Young children develop the skills necessary for communication in infancy. Interactions with family members and other caregivers nurture and support those skills (Johnston 2005). Spoken (expressive) language progresses rapidly after a child’s first word. A typical 2-year-old has an expressive vocabulary of approximately 150–300 words. Around this time, as they experience a language explosion, many children begin to exhibit normal disruptions within their speech, such as repeating sounds, syllables, and/or words. Children experience these disruptions because their vocabularies expand while they are still learning to coordinate the necessary mouth movements.

Each child experiences this language explosion in a way that is unique to him or her. Some children develop communication skills at an earlier age than others. Early childhood educators may notice differences among the children in their program, and are likely at some point to interact with young children, particularly 3- to 8-year-olds, who exhibit speech and/or language disorders, including stuttering.

Some educators may not have addressed speech and language disorders in their academic studies. In such cases they may feel apprehensive, uncertain, and possibly anxious about addressing the needs of children who stutter. This article offers an overview of stuttering and presents effective classroom intervention strategies to support the communication skills of young children between ages 3 and 8.

Stuttering or speaking problems

Most people occasionally have trouble speaking. For example, when speaking before a group, a person may become temporarily unable to form sentences or may stumble over certain words. A person may repeat phrases or insert filler words such as um and ah. Almost everyone has these common experiences from time to time (Bennett 2006).

Young children may have trouble talking as they are trying to master spoken language (Guitar 2006). Early childhood teachers need to be aware of typical speaking problems that young children experience and how they differ from true signs of stuttering (Pindzola 1985; Guitar 2006).

What’s involved in speaking

Speaking involves formulating a thought or idea and then selecting the right words to convey it. When someone is temporarily at a loss for words or decides at the last moment to use different words to convey an idea, his...
or her communication flow is interrupted. These normal breakdowns in communication may include repeating a phrase (“I need, I need a drink.”), revising what we say (“I want, please hand me that book.”), or using filler words, such as like, well, um, or you know.

Stuttering is different because it involves a breakdown in communication as well as in the actual speaking process. People who stutter know exactly what they want to say, but they are temporarily unable to coordinate their speech muscles to say it (Guitar 2006). When young children experience this difficulty, they may feel anxious, angry, guilty, or ashamed (Bennett 2006).

The forms of stuttering

Stuttering may include repeating parts of words (p-p-p-pizza), repeating a whole word (“My-my-my name is Molly.”), prolonging or stretching a sound (pleeease), or being temporarily unable to produce sound (pl---ease). Children who stutter often develop tricks to avoid stuttering, such as choosing not to speak in a given situation or saying an easier word rather than a hard one. As they struggle with speaking, they may exhibit nonspeech behaviors such as excessive eye blinks, head nodding, movements of the hands or arms, tension in the lips and face, or a rising pitch while speaking (Bennett 2006). These behaviors are involuntary, typical reactions to stuttering.

Children who stutter may avoid participating in class discussions and interacting with teachers and peers. They may be afraid to communicate and may seem shy, withdrawn, anxious, or nervous. Such children might be afraid to raise a hand or ask questions in class.

The social and emotional impact of stuttering

Children who stutter may face challenges in social-emotional skill development. Social-emotional development involves a child’s growth in areas such as approaching other children to play, appropriate turn taking, and communicating effectively. Stuttering could impede the child’s ability to make friends or interact with peers if he or she talks less or feels anxious or embarrassed about his or her speech. Furthermore, the variable and involuntary nature of the disorder can be debilitating for individuals who stutter because they do not know where or when speech disruptions will occur. Negative experiences such as feeling embarrassed in a discussion with peers can influence the self-esteem and self-image of children who stutter, especially when they are teased and bullied. Children as young as 3 and 4 years of age are aware of how their speech skills compare to those of their peers (Guitar 2006).

The frequency of stuttering can fluctuate depending on the circumstance. As many as 75 to 80 percent of children who stutter eventually outgrow the disorder (Yairi & Ambrose 2005). There also seems to be a window of time that can generally last anywhere from two to six years when children (particularly preschool children) may spontaneously recover without treatment (Yairi & Ambrose 2005). This does not mean, however, that teachers should postpone interventions for children who show signs of stuttering, since research supports the benefits of early intervention (Yairi & Ambrose 2005).

Sarah, 6 years old, is in first grade. Her teacher, Mrs. Smith, notices that she repeats parts of words and occasionally gets stuck on words. When asked questions in class, Sarah answers, but sometimes her peers laugh at her responses because they think she talks funny. Sarah does well academically and gets along with her classmates. However, the teacher is concerned that Sarah might stop participating in class if her peers continue to tease her about the way she talks. Mrs. Smith wants to help, but fears that drawing attention to Sarah’s stuttering could make it worse.

Many children who stutter may experience communication break-
downs as they speak in class and may encounter some degree of teasing. Mrs. Smith should treat Sarah the same way she treats other children, remaining patient and allowing her to complete her thoughts without interruption. However, if Sarah appears self-conscious about talking in class, she can privately ask Sarah how she feels about talking and involve her in developing a plan to make it easier for Sarah to express herself in class. (For example, Mrs. Smith may alert Sarah in advance that she will answer a particular question, rather than calling on her spontaneously.) The important thing is that the teacher not be afraid to address the issue, because addressing the issue does not make the problem worse.

A multidimensional perspective on stuttering

Over the years, researchers have developed many models in an attempt to further understand stuttering. Although the cause of stuttering is unknown, we can understand stuttering by using a model that addresses the multiple aspects of the disorder (Healey, Scott Trautman, & Susca 2004).

One theory that supports this perspective is the CALMS model (Healey, Scott Trautman, & Susca 2004). This model was originally developed to assist clinicians in assessing and treating the multiple aspects of stuttering. CALMS is an acronym that stands for cognitive, affective, linguistic, motor, and social. Although the model can be applied to any person who stutters, it is particularly useful for teachers who work with young children who stutter. The following is a brief overview of the CALMS model.

Components of CALMS

The cognitive component deals with the child’s awareness, perceptions, and thoughts about his or her stuttering. For example, a child who stutters might say, “I think I talk funny” or “I don’t like the way I talk.” The cognitive component can also include how others, such as peers, parents, or siblings, view the child’s stuttering. For example, a peer might say that the child’s speech “sounds different.”

The affective component focuses on the child’s attitudes and feelings about his or her stuttering. For example, the child might say, “I feel embarrassed about talking” or “I feel angry when I stutter.”

The linguistic component refers to how the child’s language skills influence the amount and severity of the stuttering. Linguistic complexity includes the length of a spoken utterance and/or the complexity of the vocabulary used by the child.

How Teachers Can React and Respond to Teasing

A teacher from a midwestern elementary school recounts an experience of talking with one of her students who was struggling with stuttering.

Several of 7-year-old Michael’s classmates had been teasing him because he stuttered. I noticed him avoiding certain children and staying quiet during morning meeting. I had him join me for a private conversation during snack time, and we talked about possible things he could do and say if teasing happened again.

We wrote on a big sheet of paper everything that popped into our heads, including “walk away,” “ignore them,” and “say to them, ‘I stutter: so what?’” After reviewing each option, Michael decided to simply say, “So what?” and stay put. Because it was his decision, he owned that decision and felt he could be successful acting in that manner. The act of talking this through and developing a plan really relieved some of the hurt. Michael began feeling empowered instead of helpless. He began to speak with more confidence and found effective ways to handle teasing.

If you suspect that a child who stutters is being teased, hold a private, one-on-one conversation with the child. Tell the child, “It is not your fault that you sometimes repeat or get stuck on words.” Explain why some children tease others, and use the opportunity to collaboratively brainstorm ideas about ways to handle the teasing.

Suggest something the child can do when teased, such as privately telling the teacher or another classmate, or use role play so that the child learns how to handle a teasing situation. This helps the child feel supported. Having a plan helps the child feel more equipped to deal with a teasing situation if no adult is present (Guitar 2006). With permission from the child, the teacher can educate the rest of the class about stuttering or use a role play scenario with puppets to illustrate how to react and respond to stuttering.
The **motor** component of the model includes the actual type of stuttering produced (that is, part-word repetition or sound prolongation) and frequency of stuttering, as well as any nonverbal behaviors, such as poor eye contact, facial grimacing, or arm and hand movements.

Finally, the **social** component includes the influence of stuttering on teacher-child interactions, classroom participation, and teasing by peers (Healey, Scott Trautman, & Susca 2004).

### Strategies for the classroom

Teachers play an important role by providing a supportive, safe, and non-judgmental environment for young children who stutter. Teachers can use some of the following strategies to ensure the environment supports the child’s learning.

**Modify the rate of your own speech.** Children tend to emulate the speech rate of those around them, especially adults. If a child speaks too fast, the demands on the speech motor system may exceed his or her ability to produce fluent speech. A slower speech rate allows the child who stutters to effectively plan what he or she wants to say and gives the motor system ample time to produce speech. Telling the child to slow down is not effective and tends to compound the problem. Instead, model a smooth, relaxed speaking rate for the child. Helping the child adjust his or her speech rate relates to the motor component of the CALMS model.

**Create a relaxed speaking environment.** Anxiety-producing situations (or general anxiety) can increase a person’s level of stuttering, but anxiety by itself does not cause stuttering (Guitar 2006). To create a relaxed communication environment, pause for a few seconds before responding to a child’s question or comment. Try modeling a relaxed conversational style rather than telling the child to relax. Allow the child to complete his or her thought instead of finishing the child’s sentences or interrupting. Never force the child to speak in front of the class or ask him or her to stop and start over when stuttering. When talking about stuttering with the child, be sure to acknowledge his or her feelings regarding speech. Make sure the child knows that stuttering is not something to be ashamed of (affective component).

**Listen attentively.** It’s important to listen to what children say rather than the way they say it. Make statements such as “Yes, Mia, that is a big doll house” or “Yes, that is the correct answer, Ramon.” These types of comments let the child know that you heard what he or she is telling you. Avoid comments such as “That was really good talking,” because they respond to how the speech is produced rather than the child’s ideas, answers, or questions.

**Modify the linguistic complexity of your speech.** In the CALMS model, the linguistic component addresses...
Stuttering tends to occur when children use longer words, infrequently used words, and longer or more grammatically complex sentences (Healey, Scott Trautman, & Susca 2004). When you notice that a child is stuttering, simplify your language structure and restate the child’s complex utterances in a simpler form. For example, when the child says, “I want to go in the car with Mommy and go to the store with her,” restate it by saying, “You want to go to the store with Mommy.” Since children try to emulate adult speech, reducing the complexity places less demand on the child as he or she processes the incoming message and generates a response.

**Conclusion**

The goal for children who stutter is for them to learn to embrace speaking situations rather than become fearful of them, whether they are speaking to a teacher, parent, or peer. Teachers can implement these strategies with all children and incorporate them in the daily classroom routine. Such strategies allow everyone to have an opportunity to talk and learn in a relaxed, unhurried speaking environment.

**References**


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