



## Shoreline Speech Therapy

### Stuttering in the Preschool Years

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Many preschoolers go through periods with stuttering and/or speech disfluencies. Stuttering is different than "normal disfluency". Normal disfluencies include behaviours such as repeating a whole word ("many, many"), using "fillers" such as "um", occasionally repeating part of a word ("d-dad"), or restarting a sentence ("I'm gonna...Watch me run!"). These types of disfluencies are a normal part of language development and still occur occasionally in adulthood.

Stuttering involves difficulty starting or a repetition of motor movements. Stuttering can be repetitions of parts of words ("D-D-D-Danny" "Da-Da-Da-Danny") or single syllable words ("my-my-my-my"). It could also involve prolonged sounds ("mmmmm-mom") or blocks where a word won't come out ("gimme.....that"). Stuttering can also involve muscle tension and frustration or 'secondary behaviours' such as blinking or turning one's head away during the stutter.

Normal Disfluency	Stuttering
interjections <i>The dog &lt;the little one&gt; took my ice cream!</i>	sound repetitions <i>The d-d-d-dog took my ice cream!</i>
revisions <i>I want a blue....a red one.</i>	word repetitions <i>IIII want a red one.</i>
phrase repetitions <i>I want...I want...I want a blue one.</i>	prolonged sounds <i>I wwwwwant a blue one.</i>

Stuttering can be defined as a disorder "in the rhythm of speech, in which the individual knows what he wishes to say, but at the time is unable to say it because of an involuntary repetition, prolongation or cessation of a sound." World Health Organization

Between the ages of 2 and 4 years is when stuttering most frequently starts and is experienced by about 5% of children. Between the ages of 2-10 years, about 1.4% of children experience stuttering and 0.5% between 11 and 20 years<sup>1</sup>. The prevalence in adults ranges from 0.4-0.8%<sup>2</sup>. Half of the time it starts gradually over weeks or months, and for the other half of children, it starts

suddenly. While approximately 80% of children who start to stutter will naturally recover, about 20% are at risk of persistent stuttering<sup>3</sup>. Naturally recovery typically occurs within one or three years after stuttering has started<sup>4</sup>. While we cannot predict at onset which children will naturally recover and which will not, speech-language pathologists (S-LPs) are able to determine relative risk based on a number of factors.

Risk factors for persistent stuttering:

- there is a family history of stuttering
- the child is male
- the child shows muscle tension or experiences frustration when stuttering
- the child is exhibiting blocks ("gimme.....that")
- the child is exhibiting prolongations ("mmmmmom")
- the stuttering has not improved or has gotten worse over the last 6 months
- stuttering began after age 3 ½ years
- the child also has a speech delay/disorder

Parents often wonder what causes stuttering. Stuttering is primarily genetic, but is also influenced by neurophysiology (how the brain works). Children who have relatives who stutter are more likely to stutter. Stuttering is NOT caused by shyness, neuroticism, sensitivity, or low intelligence. Stuttering is also NOT a psychological disorder. Stuttering is also NOT caused by anything a parent has done. However, parents do have the potential to influence whether or not stuttering *persists*. By applying specific strategies, parents have the ability to reduce their child's likelihood of continuing to stutter and that stuttering will have a negative impact on his or her life and ability to communicate effectively.

### **Assessment and Consultation**

During an initial assessment, an S-LP measures and analyzes aspects of a child's speech and stuttering behaviours, classifies the types of disfluencies exhibited, makes visual observations during the child's speech production, takes a detailed case history, and identifies the presence of risk factors. Based on this information, the S-LP can make recommendations about whether a child is likely to be exhibiting normal disfluencies, whether they should be monitored and reassessed within a few months, or if treatment should be started.

It is never too early to speak with an S-LP about your concerns. If your child has started stuttering recently, an early consultation will provide you with information about stuttering, risk for persistence, and how to create fluency enhancing environments to promote natural recovery. The S-LP will provide you with a tracking form so that the child's stuttering can be monitored and documented over time. This information is very important in estimating the likelihood that stuttering will persist.

In preparation for an assessment, take videos of your child speaking when they're stuttering and in different settings (e.g., home, preschool). These videos are extremely useful during assessment and in making recommendations, particularly if the child does not actually stutter during the assessment appointment.

### **How to React When a Child Stutters**

How the adults in a child's life reacts to their stuttering impacts natural recovery and a child's attitudes about communicating in general. Below is a brief list of general recommendations on what to do when a child is stuttering. The child's S-LP can provide more specific guidance specific to him or her.

- slow down **your** speech
- avoid telling **the child** to “slow down” or “relax”
  - give him/her time to finish – just wait
  - make sure they get a turn in groups
  - maintain natural eye contact – just as you would at any other time
- don't call attention to the stutter
  - however, if **the child** calls attention to it, acknowledge it (specific guidance can be provided by the child's S-LP); we want to avoid a “conspiracy of silence” and implication that stuttering is something shameful

### **When to Consult with an S-LP**

We encourage parents to consult with an S-LP **if they have concerns, even if the child has only recently begun stuttering**. This ensures that parents are provided with accurate information pertinent to their child so that they can make informed decisions. While S-LPs are not the only professionals who work with children who may be able to provide information about stuttering, they are the only professionals qualified to assess and treat stuttering.

You should consult with an S-LP if any of the statements below are relevant:

- there is a family history of stuttering
- the child shows muscle tension or experiences frustration when stuttering
- the child is exhibiting blocks ("gimme.....that")
- the child is exhibiting prolongations ("mmmmmmom")
- the stuttering has not improved or has gotten worse over the last 6 months
- the child also has a speech delay/disorder

## **How to Connect with an S-LP in Nova Scotia**

S-LPs work in both the public health system and in private health care. In the public system, services for preschoolers and adults are provided by the Nova Scotia Hearing and Speech Centres across the province ([www.nshsc.nshealth.ca](http://www.nshsc.nshealth.ca)). Private practitioners work in clinics or see clients in their homes. They can be found through the Speech and Hearing Association of Nova Scotia ([www.shans.ca/our-professionals/](http://www.shans.ca/our-professionals/)). Private services are often covered in part by parents' insurance plans.

## **Learn More**

Shoreline offers free public education sessions, including a talk on stuttering in childhood. For dates, please visit our website or "like" us on Facebook. These sessions are also available to preschool staff upon request. Shoreline also offers brief exploratory meetings without charge (please note that these meetings are not an assessment).

To learn more about what services Shoreline offers, please visit our website: <https://www.shoreline-speech.com/childhood-stuttering>

## **Resources and Links**

"Information for Parents of Young Children Who Stutter"

Stuttering Centre of Western Pennsylvania

<https://www.mnsu.edu/comdis/isad8/papers/coleman8/parentinfo.pdf>

"Stuttering: For Kids, By Kids"

from The Stuttering Foundation

<https://www.youtube.com/watch?v=Po-WMo8vXRY>

"The Age Factor in Stuttering"

by E. Yairi

[https://www.stutteringhelp.org/sites/default/files/Migrate/Yairi\\_jan2006.pdf](https://www.stutteringhelp.org/sites/default/files/Migrate/Yairi_jan2006.pdf)

Canadian Stuttering Association

<https://www.stutter.ca/>

"Top 3 Things When Meeting Someone who Stutters"

<https://www.youtube.com/watch?v=kAU3IPFKldk>

"When I Stutter" Documentary

<https://www.whenistutter.org/>

"7 Tips for Talking with Your Child"

The Stuttering Foundation

<https://www.stutteringhelp.org/sf/gated/2254/7Tips.pdf>

"Helping Children Who Stutter Develop Health Communication Attitudes"

Stuttering Therapy Resources

<https://www.stutteringtherapyresources.com/images/Resources/Practical-Tip-Helping-Children-Develop-Healthy-Attitudes.pdf>

"How long should we wait before recommending therapy for preschool or young school-age children who stutter?"

Stuttering Therapy Resources

<https://www.stutteringtherapyresources.com/images/Resources/STR-practical-tip-how-long.pdf>

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<sup>1</sup> Craig, A., & Tran, Y. (2005). The epidemiology of stuttering: The need for reliable estimates of prevalence and anxiety levels over the lifespan. *Advances in Speech Language Pathology*, 7(1), 41-46.

<sup>2</sup> Craig & Tran (2005)

<sup>3</sup> Yairi, E., & Ambrose, N. G. (1999). Early childhood stuttering I: Persistency and recovery rates. *Journal of Speech, Language, and Hearing Research*, 42, 1097-1112.

<sup>4</sup> Yairi & Ambrose (1999)



### Tracking of Stuttering Behaviours in Preschool Children

One of the most important pieces of information that speech-language pathologists use when judging the likelihood of persistent stuttering is **the pattern of stuttering frequency over time**. This information is used to estimate this likelihood and to inform diagnosis and recommendations about treatment. The role of a child’s guardian(s) and other adults in documenting stuttering in natural settings such as the home and at preschool is very important.

#### Instructions

Please complete this chart **every day**. If you forget to complete it one day, just continue the next day. If more than one person is completing the chart (e.g., parents at home and teacher at school), please make sure that these people are consistent. At home, the child’s parents or the adult that spends the most time with him/her should complete the chart every day (the child’s parents can complete it together). At school, one teacher should complete the chart, not several teachers. This consistency is essential because the scale is subjective. More important than the *frequency* of stuttering on a particular day is the *pattern* across time, so it’s important that **the same adult is completing the form for each setting**. Use a different form for each setting. If you ever have any questions, please contact the child’s S-LP at Shoreline. We’ll be more than happy to provide assistance.

Each day, please rate how **severe** the child’s stuttering was. Severity is based both on how *frequently* the child stutters, and how *long* each stutter lasts (number of repetitions, length of block or prolongation, etc.). This scale is subjective, and is not based on strict numeric ranges.



