

# Relationships that Nurture

Monthly tips provided by St. David's Center in partnership with Mom Enough

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## Fluency and Stuttering in Preschool

Audio can be heard here: [Preschool Stuttering](#)

### I. What is stuttering?

- Fluency in speech production refers to continuity, smoothness, rate and effort
- Stuttering, or disfluency, is a disruption in the forward flow of speech that may take many forms (repetitions, prolongations, blocks, interjections, revisions) and may be accompanied by secondary behaviors (physical tension, negative reactions, avoidance, decreased overall communication)
- Approximately 5% of people will stutter during some part of their lives (incidence); approximately 1% of the population currently stutter (prevalence)

### II. What causes stuttering?

- No known one cause; theories regarding the onset of stuttering are diverse
- Genetics and neurophysiology appear to be related to the underlying causes of stuttering, while environmental factors, temperament and speaking demands may influence a child's reactions to stuttering
- Not caused by emotional problems, nervousness, stress or parenting style

### III. What is considered normal disfluency?

- Preschoolers displaying some nonfluent speech, with a heightened occurrence between 2 ½ to 4 years of age
  - May mean a child is learning to use language in new ways
  - Typical for nonfluent speech to be episodic or cyclical, coming and going without apparent cause
- Stuttering Foundation of America report in 1997 showed that up to 25% of preschool children go through a stage where their disfluencies are severe enough to concern parents – of that 25%, only 5% developed true stuttering
- Typical disfluencies that may be observed in your child's speech:
  - Hesitations (silent pauses) and interjections of words or non-word fillers (ex: "like", "uh")
  - Whole-word repetitions (ex: "But-but-but- I don't want to go" or "I-I-I-I want a turn")
  - Phrase repetitions or revisions: (ex: "This is a- this is a problem")

### IV. When should you worry?

- 5 general risk factors for persistent stuttering:
  - Sex of child – boys are at a higher risk for persistence of stuttering than girls (3 or 4 times more likely)
  - Family history of persistent stuttering (about 60% of people who stutter have a family member who also does)
  - Time duration since onset – greater than 6-12 months or no improvement over several months leads to a higher risk
  - Age of onset – Children who start stuttering after age 3 ½ or later are at higher risk
  - Co-occurring speech and language impairment may indicate higher risk

- Less-typical, stuttering-like disfluencies that may be observed in your child’s speech:
  - Part-word/sound repetitions (ex: “ta-ta-ta-table” or “t-t-t-toy”)
  - Prolongations (ex:” rrrrrrrabbit”)
  - Blocks (inaudible or silent fixations or inability to initiate sounds)
  - Observed physical tension, struggle, or tremors
  - Observed fear or avoidance – your child may begin to recognize certain words are difficult and expresses fear or avoidance by using an unusual number of pauses or avoiding talking

**V. What should you do if you have concerns?**

- Continue to monitor your child’s severity of stuttering – keep a simple journal to help you document improvement, decline, or no change in your child’s fluency
- Request a screening through your local school district
- Contact St. David’s Center to arrange a fluency assessment at 952-548-8700

**VI. What are tips for talking with your child while you wait for an assessment?**

- Reduce the pace
  - Speak with your child in an unhurried way, pausing frequently
  - Wait a few seconds after your child finishes before you begin to speak and do not try to fill in words or sentences
  - Your own slow, relaxed speech can make a big impact
- Reduce the number of questions you ask your child – instead, simply comment on what your child has said
- Do not draw negative attention to speech difficulties
  - Listen patiently until your child is completely finished speaking and maintain consistent, appropriate eye contact
  - Respond the same to disfluent speech as you would to fluent speech
  - Repeat back to the child what they said in a slow, relaxed manner to let him know you were listening to what he said rather than how it was said
- Full listening – set aside a few minutes at a regular time each day when you can give your undivided attention to your child
- Turn taking
  - Help all member of the family learn to take turns talking and listening
  - Children, especially those who stutter, find it much easier to talk when there are fewer interruptions

**VII. Resources**

- <http://www.asha.org>
- <http://stutteringhelp.org> (The Stuttering Foundation)
- <http://www.westutter.org> (National Stuttering Association)
- <http://www.friendswhostutter.org>