

Learning Links' Tip Sheet

Stuttering



Stuttering usually starts when children are two or three years old and almost always before five. It may start suddenly or develop gradually over days or weeks. Occasionally, children's stuttering seems to begin overnight. It is common for stuttering to fluctuate from day-to-day or from one conversation to the next for no obvious reason.

Parents often report that their children stutter more when they are tired, very excited or have a long story to tell. Children can have long periods where stuttering seems to disappear, only to return days, weeks or months later.

Most preschool-age children are not aware they stutter, while others are aware and may even be frustrated by their efforts to talk.

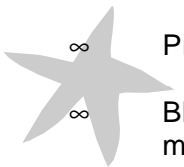
School-age children who stutter often report feelings of embarrassment answering questions or reading aloud in class.

Types of stuttering

Stuttering is a motor speech disorder, characterised by various interruptions to the smooth flow of speech. Children who stutter may repeat whole words, sounds or syllables, momentarily 'block' so that they cannot speak or prolong sounds.

Sometimes they may show signs of frustration when they try to talk. The most common types of stutters are the following.

- ∞ Repetitions of -
 - ~ sounds e.g. "c-c-c-c-c-car",
 - ~ words e.g. "can-can- can-can I go",
 - ~ phrases e.g. "Mummy can I... Mummy can I ... Mummy can I go?".
- ∞ Prolongations or stretching of words or sounds such as "sssschool" or "luuuunchbox".
- ∞ Blocks or silences when a child has difficulty getting a word out. Sometimes children may seem unable to make a sound, even though they are attempting to force words out.
- ∞ Secondary behaviours such as unusual facial movements, eye blinks, and head, body or hand movements while talking.



Who stutters?

There is research that indicates stuttering tends to run in families. About one half to two thirds of people who stutter report having a family member who stuttered. Genetics plays a part, but how this happens is unclear at present. Stuttering more commonly occurs among boys than girls.

What causes of stuttering?

The cause of stuttering is not yet fully understood, although we do know some facts.

The cause of stuttering is physiological, not psychological. It is not caused by anxiety or stress, although many adults who stutter report feeling anxious or stressed as a result of stuttering. Stuttering is not learned from others and cannot be copied from siblings or parents.

Will stuttering stop without treatment?

Many children recover naturally without treatment from speech pathologists. Current research indicates that more girls than boys recover naturally. The longer a child stutters, the less likely s/he is to recover without treatment. It is not possible to predict whether an individual child will recover naturally.

Stuttering treatment

The Lidcombe Program is the only scientifically researched treatment for stuttering in preschool-age children. It is conducted jointly by speech pathologists and parents.

The Program was developed in the late 1980s, by speech pathologists from the Stuttering Unit, Bankstown Community Health Service (www.swsahs.nsw.gov.au/stuttering) and researchers from the University of Sydney (www.fhs.usyd.edu.au/asrc). The Lidcombe Program is considered best practice by Australian Speech Pathologists and now is used extensively in other countries.

During weekly clinic visits, a Speech Pathologist trains parents to measure children's stuttering and conduct treatment with them at home. Speech pathologists and parents consult each week about children's progress and plan changes to treatment for the week ahead. Treatment is individualised to each parent and child so that it is effective and fun for each child.

If you feel your child may be stuttering, contact a Speech Pathologist for an appointment. The Speech Pathologist will provide a comprehensive speech assessment to diagnose stuttering and give you information about stuttering and your child. Most importantly, the Speech Pathologist will be able to weigh up all information and determine the best time to begin treatment.

The information in Learning Links' Tip Sheets is prepared by experienced early childhood professionals. Each child is unique and this material is not necessarily suitable for every child, parent or carer. We recommend you discuss this information with your child's therapist or education professional prior to using these tips.

