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Causes and Treatment of Stuttering In Young Children

by Dale Ducworth, M.C.D., CCC-SLP

How do I know if my child is stuttering?



It is not uncommon for young children to have disfluencies (pauses, repetitions, additions, or prolongations of words/sounds/phrases) in their speech. In fact, about 5% of all children are likely to stutter at some point in their development, usually during the preschool years. It is also very normal for a child to go back and forth between periods of fluency and disfluency. Sometimes, this can occur for no apparent reason, but often this happens when a child is excited, tired, or feels rushed to speak.

The number of disfluencies present in a child's speech is an important factor in determining if a child is stuttering. Generally speaking, stuttering on more than 10 words out of 100 may indicate that the child is having a problem. Other factors must be considered, as well, so only a speech pathologist trained in the diagnosis and treatment of stuttering is qualified to make this diagnosis.



What causes stuttering?

There is still a lot that is unknown about the cause of stuttering, but experts agree that it is probably caused by a combination of factors.



- **Genetics** is believed to play a part because stuttering tends to run in families. Most children that stutter have a family member that also stutters or stuttered as a child.



- **Developmental Factors** are believed to be a contributing factor. During the preschool years, a child's physical, cognitive, social/emotional, and speech/language skills are developing at a very rapid rate. This rapid development can lead to stuttering in children who are predisposed to it. This is why stuttering often begins during the preschool years.



- **Environmental Factors** can have an influence. Some examples of these factors include parental attitudes and expectations, the child's speech and language environment, and stressful life events. This does not mean that parents are doing anything wrong. Often these things are not harmful to a child that doesn't stutter, but can aggravate stuttering in a child that has a tendency to stutter.



- **Fear and Anxiety** of stuttering can cause it to continue and even worsen in children.



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How can stuttering be treated in children?



Treatment often focuses on having children produce fluent speech as they learn to self-monitor. This can be done by first having the child say single words in a slow, relaxed way. The number of words the child says may be slowly increased until the child is saying sentences. For example, "ball," "red ball," "a big red ball," "I have a big red ball." This process can take anywhere from a few weeks to six months or more. Another stuttering treatment technique focuses on helping children decrease secondary characteristics like twitching, blinking, and a closed or clamped jaw.

What can I do to help my child at home?



There are many things that you can do (and avoid doing) that will help your child. The most important thing that you can do is to use a smooth, relaxed rate when talking to him/her. Speak to your child in simple, short sentences, pausing slightly before responding. While you are talking, be sure to listen to what your child is saying without interrupting or finishing sentences for him/her. It is very important that your child knows that he/she is being understood. Try to slow the pace of your household, minimizing the level of excitement. When he/she has difficulty speaking, it's OK to acknowledge it by saying, "You had a little trouble getting that out."



It is very important to inform all those who have contact with your child about the importance of using smooth, relaxed speech when talking to him/her. This would include all family members, teachers, etc. There are many materials available through the Stuttering Foundation (<http://www.stutteringhelp.org>) that are helpful for parents and teachers. As well, the American Speech-Language-Hearing Association (ASHA) recognizes board certified members in the area of fluency disorders. You can learn more at: <http://www.stutteringspecialists.org>.

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