



THE
STUTTERING
FOUNDATION®

A Nonprofit Organization
Since 1947 – Helping Those Who Stutter

IF YOU THINK YOUR CHILD STUTTERS

THE NORMALLY DISFLUENT CHILD

- The normally disfluent child occasionally repeats syllables or words, li-li-like this. Disfluencies may also include hesitations and the use of fillers such as “uh,” “er,” “um.”
- Disfluencies occur most often between 18 months and 5 years, and they 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.

A CHILD WITH MILD STUTTERING

- A child with milder stuttering repeats sounds more than twice, li-li-li-li-like this. Tension and struggle may be evident in the facial muscles, especially around the mouth.
- The pitch of the voice may rise with repetitions, and occasionally the child will experience a “block”—no airflow or voice for several seconds.
- Disfluencies may come and go but are now present more often than absent.
- Effortless repetitions or prolongations of sounds are the healthiest form of stuttering. Anything that helps your child stutter like this instead of stuttering tensely or avoiding words is helpful.

A CHILD WITH MORE SEVERE STUTTERING

- If your child stutters on more than 10% of his speech, stutters with considerable effort and tension, or avoids stuttering by changing words and using extra sounds to get started, he will profit from having therapy with a specialist in stuttering. Complete blocks of speech are more common than repetitions or prolongations now, and disfluencies tend to be present in most speaking situations.
- The Stuttering Foundation at 800-992-9392 and www.StutteringHelp.org will provide you with the names of speech-language pathologists who specialize in stuttering.
- The suggestions for parents of a child with mild stuttering are also appropriate when the child has a severe problem. Try to remember that slowing and relaxing your own speaking style is far more helpful than telling the child to slow down.
- Don't be afraid to talk to your child about stuttering. Show patience and acceptance as you discuss it. Overcoming stuttering is often more a matter of losing fear of stuttering than a matter of trying harder.



RISK FACTOR CHART

Some factors may indicate that your child is more at risk for stuttering. Knowing these factors will help you decide whether or not your child needs to see a speech-language pathologist. Place a check next to each that is true for the child.

RISK FACTOR	ELEVATED RISK	TRUE FOR CHILD?
Family history of stuttering	A parent, sibling, or other family member who still stutters	
Age at onset	After age 3 ^{1/2}	
Time since onset	Stuttering 6–12 months or longer	
Gender	Male	
Other speech production concerns	Speech sound errors or trouble being understood	
Language skills	Advanced, delayed, or disordered	

Our videos are available at StutteringHelp.org/Streaming.
More information and resources available on StutteringHelp.org.



HOW TO HELP RIGHT AWAY

- Try to model slow and relaxed speech when talking with your child, and encourage other family members to do the same. Don't speak so slowly that it sounds abnormal, but keep it unhurried, with many pauses. Television's Mr. Rogers is a good example of this style of speech.
- Slow and relaxed speech can be the most effective when combined with some time each day for the child to have one parent's undivided attention. Set aside a few minutes at a regular time when you are doing nothing else but listening to your child talk about whatever is on his mind.
- 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 less hurried, more relaxed.
- Try not to be upset or annoyed when stuttering increases. Your child is doing his best as he copes with learning many new skills all at the same time. Your patient, accepting attitude will help him.
- If your child is frustrated or upset at times when her stuttering is worse, reassure her. Some children respond well to hearing, "I know it's hard to talk at times...but lots of people get stuck on words...it's okay." Other children are most reassured by a touch or a hug when they seem frustrated.