ABOUT STUTTERING:

INFORMATION FOR TEACHERS AND PARENTS


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WHAT IS STUTTERING?

When a person repeats (“bu-bu-bu-but”) or prolongs (“Mmmay I…”) more sounds than usual, hesitates abnormally between sounds (“ba…sket”) or gets stuck on sounds, we usually say that person stutters or stammers. Symptoms may also include facial or body tension and movements, blinking and lack of eye contact. Sometimes meaningless words or sounds are used to help start speech (e.g., “Um,” “Like,” “You know”). These behaviours comprise the visible aspects of stuttering. What one does not see and hear are the invisible fears and anxieties that develop as a consequence of stuttering.

HOW DOES STUTTERING DEVELOP?

Stuttering usually begins gradually between the ages of two and five, and occurs four times more frequently in boys than girls. Early stuttering typically consists of tension-free part- and whole-word repetitions and occasional prolongations of sounds. As the child experiences difficulty speaking, prolongations often increase, tension in the mouth, face or body may appear, and “struggle behaviours” such as blinking, body movements and vocal tension may emerge. The struggle to speak and the fear the child experiences in talking may soon lead to avoidance of words and situations. Stuttering can become a serious handicap, causing low self-esteem, affecting social development and restricting educational and career choices.

How much an individual stutters varies greatly across time and in different situations. A person may be virtually fluent on one occasion and have considerable difficulty on the next. Most people who stutter are highly fluent when singing, and when speaking with an assumed accent or in chorus with others.

WHAT CAUSES STUTTERING?

Although the exact causes of stuttering are unknown, research suggests that the condition is caused by a complex interaction between a person's physical make-up and his or her environment. Studies indicate that the organization of the central nervous system of people who stutter differs in very subtle ways from that of fluent speakers. One theory is that people who stutter have an inefficient or fragile speech-motor control system that is vulnerable to breakdown. It is believed that this fragility is inherited, but whether it results in stuttering depends on the personal traits and experiences of the individual.
There is no evidence that stuttering is a psychological disorder. Studies show that as a group, stuttering children are no more anxious or maladjusted than their fluent peers. However, because of their speech difficulty and the consequent shame and embarrassment, they do tend to feel apprehension and anxiety in certain speaking situations or about talking in general.

Although anxiety and stress are not causal, they can aggravate stuttering and disrupt control over speech after treatment.

**HOW DO CHILDREN HIDE STUTTERING IN THE CLASSROOM?**

Because speaking among a group of classmates can be painfully difficult for those who stutter, many children avoid the fear, embarrassment and frustration of trying to speak in class. They often feign ignorance, answer questions with one word or with a sign or a shrug, pretend they have left work at home rather than read it aloud, give an answer they know is wrong because they fear they will block on the right word, or hesitate so long that someone else steps in to answer for them. Some children will act like the class clown or indulge in disruptive antics to avoid speaking. Therefore a teacher may not even be aware that a student stutters.

**HOW CAN TEACHERS HELP THE CHILD WHO STUTTERS?**

While children who stutter have many similarities, they also have differences in the types of speech difficulties they exhibit and their reactions to stuttering. The following suggestions are helpful for most children who stutter; however, it is critical to discuss with the child's parents and speech-language pathologist how best to help the child and support therapy goals in the classroom.

1. Foster development of an objective attitude toward stuttering in the child, and acceptance by classmates

Many children and adults who stutter feel ashamed and embarrassed about their lack of fluency. This adds to their fear of speaking and leads them to hide the difficulty, avoiding words and situations. One important focus of therapy is to help them overcome these feelings and develop a more open, objective attitude about their speech. Anything the teacher can do to reflect and reinforce this attitude will be a tremendous help to the child. For example:

- Talk objectively with the student about stuttering if she or he expresses interest in doing so, but not in a way that gives the subject great significance. Some children are more open to talk about stuttering than others. Ask the child for ideas about ways to help manage speaking in the classroom. Make modifications as necessary, but do not excuse the child from the content of the task.
• Cultivate acceptance of the child by peers and prevent teasing. If possible, offer a teaching unit on "accepting individual differences," and invite the child to make a presentation about his or her speech and therapy experiences. This kind of instruction is likely to benefit the child even if he or she chooses not to take an active part. You may wish to use the educational program *Teasing and Bullying: Unacceptable Behavior* (available from ISTAR) as a resource.

2. **Minimize time pressures and stress**

Stress and time pressure greatly disrupt fluency. They also interfere with children's ability to use "easy speech skills" acquired in therapy. To minimize disruption:

• Speak more slowly than usual. Convey a sense that there is plenty of time for the task at hand, and establish a relaxed atmosphere, by your actions and unhurried rate of speech. Giving full attention to the child and modeling a calm way of speaking can be a challenge in the face of usual classroom time pressures. However, a calm manner and calm talking can be extremely beneficial in helping the child who stutters to say what he or she needs to say with more fluency in less time.

• Listen attentively. Maintain eye contact and relaxed body language. On occasion, paraphrase what the student says -- particularly if you have difficulty understanding the content. This will help focus attention on *what* is said rather than *how* it is said, and will help to reduce the negative memory of the stutter.

• Refrain from finishing a student's sentences or giving advice on how to talk. Do not suggest the child substitute easier words for more difficult ones. These things tend to erode confidence and worsen the stuttering problem.

• When the entire class must speak in turn, it is *usually* best to call early on those who stutter. This way, you may help them to curtail the build-up of fear that can occur when they are waiting their turn to speak.

• Encourage all students to take turns, thereby eliminating rapid exchanges with interruptions. Reinforce the following good talking rules:
  - Look at the person speaking (maintain eye contact)
  - Listen and think about *what* is being said
  - Wait until the person is finished speaking before you begin to speak. (i.e., avoid interrupting)
  - Don’t fill in silences or hesitations in another person’s speech
  - Take turns talking
3. **Facilitate successful participation in classroom activities**

Children who stutter (whether or not they have had therapy) generally prefer to be treated in the same manner as their classmates. However, there are some speaking situations that are especially difficult for the child who stutters, and perceived failure in these situations can create shame, erode self-confidence and lead to avoidance. Ask the child in private which classroom activities she or he finds difficult.

Class presentations and oral reports may be especially challenging for people who stutter. Two suggestions for handling such situations follow. The first option is preferable to the second because it allows the child to present in the same manner as other students, thereby creating an opportunity to build confidence; however, it is best to determine what the student who stutters would prefer.

- Arrange for the child to practice the speech, starting with a relatively easy situation and progressing gradually to more difficult settings. For instance, the child might practice giving the presentation first to a parent at home, then to one or two close friends, next to close friends and the teacher, then to a small group of peers, and finally to the entire class.

- When a child feels great anxiety and fear about making the speech to the whole class, you might permit him or her to give it to a small group of friends instead.

4. **Help children through difficult times**

Stuttering tends to vary with time and situation. When a child is having a bad day:

- Pay special attention to reducing time pressures, in particular by slowing your rate of speech and making your actions less hurried.

- Try to minimize situations where the child must speak or read aloud, unless she or he volunteers to do so. Make the most of fluent days by increasing speaking opportunities at those times. You may wish to use “yes/no” questions to facilitate participation while reducing speaking demands.

For younger children, try to arrange successful speaking experiences through activities such as choral speaking and reading, reciting of rhymes in unison and the use of puppets. Through such class activities, a child who stutters may experience success and cope with difficult times.
5. Update parents and speech-language pathologists

Since children's speech patterns in the classroom may be quite different than those that occur at home, on the playground or in the therapy room, it is important to help parents and speech pathologists understand how the child functions in the classroom. Report any changes that occur throughout the year in speech patterns or avoidance behaviours.

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6. Early intervention

Early assessment and treatment can help to prevent stuttering from becoming established and interfering with a child’s social and emotional development. If you have concerns about the fluency of a young child, please encourage the parents to consult with a speech-language pathologist to determine if an assessment is advisable.

If you have any questions, please feel free to call ISTAR or contact your local speech-language pathologist.

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