

## **Identifying Stuttering in Children**

We have all had those moments when our speech is disfluent. We have repeated sounds, syllables, words and phrases, or prolonged sounds. We may also have used “filler” words such as “um,” “and,” and “uh” frequently in our speech. Preschool children often have disfluent moments, especially when attempting to gain mom’s or dad’s attention (e.g., “Mo- Mo- Mommy...Mommy). So how does stuttering differ from “normal” disfluencies?

There are several warning signs that help speech-language pathologists identify if a child’s disfluent episodes are “normal” disfluencies or true stuttering. The first is the frequency with which the disfluencies occur. A child may repeat or prolong sounds and/or words as he learns to use sentences. This is part of the learning process. If repetitions occur more frequently and in varied speaking situations, further evaluation may be indicated. Tremors or tension of the muscles around the mouth and jaw may also occur in a child who stutters. This tension affects a child’s ability to complete the targeted word or sound. Tension may range from mild muscle tension to severe groping. Body movements that occur in conjunction with a child’s disfluencies may also indicate true stuttering. For example, a child may tilt his head back, blink repeatedly, or tap his hand or foot when he becomes “stuck” on a word. These behaviors, which often develop during a previous disfluent episode as a means of getting “unstuck,” may then continue to co-occur with episodes of disfluency. A child who stutters may also raise the pitch and/or loudness of his voice as he tries to push through a word. Moments of fear or word avoidance may also occur. If a child has attempted to say a word in the past and has become “stuck”, he may attempt to avoid the word in the future or become frustrated when he is unable to produce the word. These are some of the characteristics that help distinguish between “normal” disfluencies and stuttering.

There are several other risk factors that should be considered and will help you to decide whether or not an evaluation with a speech-language pathologist is necessary. The first is family history of stuttering. Most parents don’t realize that it does not have to be an immediate family member who stutters to be considered a positive family history. Uncles, cousins, and grandparents should all be considered when noting family history of speech disorders. Age of onset is another key factor. Children who begin to stutter before the age of 3 ½, are more likely to outgrow stuttering. However, if your child has been stuttering for a period of 6 months or longer, it is less likely that he will outgrow it on his own. Gender is another factor to be considered. Stuttering occurs more frequently in boys than in girls and girls are more likely to outgrow stuttering than boys. Finally, children who have additional speech and language difficulties are of higher risk than those with typical language development. If your child has any of these risk factors and has been showing signs of stuttering, scheduling an appointment with a speech-language pathologist is recommended.

It can be very scary for a parent when they first notice their child stuttering. Our first reaction is to want to help our child, but what our guts tell us to do may not be what your child needs. The following is a list of helpful tips for talking with your child provided by the Stuttering Foundation.

1. **Speak with your child in an unhurried way, pausing frequently.** Wait a few seconds after your child finishes 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” which may draw attention to a child’s speech. In their attempts to speak “better” a child may become tense and, therefore, become more disfluent.
2. **Reduce the number of questions you ask your child.** Instead of asking questions, simply comment of what your child has said, thereby letting him know you heard him.
3. **Use your facial expressions and other body language to convey to your child,** when he stutters that you are listening to the content of his message and not to how he is talking.
4. **Set aside a few minutes at a regular time each day when you can give your undivided attention to your child.** When you talk during this time, use slow, calm, and relaxed speech with plenty of pauses. You may also choose an activity that does not require talking. Having this quiet time creates a “no pressure” atmosphere.
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 listener’s 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, convey that you accept your child as he is.** The most powerful message you can convey will be your support of him whether he stutters or not.

If your child does begin to see a speech-language pathologist for his stuttering, he will learn tools and strategies to promote fluent speech. Therapy varies to meet the needs of the individual who stutters and depends on the severity and type of disfluency.

For further information and resources, we have provided website links (click on the links section of this website) to other organizations that promote awareness of stuttering and support to those who stutter and their loved ones.