause of stuttering?

Specialists decided that this syndrome could not be considered as a simple disorder. During many years there was a hope for finding a unique cause for stuttering. Nowadays we know that it is a complex symptom and many causes contribute to its development and continuation.

We should remember that children who stutter have not intellectual, academic and/or emotional difficulties.

Be patient.

Don't be
afraid.

and try to be
informed about
stuttering

They have no psychological and/or social differences with their non-disfluent peers.

However, their reactions and other people's reactions towards their disfluency may cause these associated symptoms.

Stuttering cannot be simplified as an emotional disorder. It has not a psychological cause. Today, specialists say that a biological predisposition combined with environmental factors may cause the difficulty.

There are no conventional patterns in which include stuttering as organic, functional, psychological or neurological disorder. Many causes and their interaction lead to stuttering. The emotional disorder appears as a consequence of stuttering, so it cannot be considered as a cause.

> MODEL OF DEMANDS AND ABILITIES. THEIR CORRELATION AND USE IN THE CLASSROOM <

FLUENCY is the ability to manage a language which express itself in language speed and continuity (STARKWEATHER, 1987). This function expresses its higher development between two and five years of age.

It allows children to produce speech without effort at a right speed.

In fact, we can find 4 areas of abilities which contribute to improve fluency.

- Motor coordination of speech and language.
- Linguistic ability.
- Cognitive ability.
- Socio-emotional maturity.

These ABILITIES keep on growing in pre-school children.

STUTTERING develops when a child lacks of ability to speak in the fluent way that environment requires. (STARKWEATHER, CONTURE, 1990)

At the same time that abilities develop, requirements also increase. DEMANDS of fluency are conditions imposed by a listener or by the child itself:

Quick process of thinking, complex linguistic formulation, high speed of speech and taking turns to speak, "independent" social behaviour.

This model of Demands and Abilities shows the correlation between developing Abilities and increasing of Demands for fluency. The break-up in fluency stands for a misbalance between both elements. These elements not always develop at the same speed.

If Demands surpass children Abilities, stuttering occurs. If Demands can be modified or Abilities develop in a proper way, stuttering disappear. Reducing or modifying such Demands would contribute at the fluency recovery.

It is important to give guidelines to the family and teachers so the verbal interaction between them could be improved. The nature of Stuttering should be discussed; the relationship between Stuttering and the communicative interaction and the modification of such interaction should be understood as part of the therapeutic process.

It is important to work with "open lines" of communication, based upon mutual understanding, knowledge and sensitivity towards the problem.

The teacher has a very important and useful role. He can inform us about a child behaviour in an area different from the familiar scope or therapist office. He could give a child the opportunities to speak and watch his performances: answering and making questions, telling stories, reading, giving oral lessons, taking part in discussions; the teacher finds out where the difficulty is and what its degree might be.

The teacher with knowledge of the situation is an element of integration, support and transference of the therapy work. He must be informed about the pursued aims of therapy so he can understand his role, contribute effectively and benefit himself throughout the new model of communication.

Only through his/her own understanding, the teacher can make other pupils understand what stuttering is. He/she can make their attitudes change, offering help to the disfluent child, who will benefit from "staying" in the classroom.

> DISFLUENT CHILD CHARACTERISTICS <

To describe the characteristics of the disfluent child, we should split up between pre-school and school age children because they have different levels of linguistic, cognitive and emotional development so the attitude towards the disfluence should not be the same.

The pre-school child

The 2 to 5 years old child characterizes by having a very rapid language development, along with a moderate control of the motor speech areas.

Many children at this age make speech mistakes because they are learning to talk. This is a normal process, which we may consider as "normal disfluencies". Generally they appear as word or phrase repetition without distress. (" I want I want a chocolate ice cream").

Some children, however, have many of these difficulties at a time. In many cases, if those close to them could listen to them patiently and answer them in a quiet and calm way, children will recover their normality.

On the other hand, we could find children who have also disfluencies, but they make efforts and feel tension when speaking. These children are developing a "stuttering" and need help.

A person trained to perform a differential diagnosis is needed to differentiate between "normal disfluencies" and stuttering because such a difference could be quite fine.

However, there exist many warning signals that teachers could detect to refer the child to a consultant early and adequately

> WARNING SIGNS <

1. Whole words, part of words or phrases repetition. The number and frequency of repetitions is increased.
2. Changes in pitch and frequency of the voice.
3. Pauses, interjections or fillers in great number than usual.
4. Uncomfortable speech.
5. Efforts when speaking.
6. Stretched out sounds. (I ggggggo to the kindergarten).
7. Visible and audible physical tension.
8. Difficulties when starting to talk and/or maintaining the exhalation.
9. Changing words for fear of stoppage. Fear of producing some words.
10. Avoidance of speaking. Fear of facing some verbal situations.
11. Little participation in the classroom.
12. Extreme shyness.

The school age child

We should clarify that a child at this age has surpassed the stage of "normal disfluencies", and his stuttering is completely established when speaking. He shows a visible tension, stretched out silences, sound prolongations or he is a child who hardly communicates or uses very short phrases or monosyllables to hide their difficulties.

Children at this stage develop a series of attitudes to avoid blocks. Social, emotional and cognitive abilities at the school age have the influence of parents and peers attitudes.

A child knows at this time that besides having his parents, he is part of a social group and to be considered equal to his peers inside the group is something very important.

The stutterer often faces a non-inclusion to his group of peers and he is the target of teasing. To face this difficulty the child hides his blocks, developing a series of attitudes to manage the situation. The child feels ashamed and different from others due to his stuttering.

Attitudes are strategies that a disfluent person uses to avoid feared speech situations. For example if a child knows that he is going to block when reading, he avoids reading aloud ; if he is doing the shopping, he allows others to ask for what he wants; if he knows that the interaction with a person increases his blocks, he avoids to speak to that person, etc.

During this stage, the child develops the thought that "anything is better than stuttering". He tries to use every behaviour to hide his difficulty.

These children need help. It is important that the teacher talks with the child privately and he/she explains to him that stuttering does not bother the teacher, but he wants to know what he feels, what he thinks and which things interest him. In this way, he will know that his teacher understands and accepts his disfluency.

Take into account that a disfluent child many times feels as a "fish out of water" when he has to insert among children who speak without problems.

If children have to speak in front of an audience, people pay more attention to the disfluent than to the non-disfluent

How to act?

When a teacher observes that one of his pupils has disfluencies, the first thing he should do is to talk to his parents and advise them to consult a professional.

When a child has disfluencies the worst thing for him will be to delay the consultation to the specialist, because to treat the symptom at its beginnings will lead to better results.

Nowadays in our country (Argentina) speech and language therapists have modern diagnosis methods which are useful to differentiate normal disfluencies from stuttering signs and decide when the intervention should be directly on the child or through his parents.

The aim of early speech therapy is to re-establish fluency before language structures consolidate with disfluencies. From the school age on, the speech therapy intervention directs its efforts to reduce stress and increase the comfort and ease at speaking, along with a change in attitudes related to disfluencies.

Language is present from birth. In the very first years it is an important way of socialization. When a child enters school and as he makes progress, language occupies more and more relevant places in development and achievements at school.

Here we have some problems related not only to words or sounds production but also to:

- Interlocutors.
- Size of the audience.
- Approval or disapproval reaction of the interlocutor.
- Time pressure.
- Communication responsibility.
- Increasing motor, linguistic, emotional and cognitive demands required by the message.
- Anticipatory behaviours and thoughts.

According to the concepts above and to teachers and disfluent pupils' statements, we have selected some classroom activities which show from the very first years an increasing level of demand (↑) and strategies which help to counteract them. (↓)

| > ANSWERING QUESTIONS < | |
|--|---|
| ACTIVITIES | STRATEGIES |
| <ul style="list-style-type: none"> ↑ To answer precise questions. ↑ To answer questions which require complex syntactic and semantic responses. ↑ To ask many questions Simultaneously. ↑ To ask questions as a Ping-Pong, speeding up the answers | <ul style="list-style-type: none"> ↓ At the beginning, previous to his adaptation to the classroom, ask only questions which demand few- words answers. ↓ If you are going to ask questions to every child in the classroom avoid the order along the row and be sure the disfluent child is among the first to answer ↓ Assure the whole class that they will have as much time as they need to answer questions ↓ Maintain visual contact. ↓ Do not complete his answer because self-confidence decreases and frustration increases. ↓ Make only necessary questions and one by one |

> ORAL LESSON <

ACTIVITIES

- ↑ Size of the audience.
- ↑ Linguistic formulation of the message recalling the contents. To arrange the sequence of the speech.
- ↑ Anticipatory behaviours and thoughts.
- ↑ Audience teasing (laughs – gestures).

STRATEGIES

- ↓ Listen to him in a relaxed way.
- ↓ Give him enough time to speak so he can feel at ease.
- ↓ Show more interest in contents than in form.
- ↓ Talk with the child about the expectations in oral lessons and about how he feels and how the teacher could help.

> READING <

ACTIVITIES

- ↑ Size of the audience. Increasing of communicative responsibility and of the potential disapproval from others.
- ↑ Commitment to transmit the message with a meaning.
- ↑ Long waiting for their turn (reading in rows).

STRATEGIES

- ↓ Reading in unison.
- ↓ Simpler text.

> T E A C H E R ' S A T T I T U D E S <

We all know that there are no formulas for treating special children. Disfluent as every child has their own personality, their needs and problems.

Some children are very comfortable in their disfluency, while others, perhaps with a less verbal compromise, are extremely worried about and conscious of their difficulties from early ages.

“Take into account that the disfluent child many times feels as a fish out of water when he has to insert among children who speak without problems.”

Some disfluent children enjoy speaking while others fear of answering questions or being called unexpectedly.

The way in which you, as a teacher, treat the disfluent child, will be related to the levels of comfort he shows. If he / she feels comfortable in front of the companions and feels accepted, your function as a teacher will be to maintain this situation despite difficulties. On the contrary, as often occurs, if the child shows dissatisfaction, reluctance to read aloud or to speak, or rejects verbal or social contact, he needs your intervention.

As you can see, your behaviour will influence significantly on child reactions in the classroom. If you accept to focus your attention on what the child says and not on how he says and you treat him with respect, the rest of the students will act accordingly.

The disfluent child will be as comfortable or uncomfortable as people surrounding him. Therefore, it is important for him that you act in a natural and comfortable way.

The teacher needs to talk with the child about stuttering. He/she should let him/her know that he/she knows all about his/her disfluency and that he/she expects to help him/her making a pleasant class. So, it is necessary for the teacher to revise his own feelings about disfluency so he/she can act in a proper way.

It is useful to understand what stuttering produces on himself/herself in order to evaluate its influence in the relationship with the disfluent.

Frequently we recommend to treat the child in the most possible normal way. The school is a place of training for the adult life, when he will not receive a special treatment. It would be a mistake to force him in a shameful or humiliating way. A privileged treatment could stimulate ostracism, losing self-confidence and self-esteem. Perhaps the best solution would be to talk with him/her, creating a shared strategy; the information given by the speech therapist about the strategies used in therapy would be very useful.

Consider the following ways in which teachers can reduce communicative pressure in the child.

- √ Slow speed when talking, assuring children they have a lot of time to speak.
- √ Try to place yourself at the same physical and linguistic level than children so they can improve their understanding.
- √ Reduce the number of questions and/ or give him/her alternatives for the answers.
- √ Make comments about situations which would increase disfluency, trying that the child feels that other people understand him.
- √ Use elements which contribute to increase fluency: generally, familiar material corresponding to the level of ability of the child, reducing his communicative stress.
- √ Avoid those elements which could reduce fluency: interruptions, competitions to speak, having to express complex ideas. etc.
- √ Use the moments of more fluency to stimulate the development of linguistic abilities.
- √ Try to keep calm while the child stutters to support him in this difficult moment.
- √ Generally it is useful that you talk with the child privately, to let him know that his stuttering does not bother you and that you want to help him.
- √ Arrange together his participation in the same way than other children without feeling pressured.

Some practical advice

- 1. Do not pretend that stuttering does not exist, but be able to speak about this with difficulties the child and his classmates.**
- 2. Do not tell the child “think before speaking”, “take a breath”, “stop and start again” or “relax”. Only try to model his sluggish speech.**
- 3. Do not complete his phrases. Occasionally reinforce his answers by repeating it.**
- 4. Do not lower your eyes or feel sorry for him or show impatient. Keep calm, without losing the normal visual contact. Show interested about what he/she is telling.**

Stuttering is a difficulty in communication, in the verbal interaction. School could be stressing for some children. For those who fear of reading aloud, speaking in front of the classroom, answering questions, acting and/or speaking in the playtime anxiety plays a major role.

If you, as a teacher, can prevent or modify these feelings, if you can make that the disfluent child and his peers understand each other, if you can make him feel that there is nothing shameful, you will have paved the way to avoid him a big suffering.

School is a place where children spend a lot of time every day, where many activities which require the use of language and interaction are carried out. It is a place which can become something traumatic for the child. The school is the place where attitudes of disfluents develop, generally in response to his classmates teasing.

The teacher should act as a moderator in front of this difficulty, fostering its acceptance as well as that of any other difficulty. Such acceptance and inclusion should start in the teacher himself/herself.

>THE DISFLUENT CHILD IN THE CLASSROOM<

"My friends tease me, they laugh at me".

"They believe that due to my stuttering, I am a fool".

"I'd rather not speak, because I know I am going to block".

"They always have it in for me, they make me the butt of their jokes"

These are some of the comments that disfluents draw from their school experience regarding his peers. In some way they feel discriminated against and the target for teasing and cruelty from their classmates. They feel vulnerable, defenseless and inferior. The feeling of powerlessness increase throughout years to culminate in Adolescence where every difficulty emphasizes.

How can we help from the school environment?

Can the teacher be a useful instrument?

The school is the place where children spend the most of their time, where they learn to live with others

" give me more
time to
speak "

and socialize. It is, along with the familiar sphere, the place that can offer the child more support and integration.

Can the school as institution stay apart from information, training and integration to work with different difficulties?

It is of the utmost importance that schools as institutions could be the very first in training and being informed about dealing with children with difficulties, in this case, with disfluent.

To every child with difficulties, the teacher will be the more secure referent in which they could trust if they are in trouble, so teachers should be the first in being informed about their students' problems.

Once the teacher learns about this point, he can manage the group in a natural way, and it is one of his/her most important duties.

The lack of knowledge may be devastating for the teacher and the group, so it is very important that he could go through his/her own learning process and could transfer it to the classroom and work on it, giving clear and simple information which could be understood by pupils.

Stuttering is cyclic by nature. If we recognize these changes in fluency, discovering "good" and "bad" days, we can stimulate the stutterer to take part more and more in the classroom, so he can have good fluency experiences, enjoy speaking and feel satisfaction. On the contrary during the "bad" days his participation should be limited.

How to deal with this issue with his peers?

The disfluent child should not be exposed as an object to be studied because in this way we would put a label which would be difficult to change. But we can talk about difficulties that everybody has, having in mind that all persons are different from each other and this is what makes the world very interesting.

We can start talking about the most common difficulties such as visual difficulties (glasses), dental problems (orthodontia), hearing problems, *speech problems* (at this point we would expound at length the disfluency and the needs of the disfluent) and then talking about major difficulties such as disabilities (according to the age of pupils you can motivate children to investigate about difficulties/disabilities to debate in groups or invite institutions to explain how they work with the different disabilities). Each pupil could speak about his experiences and the disfluent could speak about himself if he wants. And the teacher would socialize the problem and the difficulty could be integrated in the group as every other.

The earlier the difficulty is treated inside the group of peers (kindergarten), the easier the integration of the disfluent at school life will be.

The items above may be tackled if the disfluency has been detected and if the child and his family are working with the difficulty.

What would happen if the school acts as the detector of the difficulty?

If the teacher detects the difficulty, first he should transmit the information to the Therapist Office (if any) of the Institution or to the headmasters who would arrange a meeting with the parents to communicate them their "suspicion" about the difficulty and would give a guidance

for consulting professionals and specialized institutions (Asociación Argentina de Tartamudez)* so they can make a diagnosis which confirm or not the disfluence.

The teacher, for his part, will meet parents to find out possible strange attitudes or behaviours. In this way, he will know if parents have detected some strange attitudes that the pediatrician or other important person had considered that they should not attach too much importance. In this case, the teacher will advice to see a therapist for preventive consultation to dispel doubts. If parents have not detected any difficulty, they will be referred to a consultant. If the diagnosis is confirmed, it would be very important for the disfluent child that the teacher could keep a fluid contact with the therapist as well as with the team of teachers specialized in strategies and guidelines.

It is very important that parents could receive information which could be worked on with a good prognosis knowing that an interdisciplinary team (teachers, therapists, headmasters) is involved and dedicated to study this difficulty.

What tasks/responsibilities are added to the teacher in charge?

Fortunately, to include a disfluent child in the classroom does not complicate the teacher's tasks. On the contrary, a great amount of strategies to follow organize the tasks of the group, which allow a bilateral communication where teacher and pupils could learn to take the needed time to listen to each other. Neither special planning should be made; rather a change in the approach is needed. Moreover, the teacher has the possibility of having the support of the interdisciplinary team which make simpler the task and the way of facing it.

* Argentine Stuttering Association