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A Qualitative Exploration of Maternal Perspectives on the Impact of Stuttering on the lives of 6–10-year-old children

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Abstract

Objective: The study aimed to explore maternal perspectives of the impact of stuttering on the lives of 6–10-year-old children's relationships, self-identity, and academic development.

Method: A qualitative design was used: five semi-structured interviews were conducted with mothers of children aged 6–10 years who stutter. The data was analyzed using thematic network analysis.

Main results: While participants differed in their perceptions of the extent to which stuttering influenced their child's life, all five discussed aspects of how their child's relationships, self-identity and academic development had been impacted. Mothers described their child's personal characteristics, their school environment, how their child communicated with family members and peers and how others related to their child.

Conclusion: The findings indicate that, when developing goals for therapy, speech and language therapists should consider how stuttering may be affecting a child in all areas of his/her life. An unexpected finding related to maternal stress levels associated with their child's stuttering which may be an important variable to consider in treatment. The findings can inform clinical decision-making regarding treatment goals for children who stutter and their parents.

Keywords: Stuttering, impact of stuttering, children mothers' perceptions, relationships, communication

Background

"Stuttering is like an iceberg, with only a small part above the waterline and a much bigger part below" (Sheehan, 1970, p. 184). There is little agreement amongst researchers regarding a description of stuttering and the emotions surrounding it, with some describing it as a primarily physiological entity and others in terms of its psychological or social limitations. Attempting to define stuttering is therefore problematic (Acton & Hird, 2004). For the purposes of this study, stuttering is described as a complex communication impairment which can obstruct the forward flow of speech and create negative emotions and reactions in both speakers and listeners (Guitar, 2006). A review of the literature suggests that, as well as communication difficulties, stuttering can affect an individual's daily activities, relationships, mental health and educational or career choices (Craig, Blumgart & Tran, 2009; Enderby et al., 2009; Yaruss, 2010). Research exists regarding teenage (Zuckner, 2010) and preschool stuttering (Langevin, Packman & Onslow, 2010), with the age range of preschoolers differing slightly from country to country. Children between the ages of 6 and 10, the focus of the current study, have unique psychosocial, emotional and behavioural developmental patterns that differ from younger children and adolescents (Lau, Beilby, Byrnes & Hennessey, 2012).

Family relationships

A school-aged child's primary relationships are with their parents, siblings, peers and teachers. The majority of parents in Langevin et al.'s (2010) study believed stuttering had not influenced their relationship with their preschool child; however, these findings may not relate to older children. Children who stutter (CWS) have been found to be less attached to their parents than their non-stuttering peers (Beilby, 2014; Lau et al., 2012). Having a child who stutters can be stressful for parents and some experience guilt and find it difficult to cope, especially when stuttering first emerges (Goodhue et al., 2010; Plexico & Burrus, 2012). Parents may also perceive stuttering to have a greater effect on their child than does the child him- or herself (Cook & Howell, 2013). Beilby, Byrnes and Young (2012) found that approximately 50% of their sample of siblings of CWS reported that having a sibling who stuttered affected their relationship. Although many siblings reported having a strong bond and a protective role, participants also described instances of conflict due to perceived parental favouritism of CWS. They also reported their occasional frustration with or embarrassment about the CWS. While the study had a robust design and produced valuable findings, its sample size was small (n=12) and the researchers did not compare the experiences of younger siblings of CWS with those of older siblings. Siblings of CWS have also been reported to engage in teasing behaviours (Langevin et al., 2010).

Peer relationships

A child's participation in social discourse may be disrupted by stuttering, and CWS often avoid communicatively difficult situations (Lau et al., 2012). Crichton-Smith's (2002) study revealed strong themes of social limitations, beginning in childhood and continuing into adulthood. CWS are commonly affected by bullying (Klompas & Ross, 2004; Langevin & Narasimha Prasad, 2012) and are perceived by their peers to be less popular and are often rejected, even though educational systems have generally become more inclusive of children with disabilities (Davis, Howell & Cooke, 2002).

But not all CWS are socially isolated. Hugh-Jones and Smith (1999) and Lau et al. (2012) found that some of their participants were outgoing and generally reported having enjoyable and supportive friendships, but the number and extent of friends was variable and limited, and many reported feelings of loneliness at school.

School environment

Unlike a preschool child whose main occupation is play, the school environment places greater emphasis on verbal communication and can be a communicatively demanding situation for CWS (Lau et al., 2012). Marshall, Ralph and Palmer (2002) found that few teachers felt competent to teach children with speech and language difficulties while Crichton-Smith (2002) notes that teachers can often have negative reactions to their students' stuttering. Plexico, Plumb and Beacham (2013) found that a majority of teachers surveyed felt helpless or anxious when a child in their class stuttered and more than half reported having witnessed bullying of CWS. However, these findings should be interpreted cautiously as the study had a low response rate and those who did respond may have had a particular bias with regard to childhood stuttering. Nonetheless, it is likely that the response of teachers to a child's stuttering impacts on the child's ability to communicate and participate in classroom activities.

O'Brian et al. (2011) found a significant negative association between stuttering severity and educational achievement, but did not ascertain the extent of its impact. Difficulties with reading for CWS are commonly discussed: Guitar (2006) notes that CWS often stutter more while reading than in spontaneous speech as they cannot alter their words, whilst Ardila et al. (1994) found that adults who stutter had significantly higher risks of having co-occurring dyslexia.

Self identity

Identity is described as the representation of oneself that emerges through participation with others across varying social contexts (Hagstrom & Daniels, 2004). Self identity is developed throughout the lifespan, and school-age children are beginning to form their identity (Daniels & Gabel, 2004; Lau et al., 2012). Although the relationship between stuttering and identity has been recently examined (Zuckner, 2010), there is little research specific to 6–10-year-old children. If a child's communication is frequently interrupted by stuttering, he/she can start to experience associated negative emotions that may become part of their way of communicating and thus affect their self-identity (Hagstrom & Daniels, 2004). Similarly, Boey et al. (2009) found

that the majority of CWS were aware of their stutter and responded negatively to it. Vanryckeghem, Hylebos, Brutten and Peleman (2001) found that such negative emotions increased with age and stutter severity.

Self-esteem refers to a person's disposition to evaluate one's self positively or negatively in a spontaneous, automatic or unconscious manner (Zuckner, 2010). Whilst Yovetich, Leschied and Flicht (2000) found that CWS, aged 7–11 years, indicated average to high levels of self-esteem, Anderson, Pellowski, Conture and Kelly (2003) found that they were often shy, quiet, cautious or fearful when confronted with unfamiliarity. Karrass et al. (2006) found that, when compared to non-stuttering peers, CWS were more reactive, less able to regulate their emotions and had poorer attention skills. However, Yaruss and Quesal (2004) argue that researchers have not devoted enough attention to the potential positives of having a stutter. Notably, Lau et al. (2012) found that some CWS are self-motivated to work towards achieving fluency.

Current study

Markham and Dean (2006) identified a link between speech and language disorders and children's quality of life and recommended that future research should focus on specific clinical sub-groups, for example, CWS. By developing our understanding of the way stuttering can limit a child's activities and their participation in society, clinicians may be better able to address the needs of CWS and their families in a more holistic manner (McCormack et al., 2010). Yaruss, Coleman and Quesal (2012) state that, by addressing a child's entire experience of stuttering, clinicians can help children reduce its adverse educational and social impact. The choice of this research area and age cohort was informed by these recommendations and by the fact that much of the research regarding CWS comes from Australia (Langevin et al., 2010; Lau et al., 2012) and relates to preschool children of varying ages, when spontaneous recovery is common (Mansson, 2000). It was also influenced by an appreciation of the critical role of parents in the management of childhood speech and language impairments (Paul, 2007).

Lau et al.'s (2012) study was particularly useful in shaping this research although it was not directly comparable as it used a quantitative and qualitative design and interviewed both CWS and their parents. Neither is it representative of the school-age population because of the sample size (n=20) and age

range (8–14 years). The current study sought to add to the evidence base by qualitatively exploring mothers' perspectives on the impact of stuttering on the lives of children aged 6–10 years, in terms of their relationships, self-identity and academic development.

Method

Much research on stuttering has focused on experimental designs (Langevin et al., 2010; Vanryckeghem et al., 2001; Yovetich et al., 2000). Since human communication is complex and multi-dimensional, it is difficult to apply a quantitative framework to such research (Tetnowski & Damico, 2001). Qualitative methods focus on social phenomena which are fundamental in speech and language therapy (Damico & Simmons-Mackie, 2003). A qualitative methodology was therefore selected as it allowed the researchers to gather rich data from mothers of CWS.

Participants

Following purposive sampling, five mothers of children attending speech and language therapy for stuttering in a Health Service Executive (HSE) clinic in County Galway were recruited. The aim was not to generate a representative sample but to produce rich data for an in-depth exploration (Creswell, 2007). The inclusion criteria were parents who speak fluent English and had a child attending primary school who: had a primary stutter; was attending speech and language therapy; had been stuttering for at least a year; and had no other

Table 1 Characteristics of parents and children.

Participant number	Participant characteristics	Gender of child	Age of child
P1	Mother	Male	8
P2	Mother	Male	6
P3	Mother	Male	10
P4	Mother	Male	9
P5	Mother	Male	10

medical conditions, hearing, cognitive, or speech and language impairments. Table 1 outlines the profile of the participants. The children's ages ranged from 6–10 years, with a mean age of 8.6 years. The severity of the stutter was not assessed as the focus was on the perceived impact of the stutter on the child's life rather than on its severity.

Procedure

The study used one-to-one, semi-structured interviews using a topic guide (see Appendix) with a flexible order and open-ended questions (Denscombe, 2010). Interviews are one of the most commonly recognized forms of qualitative research and are recommended when the researcher is interested in people's perceptions (Mason, 2002).

Ethical approval was granted by the ethics committees from both the University and the HSE. The SLT manager facilitated the first author to contact an SLT who acted as gatekeeper. The gatekeeper sent information sheets to potential participants who satisfied the inclusion criteria, inviting them to contact the first author. Five mothers gave their informed consent, and the interviews took place in a quiet clinic room to maximize their comfort and to ensure adequate audio-recording. To support the trustworthiness of the data, the first author checked with the participants during the interviews to ensure her understandings matched the participant's intended meanings. The first author also minimized any verbal or non-verbal cues that might inadvertently influence the participants (Taylor, 2005).

Data analysis was based on the principles of thematic network analysis (Attride-Stirling, 2001). Following completion of the interviews, they were transcribed verbatim by the first author to ensure accuracy, which allowed for a thorough examination of the utterances (Braun & Clarke, 2006). Themes were identified, extracted and refined from the coded text segments (Attride-Stirling, 2001). Thematic networks were then built by selecting basic themes and rearranging them into organizing and global themes. This was achieved through repeated reading of the data in an active manner, seeking out meanings and patterns (Braun & Clarke, 2006) and exercising vigilance to minimize any predisposed biases in the interpretation of the results (Tetnowski & Damico, 2001). The first author analyzed the data in the first instance. The last author, with definitions of themes and supporting participant statements, facilitated
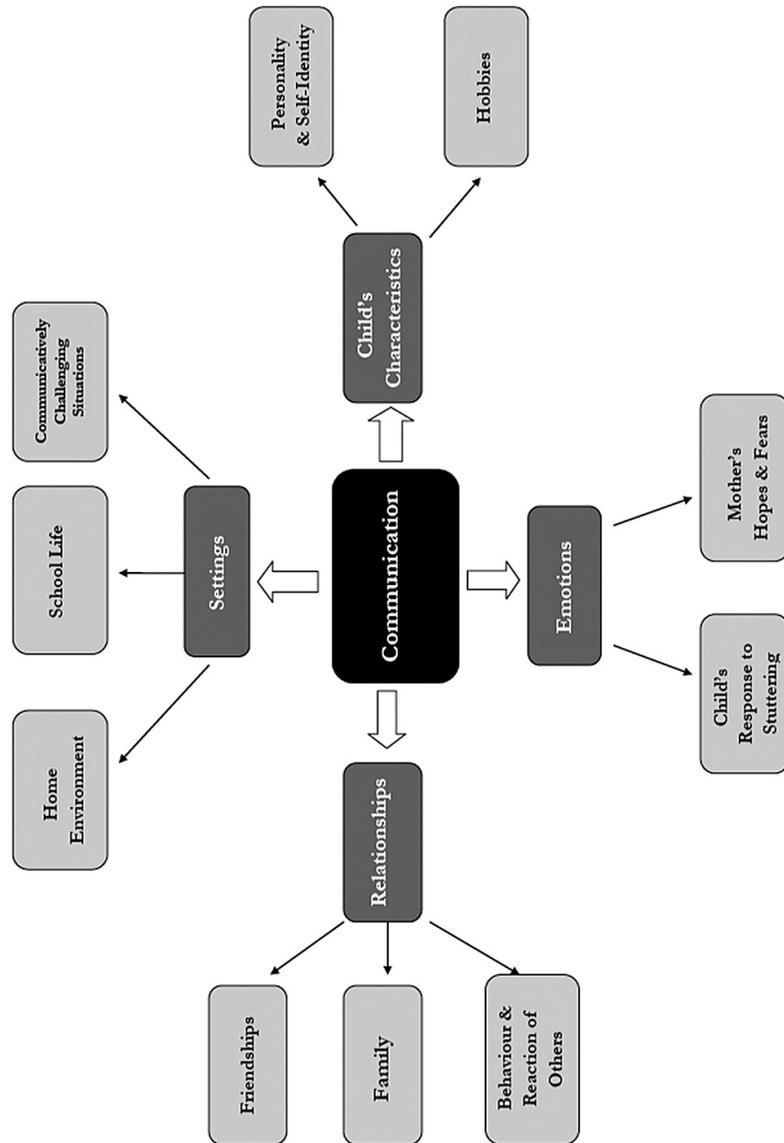
Figure 1 The thematic network

verification of the thematic framework by using her insight and experience. This process verified that the description of the phenomenon was faithful (Koch & Harrington, 1998). The researchers ensured that confidentiality was maintained throughout with regard to participant anonymity and data storage.

Results

Ten basic themes emerged which were subsequently grouped into four organizing themes under a global theme of communication. This global theme relates to the act of communication and the context and circumstances in which it takes place. The thematic network is illustrated in Figure 1 and the organizing themes and their corresponding basic themes are then explored.

Settings

Parents spoke frequently about the different settings in which their child interacted and, in particular, about situations which depended on a high level of communicative skill.

Home environment

One mother commented on her busy household which she feels is impacting on her child's stuttering severity: *"Nobody can get a word in, and least of all myself sometimes"* (P2). She also described how she and her husband strive to create a relaxed environment: *"We've tried to kind of keep you know dinnertime calm"* (P2). This idea was mirrored by two other participants, one of whom stated that they *"always try to be more relaxed around him"* (P5) and another who ensures that her children do not talk over each other: *"just make sure that they all get turns"* (P1).

School life

One mother commented that her son was *"very bright"* (P4). While none of the participants perceived that stuttering was affecting their child's general academic performance, current or past difficulties with reading were commonly

discussed: *"He was really bad with the reading"* (P3). One mother said her son's teacher only occasionally noticed his stuttering and another said that her son's speech was quite fluent at school: *"He was able to stand up in school and give his news without anything really"* (P2). One mother described how her son's teacher was enthusiastic about helping him to achieve fluency: *"They do anything they can to help him, they're really good"* (P3). Another described how her son stuttered mostly when he was talking to adults as he got nervous in those situations.

Communicatively challenging situations

Parents described how their child typically reacted when they were confronted with situations that were communicatively challenging, such as speaking in front of the class, talking to people they were unfamiliar with, or when they got excited: *"It would come if he was coming home from school and wanted to tell me a lot of things"* (P1). Three participants explained how their child had a part in their school play, whilst one described her son's disappointment when he did not get a speaking part. Another described how her child was limited by his stutter, often refusing to communicate in situations which were dependent on fluent speech. "*He wouldn't go into a shop and ask for something*" (P3).

Relationships

Participants' perception of their child's relationships emerged as a strong theme. Some described close relationships whilst others explained how the stutter hindered the child's ability to form close relationships.

Friendships

Three of the participants noted that their child had many different friends and that stuttering did not affect their friendships: *"He has a lot of friends; he'd have no problem going up and making friends with somebody"* (P4). One mother described how her son's friends at school tended to help him out if he was stuttering: *"They'll let him speak or they'll finish his sentence for him but he doesn't mind that because they're all good friends"* (P3). Another felt

her son did not have a lot of friends and tended not to initiate friendships: *"they'd probably have to come to him now first"* (P5). However, she related this to his personality rather than his stutter: *"he'd be shy, quiet kind of…wouldn't be very outgoing"* (P5).

Family

Most participants described how their child had positive relationships with their siblings and felt stuttering did not explicitly affect that relationship: *"they'd be very close"* (P1). Two participants mentioned occasional disagreements but they regarded this as normal sibling behaviour. Another mother described how siblings would get frustrated if it took the child a long time to get his message across: *"they don't make fun of him, they'll just say 'oh spit it out'"* (P2). Another said her son would not stay at his grandparents' house without his parents *"in case they try making conversation"* (P3). Most participants spoke of having a close relationship with their son. One mother said: *"I suppose I would be looking out for him more"* (P1), while another described how her son *"felt worse for me than he did for himself"* (P3) as he was conscious that his stuttering upset her.

Behaviour and reaction of others

Two mothers described how their son's peers commented on their speech: one said: *"Someone said to him that he has 'bumpy talk'"* (P1), while another believed that her son's peers *"don't really notice the stuttering"* or had never *"made it out to be a bad thing"* (P4). A common subject discussed related to bullying although, with one exception, participants believed their child had never been bullied. One participant described how her son's friends often *"answer for him"* or *"finish his sentences"* but she believed *"it doesn't faze him"* (P2). Another commented on how she thought other adults perceived her child's stuttering: *"people kind of think it's cute"* (P4).

Child's characteristics

This theme incorporated participants' views of their child's personality, how he felt about himself and activities he enjoyed.

Personality and self-identity

Although there were some similarities, the participants generally differed in their perceptions of their child's personality, with words such as '*outgoing*' (P1, P2, P3) '*confident*' (P1, P2) '*active*' (P4), '*messer*' (P4), '*friendly*' (P3), '*chatty*' (P3), '*quiet*' (P5), '*sensitive*' (P1, P4) and '*good*' (P4) being used. With regard to the emergence of self-identity, one mother described how her son was becoming more self-aware of his stutter and beginning to notice others who stutter, including people on television, and said that he was *"coming around to it"* (P1). She told how her son, in response to his friend's questions about his stutter, had explained: *"I've bumpy talk and I'm going to speech therapy"* and that *"once he is confident it sort of overrides the speech"* (P1). However, another described her son as *"lacking in confidence"* (P5) because of his stutter. The mother of the 6-year-old felt he didn't notice his stuttering and it was not part of how he viewed himself (P2). This was especially clear when she described his delight at being given a narrator part in his school play.

Hobbies

Four mothers named sports and playing outside as their child's favourite pastimes with two describing their sons as *"very active"* (P4, P1). One mother felt her child's main hobby was playing computer games. None perceived that stuttering negatively impacted on their chosen activity with one mother noting that her child: *"will never back out of things because of his stammer"* (P5).

Emotions

This theme encompassed the feelings associated with stuttering and included both the mothers' emotions and those they attributed to their child.

Child's response to stuttering

Three participants felt their son did not notice the stuttering much or that it did not affect their daily lives: *"The dysfluency doesn't really bother him day to day"* (P2). One mother believed her son sometimes felt angry because of his

stutter: *"He kind of gets mad… he says why am I like this?"* (P5). Another stated that her son had previously told his SLT that he felt bad, embarrassed, did not feel confident and was afraid to ask questions (P3). One mother described her child's acceptance of stuttering: *"I think he kind of accepts it"* (P1), while another described his frustration with it. Two mothers described what they perceived to be positive aspects of their child's stuttering. One attributed her son's sensitivity to children with disabilities to his own experience of stuttering, while another believed that stuttering gave her child *"a bit of a focus"* and *"something to really work towards"* (P4). She also described him as being brave and having character because of it.

Mothers' hopes and fears

Many participants recognized their own feelings and their impact on their child's reaction to his stuttering. Two commented on its early identification and intervention and how they hoped this would benefit their child in the long run. Some referred to the cause of their son's speech difficulties and wondered if it was something they themselves had done or neglected to do: *"Was it me, did I not do enough reading with him"* (P1), while others recognized their own worries: *"I just wonder as well myself... I suppose that's just what a mother does"* (P4). Each mother spoke about their hopes for their child's future: *"Hopefully there'll be some improvements with him"* (P4) and one expressed her concerns for her child's transition to secondary school. Another commented on other people's perception of her child: *"When someone has a speech, like goes to speech therapy, they would kind of think, maybe they're slow in other things"* (P1).

Discussion

The study explored maternal perspectives on the impact of stuttering on the lives of their child in terms of their relationships, self-identity, and academic development. The data revealed a central theme of communication, with mothers perceiving that many different factors influenced their child's stuttering. The results are discussed below under the organizing themes and are related to the literature.

Relationships

Most participants believed that stuttering is not negatively impacting on their child's relationships within the immediate family. While these findings are at variance with Lau et al. (2012), who found that CWS were less attached to their parents, there is little other research specifically on parent–child relationships in CWS with which to compare them. The findings in relation to siblings, with all of the participants describing strong sibling bonds, are generally consistent with those of Beilby et al. (2012). Some described how siblings get frustrated or occasionally tease the child, similar to Langevin et al. (2010). However, participants felt this was normal sibling behaviour.

Participants differed in their perceptions of how stuttering affected their child's peer relationships, as reflected in the literature. Some felt their child found it easy to make friends (Lau et al., 2012), whilst others believed their child had relatively few friends (Hugh-Jones & Smiths, 1999). For some children, the fact that a peer finished sentences or said words for him was seen as an attempt to help him (Lau et al., 2012). Alternatively, it could reflect impatience with the time it takes him to speak. One mother believed her son's shyness, rather than stuttering, was the main factor in his reluctance to initiate friendships. However, it could be argued that stuttering is contributing to his shyness, as found by Anderson et al. (2003). Notably, the mothers of the younger children believed that their friends were not aware or were not bothered, whereas friends of the older children tended to be more aware and to make comments. This finding reflects that of Langevin et al. (2010) and suggests that age may be an important variable. Although bullying was mentioned and is well documented in the literature (Klompas & Ross, 2004; Langevin & Narasimha Prasad, 2012), only one mother was aware that her child had been bullied.

Settings

Some mothers facilitated their child's fluency by promoting a calm home environment, as described by Plexico and Burrus (2012). Although some commented on instances in which their child stuttered in class, most believed that stuttering was not negatively impacting on their school experience. Two participants felt that the teachers were not conscious of their child's stuttering,

suggesting they were less affected in the classroom. One mother commented on how her son's speech was more fluent at school because of the structured classroom environment. These findings are rarely supported in the literature, as most studies have found that children perceive the classroom to be a demanding setting for communication (Lau et al., 2012). Each participant mentioned that their child had, or had at some stage, difficulties with reading. This is consistent with research on stuttering, reading and dyslexia (Ardila et al., 1994; Guitar, 2006). All participants felt their child had no other academic difficulties. There has been little research on academic achievement in CWS and further exploration is warranted to gain a better understanding of how CWS are impacted academically.

Child's characteristics

Participants differed in their portrayal of their child's personality, with some describing them as shy and sensitive (Anderson et al., 2003) and others as outgoing and confident (Yovetich et al., 2000). Similarly, not all believed that their child's stuttering was a factor in his personality and self-identity. While the children differed in their favourite pastimes, they were not perceived to be limited in activities that they enjoyed, contrary to other findings (Yaruss, 2010). The results regarding the children's perceived responses to potentially challenging communicative situations were also mixed. Some mothers described their child's excitement at being involved in their school play, suggesting that these children have good self-esteem and did not view stuttering as a reason not to speak in public (Yovetich et al., 2000). Contrary to this, one mother stated that her child would not ask for something in a shop, suggesting that he anticipated difficulties with initiating such a request and that his stutter was emerging as a negative aspect of his self-identity. This idea is also discussed by Anderson et al. (2003).

Emotions

In describing how their child felt about himself, some believed they did not notice or were not bothered by their stuttering, whilst others reported feelings of anger, embarrassment, fear and a lack of confidence. These latter findings are consistent with those of Vanryckeghem et al. (2001) and suggest

that these children had strong negative emotions about their stuttering and their ability to communicate. However, similar to Lau et al.'s (2012) study, one mother commented on her son's acceptance of his stutter whilst others described their sons as being motivated to improve their speech, suggesting that not all children perceive their stutter in a negative light. Some mothers recognized their own feelings and behaviours surrounding stuttering; the fact that one believed her son felt worse for her than he did for himself suggests that, in this case at least, the stuttering had a greater impact on the mother than on the child. Some mothers experienced guilt and wondered if they had contributed to their child's stuttering. This notion of guilt is also discussed by Goodhue et al. (2010).

Strengths and limitations

This study was conducted in a methodical manner, using reflexivity, and adhered to ethical standards. It had some limitations: principally, its sample size and make-up, and the data analysis could be further strengthened by a more rigorous peer review process. The findings need to be interpreted with caution as they are not representative of all mothers of all children who stutter. Each child involved was male, and the experiences of female children may be different (Zuckner, 2010). Some mothers were more articulate than others, resulting in disproportionate responses in some instances. The views of fathers or teachers were not sought. In addition, the participants' descriptions of how they felt stuttering impacted their child's life may not match how the children themselves perceive this, as parents can often perceive the psychosocial impact of stuttering to be greater than the child (Cook & Howell, 2013). While the first author established good rapport with the participants who related well to her, they may have been more relaxed in a location of their choice.

Future research and clinical implications

Further gender-specific research is required, using more representative and longitudinal studies to determine whether the impact that stuttering has on a child will change as they move into adolescence and adulthood. Future studies could also interview children themselves to see if their perceptions match those of their mothers.

Craig, Blumgart and Tran (2009) found that stuttering negatively impacted on the emotional stability and mental health of adults who stutter. In light of this, the current findings highlight the need for families and clinicians to be aware of and monitor the potential psychosocial impact of stuttering and support the overall wellbeing of CWS.

Yaruss (2010) recommends that evaluation of treatment should include more than just an assessment of changes in fluency. Depending on the age of the child and the severity of their stuttering, possible options include involving parents more in therapy sessions for this age group, therapists facilitating conversation within families about the role stuttering plays in their child's everyday life, and identifying areas of particular difficulty. Effective strategies to help manage the child's fluency at home highlighted by participants, for example, introducing turn-taking activities between siblings competing for speaking time, could be shared with parents. Children may also benefit from therapists liaising with their teachers and providing them with information and strategies to ensure the child achieves their maximum potential in the classroom.

Conclusion

The findings demonstrate that stuttering is a complex communication impairment which is difficult to define (Acton & Hird, 2004) and can manifest itself differently in children. Although generalisability was not the goal of the research, the findings suggest that stuttering has the potential to influence a child's life in many different ways. Age and personality appear to be important factors in how CWS perceive themselves. As one parent put it: *"different kids differ"* (P1). It also demonstrates that, while SLTs should be aware of the potential for stuttering to have a negative impact on a child's life, they should not assume that all children will perceive it as a negative factor in their self-identity. The study also suggests that SLTs should consider the emotional stress that parents of CWS may be struggling to deal with.

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Declaration of interest

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Appendix

Interview Topic Guide

1. Can you tell me a little bit about your child?

2. Can you tell me about his stuttering?

3. Could you tell me how you think stuttering affects him in his everyday life?

   ➔ How would you describe X's relationship with the rest of the family?

   ➔ Are his siblings aware of his stutter?

   ➔ How does his stuttering impact on his relationship with his brothers/sisters?

   ➔ How does he get on with the extended family?

➔ How would you describe your relationship with X? Does having a stutter impact on this relationship?

➔ Does X make friends easily? If so, what makes it easy for him? If not, what makes it more difficult for him?

➔ Are X's friends aware of his stuttering? If so, how does this impact on their relationship?

➔ How would you describe X's personality?

➔ How do you think X feels about himself? Do you think having a stutter affects the way he feels about himself?

➔ How does X himself react to his stuttering?

➔ Does X ever get frustrated with himself when he stutters? How does he show this frustration?

➔ What would X's typical reaction to a new or different social situation be, such as somewhere where he has never been or involving people he has never met?

➔ Can you tell me about how X is getting on in school?

➔ What kind of relationship does he have with his teacher?

➔ Does X ever avoid situations where it may be difficult to communicate, e.g., talking in front of the class, reading aloud, presentations, speech and drama, etc? If so, how or why do you think this is?

➔ Do you know if X has ever been bullied? If so, can you tell me a bit about it?

➔ Do any of X's friends ever try to help him out when he starts to stutter? How do they help?

➔ Are there any aspects of having a stutter that have been positive for X?