Stuttering

PREVALENCE, INCIDENCE, AND RISK FACTORS FOR CHRONICITY
About 5% of all children go through a period of stuttering that lasts six months or more. Three-quarters of those who begin to stutter will recover by late childhood leaving about 1% of the population with a long-term problem. The sex ratio for stuttering appears to be equal at the onset of the disorder, but studies indicate that among those children who continue to stutter, that is, school-age children, there are three to four times as many boys who stutter as there are girls.

Risk factors that predict a chronic problem rather than spontaneous recovery include:

FAMILY HISTORY
There is now strong evidence that almost half of all children who stutter have a family member who stutters. The risk that the child is actually stuttering instead of just having normal disfluencies increases if that family member is still stuttering. There is less risk if the family member outgrew stuttering as a child.

AGE AT ONSET
Children who begin stuttering before age 3½ are more likely to outgrow stuttering; if the child begins stuttering before age 3, there is a much better chance she will outgrow it within 6 months.

TIME SINCE ONSET
Between 75% and 80% of all children who begin stuttering will stop within 12 to 24 months without speech therapy. If the child has been stuttering longer than 6 months, he may be less likely to outgrow it on his own. If he has been stuttering longer than 12 months, there is an even smaller likelihood he will outgrow it on his own.

GENDER
Girls are more likely than boys to outgrow stuttering. In fact, three to four boys continue to stutter for every girl who stutters. Why this difference? First, it appears that during early childhood, there are innate differences between boys’ and girls’ speech and language abilities. Second, during this same period, parents, family members, and others often react to boys somewhat differently than girls. Therefore, it may be that more boys stutter than girls because of basic differences in boys’ speech and language abilities and differences in their interactions with others.

OTHER SPEECH AND LANGUAGE FACTORS
A child who speaks clearly with few, in any, speech errors would be more likely to outgrow stuttering than a child whose speech errors make him difficult to understand. If the child makes frequent speech errors such as substituting one sound for another or leaving sounds out of words, or has trouble following directions, there should be more concern. The most recent findings disbelieve previous reports that children who begin stuttering have, as a group, lower language skills. On the contrary, there are indications that they are well within the norms or above. Advanced language skills appear to be even more of a risk factor for children whose stuttering persists.

At present, none of these risk factors appear, by itself, sufficient to indicate a chronic problem; rather it is the cumulative or additive nature of such factors that appears to differentiate children for whom stuttering comes and goes versus those for whom stuttering comes and stays.
**Risk Factor Chart**

*Place a check next to each that is true for the child*

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>More likely in beginning stuttering</th>
<th>True for Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family history of stuttering</td>
<td>A parent, sibling, or other family member who still stutters</td>
<td></td>
</tr>
<tr>
<td>Age at onset</td>
<td>After age 3 ½</td>
<td></td>
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<tr>
<td>Time since onset</td>
<td>Stuttering 6-12 months or longer</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Other speech-language concerns</td>
<td>Speech sound errors, trouble being understood, difficulty following directions</td>
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**NORMAL DISFLUENCY**

Between the ages of 18 months and 7 years, many children pass through stages of speech disfluency associated with their attempts to learn how to talk. Children with normal disfluencies between 18 months and 3 years will exhibit repetitions of sounds, syllables, and words, especially at the beginning of sentences. These occur usually about once in every ten sentences.

After 3 years of age, children with normal disfluencies are less likely to repeat sounds or syllables but will instead repeat whole words (I-I can’t) and phrases (I want…I want…I want to go). They will also commonly use fillers such as “uh” or “um” and sometimes switch topics in the middle of a sentence, revising and leaving sentences unfinished.

Normal children may be disfluent at any time but are likely to increase their disfluencies when they are tired, excited, upset, or being rushed to speak. They also may be more disfluent when they ask questions or when someone asks them questions.

Their disfluencies may increase in frequency for several days or weeks and then be hardly noticeable for weeks or months, only to return again.

Typically, children with normal disfluencies appear to be unaware of them, showing no signs of surprise or frustration. Parents’ reactions to normal disfluencies show a wider range of reactions than their children do. Most parents will not notice their child’s disfluencies or will treat them as normal.

Some parents, however, may be extremely sensitive to speech development and will become unnecessarily concerned about normal disfluencies. These overly concerned parents often benefit from referral to a speech clinician for an evaluation and continued reassurance.

**COUNSELING PARENTS OF A CHILD WITH NORMAL DISFLUENCIES**

If a child appears to be normally disfluent, parents should be reassured that these disfluencies are like the mistakes every child makes when he or she is learning any new skill, like walking, writing, or bicycling. Parents should be advised to accept the disfluencies without any discernable reaction or comment.

Particularly concerned parents may find it helpful to slow their own speech rates, use shorter, simpler sentences, and reduce the number of questions they ask.

They may also want to arrange times the child can talk to them in a quiet, relaxed environment. They should not instruct the child to talk more slowly or to say a disfluent word over again. Instead, they should concentrate on calmly listening to what their child is saying.
MILD STUTTERING
Mild stuttering may begin at any time between the ages if 18 months and 7 years, but most frequently begins between 3 and 5 years, when language development is particularly rapid. Some children's stuttering first appears under conditions of normal stress, such as when a new sibling is born or when the family moves to a new home.

Children who stutter mildly may show the same sound, syllable, and word repetitions as children with normal disfluencies but may have a higher frequency of repetitions overall as well as more repetitions each time.

For example, instead of one or two repetitions of a syllable, they may repeat it four or five times, as in “Ca-ca-ca-can I have that?”

They may also occasionally prolong sounds, as in “MMMMMMommy, it’s mmmmy ball.” In addition to these speech behaviors, children with mild stuttering may show signs of reacting to their disfluency.

For example, they may blink or close their eyes, look to the side, or tense their mouths when they stutter.

Another sign of mild stuttering is the increasing persistence of disfluencies. As suggested earlier, normal disfluencies will appear for a few days and then disappear. Mild stuttering, on the other hand, tends to appear more regularly. It may occur only in specific situation, but it is more likely to occur in these situations, day after day. A third sign associated with mild stuttering is that the child may not be deeply concerned about the problem, but may be temporarily embarrassed or frustrated by it. Children at this stage of the disorder may even ask their parents why they have trouble talking.

Parents’ responses to mild stuttering will vary. Most will be at least mildly concerned about it, and wonder what they should do and whether they have caused the problem. A few will truly not notice it; still others may be quite concerned, but deny their concern at first.

COUNSELING PARENTS OF A CHILD WITH MILD STUTTERING
Parents of the child who has a mild stuttering problem should be advised not to show concern or alarm to the child, but instead be as patient listeners as they can. Their goal is to provide a comfortable speaking environment and to minimize the child’s frustration and embarrassment. Parents are usually upset when their child repeats sounds or words, but they should be reassured that these are just slips and tumbles as the child is learning to match his ability to speak with the many ideas he wants to express. If the parents let the child know that repetitive stuttering is acceptable to them, this can help the child’s speech and language develop without increased physical tension and struggle.

Parents should also be advised to slow their own speech rates to a moderate and calm pace, especially when the child is going through a period of increased stuttering.

It is often difficult for busy, concerned parents to provide models of slow speech for the child to emulate. Therefore they are likely to need encouragement for continuing this practice after an initial trial. Most children, whether they stutter or not, will benefit from adults’ speech that is close to their own natural rate. Children who stutter may feel less need to hurry their speech if their parents speak slowly.

While parents may provide models of a slower, more relaxed way of speaking, they should refrain from criticizing, showing annoyance, or telling the child to “slow down.” This may create a power struggle that makes it more difficult for the child to slow his rate.

It is also important for parents to provide daily opportunities for one-on-one conversations with the child in a quiet setting, as frequently as possible.

These are times when the child has chosen the activity and can experience the feeling it’s a time to talk about anything he or she wants.
If the child asks about the problem, parents should talk about it matter of factly: “Everyone has difficulty learning to talk. It takes time, and lots of people get stuck. It’s okay; it’s a lot like learning to ride a bike. It’s a little bit tricky at first.”

The parent may mention casually that going slow can sometimes help or that the child needs not hurry, if the child seems to be asking for help.

If the child’s stuttering persists for four to six weeks or more despite these efforts on the parents’ part, or if the parents are unable to follow these suggestions, the child should be referred to a speech-language pathologist.

Treatment of the child with mild stuttering may be indirect and focused on creating an environment in which the child feels fairly relaxed about speaking, both at home and in the treatment setting.

If more direct treatment is needed, the speech-language pathologist may show the child how to produce speech more easily, without increased physical tension and struggle, so that stuttering gradually diminishes into something more like normal speech. Some speech-language pathologists may choose to train the parents to work more directly with the child.

SEVERE STUTTERING

Children with severe stuttering usually show signs of physical struggle, increased physical tension, and attempts to hide their stuttering and avoid speaking. Although severe stuttering is more common in older children, it can begin anytime between ages 1 1/2 and 7 years. In some cases, it appears after children have been stuttering mildly for months or years. In other cases, severe stuttering may appear suddenly, without a period of mild stuttering preceding it.

Sever stuttering is characterized by speech disfluencies in practically very phrase or sentence; often moments of stuttering are one second or longer in duration. Prolongations of sounds and silent blockages of speech are common.

The severely stuttering child may, like the milder stutterer, have behaviors associated with stuttering: eye blinks, eye closing, looking away, or physical tension around the mouth and other parts of the face. Moreover, some of the struggle and tension may be heard in a rising pitch of the voice during repetitions and prolongations. The child with severe stuttering may also use extra sounds like “um,” “uh,” or “well” to begin a word on which he expects to stutter.

Severe stuttering is more likely to persist, especially in children who have been stuttering for 18 months or longer, although even some of these children will recover spontaneously. The frustration and embarrassment associated with real difficulty in talking may create a fear of speaking. Children with severe stuttering often appear anxious or guarded in situations in which they expect to be asked to talk. While the child’s stuttering will probably occur every day, it will probably be more apparent on some days than others.

Parents of children who stutter severely inevitably have some degree of concern about whether their child will always stutter and about how they can best help. Many parents also believe, mistakenly, that they have done something to cause the stuttering. In almost all cases, parents have not done anything to cause the stuttering. They have treated the child who stutters just like they treat their other children, yet they may still feel responsible for the problem.

They will benefit from reassurance that their child’s stuttering is a result of many causes and not simply the effect of something they did or didn’t do.

COUNSELING PARENTS OF A CHILD WITH SEVERE STUTTERING

The child with severe stuttering should be referred immediately to a qualified speech-language pathologist for an evaluation, further counseling, and direct treatment of the child if appropriate. Because severe stuttering frequently seems to develop when a child struggles or becomes afraid of or concerned with speaking in response to his milder stuttering, anything that helps the child relax an take his or her disfluencies in stride will be of benefit.
Parents should model a slower rate of speaking. They should try to convey acceptance for the child regardless of the stuttering, by paying attention to what the child is saying rather than to the stuttering. The speech-language pathologist working with the child might also encourage the parents to nod or comment on the child's courage for "hanging in there," when the child has a particularly hard time on a word. In addition, the child with severe stuttering would probably benefit from being able to share his or her frustration with his or her parents. This may be difficult in many families, and may be best handled with the help of a speech-language pathologist experienced with the management of stuttering.

Professional treatment of severe stuttering often consists of helping the child overcome the fear of stuttering and, at the same time, teaching the child to speak, regardless of stuttering, in a slower, more relaxed fashion. In addition, treatment is focused on helping the child’s family create an atmosphere of acceptance of stuttering and conducive to ease in speaking.

As mentioned earlier, some speech-language pathologists may choose to train the parents to provide some aspects of therapy in the home. The clinician will ask the parents to keep careful records of the child’s responses to treatment and will closely monitor the therapy.

During a period of a year or more, the child's stuttering will often gradually decrease in frequency and duration. In some cases, the child may recover completely. Treatment results depend on the nature of the child’s problem, the presence of other strengths, the skills of the therapist, and the ability of the family to provide support.

SUGGESTIONS FOR PARENTS OF CHILDREN WHO STUTTER

Speak with your child in an unhurried way, pausing frequently. Wait a few seconds after you child finishes speaking before you begin to speak. Your own slow, relaxed speech will be far more effective than any criticism of advice such as “slow down” or “try it again slowly.”

Reduce the number of questions you ask your child. Children speak more freely if they are expressing their own ideas rather than answering an adult’s questions. Instead of asking questions, simply comment on what your child has said, thereby letting him know you heard him.

Use you facial expressions and other body language to convey to your child, when she stutters, that you are listening to the content of her message and not to how she’s talking.

Set aside a few minutes at a regular time each day when you can give your undivided attention to your child. During this time, let the child choose what he would like to do. Let him direct you in activities and decide himself whether to talk or not. When you talk during this special time, use slow, calm, and relaxed speech, with plenty of pauses. This quiet, calm time can be a confidence-builder for younger children, serving to let them know that a parent enjoys their company. As the child gets older, it can serve as a time when the child feels comfortable talking about his feelings and experiences with a parent.

Help all members of the family learn to take turns talking and listening. Children, especially those who stutter, find it much easier to talk when there are few interruptions and they have the listeners’ attention.

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.

Above all, convey that you accept your child as he is. Your own slower, more relaxed speech and the things you do to help build his confidence as a speaker are likely to increase his fluency and diminish his stuttering. The most powerful force, however, will be your support of him whether he stutters or not.

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