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Personal Appraisals of Support from the Perspective of Polish, Slovak, and American Children Who Stutter

Osobista ocena polskich, słowackich i amerykańskich dzieci
jąkających się na temat uzyskiwanego wsparcia

Keywords: child, the Personal Appraisal of Support for Stuttering, support, stuttering

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Abstract

Limited research exists about what children who stutter perceive to be helpful and unhelpful listener supports, and no known research exists cross-culturally. Such information is necessary to better inform clinical intervention and public attitudes at large. This study sought to address that need by measuring listener preferences among children who stutter from diverse backgrounds.

One-hundred fifty-one children who stutter from Poland, Slovakia, and the USA completed the child version of the *Personal Appraisal of Support for Stuttering*. Results were examined descriptively and compared cross-culturally.

Themes pertaining to very helpful and very unhelpful supports emerged across all groups. Many items fell in the neutral range, suggesting variability among individual speakers.

Based on the groups examined, children who stutter primarily want listeners to be patient, to include them, and to not laugh when they are speaking. Other nuanced preferences underscore the importance of asking individuals about what they perceive to be helpful and unhelpful. Results of this study informed a listener guideline statement and an open-access informational handout about how to be most supportive of children who stutter.

Streszczenie

Wyników badań na temat tego, co dzieci, które się jękać, postrzegają jako wsparcie, a co jako brak wsparcia ze strony słuchacza jest niewiele. Co więcej, do tej pory nie prowadzono badań międzykulturowych w tym zakresie. Takie dane są potrzebne, aby stosować odpowiednie formy interwencji logopedycznej oraz odpowiednio edukować społeczeństwo. Badanie opisywane w artykule miało na celu wypełnienie tej luki poprzez dokonanie oceny preferencji słuchaczy. Ankietowanymi były dzieci, które się jękać, pochodzące z różnych środowisk.

W badaniu wzięło udział 151 dzieci jękaćcych się z Polski, Słowacji i USA, które wypełniły dziecięcą wersję kwestionariusza *Indywidualna Ocena Wsparcia w Przypadku Jękania* (*The Personal Appraisal of Support for Stuttering*). Wyniki tego badania zostały przeanalizowane w sposób opisowy i porównane międzykulturowo.

We wszystkich grupach pojawiły się tematy dotyczące tego, co wpiera i co nie pomaga w kontaktach interpersonalnych. Wiele pozycji mieściło się w przedziale neutralnym, co sugeruje zmienność wśród poszczególnych respondentów.

Dane uzyskane w badanych grupach wykazały, że dzieci jękaćce się przede wszystkim chcą, aby słuchacze byli cierpliwi, aby ich nie wykluczali i nie wyśmiewali się z nich, gdy z nimi rozmawiają. Inne preferencje podkreślają znaczenie pytania osób jękaćcych się o to, co postrzegają jako pomocne, a co jako niewspierające. Do wyników tego badania dołączono także wytyczne dla słuchaczy oraz ogólnodostępną ulotkę informacyjną o tym, jak najlepiej wspierać jękaćce się dzieci.

Introduction

Educating the Nonstuttering Majority about Stuttering

The communication environment for people who stutter is greatly influenced by those with whom they speak. The reactions of listeners including family members, peers, teachers, coaches, and members of the general public can either “facilitate” or “hinder” the overall communication experience for people who stutter [Yaruss, 2007]. However, an immense body of literature has confirmed that the general public continues to hold misconceptions about people who stutter and lacks the know-how for being a supportive listener [St. Louis, 2015a]. Listeners’ lack of or inaccurate information can lead to stigma and discrimination for people who stutter [Boyle, Blood, 2015]. Stuttering specialists, researchers, organizations, people who stutter, and other advocates (e.g., parents of children who stutter) are making a concerted effort to evoke community-wide improvement of listeners’ knowledge about stuttering and skills interacting with a person who stutters. Improving stuttering *knowledge* involves providing current and credible information about the disorder of stuttering (e.g., causes, prevalence). Stuttering organizations and specialists have been particularly effective at creating and disseminating reliable materials through websites and social media. The Stuttering Foundation, for example, has numerous free pamphlets about stuttering targeted to parents, teachers, physicians, and others, nearly all of which were developed by stuttering specialists and researchers [The Stuttering Foundation, n.d.]. Improving listeners’ *skills*, however, should be driven by preferences of the speakers themselves. To this end, it is critical that people who stutter endorse lists of helpful and unhelpful listener supports. This is quite logical considering “client perspectives” is a central tenant of evidenced-based therapy in speech-language pathology [American Speech-Language-Hearing Association, n.d.].

Numerous tip sheets about how listeners should support people who stutter circulate the internet. Although many lists are from credible organizations, some are from individuals soliciting promises for stuttering cures. Despite the discrepancy in the quality of the content, most existing tip sheets do not name the author, provide references, or the methodology on how recommendations were reached. In addition, it is unclear if the “tips” are reflective of the opinions of people who stutter. The lack of this information poses serious concern for two main reasons. First, lay consumers may find it challenging to discern quality information from that which promotes unfounded claims. Second, information that continues to be perpetuated without objective or reported evidence – even if it sounds credible – can lead to sweeping assumptions and potentially hurtful outcomes for people who stutter. Accordingly, quality, evidence-based listener tip sheets should include input from people who stutter obtained through objective measurement.

Preferences of Adults who Stutter

A recent study invited adults who stutter to share their opinions about helpful and unhelpful listener supports to inform the development of evidenced-based tips for listeners [St. Louis et al., 2017]. In that study, 148 people who stutter from North America completed the *Personal Appraisal of Support for Stuttering-Adult* [St. Louis, 2015b], which measures respondents' perceived helpfulness of various listener supports (e.g., "it is helpful when people finish my words") as well as from which groups they receive the most support (e.g., family, friends). Items were rated on a 1–5 Likert scale, with higher scores indicating stronger agreement. Participants also completed a semi-structured interview to provide additional qualitative data to the survey responses. Combining both the qualitative and quantitative data, the researchers generated the following statement:

When first interacting with a person who stutters in North America, be engaging, patient, accepting, friendly, and as comfortable as possible, all the while being a good listener. After getting to know the person, learn more about stuttering and be flexible about modifying your interactions according to the person's personal preferences for being supported, realizing that sometimes a particular action, such as trying to guess and fill in a word being stuttered, though generally not advised, is sometimes desired. After considerable interaction, you may gently inquire if you should ask questions about the stuttering, offer advice or referrals, or otherwise comment on the stuttering, but be ready to respect the stuttering person's¹ wishes [St. Louis et al., 2017, p. 10].

This study was among the first to provide published, evidence-based listener guidelines informed by preferences of people who stutter. It laid an important precedent to involve other groups of people who stutter, such as children and those from diverse backgrounds.

Experiences of Children who Stutter

It has been well established that children who stutter are at high risk for social consequences such as social exclusion, difficulty making friendships, teasing and bullying, decreased participation in class, and poor self-image [Davis, Howell, Cooke, 2002; Yaruss et al., 2004; Hartford, Leahy, 2007; Daniels, Gabel, Hughes, 2012; Langevin, 2015; Blood, Blood, 2016; Eggers, Millard, Kelman, 2021]. Various studies around the world including the USA, Poland, Bosnia and Herzegovina, and Turkey, have used the *Public Opinion Survey on Human Attributes – Stuttering/Child* [St. Louis, Weidner, 2015] to better understand the nature and epidemiology of children's stuttering attitudes. Collective results confirmed children who

1 Some people prefer person first language (*person who stutters*), while others prefer condition first language (*stutterer*). There is a big shift happening now across a number of conditions where people are expressing those personal preferences.

stutter are often subject to unfavorable attitudes from their nonstuttering peers [Langevin, Packman, Onslow, 2009; Weidner et al., 2017; Weidner, St. Louis, Glover, 2018; Glover, St. Louis, Weidner, 2019; Weidner, Junuzovic-Zunic, St. Louis, 2020]. As a whole, nonstuttering children lack information about the disorder and specific training on how to sensitively respond to peers who stutter. Although stuttering attitudes have been suggested to improve between preschool and the upper elementary years, misconceptions about the traits of people who stutter (e.g., being nervous and shy) and responses to stuttering (e.g., finishing words and saying slow down) have been noted across all age groups [Glover, St. Louis, Weidner, 2019; Weidner, Junuzovic-Zunic, St. Louis, 2020]. It should be noted, however, that typically fluent children were shown to be earnest in their desire to help children who stutter, despite lacking the specific skills in how to be a supportive listener [Weidner, St. Louis, Glover, 2018]. Thus, they need specific skills training on what to do and what not to do when interacting with a stuttering peer. Encouragingly, two recent studies from the United States and Poland reported that children's stuttering attitudes are amenable to change following a stuttering educational program [Weidner, St. Louis, Glover, 2018; Węsierska, Weidner, 2022]. The researchers concluded that, although nonstuttering children's knowledge about stuttering and reactions toward individuals who stutter is limited, their attitudes can be significantly improved with brief educational programming.

Although some preliminary data has been reported by children who stutter and their parents [Weidner et al., 2019; Węsierska, St. Louis, Weidner, 2019], there is no known published study that has systematically examined and compared what children who stutter perceive to be helpful and unhelpful supports. Such information could provide insight relative to the shared experiences among children around the world, and lead to the development of universal listener recommendations for nonstuttering peers and others in the speakers' communication community.

Purpose

At this time, there is limited publicly available, evidenced-based content that combines the expert knowledge of stuttering specialists with the preferences of children who stutter. Moreover, there is little information about whether or not preferences are similar across diverse, multicultural samples. This study addressed those areas by answering the following research questions:

1. What do children who stutter perceive as helpful and unhelpful listener supports?
2. What are the similarities and differences in listener supports as perceived by children from cross-cultural groups?

In order to address the second research question, it was felt that the represented countries must (1) have at least one stuttering specialist with access to children

who stutter (2) be culturally distinct from one another and (3) have the resources to translate and carry out the study protocol. The first author recruited stuttering specialists who are affiliated with *the International Project on Attitudes Toward Human Attributes* – IPATHA [St. Louis, 2010], a global initiative to measure and improve stuttering attitudes. Researchers and clinicians from the United States, Poland, and Slovakia emerged, thus providing a robust cultural representation of children who stutter. This study had an additional clinical aim to inform the development of evidenced-based, easy to disseminate, and culturally sensitive listener guidelines for supporting children who stutter.

Methodology

Survey

The child version of the *Personal Appraisal of Support for Stuttering* (PASS-Ch) [St. Louis, Weidner, 2015], translated into the native language of the participants, was utilized in this study. Children participants complete the survey in pencil-and-paper format. The original English child version was translated into Polish and Slovak by the second and third authors, respectively. The survey includes 26 items which measure respondents' perceptions related to degree of helpfulness of others' responses toward the child's stuttering, and 9 items related to the amount of help the child has received from various people or groups. In addition, it includes a series of open-ended questions relative to the speakers' stuttering experience, which provide additional qualitative data. The survey items dealing with listener responses broadly address various facets of the stuttering experience including: (1) others' general *reactions* in the moment of stuttering (e.g., "maintain normal eye contact with me when I stutter," "be patient with me when I am talking"), (2) others' overt *suggestions or advice* in the moment of stuttering (e.g., "tell me to think about what I want to say," "tell me to 'slow down'"), (3) the degree to which others are *inclusive* (e.g., "invite me to his/her party or other social event," "ignore me"), (4) the degree to which others *provide stuttering resources or facilitate connections* (e.g., "give me information about stuttering," "introduce me to someone else who stutters"), and (5) others' *interest in stuttering and the personal stuttering experience* (e.g., "know about stuttering and what causes it," "ask me how to help with my stuttering"). The additional items dealing with the helpfulness from groups or persons are specific to a child's communication community (e.g., family members, teachers, friends, and people in the in media). For all items, responses are rated on a 1–5 Likert scale, with higher values reflecting helpful levels of perceived support, and 3 as "neutral." All items also included a "not sure" option, which were excluded from quantitative analyses.

The open-ended questions, listed in Table 1, are delivered by the researcher in a semi-structured interview following children's completion of the paper-and-pencil

survey. The questions pertain to helpful and unhelpful responses as perceived by the child, as well as relevant information on stuttering and people who stutter that the public needs to know

Table 1. Open-ended questions included on the PASS-S/Child

Questions
1. What do you think helps you with your stuttering?
2. What makes you feel better about your stuttering?
3. What are helpful things that other people do when you stutter?
4. Have people been helpful with your stuttering? Who?
5. What does not help with your stuttering?
6. What makes you feel worse about your stuttering?
7. What are unhelpful things that other people do when you stutter?
8. Have people been unhelpful with your stuttering? Who?
9. When you are talking to people, how would you like people to react when you stutter?
10. What haven't people done that you would like them to do to help with your stuttering?
11. What do you think is important for people to know about stuttering?
12. What do you think is important for people to know about people who stutter?
13. What is the most difficult thing about being a child who stutters?

Source: own elaboration based on St. Louis, Weidner, 2015.

Recruitment

The first five authors of this study recruited participants in their home country (i.e., the Poland, Slovakia, and the USA) through speech-therapy clinics, and distributed pencil-and-paper versions of the surveys in respondents' native language. All procedures were carried out in accordance with the governing human research procedures.

Results

Participants

A total of 150 child participants from Poland, Slovakia, and the USA completed the survey. As determined by a speech-language pathologist, all children participants stuttered ($n = 150$). Total respondents by group country and sex are reported in Table 2. The average age of children respondents was 10.9 years. On average, they had 3 years of speech therapy (range 0 years to 10 years). All children demonstrated adequate ability to understand and reliably respond to the survey items, as determined by the administering speech-language pathologist.

Table 2. Distribution of Child Participants by Sex and Country

	Males	Females	Not Reported	Total by Country
Poland	86	27	–	113
Slovakia	13	4	–	17
USA	16	3	1	20
Total by Sex	115	34	1	<i>N</i> = 150

Source: own study.

Children's Listener Preferences

Data from the PASS-Child were analyzed descriptively on a 1–5 scale, with higher means reflecting stronger affirmation of support. Item means (*M*) and standard deviations (*SD*) for Poland, Slovakia, the United States, and the combined group are reported in Table 3.

Table 3. Means (*M*) and Standard Deviations (*SD*) for Listener Preferences Reported by 150 Children who Stutter on the PASS-Child on a 1–5 scale

PASS-Child Item	Poland <i>n</i> = 113		Slovakia <i>n</i> = 17		United States <i>n</i> = 20		Group <i>N</i> = 150	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Support in Actions by Others								
Ignore me	1.47	0.99	2.00	1.46	1.63	1.07	1.55	1.07
Talk to me but act like there is nothing wrong with the way I talk	4.17	1.18	4.47	1.01	3.85	1.46	4.16	1.21
Laugh at me because of my stuttering	1.05	0.22	1.00	0.00	1.55	1.10	1.11	0.47
Finish my words when I stutter	2.30	1.39	2.47	1.33	2.10	1.25	2.29	1.36
Be patient with me when I am talking	4.65	0.76	4.65	0.86	4.68	0.58	4.66	0.75
Be bothered by my stuttering	2.55	1.36	1.25	0.58	1.60	1.10	2.25	1.34
Feel sorry for me because I stutter	2.60	1.40	2.67	1.29	2.26	1.33	2.56	1.37
Tell me to slow down	3.17	1.57	3.06	1.18	3.11	1.64	3.15	1.53
Tell me to use my strategies	3.58	1.42	3.07	1.22	3.42	1.26	3.50	1.38
Tell me to think about what I want to say	2.80	1.48	2.76	1.25	3.35	1.50	2.88	1.48
Stutter for real himself/herself when we talk	2.80	1.41	2.76	1.25	2.80	1.42	2.79	1.38
Put some "faked" stuttering into his/her own speech when we talk	1.44	0.98	1.31	0.79	2.05	1.27	1.51	1.02
Ask me how he/she could help me with my stuttering	3.58	1.39	3.53	1.46	3.74	1.41	3.60	1.40
Ask me questions about stuttering	2.57	1.28	2.13	1.45	3.40	1.31	2.64	1.31
Give me information about stuttering (books, movies, websites, etc.)	3.36	1.42	3.35	1.41	3.00	1.33	3.31	1.40

PASS-Child Item	Poland <i>n</i> = 113		Slovakia <i>n</i> = 17		United States <i>n</i> = 20		Group <i>N</i> = 150	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Introduce me to someone else who stutters	3.55	1.39	3.24	1.30	3.58	1.26	3.51	1.36
Invite me to a support group for other children who stutter	3.53	1.54	2.73	1.22	3.84	1.21	3.48	1.49
Tell me how I should feel about stuttering	2.32	1.34	2.13	1.19	2.22	1.26	2.28	1.31
Tell me what I should do when I stutter	3.34	1.48	2.71	1.53	3.06	1.47	3.22	1.49
Tell me his/her own story of stuttering	3.94	1.26	3.59	1.18	3.11	1.28	3.79	1.28
Know about stuttering and what causes it	4.26	1.08	4.06	1.06	3.83	1.38	4.18	1.12
Know how to react when I stutter	4.45	0.88	3.88	1.27	4.35	0.88	4.37	0.94
Use the term "stutterer" when commenting about me and my speech	1.35	0.86	1.24	0.66	2.00	1.22	1.41	0.91
Make a joke about stuttering to try to reduce the awkwardness surrounding stuttering	1.65	1.05	1.41	0.87	1.95	1.39	1.67	1.08
Maintain normal eye contact with me while we talk	4.25	1.01	4.00	0.87	4.50	0.89	4.25	0.98
Invite me to his/her party or other social event	4.30	1.11	4.06	1.43	4.15	1.27	4.25	1.17
Past Support Received from Various Persons								
My parents	4.82	0.53	4.71	0.47	4.60	0.75	4.78	0.56
My brothers or sisters	3.38	1.42	3.09	1.51	3.35	1.54	3.35	1.44
My other relatives	3.59	1.27	3.56	1.09	3.80	1.51	3.62	1.28
My close friends	3.29	1.34	3.56	1.21	3.74	1.15	3.39	1.30
My classmates	2.81	1.38	3.13	1.46	2.74	1.52	2.83	1.40
My teachers	3.32	1.34	3.00	1.41	3.52	1.22	3.32	1.33
My speech-language therapist	4.70	0.68	4.65	0.99	4.90	0.45	4.72	0.69
A support group for children who stutter	3.90	1.35	4.25	0.96	3.75	1.28	3.91	1.32
People talking about their stuttering on television, YouTube, social media, the Internet, etc.	2.80	1.55	2.50	1.45	3.00	1.56	2.80	1.53

Source: own study.

The three most and three least helpful listener supports as well as three most and three least helpful persons or groups were identified for each group (Table 4). The children reported the following three most helpful listener supports as "being patient with me when I am talking," "knowing how to react when I stutter," and "inviting me to his/her party or social events." The least helpful supports, as reported by children were "laughing at me because of my stuttering," "using the term 'stutterer'

when talking about me and my speech,” and “putting some ‘faked’ stuttering into his or her own speech when we talk.”

Children in all three countries rated speech-language pathologists (SLPs) and parents as the two most supportive groups. Children rated the helpfulness of SLPs and parents nearly equal, slightly favoring the parents as the most helpful group. The children rated “support groups” as the third most helpful group. The children group rated people talking about their stuttering on (media outlets), their classmates, followed by their teachers as the least helpful groups.

Several items were rated in the neutral range. For children, examples include “tell me to ‘slow down,’” “tell me to think about what I want to say,” and “tell me what to do when I stutter.” Each item revealed a range from 1 to 5 and had an average standard deviation of 1.20, thus suggesting noteworthy variance among individual respondents.

Table 4. Three most and least helpful listener preferences reported by Polish, Slovak, and American children who stutter on the PASS-Child

Most Helpful Listener Supports			
	Poland	Slovakia	USA
Children	<ol style="list-style-type: none"> 1. Be patient 2. Know how to react 3. Invite me to his/her party or social events 	<ol style="list-style-type: none"> 1. Be patient 2. Talk to me normally 3. Know about stuttering and what causes it 	<ol style="list-style-type: none"> 1. Be patient 2. Maintain normal eye contact 3. Know how to react
Least Helpful Listener Supports			
	Poland	Slovakia	USA
Children	<ol style="list-style-type: none"> 1. Laugh at me 2. Use the term “stutterer” 3. Put fake stuttering into their speech 	<ol style="list-style-type: none"> 1. Laugh at me 2. Use the term “stutterer” 3. Be bothered by my stuttering 	<ol style="list-style-type: none"> 1. Laugh at me 2. Be bothered by my stuttering 3. Ignore me

Source: own study.

On the help from item, children in all three countries rated “parents” and “speech-language pathologists” as the most helpful groups, although the ranking was not consistent. Across cultures, children consistently gave a low ranking for “people talking about their stuttering on media.” In Poland and the USA, “classmates” were also ranked quite low, but the Slovak child group rated that item in the neutral range.

Selected Answers to Open Questions by Polish and Slovak Child Respondents

Table 5 displays verbatim responses from select Polish and Slovak children. The gender (G: girl / B: boy); age of the child (years) and nationality (Polish: PL / Slovak: SK) are given in parentheses at the end of the quoted statement.

Table 5. Qualitative responses reported by Polish and Slovak children who stutter

Question	Verbatim Child Response
What do you think helps you with your stuttering?	<ul style="list-style-type: none"> – It helps me when people don't pay attention to my stutter, when they ignore it (B, 14, PL) – What is helpful is that people don't care about my stuttering and they don't react to it (G, 9, PL) – Being patient, it helps me very much if you can just calmly and quietly listen to me (G, 13, PL) – It helps me that they ignore it (my stuttering) (B, 11, SK) – When people react normally and wait for me to finish my speech (B, 15, SK) – When they encourage me, or when they don't focus on it (my stuttering) (B, 10, SK)
What does not help with your stuttering?	<ul style="list-style-type: none"> – It doesn't help that my stuttering is variable, that I stutter more when I get stressed (G, 13, PL) – Annoying questions from other people, such as: why do you stutter, why do you talk so strangely? (G, 12, PL) – Bringing attention to my speech, mockery, ignoring me (B, 14, SK) – When people tell me that I'm stuttering (B, 11, SK) – When they don't let me finish my sentences or when they finish words for me (B, 15, SK) – When they tell me I'm not talking well (B, 9, SK) – Those people who laughed at me were unhelpful (B, 14, SK)
How would you like people to react when you stutter?	<ul style="list-style-type: none"> – I wish people would wait for me to speak up (B, 8, PL) – That other people don't make fun of me during a conversation because of my stuttering (G, 11, PL) – Most helpful is patience from the people who talk to me and when I am unable to control my stuttering (B, 12, PL) – Meeting other people who stutter and patience from listeners (B, 9, PL) – Unhelpful is when they remind me how I should breathe (B, 10, PL) – I want people to let me talk – to finish (B, 7, SK) – I want them to listen normally even when I'm stuttering and they can understand it (B, 14, SK) – I think they should have patience (B, 14, SK) – Listen carefully, and wait until I finish my speech (G, 7, SK)
What do you think is important for people to know about stuttering and people who stutter?	<ul style="list-style-type: none"> – People who stutter are just like everyone else (G, 11, PL) – It would help if people knew what causes stuttering, that stuttering is not something to be cured, and what a person who stutters feels (G, 13, PL) – Stuttering is normal, and we are individuals who are normal, and we can live with it (B, 12, PL) – That others understand that people who stutter don't like it and want to speak fluently (G, 11, PL) – It is not a disease, it is my characteristic – not a defect (B, 10, PL) – Stuttering is not something I have imagined; on the contrary, it makes my life difficult (G, 14, PL) – It is not my fault that I stutter (B, 10, PL) – That stuttering therapy can help me (B, 8, PL) – That individuals who stutter are more sensitive (B, 9, PL)

Table 5. (continued)

Question	Verbatim Child Response
	<ul style="list-style-type: none"> – They should know that stuttering is not provoked by a shock or stress and that it is not my fault, that I have it (B, 14, SK) – People should not think about stuttering in the way that a person who stutters cannot speak (they just speak differently) (B, 11, SK) – It would be good for people to know that it is not nice to be a person who stutters and it is not my fault (G, 7, SK) – That it is not a problem/error of intelligence and that it is not contagious (G, 10, SK) – That I was born with stuttering (G, 7, SK & B, 9, SK) – Children who stutter are normal, they just stutter (G, 7, SK) – People who stutter are not bad human beings (G, 9, SK) – To not perceive people who stutter as different (B, 14, SK)
What is the most difficult thing about being a child who stutters?	<ul style="list-style-type: none"> – Thinking that my peers might not respect a person like me or want to interact with me because of my stuttering (G, 12, PL) – That because of my stuttering I can't perform in drama activities at my school and that often teachers, family, friends or others finish words for me (B, 11, PL) – The hardest part is that stuttering can't be cured (B, 10, PL) – Various disadvantages: presentations, speeches... (B, 15, SK) – That I get stuck (B, 9, SK) – Establishing relationships (B, 15, SK) – That I have dysfluencies in speech and that (stuttering) it can occur at any time (B, 14, SK) – I don't know how to say a sentence without stuttering and talking to a girl or someone else is quite difficult for me because that's when my stuttering can be extremely severe (B, 15, SK)

Source: own study.

Discussion

Summary

This study sought to examine the preferences of children who stutter from diverse backgrounds, compare similarities between those groups, and develop evidenced-based listener guidelines. Despite group mean differences, commonalities in item rank-ordering across all groups emerged. The children in all countries almost universally shared the same most and least preferred listener supports (i.e., being patient and laughing at the child who stutters, respectively), which was further reflected in the semi-structured interviews. Interestingly, all groups regardless of country identified parents and speech-language pathologists as being the most supportive groups. The Polish and American groups rated classmates unfavorably, whereas the Slovak ratings were a bit higher. Despite that difference, there are clear trends among children from three different countries regarding supports that are perceived as very helpful and very unhelpful. Findings further reinforce the need to expand

the therapy circle to include teachers and classmates, so they are well equipped with the knowledge and skills to support children who stutter.

In addition to the very helpful and unhelpful supports, the items in the neutral range are also worth mentioning. As a group, the children hovered slightly above or below neutral for (others telling me to) “think about what I want to say,” ($M = 2.88$) and “slow down” ($M = 3.16$). The standard deviations for those items were also higher than the average standard deviation across the supportive action items (average $SD = 1.2$). Taken together, it appears that specific advice given the moment of stuttering are highly variable and individualized.

The qualitative results underscore the desire of children who stutter to be accepted, understood, and respected. In addition, it highlighted the need for clinicians and researchers to be sensitive to the needs of each individual speaker, so that children who stutter can communicate in functional and meaningful contexts without fear or embarrassment. For example, speaking activities such as participating in drama class, giving presentations, talking to people of another gender were all highlighted as important activities.

Guidelines for Interacting with Children who Stutter

One of the aims of this study was to generate evidenced-based guidelines on how to supportively interact with a child who stutters. This study elucidated several universal “dos and don’ts” and provided empirical evidence for much of the information in existing educational materials. At the same time, we must emphasize that preferences can be individualized, especially as it relates to listener responses during the moment of stuttering. Based on results from this study, we advance this summary statement, which is adapted from St. Louis et al.:

When interacting with a child who stutters, be patient and friendly, while maintaining natural eye contact and body language. Focus on the content of the child’s message, not whether it was fluent. Avoid finishing the child’s sentences or providing unsolicited recommendations. Be mindful that seemingly well-intended comments (e.g., telling the child to “slow down” or “think about what you want to say”) can often be undesired or unhelpful. Children who stutter will have individual preferences for responses they feel are helpful. It is important to establish a trusting relationship and talk openly with each individual to identify those preferences, so they can receive maximal support from those with whom they communicate [St. Louis et al., 2017, p. 10].

Based on this study, and with grant support from the Iceland, Liechtenstein and Norway granting agency, several authors of this study helped to write additional evidence-based materials in English, Polish and Slovak. A flyer is provided at the end of this article, and more details can be found at LOGOLab website: www.logolab

.edu.pl [Węsierska, Weidner, Sønsterud, 2021]. Readers are invited and encouraged to disseminate this information in their practice or communities.

Limitations and Future Research

By nature of the recruitment process, nearly all of the child participants received at least some speech therapy. As such, it is not representative of the preferences of the many children and their parents who do not receive therapy. In addition, stuttering experts (many of whom are authors) provided or supervised some of the stuttering therapy, which might have impacted ratings, especially related to helpfulness of certain groups. Therefore, we must be cautious in generalizing these results to children who have not received speech therapy or specialized stuttering therapy. Although this study involved a robust sample from three different countries, the sample size across the groups differed, which prohibited inferential analyses. In addition, the inclusion of more countries would help to validate the “universalities” observed in this study.

This study provides evidence for the clinical utility the PASS-S/Ch. Clinicians and other professionals might consider giving the survey to their clients to inform goals that align with a community-centered therapy approach (e.g., educating classmates about stuttering). It is hoped this study inspires future collaborations between stuttering experts, researchers, and people affected by stuttering. Doing so would permit the development of highly credible and evidence-based treatment and educational materials. Most importantly, it will give people who stutter a representative voice on issues that can potentially hinder or facilitate their overall stuttering experience.

Disclosures

Development and dissemination of the supporting guidelines, as reported in the Appendix, were made possible by funding from the Iceland, Norway, and Liechtenstein granting agency. The first author co-owns the copyright to the PASS-Child which was used in this study.

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HOW BEST TO SUPPORT CHILDREN WHO STUTTER IN INTERPERSONAL COMMUNICATION

What is and what is not supportive, in the view of children who stutter, and of their parents

DO'S:

- Maintaining eye contact.
- Being patient.
- Knowing about stuttering.
- Acting neutrally.
- Including the child.



DONT'S:

- Laughing at the child.
- Finishing the child's words.
- Mimicking stuttering.
- Making a joke about stuttering.



Take home message!

Based on the result of the quantitative and qualitative findings, some "universal" DO's and DON'Ts emerged when interacting with children who stutter. Some other kinds of support remain highly individualized, and should be discussed with the child. Some of these items were as follows:

- giving advice on what to do and how to feel;
- asking questions about stuttering;
- meeting other people who stutter.

When interacting with a child who stutters, these guidelines are recommended:

When interacting with a child who stutters, be patient and friendly, while maintaining natural eye contact and body language. Focus on the content of the child's message, not whether the child is fluent. Avoid finishing the child's sentences or providing unsolicited recommendations. Be mindful that seemingly well-intended comments (e.g., telling the child to "slow down" or "think about what you want to say") or actions (e.g. making a joke about stuttering) can often be undesired or unhelpful. Children who stutter will have individual preferences for responses they feel are helpful. It is important to establish a trusting relationship and talk openly with everyone to identify those preferences. Then they can receive maximal support from those with whom they communicate (adapted from St. Louis et al., 2017; 2019).

This material is based on the results of international research conducted among children who stutter, and their parents, using the questionnaire: *Personal Appraisal of Support for Stuttering-Children / Parents* (Weidner & St. Louis, 2015). The aim of the studies was to obtain a reliable answer to the following question: "What is and what is not supportive, in the view of children who stutter, and of their parents?" Several studies have been conducted, and there is an ongoing work to continue collecting information worldwide (more detailed information and a complete list of references can be found on the leaflet accompanying this poster, which is available at: www.logolab.edu.pl & <https://uit.no/project/logolab>

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