

An Introduction to Your Child's Stuttering Therapy

Getting to Know Stuttering

Approximately 3 million people in the United States stutter, with more men impacted than women. The onset is typically during preschool, and many children will spontaneously recover from stuttering. However, when stuttering persists into the school-age years, the problem is considered to be chronic. Persistent stuttering is believed to be neurological in nature (i.e. due to structural and functional differences in the brain), with genetic influences (i.e., it runs in families). Researchers are still working to better understand the disorder.

Stuttering is complex, multidimensional communication impairment. The overt behaviors most commonly associated with stuttering (e.g., *blocks*, which sound like halting interruptions in speech, and *sound repetitions*) are only part of the disorder. People display a range of other behaviors, which are most often learned reactions to the stuttering experience. These may include behaviors that are perceivable to others (e.g., *phrase repetitions*, excessive use of *fillers* (like "um," and "like"), *gasping*, rushed or slowed *pace* of speech, and *eye aversion*) as well as those that may be more concealed to conversational partners (e.g., *changing words* and *avoiding* speaking situations). The cycle of struggle is perpetuated and exacerbated by associated negative thoughts and feelings (e.g., *shame, fear, decreased confidence, embarrassment, and anxiety*).

Parents are always encouraged to learn more about stuttering and the resources available. Be wary of online sources – Not all that you come across will be high quality information. Here is a list of a few therapist-approved websites:

- American Speech Hearing and Language Association: <http://www.asha.org/public/speech/disorders/stuttering.htm>
- Fluency Friday: <http://www.fluencyfriday.org>
- The National Stuttering Association: <http://www.westutter.org/>
- The Stuttering Homepage: <http://www.mnsu.edu/comdis/kuster/>

Treatment

Your child's therapy is individualized and aims to address the multidimensional nature of the disorder. Successful therapy may not completely eliminate stuttering. Rather, the child will experience decreased negative thoughts and feelings associated with speaking struggle, and learn strategies to minimize and move through disfluency as easily as possible when it occurs. The ultimate goal of therapy is for the child to say what he wants, when he wants, in the way that he wants; he will become an effective and confident communicator.

At Home

It is important that parents support the carryover of skills learned in therapy into the home and other settings outside of school. Check your child's folder regularly: review worksheets, and complete homework together. Parents should understand:

- (1) **Speech may sound worse before it gets better.** As avoidance and concealment behaviors are stripped away, more overt disfluencies may be uncovered.
- (2) **Interruptions don't help.** Many adults may interrupt a child during moments of disfluency to complete his sentence in an effort to eliminate his struggle and discomfort. Although well intended, this may actually increase the child's frustration and anxiety. The best thing to do when a child is struggling is to maintain attention and eye contact, and give him time to finish without interruption.
- (3) **Students will not be using their fluency strategies all the time.** As with any new skill, such as riding a bike or learning to read, the process can be slow and require lots of mental effort. Short, frequent practice sessions at home are much more effective than expecting the child to perform their new skills all day long. Plan time for practice opportunities, rather than initiating when you notice the child stuttering.
- (4) **There will be times when the skills breakdown.** With the goal of therapy in mind (training the child to be an effective, confident communicator), be sure to spend time congratulating the child on taking speaking risks and validating the message rather than focusing on the manner in which it was conveyed.