

Stuttering – Demystified

Stuttering is an area shrouded in mystery. You may gather conflicting information from your GP, friends, and what you find on the internet. So beneath all the myths, old wives tales and folk stories, what is the truth?

What is stuttering?

Stuttering is a noticeable disruption to the fluency of speech and is thought to be a difficulty in programming of the movements for speech. Stuttering incorporates many abnormal speech behaviours that include:

- Sound repetitions (e.g. 'I w-w-w-want that')
- Word repetitions (e.g. 'I – I – I want that')
- Part-word repetitions (e.g. 'Wa – wa – water please')
- Prolonged sounds (e.g. 'Sssssso what is that?')
- Blocks in sound production (e.g. 'P----otato')
- Excessive effort
- Body movements (e.g. Jaw tremor, eye blinking)
- Extra sounds (e.g. 'er', 'um', 'ah')

What causes stuttering?

The exact cause of stuttering is still undergoing research. However, many risk factors have been identified that may predispose a child to have an ongoing stutter. These include:

- Family history of stuttering
- Gender (i.e. boys are more likely to stutter than girls)
- Emotional or physical stress (e.g. birth of a sibling)
- Complex language use within the family

Is my child stuttering?

Many dysfluencies are part of the normal development of language. Periods of normal dysfluency may occur between two and a half and four years of age. These 'normal' stutters include whole word or phrase repetition, and the insertion of 'er', 'um', or 'ah'. In many cases, children who appear to be stuttering are simply going through a temporary period of dysfluency and will grow out of it.

The stuttering behaviour that is considered abnormal and is likely to become an ongoing problem generally includes prolonged sounds, visible effort in speaking, and repetitions of part words in addition to the above behaviours. These disruptions to speech are generally of longer duration and occur more often than in normal developmental dysfluency.

Assessment of stuttering

A Speech Pathologist assesses children's speech and differentiates normal dysfluency



(related to language learning) from stuttering. If the Speech Pathologist believes it is stuttering, therapy will be provided to reduce and eventually overcome stuttering. If the Speech Pathologist believes the child will grow out of stuttering, therapy may not be required. However, continued follow-up will be provided to monitor any changes that may indicate ongoing stuttering.

What does treatment for stuttering involve?

For preschool aged children, the Lidcombe Program, developed in Sydney, is the most effective treatment available. Therapy involves teaching parents how to correctly implement behavioural techniques of positively rewarding a child's smooth talking during play or everyday activities. This results in an increase of fluent speech and a decline of stutters. The Speech Pathologist acts as a guide through the program and helps parents to monitor the child's progress and determine when they are ready to move to the next step. Therapy with young children who have been diagnosed soon after the onset of stuttering is usually very successful in overcoming stuttering.

When should I book an assessment?

If your child:

- is so dysfluent that communication is difficult
- shows awareness or anxiety
- or, if you are concerned or in doubt!

If you think your child may be stuttering please do not hesitate to contact Tyquin Group Speech Pathology on (07) 3399 8028. Alternatively, you can locate a Speech Pathologist near you through the Speech Pathology Australia website.

References:

Guitar, B. (2006). *Stuttering: An integrated approach to its nature and treatment*. Baltimore: Lippincott Williams & Wilkins.

Onslow, M. (1993). *Behavioural management of stuttering*. Sydney: Print & Printess.

Yairi, E. & Ambrose, N. (1992). Onset of stuttering in preschool children: Selected factors. *Journal of Speech and Hearing Research*, 35, 782-788.