STUTTERING
INFORMATION FOR PARENTS & TEACHERS

What is it?
Many children first begin to experience difficulty in speech fluency when they are learning complex language forms. When children are developing complex speech and language skills a lot is happening and it is a difficult process. They may repeat words and phrases and use many words such as “and”, “well”, “like”, “um” to give them time to plan what they want to say. All children may do this at some point; this type of behaviour is normal.

When too much is asked of the child’s speech mechanism, the child will try to make it do what it lacks the capacity to do. As a result they will start to struggle when they talk. This struggle to talk is shown by an unusual amount of repetition, presence of vocal strain and presence of muscle tension in the speech mechanism = STUTTERING. The child knows exactly what s/he wishes to say but is unable to say it because of involuntary loss of speech muscle control.

The onset of stuttering is usually gradual but may also occur quite suddenly. The amount of stuttering may fluctuate, sometimes very dramatically. It will disappear or be better one day and worse the next day. It may disappear for days or weeks at a time and then come back suddenly. Speech is a motor skill and it tends to break down more when the child is under stress, is ill, tired or excited.

STATISTICS
Prevalence: 1%. In Western Australia approximately 17 000 people stutter
Age of Onset: Stuttering generally begins between the ages of 2 and 6 years
Gender ratio: 4 males to every female (this ratio is the same as other speech-language disorders)
Spontaneous Recovery: Stuttering has a tendency to remit – that is, it may get better on its own. Unfortunately, we cannot yet tell which children have stutters that will resolve without treatment.

THE CAUSE: MYTHS AND FACTS
There have been many theories about the cause of stuttering and many misconceptions exist. Stuttering is not a symptom of emotional or mental problems, though the stuttering may be a source of stress and cause emotional difficulties. Children who stutter are not less intelligent and are not to be considered maladjusted or traumatised in some way. Children who stutter are no different from other children except that they have trouble getting their words out. Stuttering is a speech disorder over which children and adults have little or no control. Therefore, no one is to blame for stuttering.
Research shows that it is highly probable that the cause of stuttering is based on genetic inheritance: Around one half to two thirds of clients who stutter report that they have a relative with the disorder.

WHAT ARE THE CHARACTERISTICS OF STUTTERING?
Stutters may be in the form of repetitions, prolongations or blocks. One or any combination of these features may be present, consistently or variably.

Repetitions are the most common features of stuttering and may include repetitions of vowels, consonants, syllables, words or phrases, for example:

“B-b-b-b-but not now.”
“Bu-bu-bu-but not now.”
“But but but but but not now”
“But not but not but not now”

Prolongations are when a vowel or a consonant somewhere in a word is lengthened, for example:

“Aaaaaaaaask her if I can come.”
“Pu---------put it back!”
“Mmmmmm-me too.”

Blocks are periods of silence or a silent struggle. The child seems unable to make a sound, attempting to force words out, with their mouth open or their lips firmly closed:

“He----‘s there.”
“Do up my b----utton.”
“R---ub it out.”

Some children are unaware that they are stuttering, but others, probably most, are very aware. They may become upset, frustrated or angry, refuse to talk or limit the talking they do, especially outside of the home.

TREATMENT
A number of well-researched, scientifically valid approaches to treating childhood stuttering exist, and none of them stands out as being "the best". The following information is about one highly respected approach: the Lidcombe Program.

The Lidcombe Program, developed in Sydney in the 1980s, has proved most successful with preschoolers, though it has been applied effectively with some school-aged children too.

During treatment:

1. The therapy focuses directly on the child's speech.
2. Parents become actively involved in therapy.
3. Parents learn methods of recognising stutters, measuring the severity of moments of stuttering, praising stutter-free speech, gently requesting that the child self-correct stuttered utterances, and providing support for the child.
4. During regular once-weekly consultations, the speech pathologist guides the parents and child through a therapy process that is comparatively short-term, and usually effective.

According to the Lidcombe researchers, the advantages of the program are:

1. That it is administered by parents, at home, where young children do most of their talking.
2. It is cost-effective; and, once children have become fluent in the program, they stay fluent, provided an appropriate maintenance program is completed.

The Lidcombe team also stresses that the program must be conducted under a speech-language pathologist's supervision.

WHAT CAN WE DO IN THE MEANTIME?
★ Listen closely to your child’s speech and become familiar with the types of stutters they are doing and situations in which your child stutters less and more.
★ Give your child time to get their message across.
★ Don’t talk about ‘stuttering’ around your child. Do talk openly with them about their difficulty getting words out if they appear aware of their stutter and are getting upset.
★ Don’t punish stutters.
★ Praise your child when they get their message across clearly.

References
Caroline Bowen http://members.tripod.com/Caroline_Bowen/stuttering.htm
The Australian Stuttering Research Centre (ASRC) http://www3.fhs.usyd.edu.au/asrcwww/