

Is My Child Stuttering?

Is it normal for my child to stutter?

As children are developing language and begin to share all sorts of new information with their caregivers, they may begin to repeat words (e.g., %p I, I, I want to go+) or parts of words (e.g., %be-be-because). They may even prolong sounds briefly from time to time (e.g., %mammy+). It is difficult for parent to know if this is a normal part of their child's speech development.

Many children between the ages of 2 and 6 will progress through a phase called **Normal Developmental Dysfluency**. It is given this name because:

- It is a '**normal**' part of speech development for many children
- It is '**developmental**' in nature and children can progress through it without any additional intervention or support
- But it is called a '**dysfluency**' because the child's speech is not smooth or fluent. It is bumpy or dysfluent. During this phase your child may repeat sounds, syllables, words, and phrases when they are talking (e.g., I wa-wa-want a Popsicle.+). It is not surprising that this happens given all of the new communication skills that children are learning between these ages.

However, some of these behaviors are also seen when children are at risk for a true stuttering disorder. There are a variety of risk factors for developing a true stuttering disorder including:

- ✓ Family history of stuttering
- ✓ Stuttering that persists for more than 6 months
- ✓ Secondary behaviours accompanying or in place of dysfluencies (e.g. eye blinking, tension during dysfluencies)

If you have concerns regarding your child's fluency, a speech-language pathologist can assist you in determining if your child's speaking pattern is consistent with normal developmental dysfluency or if your child is at risk for developing a stuttering difficulty. In addition to the above mentioned risk factors, the SLP will look at factors such as your child's pattern of dysfluency/stuttering, the frequency and length of dysfluencies, as well as considerations such as tension, awareness and frustration.

Is there anything I can do in the meantime?

Yes! Attached is a list of strategies to try while you are waiting for your child's speech screening or assessment. Please share these with friends, families, and other caregivers to ensure that your child is getting the most support regarding their speech.

Strategies for Dysfluency

What is Dysfluency?

Dysfluency is described as the child's speech not being smooth or fluent. It is bumpy or dysfluent. As children are developing language and begin to share all sorts of new information with their caregivers, they may begin to repeat words (e.g., "I, I, I want to go") or parts of words (e.g., "be-be-because"). They may even prolong sounds briefly from time to time (e.g., "mummy").

How can I help my child?

Let your child know that you are listening to what they are saying.

Although it may be difficult at times to give your undivided attention, it is important that you take the time to listen. Stop what you are doing, bend down to their level and let them know that you are interested in what they are saying.

Do not interrupt your child when they are speaking. Allow your child to finish what they are saying, without interruption. Be a patient listener. This is especially important when your child is being dysfluent.

Pace your interactions. By keeping your speech and your interaction at a relaxed, even pace, your child is more likely to also speak to you in this way. This may help to make communicating easier for your child. In addition, your child will not feel rushed when talking and the interaction will not be as frustrating.

Try not to respond to any dysfluencies in your child's speech. We need to let them know that we are listening to what they are saying and not how they are saying it. We also do not want them to become self-conscious about their speech.

So when a dysfluency occurs, maintain eye contact and allow your child to finish what they were saying. Do not try to provide advice such as "slow down." Although this could be said with good intentions, this may highlight to your child that there is something different about the way they speak.

Do not allow your child to be teased about the dysfluencies. Again you do not want them to become self-conscious about their speech.

If your child does comment about their dysfluencies (e.g., "I can't say that"), reassure your child that sometimes words are difficult for you to say too. We all have stumbled on a word or have words that we have a hard time saying. Share this with your child and tell them which words you have trouble saying (e.g. I sometimes have trouble saying "wheel barrow").

Avoid putting unnecessary communication pressures on your child. It is not uncommon for parents to ask their child to "tell Grandma what we did today" or "tell mom the joke you learned." Unfortunately this places unnecessary pressure on your child to communicate. When a child feels pressure they are more likely to be dysfluent. Avoid these types of pressures when possible. (Similarly, demanding speech from your child when they are upset should also be avoided).

Model fluent speech. From time to time you may wish to model back to your child a word that they have had difficulty with. For example, if your child says "lost my t-t-toy," you may want to model fluent speech for your child (in a natural way). You may say "Oh you lost your toy" using slow, clear speech. Do not ask your child to say it again.