

Table 1: PHYSICIAN'S CHECKLIST FOR REFERRAL

	The Child With NORMAL DISFLUENCIES Age of Onset: 1½ to 7 years of age	The Child With MILD STUTTERING Age of Onset: 1½ to 7 years of age	The Child With SEVERE STUTTERING Age of Onset: 1½ to 7 years of age
Speech behavior you may see or hear:	<input type="checkbox"/> Occasional (not more than once in every 10 sentences), brief, (typical ½ second or shorter) repetitions of sounds, syllables or short words, e.g., li-li-like this.	<input type="checkbox"/> Frequent (3% or more of speech), long (½ to 1 second) repetitions of sounds, syllables, or short words, e.g., li-li-like this. Occasional prolongations of sounds.	<input type="checkbox"/> Very frequent (10% or more of speech), and often very long (1 second or longer) repetitions of sounds, syllables or short words. Frequent sound prolongations and blockages.
Other behavior you may see or hear:	<input type="checkbox"/> Occasional pauses, hesitations in speech or fillers such as “uh,” “er,” or “um,” changing of words or thoughts.	<input type="checkbox"/> Repetitions and prolongations begin to be associated with eyelid closing and blinking, looking to the side, and some physical tension in and around the lips.	<input type="checkbox"/> Similar to mild stutterers only more frequent and noticeable; some rise in pitch of voice during stuttering. Extra sounds or words used as “starters.”
When problems most noticeable:	<input type="checkbox"/> Tends to come and go when child is: tired, excited, talking about complex/new topics, asking or answering questions or talking to unresponsive listeners.	<input type="checkbox"/> Tends to come and go in similar situations, but is more often present than absent.	<input type="checkbox"/> Tends to be present in most speaking situations; far more consistent and non-fluctuating.
Child reaction:	<input type="checkbox"/> None apparent	<input type="checkbox"/> Some show little concern, some will be frustrated and embarrassed.	<input type="checkbox"/> Most are embarrassed and some are also fearful of speaking.
Parent reaction:	<input type="checkbox"/> None to a great deal	<input type="checkbox"/> Most concerned, but concern may be minimal.	<input type="checkbox"/> All have some degree of concern.
Referral decision:	<input type="checkbox"/> Refer only if parents moderately to overly concerned.	<input type="checkbox"/> Refer if continues for 6 to 8 weeks or if parental concern justifies it.	<input type="checkbox"/> Refer as soon as possible.



SUGGESTIONS FOR PARENTS OF CHILDREN WHO STUTTER

1. Speak with your child in an unhurried way, pausing frequently. Wait a few seconds after your child finishes speaking before you begin to speak.

Your own slow, relaxed speech will be far more effective than any criticism or advice such as "slow down" or "try it again slowly."

2. Reduce the number of questions you ask your child.

Children speak more freely if they are expressing their own ideas rather than answering an adult's questions. Instead of asking questions, simply comment on what your child has said, thereby letting him know you heard him.

3. Use your facial expressions and other body language to convey to your child, when she stutters, that you are listening to the content of her message and not to how she's talking.

4. Set aside a few minutes at a regular time each day when you can give your undivided attention to your child.

During this time, let the child choose what he would like to do. Let him direct you in activities and decide himself whether to talk or not. When you talk during this special time, use slow, calm, and relaxed speech, with plenty of pauses. This quiet, calm time can be a confidence-builder for younger children, serving to let them know that a parent enjoys their company. As the child gets older, it can serve as a time when the child feels comfortable talking about his feelings and experiences with a parent.

5. Help all members of the family learn to take turns talking and listening.

Children, especially those who stutter, find it much easier to talk when there are few interruptions and they have the listeners' attention.

6. Observe the way you interact with your child.

Try to increase those times that give your child the message that you are listening to her and she has plenty of time to talk. Try to decrease criticisms, rapid speech patterns, interruptions, and questions..

7. Above all, convey that you accept your child as he is.

Your own slower, more relaxed speech and the things you do to help build his confidence as a speaker are likely to increase his fluency and diminish his stuttering. The most powerful force, however, will be your support of him whether he stutters or not.

For more information on stuttering and ways to help your child, write or call the nonprofit Stuttering Foundation of America
3100 Walnut Grove Rd. Ste. 603
P.O. Box 11749, Memphis, TN 38111-0749
1 (800) 992-9392 www.stutteringhelp.org

The following books are available from them for a nominal cost:

If Your Child Stutters: A Guide for Parents, 7th edition, Publication No. 0011, 64 pages,
Stuttering and Your Child: Questions and Answers, 3rd edition, Publication No. 0022, 64 pages,
Do You Stutter: A Guide for Teens, 4th edition, Publication No. 0021, 72 pages.

The following DVDs are available at www.stutteringhelp.org:

Stuttering and Your Child: Help for Parents, DVD 0073, 30 minutes
Stuttering: For Kids, By Kids, DVD 0172, 12 minutes
Stuttering: Straight Talk for Teens, DVD 1076, 30 minutes

Please see the Stuttering Foundation's catalog at www.stutteringhelp.org for these and other resources.

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