

## Stuttering: When To Be Concerned

### McKenzie Pediatrics, 2010

Does my child stutter?

He may. Many children begin to stutter during their pre-school years. The onset of stuttering is typically during the period of intense speech and language development as the child is progressing from 2-word utterances to more complex sentences, generally between the ages of 2 and 5 years. The peak age to hear a child stutter is between 2 ½ and 3 ½ years.

Is stuttering normal?

Early on, stuttering is usually normal, with brief repetitions, hesitations, and sound prolongations. These signs gradually diminish and disappear in most children, often within 6 months, but some children continue to stutter.

In fact, children with prolonged stuttering sometimes exhibit more physically tense speech behaviors as they respond to their speaking difficulties with embarrassment, fear, and frustration. If the problem is recognized early, prognosis for recovery is very good.

How do I tell normal from abnormal?

Between the ages of 18 months and 3 years, children will exhibit repetitions of sounds, syllables, and words, especially at the beginning of sentences. These occur usually once every 10 sentences, or so.

After the 3<sup>rd</sup> birthday, normal children are less likely to repeat sounds or syllables, but instead they may repeat whole words (“I-I-I-want...”), or phrases (“I want-I want-I want...”). They will also commonly use fillers, such as um and uh, and sometimes switch topics in the middle of a sentence, revising and leaving sentences unfinished. Normal children make more speech mistakes when tired, upset, excited, or rushed to speak.

Typically, children with normal dysfluencies (speech variations) appear unaware of them, showing no signs of surprise or frustration. It’s the parents who are all too often overly sensitive to speech development, and become unnecessarily concerned about normal speech variations.

What is an example of mild stuttering?

Mild stuttering is like normal dysfluencies, but with more repetitions as well as longer duration of repetitions (“Ca-ca-ca-ca-can I have that?” or “MMMMMMMMommy, it’s mmmmmmy ball!”). These children may show signs of awareness of their stuttering, such as blinking, closing their eyes, looking to the side, or tensing their mouth.

The child may appear frustrated or even embarrassed, and may ask the parent why it is that (s)he has so much trouble talking. Mild stuttering also tends to appear more regularly, day after day, even if only in certain situations.

What is an example of severe stuttering?

Children with severe stuttering usually show signs of physical struggle, increased physical tension, and attempts to hide their stuttering and avoid speaking. It can appear any time between

age 18 months to 7 years. Severe stuttering may begin mildly, or may even appear suddenly without warning.

Severe stuttering is characterized by speech dysfluencies in practically every phrase or sentence, and usually has associated eye blinks, eye closing, looking away, or physical tension. Tension is also heard as a rising pitch of the voice as the child struggles to speak. It occurs daily, though there may be good and bad days. These children often appear anxious or guarded in situation in which they may be expected to talk.

What causes stuttering?

Parents often mistakenly believe that they have done something to cause their child to stutter. This is not the case; stuttering is not the result of something a parent has done or not done. However, parents can make their child's stuttering worse. The next section will discuss ways in which not to let this happen.

While stuttering may be inherited, for most children who stutter there is no family history or stuttering. Nor is there evidence of brain injury.

Just as many young girls as boys stutter early on, but boys are 3 times more likely to continue stuttering into their school years. Children who stutter are more likely to have higher than average vocabularies – in other words, stuttering is not related to low IQ. Additionally, children who stutter are not more shy or withdrawn, though prolonged or severe stuttering may lead to these.

As many as one-third to one-half of young children will go through a brief stuttering phase, and about 4 in 100 children will go through a period of more than 6 months of stuttering. Three-quarters of these prolonged stutterers will recover spontaneously, and almost all of the remaining children eventually recover fully with the help of speech therapy. Only about 1% of children who experience stuttering will continue to stutter in adulthood.

The Stuttering Foundation's 7 Tips For Talking With Your Child:

1. Speak with your child in an unhurried way, pausing frequently. Wait a few seconds after your child finished speaking before you begin to speak. Your own slow, relaxed speech will be far more effective than any criticism or advice such as "slow down" or "try it again slowly".
2. Reduce the number of questions you ask your child. Instead of asking questions, simply comment on what your child has said, thereby letting him know you heard him. Children speak more freely if they are expressing their own ideas rather than answering an adult's questions.
3. Use your facial expressions and other body language to convey to your child that you are listening to the content of her message and not to how she's talking.
4. Set aside a few minutes at a regular time each day when you can give your child your undivided attention. When you talk during their special time, use slow, calm, and relaxed speech, with plenty of pauses. This quiet, calm time can be a confidence-builder for younger children, letting them know you enjoy their company.
5. Help all members of the family learn to take turns talking and listening. Children, especially those who stutter, find it easier to talk when there are few interruptions and they have the listeners' attention.

6. Observe the way you interact with your child. Try to increase those times that give your child the message that you are listening to her and she has plenty of time to talk. Try to decrease criticisms, rapid speech patterns, interruptions, and questions.
7. Above all else, convey that you accept your child as he is. The most powerful force will be your support of him, whether he stutters or not.

More Tips, For Talking With Your Stuttering Child:

- When your child talks to you or asks you a question, take a pause before answering. This models a slower speech pattern that helps ease the chance your child will stutter.
- Try not to be upset or annoyed when your child stutters. A patient, accepting attitude will help your child immensely.
- If the child is frustrated with his stuttering, reassure him (“I know that it’s hard to talk at times, but lots of people get stuck on words...it’s okay.”). Give him a hug.
- Don’t rush your child by interrupting, or finishing words or sentences for her.
- If your child’s stuttering is severe, or persists for longer than 6 months, referral to a speech therapist may be necessary.

For more information and print resources, check out The Stuttering Foundation, at:

[www.stutteringhelp.org](http://www.stutteringhelp.org)