**SPEECH DISFLUENCY AND STUTTERING IN EARLY CHILDHOOD**

**Distinguishing stuttering from age-typical speech disfluency:** Many young children experience normal speech disfluency, especially during a period of rapid language development. There are qualitative and quantitative differences between true stuttering and age-typical speech disfluencies that help primary care providers identify children whose speech needs to be more closely monitored. Treatment for stuttering can be very effective in the preschool population. Delaying treatment for too long may increase the risk for persistent stuttering and increase psychosocial consequences of stuttering.

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<thead>
<tr>
<th>Normal Speech Disfluency is characterized by:</th>
<th>Developmental Stuttering is characterized by:</th>
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<tbody>
<tr>
<td>• Easy repetitions of words and phrases (“I want, I want to go..”) with only one or two repetitions</td>
<td>• Tense or dysrythmic sounds, syllable and word repetitions (“ma, ma, ma, my name is...”) often with several repetitions</td>
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<td>• Interjections (“uh”, “um”) and revisions of phrases</td>
<td>• Sound prolongations (“hhhhhhhe’s my dad”)</td>
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<td>• Sound blockages (“d……..don’t do that!”)</td>
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**POSSIBLE RISK FACTORS FOR PERSISTENCE OF STUTTERING:**

- **Disfluency patterns** – An increase, or little decrease, in the frequency of stuttering during the first 6-12 months after onset and/or a child who makes frequent speech errors such as substituting sounds or leaving sounds out.
- **Time since onset** – Stuttering 6-12 months or longer. Children who begin stuttering before age 3 are more likely to outgrow it within 6 months.
- **Male gender** – The ratio of males-to-females is estimated to be about 2:1 at onset of stuttering, increasing to 4:1 or 5:1 in school-age children.
- **Family history** – A history of stuttering in the family tends to increase the risk for persistent stuttering.

**PARENTS WANT TO KNOW WHAT THEY SHOULD DO WHEN THEIR CHILD IS STUTTERING.**

Near the onset of stuttering, parents need to be reassured and given enough information so that they will feel comfortable with a period of monitoring. We do not want to tell them to ignore the stuttering, but we do want to reduce the amount of focus and anxiety around the stuttering. The following suggestions may be helpful for parents before they see a Speech-Language Pathologist.

- There is a very good chance that the stuttering will go away within 12-18 months. But since we can’t tell which child will outgrow stuttering and which child will continue to stutter, we’ll keep a close eye on it while we monitor it. Treatment may be recommended sooner rather than later in some situations such as when a child begins to exhibit anxiety, frustration, or anger which may indicate developing psychosocial issues.
- Allow the child to finish what they are saying without interruption. Telling a child to slow down or to think before they talk is not helpful, and may cause the child to become frustrated. This can take some patience, but is important so that the child feels positive about communication.
- If a child gives up trying to say a word, don’t make them to say it. You can consider trying to help them say it, or ask them “were you trying to say _______?”
- Be positive and focus on what your child is saying and not on how they are saying it.
- If the child is having a particularly difficult time and is frustrated or embarrassed, reassure the child that it is OK and sometimes talking is hard.

**Parents need to know:**

- Their child’s stuttering is being monitored
- They have someone to talk to during the monitoring period.
- Their child’s stuttering is not their fault
WHY REFER TO A SPEECH-LANGUAGE PATHOLOGIST?

- **Parent education and reassurance.** Even though we know many children will eventually stop stuttering, telling a parent to just “wait and see” doesn’t do much to alleviate the parents’ concerns. An early consult with a Speech-Language Pathologist experienced in the area of fluency disorders can provide the parent with information regarding stuttering, including what to do while we “wait and see” if natural recovery occurs. Parents are reassured when they know that their child’s stuttering is being monitored on a regular basis and that they have someone to talk to during the monitoring period.

- **Monitoring early stuttering.** Closely tracking developmental trends in the stuttering for 8-12 months on a monthly or bimonthly basis following the onset of stuttering can lead to better treatment decisions. Initially, brief monitoring sessions will occur in the clinic, but can eventually be completed via email or telephone, depending on the needs of the child and the parent.

- **Early intervention is effective.** Though many children recover from stuttering without treatment, some do not and require therapy. Because of the psychosocial impacts of stuttering even on very young children, early intervention is critical. Research supports effective therapy for preschoolers. One example is the Lidcombe Program that is supported by several studies, including several RCTs. Other evidence-based therapies are in development and new treatment studies are regularly being published (Nye, C. et al, 2013). It is important to work with a Speech-Language Pathologist who regularly pursues continuing education in the area of stuttering.

References:


- Reilly, S. et al, 2013; “Natural History of Stuttering to 4 Years of Age: A Prospective Community-Based Study”; Pediatrics, 132(3)

- Additional information for parents and professionals is available at the Lidcombe Program’s Treatment Guide [https://sydney.edu.au/health-sciences/asrc/docs/lp_treatment_guide_2016.pdf] and at The Stuttering Foundation’s web site: [www.stutteringhelp.org](http://www.stutteringhelp.org)


### LOCAL SPECIAL NEEDS INFORMATION AND RESOURCES

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<tr>
<th>Children 0-3 years old—Infants and Toddlers</th>
<th>360-750-7507</th>
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<td>Children 3 years and older—ESD 112</td>
<td>360-750-7500</td>
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<td>Innovative Services</td>
<td>360-892-5142</td>
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<td>Early Choice</td>
<td>360-750-5850</td>
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<td>Vancouver Audiology</td>
<td>360-882-2778</td>
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### REGIONAL SPECIAL NEEDS INFORMATION AND RESOURCES


Early Support for Infants and Toddlers .......... 800-821-5927


[www.arwca.org/parenttoparent.html](http://www.arwca.org/parenttoparent.html)

Washington State Medical Home Website [www.medicalhome.org](http://www.medicalhome.org)
WithinReach/Parenthelp123 ......................... 800-322-2588, 800-833-6388 UTD [www.parenthelp123.org](http://www.parenthelp123.org)

### NATIONAL/INTERNET SPECIAL NEEDS INFORMATION

- American Speech and Language Association— [http://www.asha.org](http://www.asha.org)
- Identify the Signs of Communication Disorders— [http://identifythesigns.org/](http://identifythesigns.org/)
- American Academy of Pediatrics— [www.aap.org](http://www.aap.org)
- AAP Developmental and Behavioral Pediatrics— [www.dbpeds.org](http://www.dbpeds.org)
- Reach Out and Read— [www.reachoutandreadwa.org](http://www.reachoutandreadwa.org)
- Family Voices (Links to national and state family support networks)— [www.familyvoices.org](http://www.familyvoices.org)

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