STUTTERING AT A GLANCE: Information for Teachers

STUTTERING FACTS

- There is no single cause of stuttering. Current research indicates that many different factors, including genetic inheritance, the child’s language skills, the child’s ability to move his or her mouth when speaking, the child’s temperament, and the reactions of those in the child’s environment play a role in the development of stuttering.

- Stuttering is NOT an emotional disorder and it is NOT caused by anxiety of nervousness.

- Stuttering is a speech/language impairment characterized by disruptions in the forward flow of speech (or “speech disfluencies”), such as repetitions of whole words or parts of words, prolongations of sounds, or complete blockages of sound. Speech disfluencies may be accompanied by physical tension or struggle.

- Stuttering is highly variable – sometimes a child will stutter a lot and sometimes the child will be very fluent.

- Many times, children experience fear or embarrassment because of their stuttering. As a result, they may learn to hide their stuttering so it does not show. They can do this by avoiding speaking in certain situations or to certain people. They might also avoid saying words they think they might stutter on or refrain from talking altogether. If a child begins to avoid speaking in order to avoid stuttering, the disorder can have a marked impact on his or her social, emotional, and educational development.

- Sometimes, older children become so adept at hiding their stuttering that other people may not even know that they stutter. Although this might sound like a good goal, it typically is not. Hiding stuttering takes a lot of emotional and cognitive effort and results in significant shame for the person who stutters. This, in turn, often limits the child’s ability to participate in life activities at school or in social settings. The best way to deal with stuttering is not to try to hide it or hide from it, but rather to face it directly.

STUTTERING TREATMENT

For very young children (age 2½ to 5 or 6), the primary goal of treatment is to help the child learn to speak fluently. We do this by teaching the child to change the timing and the tension of speech production through modeling and play-based activities, both in the therapy room and at home. Treatment of children in this age range can be highly effective, with many children exhibiting complete recovery by approximately age 6.

For older children, it is more difficult to eliminate stuttering, and the child is more likely to begin experiencing the shame and embarrassment that characterizes advanced stuttering in adults. Improving fluency is still a major focus of treatment; however, a necessary additional goal involves helping children to develop healthy, positive attitudes toward themselves and toward their speech, even if they are still stuttering. Parents, teachers, and others in the community play a central role in this process by conveying acceptance of their child’s speech and by providing a supportive environment where the child can both stutter and learn to speak more fluently.
SPEAKING IN CLASS

• When having the class read aloud, try to avoid the "go down the row" style of turn taking. A more random style of turn taking often helps minimize the anxiety of this speaking situation.

• Encourage turn-taking for the entire class. Limit verbal interruptions and try to NOT reward quick call-out answers in class.

• Be patient. Allow plenty of time for the child who stutters to talk and answer questions. Remember that you set the tone for how the rest of the class will respond to the child’s stuttering.

• Waiting a brief period of 1-2 seconds before answering a question models for the children that there is not a lot of pressure to answer the question immediately. It reduces time pressure.

• In short, you should try to treat the child who stutters no different than the other children in class. If you do, other children will be able to sense that.

TEASING AND BULLYING

• Teasing typically occurs when a child exhibits a characteristic that is different from other children and/or the other children do not know a lot about that difference. In the case of stuttering, children usually do not know much about it AND it creates a noticeable difference in the way a child communicates. Therefore, it can be an easy target of teasing. You can work with the child, his family, and the child’s speech-language pathologist to come up with the best plan for handling teasing, but here are some suggestions:

• Find a way to educate the class on stuttering. Have a Stuttering Awareness Day so that other children can learn about it and be more comfortable with it.

• Use stuttering and some other examples of differences that children may have and have an open discussion in your classroom about individual differences. This may help with teasing for all children.

• Encourage the child to tell you, or other adults, how teasing makes them fell. This can help the child discuss their emotions and not have built-up hostility.

FOR MORE INFORMATION

There is a wealth of information about stuttering available to help children who stutter, parents, speech-language pathologists, administrators, and teachers! The Stuttering Center provide information on our website (www.StutteringCenter.org) that can help you and the family and the clinician work together to improve the child’s ability to communicate and to succeed in your classroom.

In addition, there are several organizations dedicated to stuttering. One example is the Stuttering Foundation of America (SFA; www.StutteringHelp.org). This organization produces many valuable materials to improve the treatment of children who stutter. Another is the National Stuttering Association (NSA; www.WeStutter.org), a nationwide support group for people who stutter, their families, and all the individuals who work with them. Your contact at the Stuttering Center can help you get in touch with these and other organization so you can provide the best possible environment for all the children in your classroom to succeed.