



## Letter from a Parent/Staff Speech Pathologist

During eighteen years as a practicing clinical speech pathologist, I counseled numerous parents who feared that their children were about to develop a serious stuttering problem. It never occurred to me that I might become one of those fearful parents myself.

The cause of preschool fluency disorders has always been a gray area for me because I could never decide whether the basis of the problem was developmental, environmental, physiological or a combination of all three. My deliberation always left me slightly less than empathetic with the parents I counseled.

When my son Drew was 28 months old, he developed the worst case of "normal" non-fluent behavior I had observed, with symptoms that worsened steadily over a two month period. My normally cheerful and verbal son suddenly couldn't speak without either hesitating, repeating, or prolonging sounds and words. Even more alarmingly, Drew seemed acutely aware of and distressed by his speaking difficulties. Then, "secondary" symptoms appeared.

Secondary symptoms occur when a disfluent child experiments with techniques that make speaking

"easier", or circumvents speaking situations altogether. In Drew's case, he began "pushing" out words and avoided eye contact.

Suddenly the "suggestions" I had always given to other parents became a real part of our daily lives- afford plenty of time for speaking; avoid direct questions; give signs that family members are listening; and never interrupt, tease, or attempt to complete thoughts for the speaker. We, Drew's family, had to make modifications ourselves, mainly slowing the hurried nature of our lives.

I called a "family meeting" with my husband and our 8-year-old daughter to review handouts and to plan specific strategies. Without creating an unrealistic "vacuum," we began remodeling our home environment by relaxing our tight time schedules, reducing our What? Where? and Who? questions, speaking slower ourselves and making certain that Drew was given adequate time to finish saying what he began.

Because of "throaty" guttural speech, tension, and pushing, which developed as secondary characteristics, I became concerned about a potential voice disorder, at which point I consulted with

another staff speech therapist who has worked with a large population of children with voice and fluency problems. She expanded on environmental reorganization, suggesting, for instance, that we begin asking indirect rather than direct questions and that we model a more "open" way of speaking, in order to bring speech "away" from the throat.

Because of my intense concern, I scheduled a speech evaluation at the Center. Happily, because of our environmental reorganization at home, Drew not only became more fluent, but also began reducing his secondary characteristics. His progress was so dramatic that the therapist and I agreed to cancel his appointment.

Thankfully, there has been no significant relapse, and my son is now as verbal as he was before. The staff therapist who was to evaluate Drew has seen him several times since the incident. Even with increased pressure- fast talking or responding to challenges, my son's fluency is excellent, with only occasional normal nonfluencies. Instead of a struggle, talking is once again fun for Drew.