

The Stuttering Center of Western Pennsylvania

J. Scott Yaruss, Ph.D. CCC-SLP (412) 383-6538, jsyaruss@csd.pitt.edu

Craig Coleman, M.A., CCC-SLP (412) 666-3825, Craig.Coleman@chp.edu

Referrals: (412) 692-5575 (Children's Hospital, Oakland) www.stutteringcenter.org

STUTTERING AT A GLANCE: Physicians and Health Care Providers

STUTTERING FACTS

- There is no *single* cause of stuttering. Current research indicates that many different factors, including genetic inheritance, the child's language skills, the child's ability to move his or her mouth when speaking, the child's temperament, and the reactions of those in the child's environment play a role in the development of stuttering.
- Stuttering is NOT an emotional disorder and it is NOT caused by anxiety of nervousness. Often, stuttering may cause children to be fearful when trying to communicate, but this anxiety is not the cause of the disorder.
- Stuttering is a speech/language impairment characterized by disruptions in the forward flow of speech (or "speech disfluencies"), such as repetitions of whole words or parts of words, prolongations of sounds, or complete blockages of sound. Speech disfluencies may be accompanied by physical tension or struggle.
- Stuttering is highly variable sometimes a child will stutter a lot and sometimes the child will be very fluent. Don't be surprised if the child is completely fluent during your clinical evaluation! Stuttering tends to come and go, and often, physicians never even hear a child stutter, even though the child may stutter noticeably at home and in other settings.
- Many times, children experience fear or embarrassment because of their stuttering. As a result, they may learn to hide their stuttering so it does not show. They do this by avoiding speaking in certain situations or to certain people. They might also avoid saying words they think they might stutter on—or, they may refrain from talking altogether. If a child begins to avoid speaking in order to avoid stuttering, the disorder can have a marked impact on his or her social, emotional, and educational development.
- Sometimes, older children become so adept at hiding their stuttering that other people may not even know that they stutter. Although this might sound like a good goal, it typically is not. Hiding stuttering takes a lot of emotional and cognitive effort and results in significant shame for the person who stutters. This, in turn, often limits the child's ability to participate in life activities at school or in social settings. The best way to deal with stuttering is not to try to hide it or hide from it, but rather to face it directly.

STUTTERING TREATMENT

For very young children (age $2\frac{1}{2}$ to 5 or 6), the goal of treatment is to help the child learn to speak fluently. We do this by teaching the child to change the <u>timing</u> and the <u>tension</u> of speech production through modeling and play-based activities, both in the therapy room and at home. Treatment of children in this age range can be highly effective, with many children exhibiting complete recovery by approximately age 6.

For older children, it is more difficult to eliminate stuttering, and the child is more likely to begin experiencing the shame and embarrassment that characterizes advanced stuttering in adults. Improving fluency is still a major focus of treatment; however, a necessary additional goal involves helping children to develop healthy, positive attitudes toward themselves and toward their speech, even if they are still stuttering. Parents, teachers, and others in the community play a central role in this process by conveying acceptance of their child's speech and by providing a supportive environment where the child can both stutter and learn to speak more fluently.

WHEN TO REFER

If you see a child whose family has concerns about stuttering, you should consider referring to a licensed and certified speech-language pathologist (SLP) who has experience working with children who stutter. Children should be referred if they present any combination of the following risk factors:

- Child has a family history of stuttering
- Time since the onset of stuttering is six months or more
- Child has demonstrated awareness and concern about his stuttering
- Child exhibits physical tension or other behaviors (e.g., eye blinking, head nodding) during stuttering
- Parents are overly concerned about child's speech
- Others in the child's environment are reacting negatively to the child's stuttering (e.g., the child is experiencing teasing or bullying)
- The child exhibits any other speech or language disorder in addition to stuttering.

Early intervention is critical. Children who are treated at a young age are far more likely to achieve normal fluency. Early intervention can also reduce, or even eliminate, the need for more lengthy and costly speech therapy when the child is older. If you have any doubts about whether a child should be seen for an evaluation by a speech-language pathologist, feel free to contact the Stuttering Center. We can help you determine whether there is any cause for concern about the child's speech fluency.

FOR MORE INFORMATION

There is a wealth of information about stuttering available to help children who stutter, parents, speech-language pathologists, administrators, teachers, and physicians! The *Stuttering Center* provide information on our website (www.StutteringCenter.org) that can help you and the family work together to improve the child's ability to communicate and to succeed in your classroom.

In addition, there are several organizations dedicated to stuttering. One example is the Stuttering Foundation of America (SFA; www.StutteringHelp.org). This organization produces many valuable materials to improve the treatment of children who stutter. Another is the National Stuttering Association (NSA; www.WeStutter.org), a nationwide support group for people who stutter, their families, and all the individuals who work with them. Your contact at the Stuttering Center can help you get in touch with these and other organization so you can provide the best possible environment for all the children in your classroom to succeed.