Article published on July 22nd 2012 | Health

Children, especially those in their pre-school years, experience disruptions when speaking. These disruptions can be in the form of repetitions of certain words and syllables, prolongations of sounds and syllables and blocks which are characterized by being out of breath when producing sounds. These three behaviors, the core behaviors of stuttering, may raise a red flag for stuttering when they are exhibited past the language development years of children. Stuttering, a type of speech dysfluency, is a learned behavior, therefore, it can also be unlearned. Different methods and techniques are available for those who would want to know how to stop stuttering.

Based on the patientâ€™s history, case and needs, the treatment procedure will either be under the indirect or direct method â€“the two broad categories of procedures, therapy plans and techniques for those who would want to know how to stop stuttering. These two categories may independently cater to the patientâ€™s fluency needs.

The Indirect And Direct Method

Patients who want to know how to stop stuttering and will be undergoing the indirect method will be asked to modify the types of environment they are in. The indirect method involves changing the interaction patterns and routines the patient experiences in his/her own daily environments. These environments include the home, school or workplace. In the indirect method, the clinician or speech pathologist, with the help of teachers and family members, will modify these environments to make them fluency-friendly.

The clinician will teach the teachers and family members different ways on how to stop stuttering and activities that will reduce the moments of stuttering of the patient. The clinician may model interaction styles, types of speech rates and daily activities that will help the patient be familiar with fluent speech. This method focuses on indirectly treating the patient, outside the clinic.

Compared to the indirect category, the direct method of how to stop stuttering involves the active participation of the patient in therapies or sessions in a clinic or hospital setting. The stutterer will be asked to undergo therapy sessions twice or thrice a week, depending on the severity of the dysfluency. After assessment and evaluation of the patientâ€™s stuttering history, the clinician may choose this category for the patient and teach him/her directly ways how to stop stuttering.

The clinician will teach the client different techniques that he/she will be able to do on his/her own. The clinician will teach the techniques in a hierarchical manner, wherein the patient must master first the techniques in the bottom ladder before he/she can be taught the next techniques. These techniques are very easy to learn and will greatly help those concerned individuals who would want to know how to stop stuttering.

Immediate Action Is Needed

At the first signs of stuttering, children should be brought to speech pathologists to prevent the worsening of the dysfluency. The longer it takes for stuttering to be given treatment, the greater are the negative effects it may bring. Stuttering may hinder a person from being able to convey his or her feelings and emotions effectively. It may also give the person negative concepts about speaking. But, with the help of these two categories of treatment procedures, those who would want

to solve their problems on how to stop stuttering are given hope. The indirect and direct methods of treating stuttering will also be more effective if done with the help of people who are very knowledgeable about ways on how to stop stuttering, the speech pathologists.

Article Source:
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Article Keywords:
how to stop stuttering, stuttering cure

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