



Who Noticed, Who Helped, and How Can We Raise Awareness?

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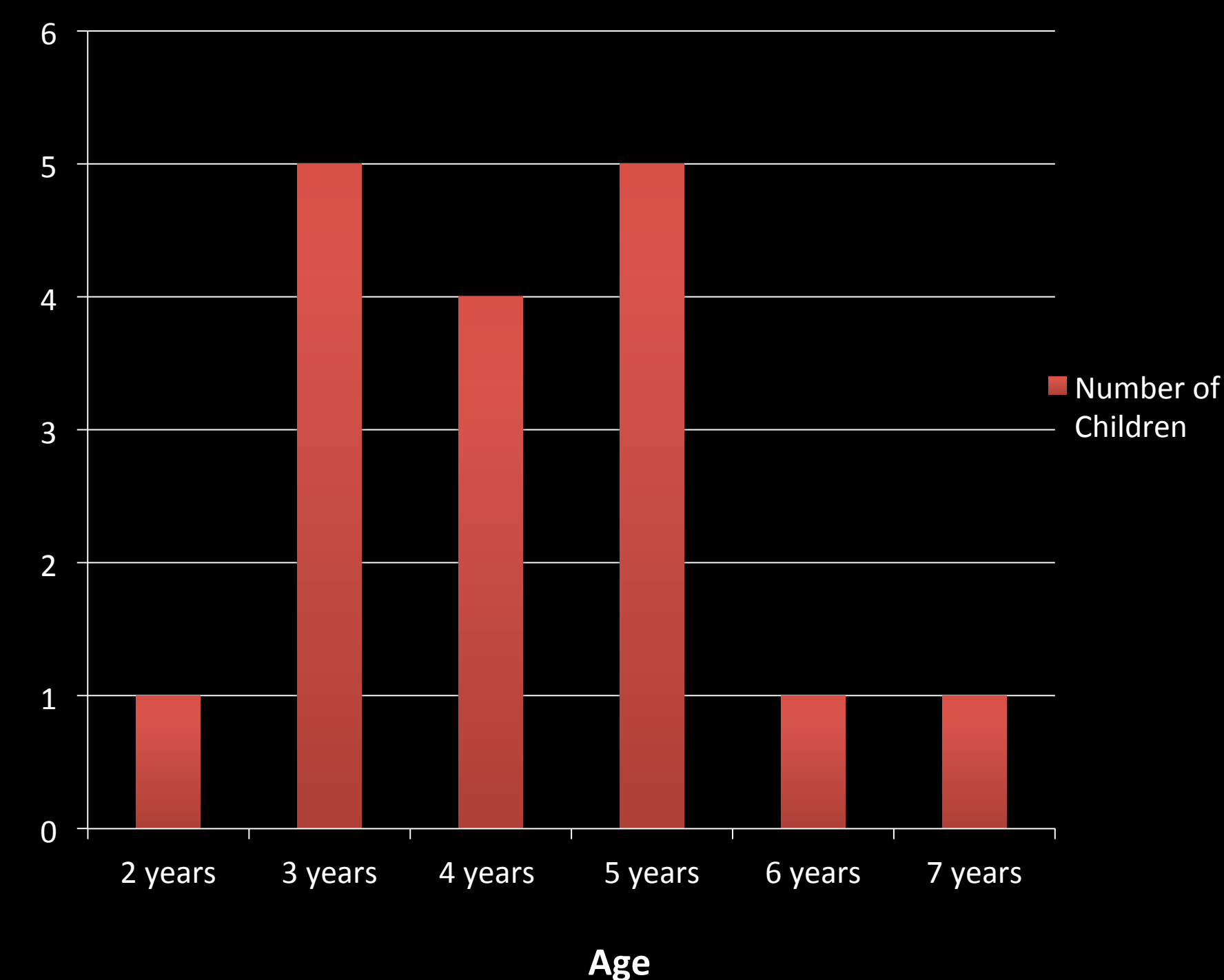
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INTRODUCTION

It is important that professionals, other than speech-language pathologists, are able to identify stuttering. When parents notice their child is stuttering, they often ask teachers and physicians about their child's difficulties. It is the speech-language pathologist's responsibility to ensure these professionals are educated about the topic of stuttering.

Physicians and school teachers who understand stuttering are more likely to steer parents in the right direction by providing them with correct information and making the appropriate referral in a timely manner. A speech-language pathologist can provide parents with valuable information, including strategies to make immediate changes within the home environment. These strategies can increase positive feelings and emotions associated with stuttering. Understanding stuttering in terms of etiology and general facts can increase parents' awareness and allow them to be advocates for their child. In addition, the speech-language pathologist can provide information about support groups who can provide emotional supports and give parents the opportunity to talk about their successes and struggles with other parents who are overcoming the same obstacles. Parents take comfort in understanding the reason their child is stuttering and learning ways they could maintain their child's positive feelings to guide learning and social growth. Therefore, it is important both the parent and the child gain access to the appropriate professional help.

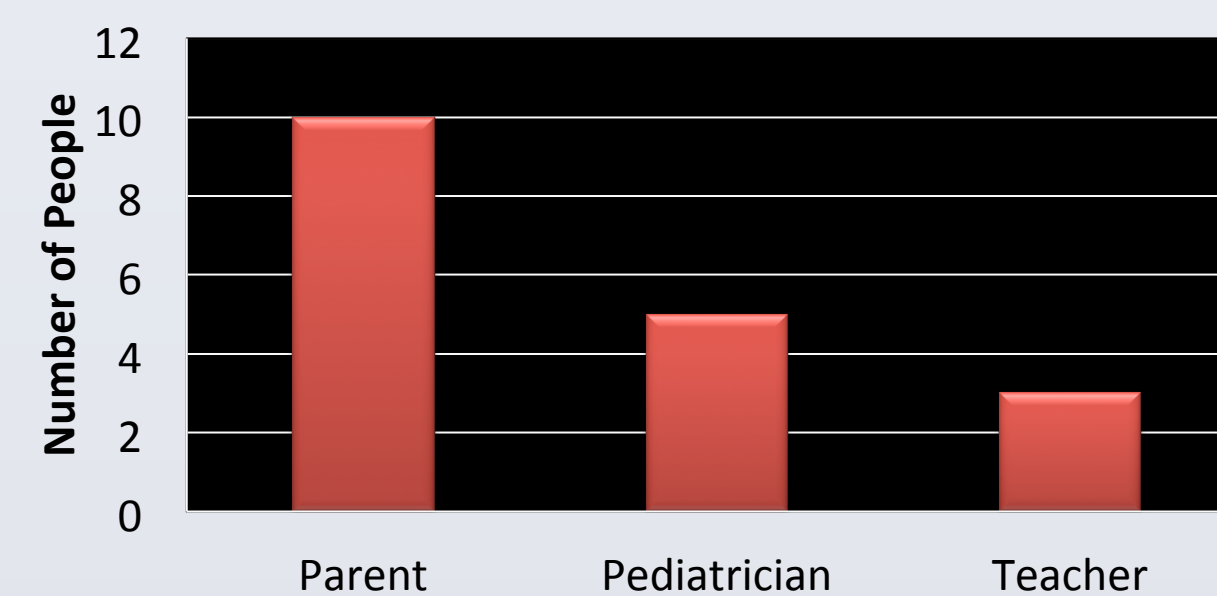
Distribution of Stuttering Onset



FEELINGS ASSOCIATED WITH STUTTERING

Feeling	Number of Responses Before Treatment	Number of Responses After Treatment
Hopeful Believed their child would outgrow stuttering	9	13
Fearful Due to lack of knowledge about stuttering	6	2
Confident In resources to help their child	2	4
Guilty Feeling of contribution to stuttering	2	4
Grief Respondent also has the disorder	1	0
Frustration Due to lack of outgrowing the disorder	1	0

Who First Noticed the Child's Stuttering?



METHODS

Participants

The participants of this survey-based study were 20 parents of children who stutter. The participants were recruited for this study via The Friends Conference for Children Who Stutter at Chapman University on Saturday, May 10, 2014. The survey for the present investigation was placed in the parent registration folders handed out upon check-in to the conference. Additional surveys were available to parents who misplaced their folder during the conference. Responses were submitted in an anonymous manner and participation was voluntary. The investigator made two announcements during the conference to remind parents to fill out and drop off their surveys after completion. All participants handed in their survey directly to the investigator or dropped them into a designated bin at the registration table during or directly following the conference. One parent of each child filled out the survey; 25 families were in attendance, 20 surveys were collected. The participants' confidentiality and anonymity was assured and maintained throughout the investigation.

Survey Questionnaire

A pencil-and-paper survey comprised of 10 questions was developed for the purpose of this study. The questions required open-ended, list, and multiple-choice responses. The survey took approximately 10 minutes to complete. Survey questions were developed to provide a descriptive analysis of the population of parents of children who stutter and evaluate their response to general questions about their child's stuttering. The principal investigator's experience with stuttering over the past two years during her graduate program consisted of investigating fluency disorders further and acquiring a particular interest for the research, or lack of research, influenced the development of the questions. The questions were distributed among the following areas of investigation: age of onset, identifier, the gap in receiving services, and feelings and emotions. The demographic questions solicited information regarding the child's age and diagnosis. Questions were asked to determine other professionals that speech-language pathologists must educate to ensure that children who stutter are receiving the proper treatment.

DISCUSSION

It is apparent the gap between the onset age of stuttering and receiving speech and language services for children who stutter needs to be bridged. This gap time delays intervention and can hinder progress in therapy. By gaining access to intervention early, children who stutter and their families will have the tools and resources needed to improve outcomes. Research findings have confirmed that providing resources and education can improve feelings associated with stuttering. With proper education, parents and children alike will be able to advocate for themselves. Children who stutter will have the knowledge to become peer educators. They will be able to inform the listener about stuttering and ways the listener could assist to achieve meaningful and successful communication.

This study also highlighted the importance of the speech-language pathologist in educating other professionals and providing support groups and resources to families of children who stutter. It suggests the potential benefits of educating other professionals about stuttering. The clients of speech-language pathologists will be better served if other professionals are able to identify normal and abnormal disfluencies in speech. If other professionals (i.e. physicians, teachers) were able to identify stuttering early on, children and their families may receive services sooner, and the gap between diagnosis and receiving services would be lessened. Earlier diagnosis may also improve feelings associated with stuttering, improve the families' confidence in helping their child, and improve outcomes of treatment. This gesture can go a long way in earlier diagnosis, earlier intervention, and a more positive experience for each family that has a child who stutters.

The meaning of these findings is limited by several concerns. First, the survey gathered recollections from parents of children who stutter, some from years ago. These memories can therefore be skewed. Second, the age of onset question asks when an adult noticed the child's stuttering. This diagnosis may have been after the true age of onset due to the child's first attendance at preschool, a doctor's appointment, or a family reunion. Third, it is likely participants have felt many feelings and emotions during their journey through their child's life. The survey provided pre-established choices from which parents could choose. If this question was open-ended, it may have gathered more varied responses.

Further research on this topic would provide valuable insight on the effect of the time gap in receiving treatment and how it impacts children who stutter and their parents. This is particularly relevant considering research has shown the negative impact stuttering can cause long term. An additional study examining the success of children who receive intervention close to their age of onset as opposed to a few years post diagnosis would help determine the effect a time gap has on success in speech-language therapy for children who stutter.

REFERENCES

- Erickson, S. & Block, S. (2011). The social and communication impacts of stuttering on adolescents and their families. *Journal of Fluency Disorders, 38*(3)311-324.
- Guitar, B. (2014). *Stuttering: An integrated approach to its nature and treatment* (4th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Kloth, S. A. M., Kraaimaat, F. W., Janssen, P., & Bruten, G. J. (1999). Persistence and remission of incipient stuttering among high-risk children. *Journal of Fluency Disorders, 24*(4), 253-265.
- Mansson, H. (2000). Childhood stuttering: Incidence and development. *Journal of Fluency Disorders, 25*(1), 47-57.
- Plexico, L.W., & Burrus, E. (2012). Coping with a child who stutters: Phenomenological analysis. *Journal of Fluency Disorders, 37*(4), 275-288.
- Yariri, E., & Ambrose, N. G. (2005). *Early childhood stuttering: For clinicians by clinicians*. Austin, TX: Pro-Ed.