

# finding the words

AROUND FIVE PERCENT OF TODDLERS WILL DEVELOP A STUTTER, BUT MANY WILL “GROW OUT OF IT”. HERE’S HOW TO IDENTIFY THIS UNEXPLAINED DISORDER – AND KNOW WHEN IT COULD BE A PROBLEM

WORDS JO HEGERTY

Little understood and often going as mysteriously as it came, stuttering is a phenomenon that affects around five percent of all preschool children. The onset usually occurs around age two to five, often coinciding with the “language explosion” as children start to form sentences. It can be gradual or sudden, from mild to severe.

Professor Sheena Reilly, an expert in paediatric speech pathology, says parents will easily identify the problem. ‘Children who stutter have trouble getting their words out,’ she explains. ‘They may repeat words or syllables, such as “can-can-can – I go”; make prolonged sounds: “caaaaaaaaaan I go”; or experience speech stoppages.’

Stuttering is often accompanied by non-verbal signs such as blinking, head movements or grimacing, as the person tries to get the words out.

## WHAT CAUSES STUTTERING?

Stuttering is believed to have something to do with the brain function that regulates speech, and has been shown to run in families.

The first sign parents may notice is repetition of syllables. The stutter may change soon after to include some of the fixed postures of the disorder, such as the child holding their lips and tongue in one position for brief periods with the appearance of a complete blockage as they try to find a word.

Professor Reilly leads a team of researchers at Murdoch Childrens Research Institute (MCRI) dedicated to understanding speech and language development in young children. This Early Language in Victoria Study (ELVS), is based on 1,900 children and families. The children involved were eight months old when the study began in 2003, and will be seven when it concludes.

Through ELVS, researchers aim to learn which factors influence the onset of stuttering, such as

family history of the condition and gender, while considering the age stuttering starts and any medical conditions. In another study at MCRI, three groups of children will have MRI (brain imaging), allowing researchers to compare stutterers to those who have recovered or never stuttered at all.

Initial evidence from the ELVS is surprising. Researchers found that 11 percent of the participating children, who turn four this year, have started stuttering, double the number expected.

The study has confirmed boys are more likely to stutter, as are children with a family history but has also dispelled a common myth. ‘Our research shows the language skills of children who begin to stutter aren’t worse than in those who don’t,’ explains Professor Reilly. ‘We also found children who stutter are not likely to be more shy or withdrawn compared to others their age.’

There’s no doubt, however, that stuttering in older children can interfere with communication, causing frustration and potential social anxiety as the child becomes embarrassed or uncomfortable about speaking. For this reason, early intervention for children who stutter is crucial.

## GETTING THE WORDS OUT

Of the five percent of small children who stutter, around half stop naturally, with girls being more likely to do so than boys.

Professor Reilly says there’s no need for parents to seek immediate treatment should stuttering develop, as many children will recover spontaneously. ‘Research has also shown treatment can be delayed by six to nine months for preschool children without any detrimental effect. If the stuttering persists for more than six months, seek a referral from your GP to a speech pathologist trained in the Lidcombe program,’ she says.

Shown to be the most efficacious for treating

preschool-aged stutterers, the Lidcombe program was developed at both University of Sydney and the Stuttering Unit, Bankstown Health Service. It is now used by more than 80 percent of speech pathologists treating this disorder and has gained popularity around the globe.

The program is implemented by parents, who are in turn instructed by a speech pathologist. As with stuttering itself, no-one is clear on why the Lidcombe program works – but it appears to work very well. Research has shown children who do the program have no or very little incidence of stuttering afterwards. However, as the program is new, it has not yet been determined if any children will regress at an older age.

## LISTEN UP

Should your child develop a stutter, your interaction with them becomes very important. Take time to listen and be patient if they take a while to get a word out. Focus on what they are saying and show them you understand what they have said by repeating or rephrasing it back to them.

Professor Reilly says: ‘It’s OK to refer to the stuttering, you shouldn’t ignore it. Some parents will talk about “bumps” in speech. It is important, however, not to draw unnecessary attention to their speech – and don’t tolerate any teasing or laughing at your child.’ ●

## RESOURCES USEFUL CONTACTS

- [mcri.edu.au](http://mcri.edu.au)
- <http://www3.fhs.usyd.edu.au/asrcwww/> Australian Stuttering Research Centre
- [speechpathologyaustralia.org.au](http://speechpathologyaustralia.org.au)

