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ONLINE CONTINUING EDUCATION FOR THE LIFE OF YOUR CAREER

Risk Factors for Young Children who Stutter

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- Must be logged in for full time requirement
- Log in to your account and go to Pending Courses
- Must pass 10-question multiple-choice exam with a score of **80%** or higher
 - Within **7 days** for live webinar; within **30 days** of registration for recorded/text/podcast formats
- Two opportunities to pass the exam

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Risk Factors for Young Children who Stutter

Craig Coleman, MA, CCC-SLP, BCS-F
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Learning Objectives

After this course, participants will be able to:

- Identify risk factors for young children who stutter.
- Describe how to develop a treatment plan for young children who stutter.
- Describe the components of a comprehensive evaluation.

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Disclosures

- I have no financial or non-financial disclosures to report for this presentation.

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What Are Risk Factors?

- Any variable associated with an increased risk of acquiring a disorder

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Why Are Risk Factors Important?

- For young children who stutter, they help guide our treatment decisions, at least early on in the process.
- For older children, risk factors are still important because they allow us to assess situational factors

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A Quick Review

- Stuttering: A disruption in the forward flow of speech that can take many forms, and may be accompanied by physical tension, secondary behaviors, negative thoughts and emotions, or decreased communication skills.
- Disfluency: Merely a disruption in the forward flow of speech
 - All people have disfluencies, but not all people stutter

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Preschool Assessment

- Purpose: To determine if a child is likely to outgrow disfluency or if they need treatment

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What Choices Do We Have?

- Monitor over three months
- Parent Education
- Indirect treatment then direct treatment if needed
- Direct treatment

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What Do We Assess?

- Disfluency rate (not always a reliable risk indicator)
- Types of stuttering
- Physical tension
- Secondary behaviors
- Reactions
- Parent Concern
- Impact

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Parent Concern

- Studies have shown strong agreement between parent concern and clinical diagnosis (Curlee, 2007; Yairi & Ambrose, 2005)

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Onset of Stuttering

- Yairi and Ambrose (2005) reported that 95% of children who stutter begin to stutter by age 4
- Average age of onset is about 33 months based on a number of studies (e.g., Mansson, 2000; Yairi & Ambrose, 2005; Reilly et al., 2009)

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Gender

- Adult ratio tends to be close to 4:1 male to female ratio (Bloodstein, 1995)
- Much smaller ratios reported for young children, closer to 2:1 (Yairi & Ambrose, 2005)

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Incidence

- Previous estimates were about 5%, but this might be low:
 - 10 % (Bloodstein & Ratner, 2008)
 - 8.5 % (Reilly et al., 2009)

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Prevalence

- Just under 1% in most studies

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Natural Recovery

- Reports range up to 80% of spontaneous recovery
 - Population sample versus clinical sample
 - Careful not to over-generalize this number
 - How important is this number?

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Genetics

- It has been consistently proven that genetics play a role in stuttering:
- Independent twin studies
- Adoption studies
- Large families with many cases of stuttering
- Pinpointing the exact nature of the genetic link has been more elusive
- See work of Drayna and colleagues

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Environment

- Stuttering tends not to be any more prevalent in children who grow up in abusive or neglectful homes
- While environment likely does not cause a child to start stuttering, it can have a significant impact on the reactions
- Allergies analogy

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Temperament

- Again, while likely not a cause of stuttering, a child's personality can play a role in how he responds to stuttering
- Perfectionism
- High sensitivity
- Intense personality
- Competitive
- Reacts strongly

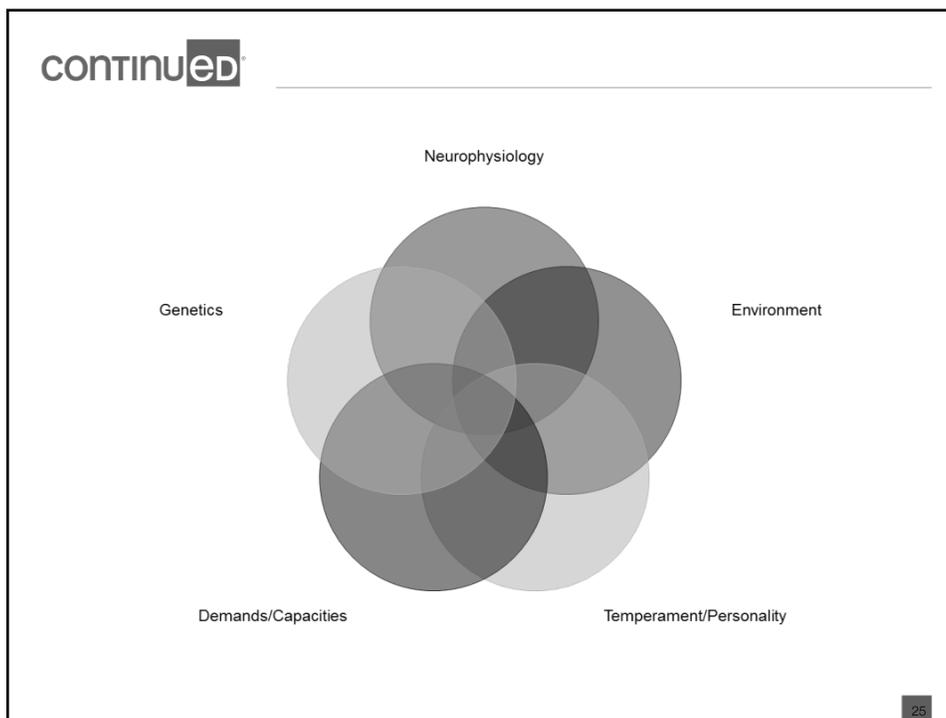
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Speech and Language Skills

- The bucket analogy (see Yaruss et al., 2006)

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Impact

- Affective
- Behavioral
- Cognitive
- How does stuttering impact the child?
- It can, and does, impact young children too!
 - How do we know?

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Summary

- Higher Risk Factors
 - Family History
 - Male
 - Stuttering for more than 6 months
 - Other speech and language concerns
 - Tension/Secondary behaviors associated with stuttering
 - Later onset
 - Child concern
 - Parent Concern

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Risk Factors and Older Children

- Avoidance
- Situational anxiety
- Participation
- Communication

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Risk Factors and Therapy Planning

- Goals should target areas of risk, when possible
- Goals should address fluency AND reactions

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Questions?

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