

Preschool-age children who stutter with and without concomitant speech and language disorders: Similarities and differences.

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ABSTRACT

This study examined differences in stuttering severity, selfperception of speech difficulty, age of stuttering onset, and parents' perception of stuttering and its impact on their children between young children who stutter (CWS) with and without (CWS_Only) concomitant speech and/or language difficulties. A retrospective file audit of 116 Greek-speaking CWS revealed that young CWS with concomitant speech sound disorders (CWS+SSD) report greater negative attitudes towards communication/talking than CWS_Only. Also CWS with concomitant speech and/or language difficulties were reported to have later stuttering onset, stutter more severely, and be impacted more by stuttering than CWS_Only. No differences were found in terms of family history of stuttering, parent-reported stuttering severity, parental concern and parents' knowledge and confidence in managing stuttering.

INTRODUCTION

School-age children who stutter are more likely exhibit concomitant speech-language disorders than their typically fluent peers (e.g., Blood et al., 2003). Data on preschool-age children are limited and contradictory. A couple of studies (Louko, Edwards, & Conture, 1990; Yaruss, LaSalle, & Conture, 1998) reported a high percentage of concomitant speech sound disorders (37.40%-40%) while the percentage of comorbidity in a recent communitycohort study (Unicomb et al., 2020) was significantly lower (6.88%). Likewise, Yaruss et al. found that 29% of CWS had below typical expressive language skills, while a recent epidemiological study reported higher language skills for CWS than fluent peers (Watts et al., 2015). Although more research is needed on the prevalence of cooccurring speech and language disorders in the preschoolage years, even less is known about similarities and differences between children who only stutter and those who present with one or more speech-language comorbidities.

The purpose of our study was to compare children who stutter with and without speech and/or language difficulties in terms of attitudes towards communication, stuttering severity, age of stuttering onset, and impact of stuttering.

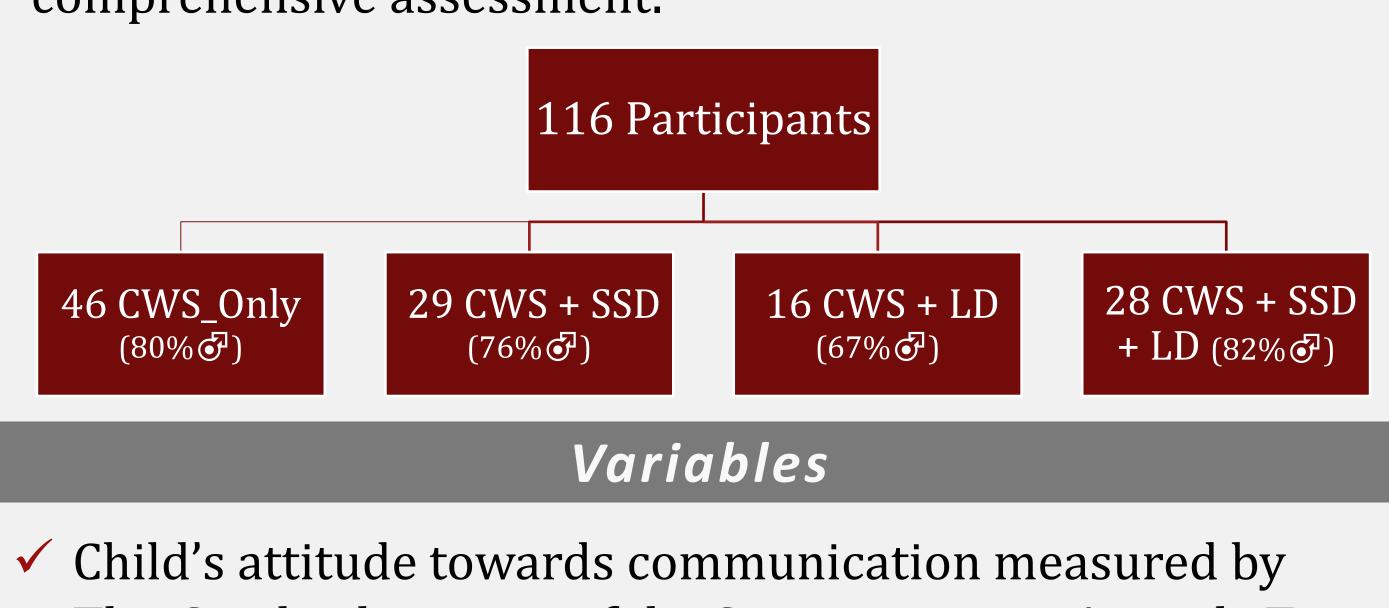
METHOD

Participants

Retrospective file audit on 116 CWS between 3;0 – 7;4 years of age (*M* = 57.09, *SD* = 11.67) from 3 clinics specializing in the assessment and treatment of stuttering in Greece and Cyprus. All participants were native speakers of Greek.

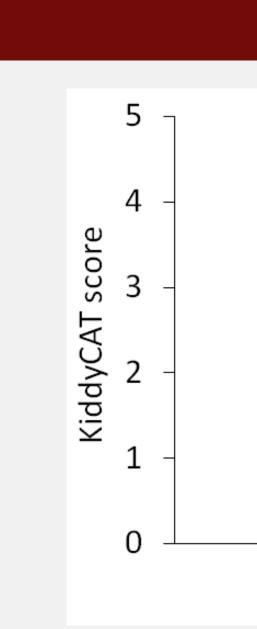
Group Classification:

Participants received a speech-language assessment including formal speech-language tests such as the Phonetic and Phonological Articulation Test (Panhellenic Association of Logopedics, 1995) and the Greek adaptation of the Action Picture Test (Vogindroukas et al., 2010), informal measures, parent report, and clinical observation. Classification of participants to the four groups (CWS_only, CWS+SSD, CWS+LD, CWS+SSD+LD) was based on the speech-language therapists' diagnosis derived from the comprehensive assessment.



The Greek adaptation of the Communication Attitude Test for Preschool and Kindergarten Children Who Stutter (KiddyCAT; Vanryckeghem & Brutten, 2020): a 12-item, binary (yes/no) questionnaire designed to assess perception/attitudes towards speech difficulty. ✓ Age of Stuttering Onset in months ✓ Stuttering Severity based on an 1 to 10 clinician rating

- scale
- Impact of stuttering measured by the Greek translation of the Palin PRS (Millard & Davis, 2016): A 19-item parent questionnaire that yields scores for the following factors: (1) The impact of stuttering on the child, (2) The severity of stuttering and parent concern, (3) Parents' knowledge and confidence managing stuttering. Both parents completed the Palin PRS



Finding 1 - KiddyCAT: A Mann-Whitney U test indicated that *CWS+SSD* present with more negative attitudes towards communication than *CWS_Only, z = -1.98, p = .05.*

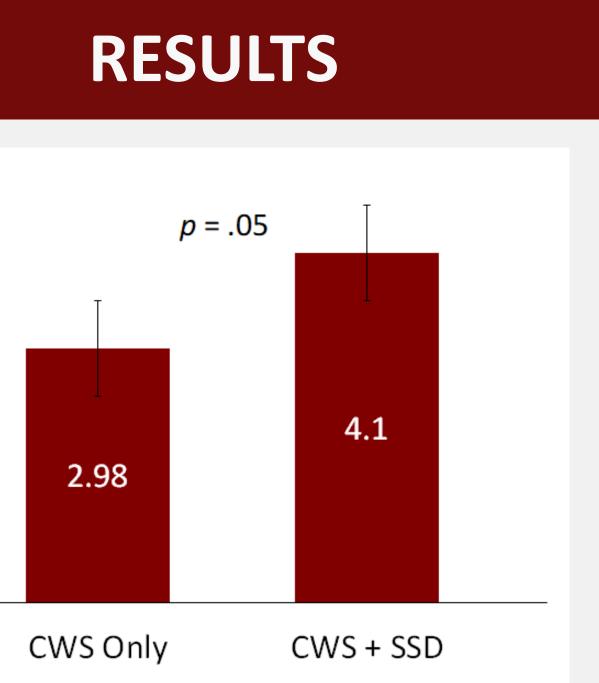
Finding 2 – Age of Onset: *CWS_Only* started stuttering significantly earlier (in months) (M = 36.71, SD = 10.86) than both CWS+LD (*M* = 45, *SD* = 8.73; *p* = .004) and CWS + LD+SSD (M = 43.86, SD = 12.23; p = .009).

Finding 3 - Stuttering Severity: The clinician-reported stuttering severity was significantly higher for CWS with concomitant speech and/or language difficulties (*M* = 4.05, SD = 1.76) than CWS_Only (M = 3.39, SD = 1.74), z = -1.742.18, *p* = .03.

Finding 4 – Impact of Stuttering on the Child: The perceived, by the fathers, impact of stuttering was significantly greater for the CWS+SSD than the CWS_Only group, *F*(1, 73)=18.35, *p* < .001.

- 2012).
- concomitant SSD.





DISCUSSION

The rate of comorbidity for SSD (25%), LD (13%), and SSD+LD (24%) is lower than the rate reported in the only other retrospective file audit study (Yaruss et al., 1998). The difference in KiddyCAT scores between CWS+SSD and CWS_Only is not surprising given that the underlying factor of KiddyCAT is "speech difficulty" (Clark et al.,

Unlike Wheeler, Fenton, & Millard (2011) we did not find differences in parents' knowledge and confidence managing stuttering for CWS with and without