

PEDIATRICS: Fluency
Guidelines for Referral to Speech-Language Pathologists

Most Common Etiologies:

- Cerebral palsy
- Developmental stuttering or cluttering
- Language impairment
- Traumatic brain injury (TBI)

Related Terms:

Apraxia of speech, avoidance behavior, block, circumlocution, cluttering, developmental disfluency, dysarthria, eye contact, perseveration, prolongation, prosody, slurred speech, sound distortion, sound omission, sound substitution, stammer, repetition, revision.

Potential Consequences:

- Compromised ability to express basic needs and provide routine information.
- Embarrassment, anger, anxiety, fear and/or frustration for awareness of disfluencies in speech.
- Avoidance of situations, words, and sounds in which child feels disfluencies are likely.
- Avoidance of communication with certain individuals (i.e., principal, teacher).
- Avoidance or lack of confidence in educational roles requiring speech (i.e., group/class participation).
- Social and/or emotional isolation (i.e., withdrawal, reduced self-esteem, and/or depression).

Behaviors That Should Trigger an SLP Referral:

Preschool child, caregivers, and/or parents exhibit concern that the child's disfluencies are a problem with any of the following:

- frequently reacts to repetitions and /or prolongations; for example, child becomes intolerant of occasions when he repeats a syllable a few times, calls attention to disfluency and disrupts conversation (i.e., "... I bro-bro-bro—Mommy, I can't say that ...").
- Parent/caregiver displays fear-based reactions to child's repetitions and/or prolongations; child notices adult behavior and becomes concerned also.
- Observable signs of muscle tension during disfluencies.
- Exhibits observable escape behaviors (i.e., eye blinks, head nods, and "um's").
- Demonstrates awareness of disfluencies and feelings of frustration.

School-age child, parents, and/or teachers exhibit concern about disfluencies including:

- Obvious sound repetitions, prolongations.

- Muscle tension may cause child to shut off sound or voice momentarily during speech.
- Use of escape behaviors, such as looking away from speaker, to end episode.
- Avoidance behaviors emerge for feared words, situations and/or people where child anticipates being disfluent.

Teenagers, parents and/or teachers exhibit concern about disfluencies including:

- More severe disfluencies than described for school-age children (i.e., muscle tension with disruption of speech is often more severe and includes tremors of lips, tongue, and jaw).
- Complex, habitualized patterns of avoidance (i.e., avoiding certain words that teens feel they are more likely to produce disfluency) and escape behaviors (i.e., taps fingers or desk while speaking to attempt to avoid or end a disfluency) from repeated suppression of disfluencies.
- Emotions of fear and embarrassment that negatively affect self-concept (i.e., feel that teacher thinks less of them, perhaps that they are less intelligent, due to disfluencies).

Neurologic difficulties in natural smooth production and characterized by:

- Difficulty using appropriate words and combining them to effectively communicate; often causing word substitutions, perseveration, and revisions (i.e., “dog-at come here.”)
- Spastic motor movements causing slurred, imprecise speech with inappropriate and false starts in vocalization.
- Difficulties in motor speech programming causing sound, syllable, and/or word repetitions while going through trial and error attempts to use correct sounds for word production; may have difficulty initiating vocalization (i.e., ---T-K—K-G-Get my book.)
- Abnormally slow rate, repetitions, prolongations, and/or hesitation; usually displays lack of concern regarding disfluencies following emotionally or physically traumatic event.