# What Parents Need to Know About Stuttering

## Introduction

Many times parents will be very concerned about a period of time in his/her child's development that may include stuttering. This behavior while at times just a normal part of speech development still presents tension for parents. This ***Parent Teacher Conference Handout*** explains the basic types of Fluency (smooth speech) disorders that if prolonged should be identified and referred to the speec and language therapist in the school.

Fluent speech is smooth, flows well, and appears effortless. Fluency disorders are characterized by interruptions if the flow of speaking, such as atypical rate or rhythm as well as repetitions of sounds, syllable, words, and phrases (Hunt & Marshall, 2005; Turnbull et al., 2004).

**Fluency can be broken down into three categories:**

- Continuity- repetitions and fragmented speech
- Rate- irregular tempo, slow or fast, and jerking
- Effort- obvious muscular or mental effort

It is important to note that all speakers have moments of dysfluency. Fluency disorders are diagnosed when the frequency of dysfluency surpasses the average range. Children suffering from fluency disorders may also exhibit secondary characteristics, such as eye blinks, gaze aversion, and head nods during moments of disfluency (Oswego Community Unit, 2005).

## Diagnostic Symptoms

Fluency disorders occur when a child's speech flow is interrupted by multiple repetitions, prolongations of sounds, and/or blocks of sound production. Diagnostic symptoms of speech fluency disorders include (Magee, 2003):

- Repeating sounds, parts of words, and sometimes entire words.
- Pausing between words or within a word; sometimes the pauses are silent.
- Substituting simple words for those that are hard to speak.
- Using incomplete phrases.
- Making interjections (such as adding "uh" or "um" in the middle of a sentence).
- Showing obvious tension or discomfort while talking. Other physical symptoms may occur, such as eye-blinking or head nodding.
- Making parenthetical remarks.

## Further Key Points

Speech and language pathologists (SLP) diagnose fluency disorders by determining the percentage of the child's speech that is dysfluent. If a fluency disorder is diagnosed, SLPs teach the child strategies to decrease the frequency

and length of dysfluency. In addition, therapy focuses on the child's feelings and emotions associated with dysfluency (Oswego Community Unit, 2005).

One of the most commonly known fluency problems is stuttering (Boston College, 2005). Stuttering associated with normal speech development (normal dysfluency) usually resolves on its own before puberty. More severe forms of stuttering (developmental stuttering) usually do not resolve without treatment (Magee, 2003).

## Cluttering

### DEFINITION

A type of fluency disorder specifically associated with a speech delivery rate which is either abnormally fast, irregular, or both. In cluttered speech, the person's speech is affected by one or more of the following: (1) failure to maintain normally expected sound, syllable, phrase, and pausing patterns; (2) evidence of greater than expected incidents of disfluency, the majority of which are unlike those typical of people who stutter." (St. Louis, Meyers, and Baker, 2003).

### EXPLANATION

Cluttering is a speech fluency disorder characterized by a rapid, irregular speech (Anderson & Shames, 2006). It is what happens when speech becomes literally cluttered with faulty phrasing and unrelated words to the extent that it is unintelligible. Unlike stuttering, which involves hesitation and repetition over key words, cluttering usually includes effortless repetition of syllables and phrases. Consequently, the affected person is often not aware of any communication difficulties.

Cluttering is a disturbance in the fluency of speech. People who clutter often speak at a more rapid rate than normal, which causes them to stumble and double back in their attempt to impart meaning. It is characterized by a poor attention span, perceptual weakness and poorly organized thinking (National Institute on Deafness and Other Communication Disorders, 2002e).

## Stuttering

### DEFINITION

A type of fluency disorder specifically associated with a disruption in the normal flow of speech by frequent repetitions or prolongations of speech sounds, syllables, words or by an individual's inability to start a word. The speech disruptions may be accompanied by rapid eye blinks, tremors of the lips and/or jaw or other struggle behaviors of the face or upper body that a person who stutters may use in an attempt to speak (Anderson & Shames, 2006).Certain situations, such as speaking before a group of people or talking on the telephone, tend to make stuttering more severe, whereas other situations, such as singing or speaking alone, often improve fluency (Hallahan & Kauffman, 2006). Stuttering may also be referred to as "stammering", especially in England (National Institute on Deafness and Other Communication Disorders, 2002e).

## EXPLANATION

It is estimated that approximately 1 percent (2 to 3) million Americans stutter (Turnbull et al., 2004). Stuttering affects individuals of all ages but occurs most frequently in young children between the ages of 2 and 6 who are developing language. Boys are three times more likely to stutter than girls. Most children, however, outgrow their stuttering, and it is estimated that less than 1 percent of adults stutter.

**Symptoms of stuttering may include:**

- Repeating sounds, parts of words, and sometimes entire words
- Pausing between words or within a word
- Substituting simple words for those that are hard to speak
- Showing obvious tension or discomfort while talking
- Using incomplete phrases
- Making interjections (such as adding "uh" or "um" in the middle of a sentence)
- Making parenthetical remarks (adding explanatory or seemingly unrelated words or phrases)

Stuttering often becomes worse during stressful situations, such as public speaking. Interestingly, it often does not occur during other activities, such as singing, whispering, talking while alone or to pets, or during choral reading (Fackler, 2005)