ERINOAK KiDS
Centre for Treatment and Development

Preschool Speech and Language Program

What is STUTTERING?

Stuttering is a disruption in the flow of speech. Stuttered speech may include repetitions of whole words or parts of words, prolongation or lengthening of sounds, or complete blockages of sound. The stuttered words may also have physical tension or struggle (e.g., eye blinking, facial grimacing, or a rising pitch sound), however, many young children do not show tension when they first begin to stutter.

Dyfluency is another word used to describe disruptions of speech. Dyfluencices can include both stuttering and more normal disruptions that all speakers use when talking (e.g., hesitations, repeating words, and using interjections such as “um”).

What is Normal for Preschool Children?

Preschool children who are still learning to talk, often go through a period of increased speech disruptions where they begin to repeat words and phrases or hesitate more than usual when talking. These “normal dysfluencies” are usually easy repetitions or revisions during talking, with no added tension.

A period of increased normal dyfluencies can develop between 2 to 5 years of age and can last for several months to more than a year. The majority of children who have these speech dyfluencies are simply going through a normal phase of speech development. Studies show that as many as 3 out of 4 children will recover from stuttering or increased normal dysfluencies within their early childhood years. All children, however, would benefit from an assessment by a speech-language pathologist.

Warning signs to watch for:

Some children do not seem to naturally outgrow their initial period of speech disruptions. Some warning signs to look for that suggest your child may need further assessment are listed.

- More frequent occurrence of dyfluencies (more than 5 in every 100 syllables)
- Using a greater number of repetitions (e.g. I, I, I, I, I, want a cookie).
- Speeding up of the repetitions
- Change from using mostly phrase and word repetitions, to more syllable and sound repetition (i.e., from “Give me, give me the book” to “G-g-g-give me the book”).
- Increase in prolongations/lengthened sounds (e.g., “Look at the sssssssssun”) or sounds held for longer
- Changes in pitch or loudness during prolonged sounds
- Blocks (i.e., child opens mouth but sound does not come out immediately)
- Physical tension or struggle behaviors during dyfluencies (e.g., facial grimace, head movements, eye blinking).
- The child begins to avoid talking or gives up when trying to speak
- The stuttering has lasted for some time (more than 6 months) and fluency is not improving.

What Causes Stuttering?

There is no single accepted theory for the cause of stuttering. However, it is believed that genetics has a role in the cause, as it does tend to run in families.

Stuttering is most likely due to a problem with the neural processing (brain activity) that underlies speech production. As the developing child tries to produce longer and more complex sentences, they may have difficulty stringing together the various quick muscle movements required for smooth speech.

Stuttering Facts

- Stuttering can change from day to day and week to week. Sometimes a child will stutter a lot and at times, they will speak more fluently.
- Up to 75% of children outgrow stuttering as they mature. Children who stutter are not necessarily going to become adults who continue to stutter.
- Boys are three times more likely to stutter than girls.
- Stuttering is not an emotional disorder and is not caused by anxiety or nervousness.
- Children do not pick up stuttering by copying someone else who stutters.
- There is no evidence that stuttering is caused by a traumatic event.