THESE ARE A FEW OF MY FAVORITE THINGS

PARENT INFORMATION FOR PRESCHOOL CHILDREN WHO STUTTER

There is a much higher incidence of stuttering in the families of stutterers than in the families of nonstutterers. This finding could indicate some kind of organic basis for stuttering in a neurological difference. Some scientists earlier, particularly Kenneth Kidd and his colleagues at Yale University's School of Genetics, found what appeared to be a genetic basis for speech interruptions which may, in turn, develop into stuttering. Currently in 2004 research is being done in Illinois at the University of Illinois/University of Chicago in THE GENETIC BASES OF STUTTERING PROJECT. They are looking for members of selected families where more than one individual has ever stuttered. These may include grandparents, uncles, aunts, parents, children, or cousins. In particular, families with more than one sibling or more than one cousin who have ever stuttered are best. Please contact Dr. Nicoline Ambrose at 217-244-2559; nambrose@uiuc.edu or Dr. Ehud Yairi at 217-244-2547; e-yairi@uiuc.edu .

Perhaps what is inherited is a susceptibility for disruption of the fine coordination of movements of respiration, phonation and articulation. If the "timing" of the movements of speech is too slow, if the "muscle effort" is too great, or if the "sequencing" or linking together of all the sound sin a word or of word-to-word in a sentence is not smooth, then speech disruptions may occur.

We also know that for some children, speech disruptions begin when they are putting words together into 2-word or 3-word sentences. For these children, many specialists believe that difficulty in developing speech and language—in learning to pronounce the sounds, in learning names of things or in retrieving these labels, in organizing ideas into sentences, and in communicating thoughts maybe one of the contributors to that child's stuttering. It is unlikely that any one single factor by itself was the cause for your child's stuttering.

FACTORS THAT CONTRIBUTE TO DISFLUENCY IN A YOUNG CHILD

It is unlikely that any one single factor is the cause of a specific child's disfluency. However, it is important for parents and clinicians to work together to detect what some of the factors may be for each child. Once we know what the factors are, we can begin systematically to change those that can be changed.

Some factors that contribute to speech disfluency are not changeable quickly. They may be modifiable only over a long, long time period, and they may not be completely changeable. These factors are: the child's sensory-motor abilities that support speech production may be immature or different; his language skills may be immature or delayed in development; his personality may reflect a low tolerance for frustration or for making mistakes.

There are other factors which could contribute to disfluency which are possible to change fairly quickly—in weeks. These factors include:

General sources of environmental stress

- Erratic planning and conduct of routine daily activities including meals and bedtime.
- Activity schedules that create time pressures and a feeling of hurry.
- Continuing, unpredictable changes in the make-up of the family constellation, including relatives and visitors who sometimes live in the home, parent absences, etc.
- Behavioral demands the child is unable to meet at his age and level.
- Insufficient time spent alone with the child (from his viewpoint) or in attending to his individual needs.

Specific sources of communicative pressure

 Half-hearted or practical listening by parents and family members when the child talks.

- Parent or adult speaking patterns that are at a rapid rate, in complex long sentences, and impatient-sound to the child.
- Verbal bombardment by the parents and others: this includes constant verbal "teaching" and "questions" that demand complex responses from the child or that are putting him onthe-spot.
- A competitive speaking environment including multiple speakers and listeners; the chid has difficulty getting his turn to talk.

Source: Judith Eckardt, SLP, Board Recognized Fluency Specialist, USA, 1/04

