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Assessment of Pre-School Children Who Stutter:

The Perspectives of Polish and Lithuanian Speech and Language Therapists

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INTRODUCTION

- Stuttering is one of the most common fluency disorders in early childhood. Its prevalence is estimated at 5–8% before the age of 9, with onset most frequently occurring between 30 and 48 months of age (Yairi & Ambrose, 2013; Månsson, 2000; Reilly et al., 2009).

- The early period following onset is of critical clinical importance due to the risk of persistence and the development of negative emotional reactions and avoidance behaviors (Yaruss & Reeves, 2017).
- Current clinical guidelines emphasize the importance of **early identification of risk factors for persistent stuttering** and of making therapeutic decisions based on the latest recommendations and standardized stuttering risk assessment questionnaires (ASHA, 2006; Pertijs et al., 2014, 2020).

- In many countries, **screening procedures** are part of routine pediatric care (Neumann et al., 2017). However, they are not widely implemented in Poland or Lithuania. In this context, speech and language therapists play a key role in early diagnosis and in decisions regarding monitoring or intervention.

- Therefore, it is justified to examine the level of knowledge and clinical competence of SLTs regarding risk assessment and their familiarity with international guidelines for the management of stuttering in preschool children.

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OBJECTIVE(S) AND METHODS

Objective:

- The aim of this study was to assess **the level of knowledge and clinical competence among Polish and Lithuanian speech and language therapists (SLTs)** regarding the assessment and management of stuttering in preschool children.

- The analysis focused on risk assessment procedures, knowledge of factors associated with stuttering persistence, awareness of international clinical guidelines, and topics prioritized during the first consultation with parents of a preschool child who stutters.

- As a preliminary investigation, the study provides a foundation for further, more comprehensive research involving a larger and more diverse sample of SLTs.

Methods:

- A preliminary cross-sectional study was conducted in Poland and Lithuania between November and December 2025 using an original online questionnaire.
- The questionnaire comprised 13 items, including closed-ended single-choice and multiple-choice questions, as well as selected semi-open-ended questions and demografic items.
- The study sample consisted of 92 speech and language therapists (SLTs), including **55 from Poland and 37 from Lithuania.**

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Demographic data of participants

Indicator	Poland (N = 55)	Lithuania (N = 37)
Female respondents	94.5%	97.3%
Main age group	20–30 years (40.0%)	41–50 years (37.8%
Main workplace location	Large regional city >250,000 inhabitants (61.8%)	Large regional city >250,000 inhabitants (35.1%)
Main workplace	Private practice (61.8%)	Public kindergarten (64.9%)
Moderate / extensive experience working with children who stutter (2–6 years)	36,4%	21.6%
Primary client group	Preschool children aged 3–6 years (83.6%)	Preschool children aged 3–6 years (83.8%)

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Familiarity with and Use of Stuttering Risk Assessment Tools

Indicator	Poland (N = 55)	Lithuania (N = 37)
Declared familiarity with stuttering risk assessment tools	78%	81.1%
Use of risk assessment tools in clinical practice	47,3%	40.5%
Consider risk assessment: very useful rather usuful	 18.2% 41,8%	 67.6% 27%
Tools used in the differential assessment of early stuttering vs. typical developmental disfluency: • Initial assessment form (Parent–child interaction programme; Kelman & Nicholas) • LOGO test 4 (Faściszewska) • Parent-provided home speech recordings • Detailed parent interview / case history • Natural conversation with the child • nformation from the child's environment (e.g., teacher/caregiver)	 34.5% 49.1% 60% 83,6% 72,7% 67,3%	 43,2% 13,5% 32% 86,5% 86,5% 86,5%

Recognition of Clinically Relevant Risk Indicators for Stuttering Persistence

Risk Factor Core evidence-based predictors	**Poland (N = 55)**	**Lithuania (N = 37)**
Increasing severity since onset	92.7%	89,2%
Stuttering duration > 6 months	92,7%	89.2%
Family history of chronic stuttering	78,2%	81.1%
Secondary behaviors / tension / blocks	92,7%	81.1%
Onset after 3.5 years	56,4%	45,9%
Risk Factor Clinically relevant contextual	**Poland (N = 55)**	**Lithuania (N = 37)**
High parental concern	81.8%	83.8%
Child awareness of stuttering	81,8%	54,1%
Emotional stress / emotional difficulties	69,1%	64,9%

Sugathan, N., & Maruthy, S. (2021). Predictive factors for persistence and recovery of stuttering in children: A systematic review. *International Journal of Speech-Language Pathology, 23*(4), 361–373

Familiarity with Clinical Guidelines for Childhood Stuttering

Indicator	**Poland (n = 55)**		**Lithuania (n = 37)** *The national gudelines not exist*	
	Aware	**Not aware**	**Aware**	**Not aware**
National guidelines	19% (N=10)	81% (N=45)	10.8% (N=4)	89.2% (N=33)
Familiar with ASHA guidelines	37% (N=20)	63% (N=35)	24.3% (N=9)	75.7% (N=28)
Familiar with Dutch clinical guidelines (2014)	22% (N=12)	78% (N=43)	5.4% (N=2)	94.6% (N=35)

Topics prioritized during the first consultation with parents of a preschool child who stutters

Topic discussed during the first parent consultation	Poland (N = 55)	Lithuania (N = 37)
Emotional suport/ reducing parental anxiety	83,6%	**86,5%**
Child's speech and communication development	78,2%	78,4%
Home-based recomendations	74,5%	**83,8%**
Diffrentianing developmental disfluency and stuttering	72,7%	56,8%
Discussion of persistent risk factors	69, 1%	48,6%
Child/family/ environment history	67,3%	**89,2%**
Further diagnostic/ therapeutic steps	67,3%	81,1%
Traumatic events / stress-related experiences	67,3%	78,4%
Parents communication style at home	61,8%	81,1%
Joint identifying types of disfluencies in the child's speech	52,7%	45,9%
Multidimensional model of stuttering	47,3%	32,4%
Observing disfluency in everyday situations	43,6%	43,2%

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CONCLUSIONS

- The findings indicate that although Polish and Lithuanian speech and language therapists generally recognize key clinically relevant indicators associated with increased risk of stuttering persistence, important gaps remain between declared knowledge and its practical application, particularly in the use of standardized risk assessment tools.

- **Greater integration of structured risk screening procedures into routine preschool stuttering assessment may improve diagnostic consistency, support earlier referral decisions, and strengthen evidence-based clinical practice.**

- Limited awareness of national and international clinical guidelines further highlights the need for targeted professional training and wider dissemination of evidence-based recommendations to support early, consistent, and effective intervention for pre-school children who stutter.

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