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Department of Communication Disorders
Speech and Hearing Center
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Information for Physicians and Health Care Providers

STUTTERING FACTS

There is no *single* cause of stuttering. Current research indicates that many different factors, including genetic inheritance, neurophysiological function, 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 all play a role in the development of stuttering and continuation of stuttering.

Stuttering is NOT an emotional problem. It is NOT caused by anxiety or nervousness. Stuttering can cause children to be fearful when trying to communicate, but this 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, negative reactions, and decreased communication.

Stuttering is highly variable – sometimes a child will stutter a lot and sometimes the child will be very fluent. Do not 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 children experience fear or embarrassment because of their stuttering. As a result, they may try to *hide* their stuttering so it is not apparent to others. 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.

Some children become so adept at hiding stuttering that others may not even know that they stutter – but this is not a good thing! Although hiding stuttering might sound like a good goal, it 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 2½ 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 timing and the tension of speech production through modeling

and play-based activities, both in the therapy room and at home. Treatment for children in this age range can be highly effective, with many children exhibiting complete recovery by approximately age 6 or 7.

For older children, it is more difficult to eliminate stuttering. The child is more likely to begin experiencing shame and embarrassment that characterize advanced stuttering. 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 child's life 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, consider referring the family to a licensed and certified speech-language pathologist (SLP) who has experience working with children who stutter.

Children should definitely be referred if they present any combination of the following risk factors:

- The child has a family history of stuttering
- The time since the onset of stuttering is six months or more
- The child has demonstrated awareness and concern about his stuttering
- The child exhibits physical tension, struggle, or accessory other behaviors (e.g., eye blinking, head nodding) during stuttering
- The child's parents are concerned about child's speech
- Other people 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 more likely to achieve normal fluency. Early intervention also reduces, or even eliminates, the need for more lengthy and costly therapy when the child is older. If you are unsure whether a child should be evaluated by a speech-language pathologist, contact the Stuttering Center. We can help you determine whether there is any cause for concern about the child's speech.

FOR MORE INFORMATION

For specific referral questions, contact Craig Coleman, M.A., CCC-SLP, BCS-F, Assistant Professor at Marshall University, at (304) 696-7411 or via email at craig.coleman@marshall.edu