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Secondary Behaviors of Stuttering

by Amber Hodgson, M.A., CCC-SLP

Stuttering is a disorder that affects the normal flow and pattern of speech. Another word for stuttering, or disrupted speech, is *disfluency*. These disruptions in speech production can occur on sounds, syllables, or words. Common types of disfluencies include repetitions (“M-M-M-Mom”), prolongations (“MMMMom”), and blocks (“M—om”). In addition to disfluencies in speech, many individuals display struggling behaviors or avoidance behaviors to help them get through the stuttering moment. These physical characteristics are *secondary behaviors of stuttering*.



What Do Secondary Behaviors of Stuttering Look Like?

In order to try to prevent disfluent moments, or to break out of them once they have already begun, individuals who stutter may show different physical behaviors. According to Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (2000), these associated physical features can include “eye blinks, tics, tremors of the lips or face, jerking of the head, breathing movements, or fist clenching.” You may notice an individual demonstrating these behaviors in more stressful situations, such as when they fear a word because it is hard to say or because that word is a “trigger” for the stuttering.

Fear of sounds, words, people, or speaking situations can cause a person who stutters to use *avoidance* or *escape behaviors*. For example, to prevent stuttering, a person might talk around the desired word (circumlocution), substitute a different word, delay a comment, interject starter sounds and words (“um,” “ah,” “you know”), cover the mouth, avoid eye contact, refuse to speak, or use vocal abnormalities (speaking rapidly, in a whisper, slowly, in a monotone voice, or with an accent).

How Can Stuttering and Associated Behaviors Be Treated?

A speech-language pathologist (SLP) is a trained professional who can assess, diagnose, and treat stuttering. The SLP will look at many factors, including

family history, the type and frequency of the disfluencies, secondary behaviors and triggers, and any other speech/language concerns. If intervention is recommended at that time, an individualized treatment plan will be put into place.

Many treatment programs for people who stutter are “behavioral.” Behavioral programs help people who stutter develop more positive attitudes toward communication. Other ways to provide intervention include having the SLP teach individuals who stutter to control and/or monitor their speaking rate and breathing. They also may have their clients start saying words in a slightly slower and less physically tense manner. SLPs will often involve the family in treatment. They will encourage them to use different techniques that promote fluent speech at home. Finally, follow-up sessions may be necessary after completion of formal treatment.

Resource

American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.



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