

## THESE ARE A FEW OF MY FAVORITE THINGS .....

### FLUENCY ENHANCING THERAPY FOR PRESCHOOL CHILDREN

#### Guidelines for Verbal Interaction

It has been found effective during adult-child verbal interactions to reduce the excitement level of activities, for parents and others to talk at a slower rate, to reduce the number of questions, and to program some silent periods during play. Examination of video/tape recordings show that this type of parent-child interaction does alter the frequency and type of disfluencies, the length of the child's utterances, the rate of child's speech and the audible characteristics of effort associated with disfluencies. The following are guidelines for strategies that parents can implement aimed toward encouraging children to verbalize at a less stressful level linguistically. As we work with parents/caregivers, we discuss with them our joint efforts to implement the strategies and we engage in problem solving discussions.

**RATE.** One factor which may affect fluency is the rate at which the child and those around him talk. Often children try to talk fast to keep pace with the adult's rate of speech. When children hurry, especially if they are only two or three or four years old, they often repeat and hesitate because their tongues, lips and jaws simply cannot move that quickly in a coordinated manner. There is greater likelihood of in coordination of breathing, voicing and sound formation at a fast rate. Once the child has learned to talk rapidly, it is often harder for him to talk more slowly later. Some youngsters become programmed for hurrying. If we reduce our own rate of talking a little, then the youngster may learn to talk slower also. However, people should not tell your child to "slow down—take your time." Such advice may give him the idea that he is doing something wrong when he talks and that he should try not to talk as he does now. In his attempt to stop doing that "something wrong" his muscles may stiffen and the disfluencies may increase.

As some children become more involved in the activities they talk

faster and their speech, though fluent, is less clear. When they become even more excited, some of their speech is not intelligible. The rate is so fast that words are blended together, sounds are slurred and syllables seem to be omitted. Children who speak super fast may repeat the initial word or part of it and repeat linking words as “and” to give themselves time to formulate ideas.

**QUESTIONS.** Young children’s disfluencies have been observed to increase if we ask them many questions. Much of adults’ verbal communication with children is question-asking in nature. Questions put children on the spot for a response. We believe that it will be helpful to change verbal interaction style with children as much as possible. Try to reduce by 50 percent the number of questions you ask. How are you to talk with your child then? Parents have found it helpful to do more “commenting.” The commenting strategy involves verbalizing in short sentences what you think your child is doing, feeling and thinking as he is playing or being with you. It is a little like saying thoughts aloud. Leave some silences, though. Your child should not think that a person has to be talking constantly.

**DISPLAY SPEECH.** It is important not to put children on the spot in another way. Avoid doing the “Show and Tell” routine. It is disruptive of thought processes, requires a great deal of memory and puts too much attention on the child’s language formulation skills to direct him: “Tell Daddy where we went;” “Tell Mommy who we saw;” “Tell Grandpa what you got for your birthday, “ and so on. As an adult, you can comment and give information about the event to Dad, Mother or Grandfather; if the child wants to chime in and add his own comments, fine.

**HERE AND NOW.** Young children’s fluency often increases if we make use of the idea of the “here and now.” Children have been observed to be more fluent and to acquire a vocabulary of labels faster when the object or event being talked about is right in front of them. If a child has to recall what was done or seen yesterday or an hour ago, he appears to search more for the word names and for the words to express thoughts. The object’s actual physical presence seems to facilitate verbalization for many children. A substitute for the object is

a picture book. When looking at a book together or reading a story to a child, refrain from quizzing about the pictures. Instead of asking “What’s this?” or “Do dogs have tails?”, you might name some of the pictures or features of the picture or comment on the action. If the child wants to name pictures for you spontaneously or comment on the, fine. Talk about concrete objects and experiences that the child has.

**ECHOING.** For very young children, less than three years old, disfluencies may decrease if some of the time we echo part of what they have just said rather than engage in a conversation. One caution: if the child stutters, you simply echo fluently what he said without calling his attention to the stuttering. It is not an exciting way to talk with a child, but it can give him the awareness that we have understood his words. A child relaxes and enjoys talking when he feels the message is getting through to the listener. Further, the child does not feel the adult will take over the conversation and change the topic. The suggestion would be that only the two parents do some echoing and plan to stop the echoing gradually in one to two months. However, if the child responds negatively to the echoing or considers such to be teasing, stop doing it immediately.

Some children do not talk clearly. Repeating some of their utterances indicates to the child that the speech has been understood. Further, echoing often prevents the adult from forging ahead in the interaction.

**LISTENING AND ATTENDING.** Children’s disfluencies may increase when they try to get us to listen to them. They are not good at waiting their turn to talk. Often they interrupt our talking to someone or interrupt our activity to gain attention. Many young children want us to look at them and want to be able to see our eyes when they talk. They do not want us to continue fixing a meal or reading as we listen. They seem to want 100 percent of our attention. If it isn’t possible to give your undivided attention at the moment, ask the child to wait a minute. Expect a child to speak with more disfluencies when you are driving a car and have to focus on driving. You cannot turn to look at him very much at the time. In addition, the youngster may want to call your attention to something he sees which is rapidly disappearing from view as you continue driving down the road.

Children may begin a verbal interaction with a person's name, as "Mom," repeated 3-10 times. The remainder of the sentence may be fluent. What you do in that situation depends on whether the repetition of "Mom" is a signal "Hey, listen to me" or whether the repeating of "Mom" gives the child time to organize his thoughts.

**LANGUAGE DEVELOPMENT.** For some children ages 2 to 4 years, the disfluencies appear to be due to their stage of language development--at least in part. The child is learning new words and linking them together in sentences. He is learning to ask questions which require a different word order than do sentences. His language and comprehension are expanding. He is practicing these new language forms. Children often are disfluent at this stage of vocabulary acquisition and language formulation. Your goal is to reduce language development pressure. We believe it would be helpful for adults to decrease markedly their efforts to each vocabulary labels, concepts, colors, printing and so forth for the next two to three months. Your child will not stop learning but he may learn at a more relaxed pace. Once he has re-established more fluency, then you can return to the teaching activities again. You can enjoy being together without trying to "teach" or "direct" if you do quieter table top crafts or sand box type activities. The activity should be one that lends itself to 'doing' without feeling a need to talk constantly. Leave more PAUSE TIME when you talk with him--spaces where he can insert his ideas if he wishes or spaces where both of you are comfortable with silence. Some parents have actually programmed 'quiet' time or 'thinking' time. If, however, the child feels he is losing his turn during the waiting period, this idea will fail as a strategy. Teach "turn-taking" if the disfluencies increase when you child wants to take command of the situation and wants to refocus the attention on himself.

We believe some children may be disfluent because motorically they are attempting to coordinate respiratory, phonatory and articulatory systems at a level above their physical capability at this time. We also believe that the greater the uncertainty about information, the longer and more complex the

sentence formulation, the greater the number of linguistic decisions he has to make, the more likely his physical system is to fluency disruption.

There are many young children regardless of age whose stuttering severity can be altered little by the clinician during the evaluation. It may also be apparent that environmental manipulation and altering communicative pressure is less effective in the clinic and at home that is desired. It is then that a decision to begin some direct altering of the child's talking behavior needs to be made. It is likely then too, that the parents and the clinician will need to problem-solve in nearly every therapy session for strategies that will reduce the severity of the stuttering for a specific child. Ineffectiveness of the fluency enhancing strategies presented above indicates the need for direct intervention by trained clinicians. Three behaviors of the child signal a need for direct intervention: (1) breath stream mismanagement and/or hard vocal attacks; (2) active attempts to stop stuttering; (3) active attempts to conceal stuttering. Excessive parental/caregiver concerns may also warrant direct intervention by a speech/language pathologist who has knowledge of childhood stuttering.

Excellent resources for parent/caregiver/teacher education to enhance fluency are as follows:

1. STUTTERING AND THE PRESCHOOL CHILD, HELP FOR FAMILIES video and booklet IF YOUR CHILD STUTTERS, A GUIDE FOR PARENTS from the Stuttering Foundation of America (SFA) at 1-800-992-9392 or [www.stutteringhelp.org](http://www.stutteringhelp.org)
2. PRESCHOOL CHILDREN WHO STUTTER, INFORMATION AND SUPPORT FOR PARENTS booklet from the National Stuttering Association (NSA) at 1-800-364-1677 or [www.westutter.org](http://www.westutter.org)

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