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HALDIMAND-NORFOLK HEALTH UNIT

# COMMUNICATION MATTERS

A NEWSLETTER FOR PARENTS, TEACHERS, EARLY LEARNING PROVIDERS AND CAREGIVERS OF PRESCHOOL-AGED CHILDREN.

## Stuttering or Dysfluency



Stuttering, or dysfluency, is a communication disorder that disrupts the natural flow of speech. Common characteristics of stuttering include:

- sound repetitions (p-p-please)
- part-word repetitions (be-be-bean)
- whole-word repetition (my my my truck)
- phrase repetitions (Can I Can I Can I go?)
- prolongations (mmmy name is)
- blocking or being unable to produce a sound

Stuttering can also be accompanied by secondary behaviours such as eye blinking and facial grimacing.

Stuttering occurs in approximately 1% of the population and begins between 2-4 years of age. Most children will go through a period of normal developmental dysfluency during the preschool years as their language development increases. In fact as many as 80% of 3 year old children will go through a time when they have difficulty speaking fluently. It may seem as though your child's mouth can't keep up with their brain. It's important to recognize the signs of a child that is displaying typical developmental dysfluency compared to a child at risk for life-long stuttering.

Normal nonfluency differs from true stuttering by the types of

dysfluencies the child is showing, the number of repetitions the child is displaying and the percent of syllables that are nonfluent in the child's speech.

In normal nonfluency, children are likely to repeat whole words or phrases two to three times. They are nonfluent on less than 10% of syllables spoken. True stuttering is characterized by multiple sound repetitions, prolongations, blocks and secondary behaviours. True stutters generally stutter on 10% or more of their spoken words.

Spontaneous recovery of nonfluency is estimated to occur in 60% of cases with girls much more likely to recover than boys. Children who have a family history of true stuttering are at an increased risk of persistent stuttering. As well, those children who have good speech and language skills have been shown to have a higher recovery rate without treatment than those who have other speech and language difficulties.

The reason why some people stutter has long been debated. Recent research shows that approximately 25-80% of stuttering cases are the result of genetics. Changes in the anatomy and function of the brain may also play a role in stuttering. It has been shown that people who stutter tend to have more brain activity in

their right hemisphere whereas, the general population has more activity in the left.

The cause of stuttering is biological; however, the environment plays a key role in how severe it can be. In other words, although stuttering is determined biologically, a person's emotional reaction to their stuttering can cause it to be worse. As one reacts to their stuttering, anxiety can build causing them to stutter more which in turn increases anxiety. This creates what is known as the stuttering-fear cycle. Successful treatment focuses on controlling the stuttering through fluency enhancing techniques and altering the environment to remove fear and apprehension.

In the preschool years a successful therapy approach is known as the Lidcombe Program of Early Stuttering Intervention. Lidcombe is an evidence-based treatment approach for early childhood stuttering. The treatment is mostly carried out by caregivers in the home environment under the supervision of a trained Speech-Language Pathologist. There are two stages of the Lidcombe program. In stage 1 the goal is no stuttering. In stage 2 the goal is no stuttering for long periods of time (i.e. maintenance). It is heavily based on parental verbal reinforcement and parental judgement on stuttering.

The Lidcombe approach makes use of weekly clinic visits to the speech-language pathologist with the parent and child. Each session begins with rating the child's severity of stuttering for the week on a scale of 0 to 10. Then an activity is completed emphasizing positive verbal reinforcement for stutter free speech. Verbal reinforcement may include praise for speaking fluently or a correction for bumpy speech. The main goal in Lidcombe is that for every 1 correction of stuttered speech the parent provides five positive statements for smooth speech. Once a child is able to maintain fluency in the clinic he or she has reduced clinic visits until they are no longer in need of clinic support.

Whether your child is demonstrating normal nonfluency or true stuttering there are many things you can do at home in order to help your child speak more fluently. Some of these suggestions include:

## 1. Be aware of your communication style

- Slow down your own speech. Pause frequently. Keep your speech unhurried, easy and relaxed. Wait a few seconds before responding to your child's questions or comments. (This is harder to do than it sounds!)
- Repeat or rephrase what your child says to make sure you understood it.
- Reply slowly and unhurriedly, and use some of the same words your child used. For example, if he says, "I, I, I, ssssee

the bunny," you could say "Oh, I see the bunny too. He's cute."

- Decrease interruptions. Provide your child with opportunities to talk without competition from others.
- Turn off the TV and computer during mealtime. Keep it a time for family conversation without background noise.
- Show interest and enjoyment in the things your child has to say.
- Don't let your child become an interrupter himself. Encourage every person in the family to listen and wait to take turns in conversation.
- If your child is having a particularly "bumpy" day, shorten and simplify your own sentences. Use easy vocabulary. Don't ask a lot of questions.
- Recognize that "bumps" may increase if your child is responding to a long, complex sentence, to an unfamiliar topic, or when talking about past or future events instead of the present.







## 2. Be aware of your reactions and responses

- Show unconditional positive regard. Be careful of the implied or emotional messages you may be sending. Remember that even if you don't say anything directly, your facial expression or tone of voice may convey distress, impatience or worry about your child's speech.
- Respond to what your child says rather than to the "bumps." You don't want your child to feel that his worth depends on how smooth his speech is.
- Don't talk to others about your child's speech in his presence or when he is listening.
- Be an attentive listener. Keep natural eye contact with your child when he is speaking. If you're doing something that requires your attention (such as driving), tell your child that you can't look at him right now but you are listening. Then make sure you truly are listening!
- Avoid filling in or guessing what your child is about to say. Allow him to finish his thoughts and ideas with his own words, even if it means you have to wait silently.
- Be consistent in your discipline. Lack of discipline, or inconsistent rules, leads to confusion and increased stress for children. Consistent discipline has positive effects by providing structure, predictability and clear boundaries in a child's life.
- Limit your corrective advice. Suggestions such as "take a deep breath," "slow down," "relax," "take your time," "think about what you want to say" are intended to be helpful, but their actual effect is to increase pressure on your child. Now he has to be aware of HOW he talks, not just what he wants to say.
- Don't refer to your child as a "stutterer." He is a child who is still learning and developing his speech skills, and he may be experiencing normal nonfluency.
- Don't try to teach your child any tricks or devices (such as clapping his hands, singing his words or changing his pitch). Those aren't normal ways of talking, and they can develop into habits that are very hard to break.
- Tell other people not to imitate, correct or joke about your child's speech. This includes siblings, friends, relatives, neighbours and babysitters. Be very frank about how you want others to reach and respond to your child.
- Reinforce your child's fluent speech rather than trying to change or draw attention to the "bumps" in his speech.





### 3. Be aware of pressures in your child's life

- Lower your expectations. Refrain from demanding consistency in your child's speech. Just because his speech was smooth yesterday doesn't mean it's going to be today.
- Your child may be a perfectionist himself, and make internal demands of his own performance, not only with speech but with many tasks. Reassure him that everyone makes mistake and that's okay!
- Avoid asking your child to perform verbally (e.g. "Tell Grandma what you did at school today," "Say your ABCs for Aunt Cathy," "Uncle John wants to hear your Sunday school song").
- When you take your child somewhere new, tell him about it ahead of time. Prepare him for the types of things he will see, hear, and be expected to do.
- Decrease time urgency. As much as you can, avoid giving the feeling that life is hectic, even when it feels that way to you!
- Be aware of environmental situations. Some situations may increase fluency (e.g. quiet one-on-one time, singing, sharing books, playing with pets) while others may increase "bumps" (fatigue, strong emotion, competition for an audience). Try to provide more fluency-enhancing situations where you can, and don't demand speech at times when "bumps" are more likely.
- Encourage more talking on your child's fluent days (e.g. engage in verbal games, share books, call family members and friends). Decrease the need to talk on days when speech is less fluent (watch TV, or do a craft activity such as colouring).

Communication Matters is published biannually by the Haldimand-Norfolk Preschool Speech and Language program. It has been developed to increase awareness for services available and tips on the prevention of speech, language or hearing disorders in the preschool population. This newsletter is intended for parents, teachers and caregivers of preschool-aged children. You are invited to contact the Health Unit with your articles and ideas.



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