

October is Stuttering Awareness Month

During the month of October, we at Nancy L. Foreman and Associates are sharing information about stuttering. We have been trained to evaluate and treat a wide variety and speech and language disorders, one of which is stuttering. Here is some information about stuttering, as well as some helpful tips to use if you think that your child might be stuttering.

What is stuttering?

Stuttering is a speech disorder in which sounds, syllables, or words are repeated or prolonged, disrupting the normal flow of speech. These speech disruptions may be accompanied by struggling behaviors, such as rapid eye blinks or tremors of the lips. Stuttering can make it difficult to communicate with other people, which often affects a person's quality of life.

Symptoms of stuttering can vary significantly throughout a person's day. In general, speaking before a group or talking on the telephone may make a person's stuttering more severe, while singing, reading, or speaking in unison may temporarily reduce stuttering.

Who stutters?

Roughly three million Americans stutter. Stuttering affects people of all ages. It occurs most often in children between the ages of 2 and 5 as they are developing their language skills. Approximately 5 percent of all children will stutter for some period in their life, lasting from a few weeks to several years. Boys are twice as likely to stutter as girls; as they get older, however, the number of boys who continue to stutter is three to four times larger than the number of girls. Most children outgrow stuttering. About 1 percent or less of adults stutter.

How is speech normally produced?

We make speech sounds through a series of precisely coordinated muscle movements involving breathing, phonation (voice production), and articulation (movement of the throat, palate, tongue, and lips). Muscle movements are controlled by the brain and monitored through our senses of hearing and touch.

What causes stuttering?

Although the precise mechanisms are not understood, there are primarily two types of stuttering: developmental stuttering and neurogenic stuttering. A third type of stuttering, called psychogenic stuttering, can be caused by emotional trauma, or problems with thought or reasoning. At one time, all stuttering was believed to be psychogenic, but today we know that psychogenic stuttering is rare.

Developmental stuttering

Developmental stuttering occurs in young children while they are still learning speech and language skills. It is the most common form of stuttering. Some scientists and clinicians believe that developmental stuttering occurs when children's speech and language abilities are unable to meet the child's verbal demands. Developmental stuttering tends to run in families.

Neurogenic Stuttering

Neurogenic stuttering may occur after a stroke, head trauma, or other type of brain injury. With neurogenic stuttering, the brain has difficulty coordinating the different components involved in speaking because of signaling problems.

How is stuttering diagnosed?

Stuttering is usually diagnosed by a speech-language pathologist (SLP), a health professional who is trained to test and treat people with voice, speech, and language disorders. The speech-language pathologist will consider a variety of factors, including case history (such when the stuttering was first noticed and under what circumstances), an analysis of the stuttering behaviors, an evaluation of speech and/or language, if warranted, as well as a determination of the impact stuttering has on the person's life.

How can I help my child if I think he or she is stuttering?

1. **Reduce the pace:** Speak with your child in an unhurried way, pausing frequently. Wait a few seconds after your child finishes speaking before you begin to speak. Your own easy, relaxed speech will be far more effective than any advice such as "slow down" or "try it again slowly".
2. **Asking questions:** Asking questions is a normal part of life but try to resist asking one question after the other. It is more helpful to comment on what your child has said, not how your child has said it, and then wait. Using "wait time" reduces the pressure your child may feel to respond right away.
3. **Turn taking:** Help all family members and others close to your child to take turns talking and listening. Children find it much easier to talk when there are fewer interruptions.
4. **Building confidence:** Praise strengths unrelated to talking, such as being helpful, organized, independent, etc. Using descriptive praise, such as "I like the way you put your toys away. You're so helpful", instead of "That's great."
5. **Special times:** Set aside a few minutes each day when you can give your child undivided attention. This quiet, calm time - no tv, iPad or phones - can be a confidence builder for children. As little as 5 minutes a day can make a difference.