How Parents Can Help A Child Who Stutters

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Background: "normal disfluency" is common from ages 2-7. **Normal** disfluencies are *without* tension and include whole-word repetitions, phrase repetitions, hesitations, interjections ('ah' 'um'), and revisions. All speakers, of all ages, experience normal disfluencies. Abnormal disfluencies include: part word repetitions (b-b-ball), prolongations of first sound, blocks (where airflow is stopped), tense whole-word repetitions, and other physical symptoms of tension. These abnormal disfluencies suggest the child is at high **risk** for progressively developing stuttering behaviors, and indicate a need for skilled intervention.

Progression of Stuttering: disfluency generally starts with normal disfluencies. When a child begins physically **struggling to stop** the disfluency, tension in the articulators of speech (tongue, lips and larynx) is manifested. We want the stuttering to remain at the *behavioral level*. When it permeates the child's *identity*, a myriad of emotional and cognitive issues can develop. Most caring adult listeners want to help. In fact, parental involvement is vital to success with treatment. The challenge is: how do we help without making the child self-conscious; perpetuating the struggle/tension? **You can help!** (Adjust these helpful tips to your child's age and severity.)

1. **Model** slow, natural sounding speech. Placing visual cues in the house help the adults remember to model the desirable behavior and follow the below guidelines. For example, one family placed red stickers on the refrigerator, car, vanity mirror, and the door they most frequently entered the home through. Seeing the visual cue reminds the adults to behave in a manner conducive to reinforcing fluency. You adults can learn "new tricks!"
2. **Pause** for one second before responding to child's remark- especially if they are experiencing disfluency. This maintains the slow exchange, and helps to compensate for the fact that the child's language is less developed than the adult's. Remember that your modeling of slow rate can influence their behavior.
3. With young children, use less sophisticated language so that the child can "keep up."
4. Remember that language is about 70% **nonverbal**, and your facial expressions can say a million words! Children can interpret many facial expressions before 12 months of age.
   Model a relaxed, patient, and **supportive** expression when child is speaking.
5. If the child is experiencing a moment of relatively severe stuttering, phrase your questions to require a one-word or phrase response. For example: "is spaghetti o.k. for dinner?" vs. "what do you want for dinner?" The intent is to avoid reinforcing the stuttering and to do so in a passive manner.
6. Reduce **time pressure** from child's lifestyle the best you can. Time pressure in the morning to get up, get dressed, eat, and get to school is an example of a lifestyle issue that places the child under time pressure. Time pressure can result in more stuttering. Structure and a schedule can be helpful here.
7. Refrain from giving **advice** such as "slow down," "think before you talk." This brings *attention to* the disfluency. The child will get the notion that the *listener*

does not approve when the child stutters. Hence, this type of reinforcement perpetuates the "trying not to stutter," and related tension.

8. If the child is really **struggling**, you may feel compelled to acknowledge the struggle by saying something such as: "it seems like you were having a tough time talking right there." This reassures the child that you're aware of the difficulty, without giving advice. Further, it uses past tense (you were) in an effort to invite the child to encode this event as done. Using "you are" is present tense and suggests present and future difficulty. Stuttering need not be taboo to discuss, yet artfulness is key to supporting your child with an often perplexing problem.
9. It can be appropriate to **commend** when your child is successful. Use several expressions (i.e., "I like the way you said that," "your speech sounds really smooth," "I like how you spoke up for yourself.") The idea is to reinforce the desired behavior, effective speech, and let the disfluent speech pass without a verbal critique or nonverbal expression of impatience or frustration. Refrain from overdoing this and giving the impression that it is *expected* from the child.
10. The **power of suggestibility** cannot be underestimated. When we verbally predict future problems (i.e., "I know you'll stutter during that school play) we can plant seeds of fear.
11. Make sure that all significant listeners are consistent with these strategies. This includes parents, teachers, nanny, grandparents, siblings and so on. One person using punitive reinforcement can undermine the rest. **Be proactive**.
12. Avoid giving the stuttering child preferential treatment, spoiling, pity, or other means of "secondary gains" from stuttering. Obviously a child does not desire to stutter per se, but if it gets them special attention it offers what is called a **secondary gain**. This can reinforce the behavior. The stuttering child needs to learn turn taking and all other social and communication skills.
13. Teasing from siblings and classmates can drive stuttering into the child's self-esteem, beliefs, and formulate the identity (stutterer) we desire to **prevent**. Rather than punishing the instigator, enlist their help in assisting the child affected by stuttering.
14. Stay involved with teachers and SLPs in guiding the assistance of your child. Some parents have the notion that the SLP will take care of it for them. There is no quick fix for stuttering. Recovery is a process that often involves the child who stutters needing support from family and teachers.

<u>Summary</u>

Stuttering can be an **open** topic vs. a taboo topic. It can be treated like diabetes or other issues that children can experience. Open, honest, and loving discussion is always the best remedy. This will perpetuate an "open door policy" for years to come.

Stuttering is generally **cyclical** in severity. When your child "spikes a stuttering fever" he may need more support. Watch for avoidance behaviors and consult a **stuttering specialist**.

Think future and consider what type of young adult you desire your child to become. How would you like them to "frame" stuttering: a challenge, a handicap, etc.? What type of relationship do you desire to have with your young adult? Then think back until now and decide how you will support him/her with challenges related to stuttering. You are raising an adult, not a child.

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