

THE CENTER FOR SPEECH EXCELLENCE

STUTTERING

FACT SHEET

DEFINITION: Repetitions, prolongations, and struggle behavior cause interruptions in speech. We all do some of these things when we speak. It depends on whether we know what we are going to say or whether we are generating our thoughts as we go. It also is affected by fatigue and illness. When these interruptions are frequent, consistent, and distracting to the listener, they constitute disfluencies. Disfluencies is another term for stuttering. It indicates that the speech is not fluent, or flowing. There are many theories about what causes stuttering, but no absolute cause is known. It is most likely a muscle coordination problem during the act of speaking. The most widely accepted model for explaining persistent stuttering is that a genetic component provides a biological predisposition to stutter. While not everyone with this predisposition becomes a stutterer, if certain environmental circumstances are also present then stuttering may be triggered. These environmental circumstances may include an overly critical parent putting excessive stress on a child's speech attempts. Avoiding the fear of stuttering is more conducive to fluency than trying harder. It is unlikely that a parent's reaction to a child's speech can actually cause stuttering in a child who is not already predisposed.

Normal Disfluencies in Children

Almost all children go through a stage of frequent disfluencies in early speech development, usually between the ages of 2 and 5 years. Stuttering usually starts during this same time period. The difference between "normal disfluencies" and clinical stuttering can be determined by the frequency, severity and pattern of the disfluencies. About 20% of children are disfluent enough to cause parent concerns. About 5% of children exhibit clinical stuttering. Of these, about 75% of the children will become normally fluent within 3-6 months without treatment. But about 1% of all people (about 3 million Americans) continue to stutter noticeably into adulthood. Stuttering affects three- four times as many males as females. Early intervention by a Speech-Language Pathologist gives the best chance for overcoming stuttering but teenagers, young adults and even older adults can make significant progress toward fluency through therapy.

CHARACTERISTICS:

Persons with disfluent speech may:

1. Repeat the whole word. Example: He...He....
2. Repeat part of the word. Example: t...t...today
3. Prolong words. Example: MMMMy

4. Experience struggle behavior. Example: Eye blinks, neck and lip straining, facial strain.
5. Block. Example: Open the mouth and no sound comes out .
6. Speak too fast and breathe too quickly.
7. Feel uncomfortable in speaking situations and avoid them.
8. Have low self-esteem, even though they are as intelligent and capable as everyone else.
9. Become more disfluent when feeling excited, frustrated, happy, or sick.
10. Be able to sing and/or act with no disfluent speech.

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ASSISTANCE:

We can offer the following assistance:

1. Evaluate the number and type of disfluencies, difficulty it causes in daily living, and an indication of severity (mild, moderate, severe) compared with others of the same age.
2. Provide a report to be shared with physicians, schools, counselors, etc.
3. Counsel family members, teachers, co-workers as needed.
4. Therapy to focus on breath control, continuous movement of the vocal cords, rate of speech, and personal management of the disorder.
5. Computer-assisted therapy.
6. Regular reports on progress in therapy.