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Suffer not: the stutter stops here



Speech pathologist Brenda Carey with her daughter Danielle.

Photo: *Eddie Jim*

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For children with a speech difficulty, school life can be miserable. There is a solution, writes Anna McAlister.

ON DAY two at his new school, Liam, 6, punched two older boys. He'd tried responding verbally to their teasing but they laughed at his "bumpy" speech and he saw red. His stuttering had worsened because of the stress of a new environment and his fury got the better of him.

Suffering at school because of a speech difficulty is one of the education system's sadly overlooked miseries. La Trobe University's "istutter" website says bullying affects as many as 82 per cent of school-age children who stutter. Even those who don't get teased are often social outcasts because they avoid conversation. Children who stutter rarely ask questions or contribute to class discussions and many feel gagged and frustrated.

Liam is a little boy with a lot to say and he probably only gets a quarter of it out," says his mother, Laura. "He's really angry with the world at the moment."

Stuttering is neither a psychological nor a breathing problem. It's a motor programming disorder - a difficulty co-ordinating breathing with talking. While 60 per cent of those who stutter have inherited a predisposition, there must be a neurological trigger. Dr Ann Packman from the Australian Stuttering Research Centre says stuttering sets in when a child first says sentences, rather than isolated words or phrases, and begins pronouncing the different emphases on the syllables of a word.

Michael began stuttering just before his fourth birthday. He started speech therapy a few months later and when that didn't help, his mother, Melinda, tried everything.

I did kinesiology on him. I had an osteopath work on him to see if there was something wrong with his jaw. I had electrodes put on his head because I heard that stuttering was to do with epileptic fits in the speech part of the brain," she says.

She discovered alarming ignorance among health-care professionals. "Everyone kept saying this might be something he's just got to live with."

Michael was still not fluent after four years of treatment and by grade 2 at school, his social and language skills

were badly underdeveloped. A quiet person anyway, he simply didn't talk. His classmates began mocking him and asking insensitive questions and he grew miserable and withdrawn.

Eventually, Michael's speech pathologist referred him to Brenda Carey, a Melbourne stuttering specialist and Lidcombe Program expert. Lidcombe is a treatment for children, developed in the 1990s by the ASRC and adopted worldwide.

It's a simple behavioural approach based on praise for fluency, and much of the treatment comes from parents or carers.

Researchers at the ASRC aren't sure why Lidcombe works, but they know positive reinforcement is the key. The child begins with structured games involving phrases, words or sounds that they can say successfully. Each time they speak fluently they're complimented. "Ooh, I really like your smooth talking!" says Mrs Carey, a hundred times a day. The therapist or parent will occasionally ask the child to correct a stuttered word but, Mrs Carey explains, "Every lot of praise is a teaspoon of the medicine that gets them out of the stutter."

Between sessions, the parents encourage and correct the child so the treatment is working every day. The games become less structured as fluency develops until, eventually, the child only needs supportive words from their parents and a speech pathology check-up every few months. Amazingly, most preschoolers stop stuttering within 10 weeks.

Mrs Carey says: "When I tell parents that if we respond to the fluency with praise and ask the child gently for a few corrections it tends to make the stuttering go away, a lot of them say it seems too simplistic."

But the parents' role is vital. "Parents must learn to discriminate what is and isn't a stutter because the stuttering changes over time as the child improves," Mrs Carey says.

General speech pathologists are using the Lidcombe Program with increasing success. However, Mrs Carey says children whose fluency doesn't improve significantly after 10 weeks should see a stuttering specialist.

Lidcombe was designed for three to five-year-olds but primary school-age children still respond well, if a little more slowly. Michael, now 11, took five months to achieve total fluency on the program and it has changed his life. "He's got a really nice group of friends now and he's doing well at school," Melinda says.

Mrs Carey warns that although many children stop stuttering of their own accord, it's dangerous to assume this will be the case. The Lidcombe Program is an easy and enjoyable method but it works best on preschool children who have plenty of individual time with a parent or carer. Once a child starts school, the treatment takes longer and there's more risk of social, educational and emotional problems.

Like any disability, stuttering doesn't affect just the child," Mrs Carey says. "It affects everyone in their environment. With very effective treatment available, ignoring stuttering is, I think, negligent."

To access treatment in your area call the Australian Stuttering Research Centre on 02 9351 9061 or visit <http://www3.fhs.usyd.edu.au/asrc.istutter> and <http://www.latrobe.edu.au/istutter>

FACT BOX

5 per cent of children stutter but only 1 per cent of adults

75 per cent are male

Most children start stuttering between 3 and 3 1/2

About 50 per cent stop stuttering without treatment

Children who still stutter after six months should seek treatment

Bullying affects 82 per cent of school-age children who stutter

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