

Preschool Stuttering - Parent Information Handbook

Adapted from the Stuttering Centre of Western Pennsylvania website and the Stuttering Foundation of America website

What Is Stuttering?

Stuttering is a communication disorder characterized by disruptions in the forward flow of speech. It is sometimes called “stammering” or “disfluency”. Examples include:

- “**repetitions**” of words or parts of words (c – c - c – can I have juice?);
- stretching or “**prolongations**” of sounds (wwwwwwwhy can’t I have juice? Caaaan I have juice?);
- or complete “**blocks**” -- no airflow or voice for a moment or longer (can I have _____ juice?)

Stuttering may be accompanied by physical tension or struggle as if the child needs to “push” the words out. Some children try to avoid stuttering by talking less or choosing different words. Some children try to get their stuck words out by waving, stomping, shouting, touching their mouth, or whispering.

Stuttering is highly variable – sometimes the child will stutter a lot and at other times very little.

Stuttering can be cyclical – it can seem quite severe for a period of time and then seem to disappear for weeks before coming back again.

How Do You Know if Your Child is *Really* Stuttering?

All children are disfluent sometimes. It is often difficult to tell the difference between normal disfluencies and true stuttering. ***The best way to know if your child is stuttering is to consult a qualified speech-language pathologist*** but here are some general guidelines:

Normal disfluencies are easy and free of tension. They happen a lot in 2 and 3-year olds and quite a bit in 4- and 5-year olds. They give us the sense that the child is thinking or figuring out his idea or sentence. They usually only have 2 to 4 units.

e.g. insertion of um, well, like (“I want the *um um um* batcycle”)

e.g. revision of a phrase (“you know what...*you know who* I saw today?”)

e.g. repetition of a phrase (“can I - *can I - can I* have some juice?”)

e.g. easy repetitions of a word or syllable (“ we went *to to to* the pool *be-because* it’s hot”)

Normal disfluencies are not rushed or forceful or overly rapid. They don’t change in loudness or rhythm or pitch. Part-word repetitions can be normal if they happen less often than every 10 sentences, are loose and easy and don’t consistently exceed three units. Normal disfluencies tend to come and go. They are usually signs that a child is learning to use language in new ways. If disfluencies disappear for several weeks, then return, the child may just be going through another stage of learning.

True Stuttering is more likely to be tense or rushed. Stuttered disfluencies give us the sense the speech is sticky or stuck. They are more likely to cause a word to be broken up.

e.g. tense or irregular whole word repetitions (“I-I *I-I-I-I* I want the blue one”)

e.g. tense or rushed part-word repetitions - especially if they change in rate, loudness or pitch or if they exceed 4 units (“I li-li-li-li-like going to the park”)

e.g. prolongation or stretching of a sound in a word (“wwwwwwwhen is it my turn?”)

e.g. block where no voice comes out or airflow stops (“Can I go----outside?”)

If your child stutters on more than 10% of his sentences, stutters with effort and tension, or avoids stuttering by changing words and using extra sounds to get started, he will benefit from treatment with a clinician experienced in stuttering. Complete blocks of speech, increased consistency of stuttering, and frustration are signs that the problem may be more severe.

How Do You Know if Your Child is Likely to Outgrow Stuttering Without Treatment?

About 5% of children begin to stutter, usually at age 2-4. Research tells us that many of those children (approximately 75%) will grow out of the stuttering on their own within 12-24 months. The severity of the stuttering when it starts does *not* seem to predict recovery. It is not currently possible to know for sure which children will recover on their own and which will need therapy but generally a child is *more likely* to outgrow stuttering naturally if:

- **There is no family history.** There is now strong evidence that more than half of all children who stutter have a family member who stutters. The risk that your child will continue to stutter if not treated increases if that family member is still stuttering.
- **The stuttering started early.** Children who begin stuttering before age 3 1/2 are more likely to outgrow stuttering; if your child begins stuttering before age 3, there is a much better chance she will outgrow it within 6 months.
- **The stuttering has lasted less than 6 months.** Approximately 75% of all children who begin stuttering will stop within 12 to 24 months without speech therapy. If your 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 without therapy.
- **She is a girl.** Especially within the first 6 months, girls are more likely to outgrow stuttering. In fact, three to four boys continue to stutter for every girl who stutters. That being said, many boys who begin stuttering will outgrow the problem. What is important for you to remember is that if your child is stuttering right now, it doesn't mean he or she will stutter the rest of his or her life.
- **Other speech and language skills are normal.** A child who speaks clearly with few, if any, speech errors would be more likely to outgrow stuttering than a child whose speech errors make him difficult to understand. If your child makes frequent speech errors such as substituting one sound for another or leaving sounds out of words, or has trouble following directions, you should be more concerned. Recent research tells us that children who begin stuttering do not have poor language skills. In fact, advanced language skills may mean the child is at higher risk for his stuttering to persist. Yairi, E. & Ambrose, N. (2005). *Early Childhood Stuttering: For Clinicians by Clinicians*, Chapter 7, Pro-Ed, Austin, TX.

What Causes Stuttering?

Current research indicates that it is likely that each child inherits a certain *genetic* vulnerability for stuttering. Whether stuttering develops, how severe it is, and how long it lasts depends on a number of different factors including the child's motor skills, the child's language skills, the child's temperament, and the child's reactions to his/her environment. When stuttering emerges in early childhood, it is a signal that the neurological pathways for speech are not being laid down quite right. This is why early intervention is preferred. Stuttering is not a sign of psychological problem. Children do not learn to stutter from others. Parents do not cause stuttering.

Why does my Child Stutter More at Some Times and Less at Others?

Stuttering seems to be affected by a number of factors and demands. Each child has a certain capacity to handle the demands of communication – this capacity can be represented by a “bucket”. Each demand adds a little water to the child's bucket. When the child's bucket gets too full – stuttering happens. This is why a child may stutter more at some times than at others. Our job in early treatment is to reduce whatever demands we can. Some demands we can identify and change. Others we can't. Some factors that may contribute to more stuttering:

Trying to speak too quickly
Trying to express ideas that are too complex
Trying to use language that is too complex
Trying to say too many syllables at once
Trying to compete for a speaking turn
Trying to keep from being interrupted
Trying to interrupt others
Trying to keep up with fast talking partners

Feeling rushed to start or finish talking
Feeling pressured to fix pronunciation or grammar
Feeling pressured to speak “on-demand”
Feeling pressured to respond to questions
Feeling excited
Feeling anxious
Feeling tired or sick
Feeling criticised

Working hard to develop speech skills
Working hard to develop language skills
Working hard to use a second language
Working hard to develop academic skills
Working hard to manage emotions
Working hard to deal with major life changes
Working hard to deal with a fast-paced or unpredictable lifestyle

Strategies That Can Help your Child to be More Fluent

It is important to remember that parents do not cause stuttering. Still, there are several strategies parents can use to help their child speak more fluently. When we notice our children stuttering, we naturally feel the urge to jump in and make it stop. However, the best way to help is to wait and listen and make talking easy for your child. Here are some helpful strategies:

1. *Be patient.* Listen calmly and patiently. Give your child time. Try to be face-to-face and on his level when possible. Avoid interrupting your child in the middle of his thought. Avoid filling in the words. We want him to know that we are confident in his ability to speak for himself. Avoid instructions like “slow down”, “stop and think”, or “start again”. These instructions might make it seem like we are impatient with stuttering. Listening patiently lets your child know that we value *what* he says over *how* he says it and ensures that your child continues to talk happily and confidently.
2. *Go slow.* Children tend to be more disfluent when the people around them talk more quickly. It is NOT generally helpful to TELL children to slow down but if we slow our own speech, most children will naturally become more fluent. This is because they feel less rushed. Try to use slow and relaxed speech. Don't speak so slowly that it sounds abnormal, but keep it unhurried and use lots of pauses. Try to imagine how you would talk if someone were trying to write down everything you were saying.
3. *Pause before talking.* When your child talks to you or asks you a question, try to pause a second or so before you answer. This will help make talking to your child less hurried, more relaxed. It will help to ensure that you don't accidentally talk when your child is still thinking of what to say. It will show your child that it isn't necessary to rush into talking.
4. *Keep your talking simple.* Keep your own language simple when speaking with your child. Don't use baby talk but use sentences that would be easy for your child to produce. Don't “dumb down” your talking but choose ideas and vocabulary that are appropriate for your child's age. Limit yourself to *one idea at a time* and then pause between ideas e.g.:
More complex: “We shouldn't shout in the store because it's not polite and not allowed and might disturb the other shoppers who might have headaches”
More simple: “We shouldn't shout in the store.” PAUSE “Shouting isn't nice.” PAUSE
 “Someone might have a headache.”
5. *Make talking easy for your child.* Talking is a very complex task. Your child will do better if you make his job easier. Avoid putting your child in a position where he feels pressure to talk. Don't pressure him to tell stories or jokes. Don't bombard him with questions. Sometimes it takes the pressure off if you replace questions with comments and let your child choose to talk or not e.g. Instead of asking “*what was the movie about?*” try a comment like “*I think there was a super hero in that movie*” and then wait to see what the child says next. That being said, questions are a normal part of conversations. However, try to avoid questions meant to “test” your child. Try to avoid asking a second question before the first is answered. Ask questions that are supportive and easy to answer e.g. Instead of “how was school?” try “did you go outside for recess?” Give your child lots of time to answer and respond positively. Eliminate corrections of speech and grammar. Never correct or punish stuttering.

Share the above strategies with other family members, care providers, and teachers. You will find a summary at the end of this handout. Let them know that the best strategy is:

“Keep the talking slow and easy and give the child lots of time”.

Make Time for Special Time

No one can apply the above strategies all the time. The best way to maximize their benefit is to set aside 5 minutes each day for undistracted one-on-one time with your child. Turn off the TV, computers and phone. Allow your child to lead the play and be a good play partner. Play on your child's level as another child would. Have fun. Enjoy this play time with no expectations for speech, language or learning. Accept your child's communication as if it is already perfect. Don't try to teach or correct. Make sure your child can see your face. Smile a lot. *Sample ideas: Play store, play picnic, play restaurant, play dolls or action figures, look at pictures.* Special Time should happen every day and each parent should do some of them. Special Time is a great way to figure out what helps your child the most.

Choose one of the strategies described above to focus on during each Special Time e.g.:

****Listen patiently***

****Model a slower rate***

****Pause between ideas – one idea at a time***

****Imagine someone is trying to write down what you say***

****Pause before responding to your child's talking***

****Use shorter, simpler sentences***

****Use comments instead of questions and WAIT for your child to talk***

***After each Special Time, **jot down a short note** about how easy or difficult it was to apply the strategy, how the strategy affected your child's fluency or what other things you were able to do to make talking easier for your child.

Other Things you can do to Help your Child who Stutters

Encourage good family turn taking habits. In day to day life, parents can help to reduce time pressure by encouraging good turn taking habits for the whole family. Sometimes reminders will be needed to let the speaker finish their short turn and to identify who the next speaker will be e.g. *"let's let Emily finish her idea and then it will be Ethan's turn"*. Every family member should get a similar amount of talking time. No one should "hog the stage". Most children find it easier to talk when they don't feel they need to compete to be heard.

Reduce developmental pressures. Many children stutter more at times when they are under pressure to develop their skills faster than they are ready. Consider where your child may be under pressure to develop too quickly. Is your child being encouraged to develop academic skills too early? Is there too much demand to use a second language? Are your child's speech sound errors or grammar being corrected unnecessarily? Look for ways to off-load pressure where you can.

Slow the pace of life. Parents can reduce time pressure by reviewing daily routines to make sure the child's schedule is not so busy that it does not leave time to talk about his or her experiences in a slow and unhurried manner. It is certainly good for children to have full and active lives; however, some children may benefit more from participating in fewer activities at a slightly slower pace.

Protect sleep and health. Many parents report that their children stutter more when they are tired or sick. Do your best to keep to a regular eating and sleeping schedule.

Build Confidence. Focus on what your child does well and praise the positive. Use specific descriptions such as "I like your drawing. I can see you worked hard on that." or "You really know how to pick up your toys. You are so helpful!" or "I love your stories. You have a great imagination." For more on this and lots of other great parenting strategies, we recommend the book: "How to Talk so Kids Will Listen & Listen so Kids will Talk" by Faber and Mazlish.

Be consistent. Set clear expectations for behaviour and be very consistent about consequences e.g. If your child hits at the park, you will leave the park immediately...every time...without exception. All children benefit from consistent limits. The child who stutters should have the same opportunities, responsibilities, expectations and consequences as any other child.

But what do I say when my child is stuttering?

Parents are often confused about what to say when their child stutters, particularly when it is quite severe. Many parents have been told not to draw attention to their children's stuttering for fear that this will make the stuttering worse. It's true that it is ill advised to mock, punish, or correct a child's stuttering. However, there is no evidence that acknowledging stuttering in a caring way is in any way harmful. In fact, the opposite may be true. Parents talk to their children about EVERYTHING from manners to how they brush their teeth. If stuttering seems to be something no one is willing to discuss, the child may think that "it must be really bad if no one can even talk about it". Treat stuttering like any other matter. Don't comment unnecessarily but if your child is frustrated or upset at times when his stuttering is worse, reassure him e.g. Child: "My words are stuck" Parent: "Its OK. Lots of kids get stuck sometimes. I don't mind." The most important thing is to keep the child happy and confident about talking. The child should always know that we are far more interested in his thoughts and feelings and *what* he has to say rather than how it is said.

Some Warning Signs to Watch For

Normal disfluency can be hard to distinguish from emerging stuttering. Also, stuttering can change over time. Some signs that might indicate that the severity of the problem is increasing include:

- Stuttering is happening more often (e.g. was a few bumps in 5 minutes of talking and now it's 20)
- Stuttering is becoming more consistent (e.g. was a few times per day and now is every conversation)
- More repeated units during repetitions (e.g. 5 iterations of "I" in "I-I-I-I-I want that")
- More prolongations rather than repetitions (e.g. "wwwwwwwhy can't I?")
- Complete blockages of speech (e.g. child opens mouth to speak but sound is stopped for a moment)
- Noticeable physical tension or struggle when talking
- Changes in pitch during prolongations or irregular rhythm during repetitions
- Signs of concern or frustration before or after talking
- Indications that the child is substituting words to avoid stuttering
- Indications that the child is avoiding talking in certain situations or to certain people

If you become concerned that your child's stuttering is becoming more severe, contact a clinician immediately.

Severity Ratings (SRs)

If you are concerned that your child is stuttering, it is recommended that you consult a speech-language pathologist. In preparation for your consultation you can begin to rate the *severity* of your child's stuttering **each** day. This rating is based on a 10-point scale:

1=no stuttering (there will, of course, be the normal disfluencies that all preschoolers have)

2=very mild stuttering

10=the most severe stuttering you recall in your child

Include only true stuttering. Ignore normal disfluencies (see descriptions on page 1). Make your rating an *average* of the whole day even though we understand that stuttering may go up and down throughout the day. Make a note of your SR at the end of *each day* (don't estimate later). It is not an exact science. There is no right or wrong.

Consider the following:

How frequently does the stuttering happen? (several times per day? every conversation? every sentence?)

How long does each moment of stuttering last? (a brief blip? a second or two? longer than a few seconds?)

How much struggle accompanies the stuttering? (none-it's easy and bounces forward? A bit of tension like eyes squinting? Some pushing to get the word out? Signs of struggle like head thrusting or bursts of loudness?)

Keeping track of how your child's stuttering is changing over time is very important. It will help the speech pathologist to know when and how to help your child. It is very difficult to make good clinical decisions without parent severity ratings.

What if Treatment is Needed?

While parents used to be advised to ignore stuttering, the current thinking is that early intervention is preferred. Treatment in the preschool years before grade one is the most effective. Stuttering left untreated may begin to negatively impact the child and can lead to the development of a more serious problem.

Early intervention often involves helping parents to make small changes early on that result in the development of normal fluency – this is called indirect intervention. For other children, more direct forms of intervention may be recommended such as the Lidcombe Program or teaching fluency skills such as “easy breathing”. In any option, the parent is very involved with the delivery of the treatment and most of the treatment happens at home.

Most importantly, stuttering treatment is focused on positively empowering parents and helping children to improve their fluency while maintaining healthy, happy feelings about talking.

How to contact a speech pathologist in Ontario:

- Contact Preschool Speech and Language Services for assessment and treatment covered by the Ministry of Children and Youth Services in the preschool years:
<http://www.children.gov.on.ca/htdocs/English/topics/earlychildhood/speechlanguage/index.aspx>
- Let your child’s classroom teacher know about your concern. Ask what services are offered at school
- Contact the Speech and Stuttering Institute in Toronto to refer your child for in-clinic or tele-practice fee-for-service programs at info@speechandstuttering.com
- Search for a private practitioner on the websites OSLA.ca or SAC-OAC.ca (seek out a clinician who is registered with CASLPO and has considerable experience treating preschool stuttering – a good question to ask is “do you consider preschool stuttering to be a significant focus of your practice?”)

Where can I find other helpful information online?

Like everything else online, there is good information out there and not so good. Websites that we rely on for good quality information include:

- Stuttering Foundation of America
- Stuttering Centre of Western Pennsylvania
- British Stammering Association
- Michael Palin Centre
- Australian Stuttering Research Centre

The Stuttering Foundation of America website houses a very helpful video called “7 Tips for Talking With the Child Who Stutters”: <http://www.stutteringhelp.org/content/7-tips-talking-child-who-stutters>

Summary of Strategies

Refer to the *Preschool Stuttering – Information for Parents* document for more information or contact the clinician below. Share these strategies with other family members, care providers, and teachers:

“Talk more slowly, make talking easier, and give the child lots of time”

1. Listen Patiently

- Listen patiently and positively when your child is talking; give him lots of time to finish (this doesn't mean you must drop everything every time your child speaks)
- Avoid jumping in to fill in words or to give advice like “slow down”, “stop and think”, or “start again”
- Never mimic, correct or punish stuttering

2. Slow Down the Pace of Talking

- Keep *your own speech* slow and relaxed – take time to pause between ideas
- Try to talk as if someone was trying to write down what you were saying

3. Pause before Beginning to Talk

- Wait a second or so before responding to your child to help to calm the pace of conversations and to let him know he doesn't need to rush to begin his speech
- Pausing reduces the chance of accidentally interrupting while your child is still thinking

4. Model Language that is Appropriate for your Child's Level

- Spend some time modelling language that isn't too long or complex for your child to say easily; practice saying one idea at a time and pause between ideas

5. Avoid High Pressure Questioning

- Avoid asking too many questions or asking a second question before the first is answered
- Ask questions that help your child to communicate e.g. “who did you play with today?” **rather than** those that test your child's knowledge or memory e.g. “what did you do at school?” or “tell grandma what you're learning at school”
- Use comments instead of questions sometimes and WAIT for your child to be ready to talk

6. Reduce Corrections

- Avoid correcting your child's speech sounds or grammar for now; your child will learn from hearing your correct model in natural conversations
- Respond positively to your child's talking and ideas as they are; avoid constant “teaching”

7. Support Good Turn Taking Habits

- Help *all* members of the family to take turns talking *and listening*; only one person should speak at a time and everyone should get a turn to talk; no one should “hog the stage”

8. Make Time for Talking

- Make time each day for talking with your child that is unhurried and undistracted; this is the best way to learn which strategies are most helpful; 5 minutes a day can make a big difference