



Therapy works

TREATMENT:

● **In preschool children** — WA speech pathologist Janet Beilby said therapy aimed to nip problems in the bud before bad habits became entrenched. In 90 per cent of cases, she said very simple treatment was successful in achieving fluency for at least a year, which in most cases could be maintained for life.

Therapy, most of which could be done at home and took on average from three to six months, involved teaching parents to reward and reinforce stutter-free speech. "We train parents to manage the stutter as they would any other harmless childhood behaviour such as thumb sucking or nail biting by 'directing and correcting' — they praise fluency and draw attention to stuttering in a gentle way," Ms Beilby said. The approach weakens the stutter while strengthening

fluency as the pattern to become entrenched.

● **In adolescents and adults** — The longer a person has stuttered, the more difficult it is to correct, so treatment aims to teach ways to control it, Ms Beilby said. Strategies taught included how to restructure speech with techniques such as how to lead into and soften troublesome sounds and how to link words together to avoid jerky speech patterns and ways to vary the rate and naturalness of speech. Group therapy aimed at improving psychosocial skills was also effective.

Speech pathologist Elisabeth Harrison said 75-80 per cent of adults could successfully complete a treatment program but needed ongoing practise to maintain the improvement.

The WA Speak Easy Association holds weekly meetings to work on fluency and to develop confidence through role-playing and public speaking. Call 9225 4111.



Sound advice: Speech pathologist Janet Beilby with Martae Cupic.



Early action the key to cure a stutter

If you have a stutter, you are in good company. Actors Marilyn Monroe, Bruce Willis and Sam Neill, and musicians Carly Simon and Scatman John, to name a few, have all struggled to overcome the tendency to trip over, miss or repeat sounds and words, and felt the accompanying social and emotional frustration.

Other public figures — ironically, many of whom have pursued roles and jobs where good communication skills are vital — include WA businessman Andrew Forrest, Winston Churchill, US Vice-President Joe Biden and actor James Earl Jones, known as the voice of Darth Vader in the Star Wars movies.

Now with the success of the movie *The King's Speech*, about King George VI's relationship with his Australian speech therapist Lionel Logue, Hollywood has shone a light on the much-misunderstood condition.

Originally from Adelaide, Logue began his career teaching elocution, acting and doing public speaking in Perth in the early 1900s. He taught World War I veterans whose speech had been affected by shell shock before moving to London in 1924, where he started to work with Prince Albert, who later became George VI, a few years later.

Macquarie University speech pathologist and researcher Elisabeth Harrison said the movie showed the sense of frustration felt by many adults who stuttered, especially after considerable efforts to try and produce smooth speech patterns failed.

"It conveys well that sense of knowing what you want to say but just not being able to get the words out and the inevitability of knowing it is about to happen — it is hugely frustrating," Dr Harrison said. "Then there is the embarrassment that comes after that."

According to Dr Harrison there is a stigma still attached to the condition, with many adults who stutter recalling being bullied at school, having the phone hung up on them or being accused of being heavy breathers when struggling to get speech started. Many fear that prospective employers will consider them less capable at job interviews.

"People who stutter are just like everyone else, they just have this thing going on with their speech," she said. "Just because a person is struggling to speak, doesn't mean they don't have anything to say."

Dr Harrison said recent studies indicated about 8.5 per cent of three-year-olds and around 12 per cent of four-year-olds — about one in 10 children with four times more boys than girls — had some form of a stutter. The problem usually became obvious at that age because it was when speech patterns became more sophisticated and children started to string words together into more complex sentences.

Dr Harrison said researchers were trying to understand whether the condition, now known to be genetic in 75 per cent of cases, resulted from problems with motor control of muscles in the throat and mouth and breathing or from errors in brain

programming and co-ordination.

In about 70 per cent of cases the problem resolved spontaneously in early childhood, but in one per cent it persisted into adulthood and could become more severe if not treated.

Early treatment — that is simple and has a 90 per cent success rate — is vital to ensure the problem does not go on to become a lifelong affliction, according to Janet Beilby, a WA speech pathologist who has specialised in stuttering for 30 years and treated about 7000 preschoolers.

For the one in 100 children — approximately three to four in every school — whose stutter persisted, it could affect academic achievement and increase the chance of psychological and social problems, said Ms Beilby, who also lectures in stuttering disorders at the school of psychology and speech pathology at Curtin University.

Younger students could be reluctant to answer questions in class or seek clarification from teachers if they feared displaying their stutter in front of fellow students, particularly if they had been teased and bullied.

"They can pull right back and disassociate," Ms Beilby said.

The longer the problem went on, the greater the psychosocial cost, she said, with some adult stutterers shunning interaction with others, for fear of embarrassment and anxiety.

"The older the person the more insight they have and the more penalties they incur across society, it definitely increases with age," she said.



“Teens who stutter often have difficulty with interpersonal relationships — there are some who are self-harming and terrified of public speaking.”

Relationships within families with siblings and parents and between marital partners could also be affected when time was required to help someone with a stutter carry out daily activities such as interaction with others and talking on the phone.

For teenagers and adults, Ms Beilby said it was important that psychosocial impacts of the condition were addressed as well as therapy to help people

overcome their stutter. Recognising this, Curtin University has refined the Fluency and Confidence workshops it has run for the past 10 years for teens and adults to combine techniques to overcome stuttering, with psychosocial life skills such as coping with stress and dealing with anxiety in a supportive group. “We have adolescents and adults who are really blossoming with this type of therapy,” Ms Beilby said.

Workshop evaluations have shown every participant improved and all performed better on psychosocial measures and were

happier about themselves.

In the US, Ms Beilby said creative performance groups — where young teens could achieve fluency when singing, dancing and rapping — were also reporting successful results in overcoming stuttering.

The use of beat and rhythm that helped people use their muscles differently were natural fluency enhancement techniques and were often incorporated into treatment, she said.

For more information or to attend the free workshops or public clinic at Curtin University call 9266 3436 or Janet Beilby on 9266 7463

Differentiating stutters

The following types of stutters are common across all ages. Often young children start stuttering just with repetition but if not corrected, can go on to display prolongation and blocks. People more severely affected by stuttering tend to have a combination of all types of stutters, especially prolongations and blocks.

Repetition — The most common stutter at any age is repetition of sounds, syllables or words/phrases, e.g. “and, and, and, and” or “but, but, but” or “it can be, it can be, it can be”.

If mild, there may be only a few repetitions but in more severe cases, it can be 15 to 20 times.

Prolongation — Sounds are drawn out . . . “sssssssssome”.

Block — This is the most difficult type of stutter to overcome. A person knows what they want to say but often nothing is coming out. Macquarie University’s Elisabeth Harrison said blocks were the most frustrating type of stutter. “Somewhere in the vocal tract, things are locked up,” Dr Harrison said. “It may be no airflow at a laryngeal level or, in their mouth. Sometimes, it feels as if their tongue is stuck to the roof of their mouth.”

SOURCE: DR ELISABETH HARRISON, MACQUARIE UNIVERSITY
DEPARTMENT OF LINGUISTICS