

Child Health Notes

Promoting early identification and partnerships between families, primary health care providers & the community.

Distributed by the Lewis County Interagency Coordinating Council (ICC) and Parent to Parent.
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SPEECH DISFLUENCY AND STUTTERING IN EARLY CHILDHOOD

Distinguishing stuttering from age-typical speech disfluency: Many young children experience speech disfluency, especially during a period of rapid language development. There are qualitative and quantitative differences between true stuttering and age-typical speech disfluencies that help primary care providers identify children whose speech needs to be more closely monitored

Normal Speech Disfluency is characterized by:

- Easy repetitions of words and phrases (“I want, I want to go..”) with only one or two repetitions
- Interjections (“uh”, “um”) and revisions of phrases

Developmental Stuttering is characterized by:

- Tense or dysrhythmic sounds, syllable and word repetitions (“ma, ma, ma, my name is...”) often with several repetitions
- Sound prolongations (“hhhhhhhhe’s my dad”)
- Sound blockages (“d.....don’t do that!”)



If Unsure, Refer

RISK FACTORS FOR PERSISTENCE OF STUTTERING:

- **Disfluency patterns** – Little decrease in the frequency of stuttering during the first 12 months after onset.
- **Time since onset** – Current research indicates that the majority of natural recovery occurs within 12-18 months, with one recent study reporting that 84% of recovery occurs in the 3 years following the onset of stuttering. The longer a child has stuttered, the less chance for natural recovery
- **Male gender** – The ratio of males-to-females is estimated to be about 2:1 at onset of stuttering rising, increasing to 4:1 or 5:1 in school-age children.
- **Family history** – A history of chronic stuttering in the family increases risk for persistent stuttering, while a history of recovered stuttering may indicate a better chance of natural recovery.

PARENTS WANT TO KNOW WHAT THEY SHOULD DO WHEN THEIR CHILD IS STUTTERING.

Near the onset of stuttering, parents need to be reassured and given enough information so that they will feel comfortable with a period of monitoring. We don’t want to tell them to ignore the stuttering, but we do want to reduce the amount of focus and anxiety around the stuttering. The following suggestions may be helpful for parents before they see a Speech-Language Pathologist.

- There is a very good chance that the stuttering will go away within 12-18 months. We’ll keep a close eye on it while we monitor it.
- Allow the child to finish what they are saying without interruption. Telling a child to slow down or to think before they talk is not helpful, and may cause the child to become frustrated. This can take some patience, but is important so that the child feels positive about communication.
- If a child gives up trying to say a word, don’t make them to say it. But you might try and help them say it, or ask them “were you trying to say _____?”
- Be positive and focus on what your child is saying and not on how they are saying it.
- If the child is having a particularly difficult time and is frustrated or embarrassed, reassure the child that it’s OK and sometimes talking is hard.

WHY REFER TO A SPEECH-LANGUAGE PATHOLOGIST?

- **Parent education and reassurance.** Even though we know many children will eventually stop stuttering, telling a parent to just “wait and see” doesn’t do much to alleviate the parents’ concerns. An early consult with a Speech-Language Pathologist experienced in the area of fluency disorders can provide the parent with information regarding stuttering, including what to do while we “wait and see” if natural recovery occurs. Parents are reassured when they know that their child’s stuttering is being monitored on a regular basis and that they have someone to talk to during the monitoring period.
 - **Monitoring early stuttering.** Closely tracking developmental trends in the stuttering for 8-12 months on a monthly or bimonthly basis following the onset of stuttering can lead to better treatment decisions. Initially, brief monitoring sessions will occur in the clinic, but can eventually be completed via email or telephone, depending on the needs of the child and the parent.
- Early intervention is effective.** Though many children recover from stuttering without treatment, some do not and require therapy. Research supports effective therapy for preschoolers. One example is the Lidcombe Program that is supported by several studies, including one RCT (Jones, M. et al, 2005; “Randomised controlled trial of the Lidcombe programme of early stuttering intervention”; British Medical Journal, 331:659-661). Other evidence-based therapies are in development and new treatment studies are regularly being published. It is important to work with a Speech-Language Pathologist who regularly pursues continuing education in the area of stuttering.

References:

- Yairi, E., 2004; “The Formative Years of Stuttering: A Changing Portrait”; Contemporary Issues in Communication Science and Disorders, 31:92-104
- Reilly, S. et al, 2009; “Predicting Stuttering Onset by the Age of 3 Years: A Prospective, Community Cohort Study”; Pediatrics, 123:270-277
- Jones, M. et al, 2005; “Randomised controlled trial of the Lidcombe programme of early stuttering intervention”; British Medical Journal, 331:659-661
- Additional Information for parents and professionals is available at The Stuttering Foundation’s web site: www.stutteringhelp.org

Local:	InTot	360-748-4359
	Growing Together	360-748-2277
	Parent to Parent of Lewis County	360-736-9558 ext 107
Regional:	WithinReach Family Health Hotline	1-800-322-2588, 1-800-833-6388 TTD www.withinreachwa.org
	UW Speech & Hearing Clinic	206-543-5440
	Early Support for Infants and Toddlers Program (formerly ITEIP)	http://del.wa.gov/development/esit/
	Parent to Parent Support Programs of Washington	Main number: (360) 725-3500 (800) 821-5927 www.arcwa.org/parent to parent.htm
National/ Internet:	The Stuttering Foundation	www.stutteringhelp.org
	American Academy of Pediatrics	
	AAP Developmental and Behavioral Pediatrics	www.aap.org
	American Academy of Family Physicians	
	CDC Act Early	www.dbpeds.org
	Family Village (Extensive family resources for CSHCN)	
Family Voices (Links to national and state family support networks)	www.aafp.org	
		www.cdc.gov/ncbddd/actearly/index.html
		www.familyvillage.wisc.edu
		www.familyvoices.org

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