

About Tyquin group

Tyquin group is a professional clinic containing a practice of Speech Pathology and a Reading Clinic .

As speech pathologists, we are working toward helping the 14% of Australians that have a communication disability. In order to do this we actively promote not only our practice but the profession as a whole.

Language and Communication sciences over recent years have made enormous advances. Unfortunately there is little awareness of the large and diverse role that Speech Pathologists can play in the support and education of our young learning children.

In our Reading Clinic, we aim to help poor readers when other attempts have failed. We willingly explore the best technology on offer anywhere in the world. We also develop techniques to use in concert with this technology in order to achieve the most effective results.

Philosophically we strive to achieve results quickly. Though this is sometimes ambitious and not always possible, we believe that it is a worthy goal.

Tyquin group invites you to regard us as a point of contact for further information about any queries you may have.

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Stuttering

*VISIT OUR
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Speech Pathology
Reading Clinic

Stuttering

If a child begins to stutter or stammer parents often become extremely concerned. These concerns are valid, and it is important to seek early assessment and treatment by a speech pathologist.

Stuttering refers to a disruption in the fluency of speech. It is very obvious – a person can hear and sometimes see the disruption to the flow of speech. There are a number of different types of stuttering behaviours.

TYPES OF DYSFLUENCIES

Repetition:

- **sound** - b, b, b, but I want
- **part word** - He was wa-wa-walking
- **whole word** - he, he, he, went
- **phrase** - I want, I want, I want I want a ...

Prolongation:

- `it's a ffff-ish .
- Shhhhow me.

Block:

The person experiences difficulty in getting the word out.

Excessive use of fillers:

um um I went to the um um um er shop

Some people who stutter display only one characteristic, while others display all or a combination of them.

WHEN SHOULD YOU BECOME CONCERNED?

- If the person is so dysfluent that communication is difficult.
- If the person is aware or anxious about their communication.
- If you are hearing a variety of stuttering behaviours e.g., repetitions and blocks and prolongations.
- If any secondary characteristics are present such as head nodding, arm waving etc.
- If you are concerned.

WHAT TO DO

Most people don't know what to do, or how to respond if their child begins to stutter. Often, for parents, this is the most worrying aspect of this communication problem. A speech pathologist is trained to identify and treat a stutter and show you what to do at home.

Stuttering:

- Is not a psychological or intellectual problem
- Affects more boys than girls
- Has a family tendency
- Has no "known" cause

DEVELOPMENTAL DYSFLUENCY

Many children go through a period of normal "*developmental disfluency*" between the ages of about 2 – 5 years. This often coincides with a period of rapid language growth.

A proportion of children do just "grow out of this", but a significant proportion don't. They can then go on to be long-term stutterers.

Remember: *Early assessment, diagnosis and treatment by a speech pathologist can help prevent stuttering from becoming a long-term communication problem.*

1. Accept the child's speech as normal without any comment.
2. Praise and reinforce fluent controlled speech in a general way (eg. "you explained that really well" or "that talking was really smooth").
3. Maintain eye contact during the child's dysfluency. Show interest by your facial expression. Encourage others to do the same.
4. Decrease interruptions to the child's speech by:
 - allowing him/her to finish sentences even if struggling
 - avoiding conversations in which more than two people participate
 - conveying a sense of relaxation in conversations so that the child is not competing for airtime. (Settle behaviour first as this helps to settle speech).
5. Slow down your own speech rate providing a good "role model" for the child.
6. Increase "pause time" between the end of the child's speech and initiation of your own speech. Ideal pause time = 1-2 seconds. This is called slow-turn taking and it decreases the child's feeling of urgency to communicate.
7. Speak to your child in simple sentences that are aimed at his level.
8. Model back your child's stuttered utterances using appropriate slower speech rate. (eg. Child I-I w-w-went shopping today. Adult: You went shopping today // pause 2 seconds// Was it fun?)
9. Be consistent in what you expect the child to do and not to do.
10. Ensure your child knows that you will listen.