- we set up rules in the house so that there is turn-taking without any interruptions during conversations
- we reduce the amount of questions that we ask,
- we make good eye-contact with our communicative partner despite disfluencies.

Who makes the diagnosis and the therapeutic intervention in Stuttering?

Both the diagnosis and the therapeutic intervention is done by certified speech language pathologists

When should my child be evaluated by a speech language pathologist and what does intervention have to offer?

- If disfluencies have been present for a period of 6-12 months, then the child should be evaluated by a speech language pathologist
- The speech language pathologist can provide the child with different speech techniques which improve the rate and the flow of speech.
- The therapeutic speech techniques provided by the clinician assist some children to learn to speak fluently (usually those who stutter less severely), or help reduce the frequency and the severity of disfluencies when present (usually with children who stutter for more than one year).

- The speech language pathologist's role is to support and guide the family and the people who surround the child in order to achieve the best possible results from therapeutic intervention.

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Stuttering

Facts about stuttering…

What is stuttering?

- Stuttering is a complex communication disorder which affects fluent speech.
- There are many recent research findings that shed light on the causes of stuttering, the manner in which we define it and on using the most appropriate therapeutic method in treating it.
- In general, stuttering is characterized by sound, syllable and word repetitions, sound prolongations, blockings, revisions and sound insertions.
- In addition, stuttering may be accompanied by secondary/non-verbal behaviors, such as face grimaces, repetitive movements of the extremities or of different body or facial parts.
- Besides the primary and secondary characteristics, usually in stuttering there are covert features such as the feeling of shame, low self-esteem, disappointment and avoidance.
- 1% of the adult population worldwide stutters.

What do we know about stuttering?

- According to researchers, the first disfluencies are usually present between the ages 2-6 years of age.
- 75% - 90% of the children who present disfluencies during that period of their lives grow out of it.
- If the child presents disfluencies for more than 6 months and there is also a phonological difficulty (meaning that the child sometimes substitutes one sound with another) then it is recommended that the child is evaluated by a speech language pathologist.
- Stuttering is not contagious.
- It could run in the family, even though quite often it is present when there is no history of stuttering in the family.
- It might be associated with a neurological dysfunction, such as a difficulty in motor coordination
- It is more often diagnosed to persons who are diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) or mental retardation. This finding thought, does not suggest that the people who stutter have lower mental abilities than people who do not stutter.
- People who stutter have within normal limits intelligence and abilities compared to the general population.
- People who stutter are not more likely to be diagnosed with different psychosocial disorders when compared to the general population.
- In smaller percentages stuttering is present in people who do not exhibit any speech or language problems or any other disorder.

How do we react to children who stutter?

We build a supportive environment in which:

- we emphasize on the content of what the child is saying and not on the way it is being told. We can show our interest in what the child is saying with our body posture as well.
- we act as role models by using slow speech and by using frequent pauses,