

Stuttering

What is stuttering?

Stuttering is a disorder that causes interruptions in the normal flow or “fluency” of speech. Breaks that occur in the flow of speech are called “disfluencies.” All speakers are disfluent at times, especially under certain conditions, such as nervousness, stress, fatigue or complexity of language. People who stutter, however, generally have more disfluencies and different kinds of disfluencies than other speakers. They also may have negative feelings about their speech as a result of their difficulties speaking.

Stuttering usually begins in early childhood when speech and language skills are expanding and other developmental learning is taking place. This typically occurs between the ages of two and five, and in many cases, stuttering may vary widely across days and months. In most cases, the stuttering resolves on its own. For those who continue to stutter with consistency, effective treatment may leave them with little or no stuttering. Currently, over three million Americans or 1% of the population stutter. Males are three to four times more likely to stutter than females.

Many famous people have dealt with stuttering in their lives. These include: Kenyon Martin, James Earl Jones, John Stossel, Darren Sproles, Bill Walton, Nicholas Brendon, Alan Rabinowitz, Carly Simon, Bob Love, and Marilyn Monroe.

What causes stuttering?

The exact cause of stuttering is unknown. However, most experts agree that stuttering has a neurological basis, affecting areas of the brain that control speech and language production. Stuttering can run in families due to a genetic cause. Certain environmental stressors may increase stuttering. These include anxiety or stress, having to speak quickly, changes in routine (such as the birth of a new baby), and demands to speak in front of others. Children who stutter are just as intelligent and well-adjusted as other children of the same age.

What are typical characteristics of stuttering?

All speakers are disfluent at times. Children have more disfluencies as they are learning language.

More typical disfluencies include the following:

- Whole phrase repetitions (“Where is ... where is the ball?”)
- Single whole word repetitions (“Where ... where is the ball?”)
- Interjections (“Where...um is the ball?”)
- Revisions (What ... where is the ball?)
- Hesitations (A long pause when thinking)

Less typical disfluencies include the following:

- Repetition of sounds (“sh-sh-shoe”)
- Repetitions of syllables (“ba-ba-ball”)
- Prolongation: stretching of sounds (“Wh-----re is the ball?”)
- Blocks: a tense stop in the flow of speech; child opens the mouth to speak but no sound comes out

Stuttering can become more difficult to deal with as children grow older. They may become more self-conscious and lack confidence in speaking situations. If left untreated, the stuttering could affect future decisions including job choices and social relationships.

What is the treatment for stuttering?

The child should see a speech-language pathologist if:

- the stuttering persists longer than 6 months and it occurs frequently during the day.
- the child shows tension, a facial grimace, or struggle behavior during speech.
- the child avoids talking situations or expresses concerns about speech.
- the child avoids saying certain words or sounds.
- the family has a concern about their child's speech.

Stuttering is treated through speech therapy. There are different kinds of therapy depending on the individual child and his family. Therapy also focuses on building the child's confidence in communicating. Families and patients are counseled and given support throughout the therapy process.

What can parents do to help?

The treatment of stuttering depends on the unique needs of the child. However, the following are some general suggestions for helping the child who stutters:

Reduce things that contribute to stuttering

- Temporarily avoid creating situations that are likely to increase the child's disfluencies. These situations may include talking on demand to an adult or talking in front of the class.
- Never tell the child to slow down, relax, take a deep breath, or think before trying to say something. This can make the stuttering worse.

Listen attentively

- Give the child complete attention when he or she is talking.
- Maintain eye contact when the child is talking. Don't look away or show a negative reaction when the child is stuttering.
- Reinforce the child's attempts at talking by responding positively.
- Make sure family members take turns when talking and don't talk all at once.

Model slower talking with more pauses

- Use a relaxed rate of speech when talking to the child.
- Talk about your own activities through the day. This will encourage the child to talk about his or her activities in a relaxed environment.

If the child is in therapy...

- Work closely with the speech-language pathologist and follow specific instructions given to do at home.

Websites on stuttering

- American Speech-Language-Hearing Association: www.asha.org
- Stuttering Foundation of America: <http://www.stutteringhelp.org/>

For more information, please contact the Division of Speech Pathology at (513) 636-4341 or visit our website at www.cincinnatichildrens.org/speech.