Stammering and Stuttering

Indian Academy of Pediatrics (IAP)

GUIDELINES FOR PARENTS

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10 FAQs on STAMMERING AND STUTTERING

1. My 5-year-old son does not speak clearly, he seems to get stuck at times. Is this stuttering?
2. I have a 2-year-old daughter who seems to be developing normally in all spheres but speaks in broken words and repeats sounds. Is it normal for her age? If yes, by what age will she get over it?
3. My 6-year-old daughter stutters, she has not outgrown it. Why did this happen?
4. My 7-year-old son stutters, but to me he seems fine otherwise. Should I be worried about other hidden conditions that might not be apparent, but occur in children with stuttering?
5. My daughter is 8 years old and avoids talking with strangers or taking part in school activities. She stutters sometimes. What should I do?
6. We have a conflict in our house regarding our 4-year-old son, he does not speak clearly and seems to stammer all the time. His grandparents say he will outgrow it and we should not do anything. My wife and I want to do something right away before it gets worse. What is the correct time to seek help?
7. We decided to seek help for our son's stuttering but are very scared about using any medications. We have also heard about scary rituals like making the child talk with stones in the mouth, can you please guide us as to what treatment of stuttering actually involves?
8. Doctor, my daughter is undergoing remedial speech therapy for her stuttering but as a parent I am very confused as to what I should do. Should I be correcting her every time or just ignore her stammering? Could you suggest ways in which I can help my child?
9. Our son is now 9 years old. He used to stammer a lot earlier and is much better now. We have even stopped therapy last year, but I worry he may start again. Has he really been cured or he may start again?
10. I have two children. My elder son used to stammer as a child but my younger one, now 5 years old, seems to have clear speech. Can she develop stuttering later in life?
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My 5-year-old son does not speak clearly, he seems to get stuck at times. Is this stuttering?

Yes, this does seem-like stuttering. To help you know a little more about stuttering, here are some details.

Stuttering, also known as Stammering is a speech fluency disorder in which there is disruption in the flow of speech. Commonly, these disruptions may be noticed by parents as:

- **Repetitions**: You may notice your child repeating a sound, a word or a phrase. Repetition of sounds may be incomplete, complete, or multi-syllabic. When only the consonant sound without the vowel sound is repeated, e.g., l-l-l-last it is called and incomplete repetition; whereas if both the consonant and vowels are repeated as in fa-fa-fa-far it is called a complete repetition. Sometimes an entire word or more than two sounds are repeated and these are known as multi-syllable repetitions (I want-want-want-want water).

- **Interruptions**: These are noticeable pauses in speech. Pauses are frequently in the beginning of a sentence or conversation, but can occur at any time. The child may appear to have a “block” or to be “at a loss” for a moment.

- **Prolongations**: Children may be noted to prolong a certain sound at the beginning of a word, like ccccccat or mmmmm milk.

- **Insertions**: An older child with stuttering often uses corrections (replacing the incorrect word after a pause), insertion of words like um, uh, er, and other nonverbal behaviors such as sighs, gestures or clearing of throat, etc. when they are aware of their stuttering.

Stuttering does not include any problems with understanding of language, reading, or writing. It does not have any correlation with the intelligence of the child and other aspects of development. Most commonly, it is developmental and symptoms start between the ages of 2 and 5 years.
Speech development is very complex, requiring connections between different parts of the brain and coordination of muscles of the throat, jaw, tongue, face, and diaphragm. There is a rapid progress of verbal language between the ages of 2 and 5 years. Children often go through a phase of speech dysfluency during this time as they quickly try to string words together and express themselves as fast as they can. This is known as developmental dysfluency and most children outgrow it. The dysfluency is most apparent when the child is excited, has a lot to say, or is under pressure. Most children recover without any treatment in a few weeks to months, and usually by 5 years of age. Developmental dysfluency does not have any harmful emotional or social effects on the child and children are usually unaware of the breaks and repetitions. However, children above 5 years age, with symptoms that persist beyond 6 months or increase with time then a diagnosis of stuttering should be considered.

Stuttering is seen in almost 1% of the adult population and in 5% of children, with boys being four times as likely to stutter as girls. The causes of stuttering are poorly understood and more often than not, cannot be identified. A child with a parent who stutters has an increased chance of stuttering suggesting a genetic basis to stuttering. If your child stutters, it is not because you have done or failed to have done something.

Children who have developmental dysfluency (normal phase of speaking with breaks and repetitions when the child’s speech output suddenly increases) outgrow the symptoms. However, children with stuttering that persists beyond 4 weeks, who have a positive family history or in whom stuttering comes in the way of the child’s functioning, generally need treatment to make the speech fluent. Left alone, many may show a significant decline in symptoms with age but all will benefit with a few strategies and therapy. Children in whom stuttering persists more than a year or beyond 6 years of age are at risk of persistence of stuttering in later life too.

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Stuttering and Stuttering

Developmental stuttering is usually an isolated speech fluency problem. However, in some children stuttering may be a part of a behavioral disorder such as attention-deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD), learning disability, and anxiety or conduct disorder. Children with stuttering have also been found to have an increased incidence of asthma, atopic dermatitis, and hay fever. Getting a detailed medical evaluation and psychological assessment in case of presence of any concerns is best.

Stuttering may also be acquired, when a person who otherwise spoke fluently starts stuttering. These children need a complete medical and psychological evaluation to rule out neurological conditions that may cause the stuttering.

My 7-year-old son stutters, but to me he seems fine otherwise. Should I be worried about other hidden conditions that might not be apparent, but occur in children with stuttering?

My daughter is 8 years old and avoids talking with strangers or taking part in school activities. She stutters sometimes. What should I do?

Stuttering can have a significant negative impact on the child’s emotional state and functionality. As children grow and become aware of their stuttering, they may develop fear of speaking in public or in a group, avoidant behavior, anxiety, shame, low self-esteem, and even depression. Children with stuttering are also often targets for bullying, worsening their emotional state. Children who are very self-conscious of their stuttering often get extremely stressed in their effort to hide it from others, deeply impacting their entire personality.

Timely and intensive therapy, perseverance, a positive outlook, and a strong support system can do wonders for the child and her overall development and progress. Involvement of family members, friends, school, speech therapist and if needed a counselor will all aid in your child regaining her personality back.
The most effective therapy for stuttering or stammering is that which begins early. Preschool-aged children show the maximum and the fastest response to speech therapy. In addition, a young child is not conscious of his stuttering and early therapy completely prevents the negative impact of stuttering on the personality and psyche of the child. The correct time to seek help is when:

- There is a family history of stuttering.
- Your child shows any signs of fear of talking or stops talking especially in a group or with strangers.
- There are problems in school.
- You notice a change in the mood or temperament of the child, not explained by anything else.
- Stuttering has been present for longer than 4 weeks.

There is no cure for stuttering. Treatment mainly aims at reducing the degree of stuttering to undetectable levels, such that it no longer has any impact on the persons’ life and career choices; and to help with the emotional and psychological effects that stuttering has on the child.

Treatment of stuttering depends upon the severity and extent of your child’s symptoms. Treatment mainly involves speech and behavioral therapy. A speech therapist will plan the best strategies that suit your child. Strategies and techniques used include the ones mentioned here but are not limited to these:

- Speaking slowly and in a relaxed manner
- Breathing techniques while speaking
- Relaxation techniques
- Gradual building of confidence
- Relearning mono- and multi-syllables especially those commonly repeated
- Behavior strategies that help anxiety and fear
- Speaking together in chorus
- Electronic devices and Apps are now available that help people who stutter speak more fluently.

Medications are available and known to help stuttering, but they are never the first line of treatment. Medications are reserved for people with very severe and debilitating stuttering that does not improve with therapy or those who have an associated neurological or behavioral condition. More than 80% of children with stuttering show remarkable improvement with timely and correct intervention in the form of speech and behavior therapy.
Doctor, my daughter is undergoing remedial speech therapy for her stuttering but as a parent I am very confused as to what I should do. Should I be correcting her every time or just ignore her stammering? Could you suggest ways in which I can help my child?

There are lots of ways in which you can help your child at home.

- First and most important is to be patient and nonjudgmental. Your child does not stutter to irritate you, she has a disorder that she cannot overcome or be blamed for.
- Try and provide a relaxed environment and “safe space” at home.
- Avoid “question–answer” type conversations; instead help her to share fun and exciting things.
- Maintain eye contact with your child.
- Do not interrupt her and prompt words or finish sentences for her, instead wait for her in a relaxed and calm manner.
- Praise her efforts and never lose an opportunity to encourage her.
- Set aside time when you can talk to her alone and uninterrupted.
- Do breathing exercises with her.
- Speak slowly yourself so she too can speak slowly.
- Sing songs together, read aloud together, and recite poetry together.
- Avoid commands and make sure to hide your frustration/discomfort when she stutters; especially if not alone.
- Whenever you talk of her stuttering, make sure to treat it like a fact, not a disability or something to be ashamed of. Your attitude toward her stuttering will determine her attitude toward it and in return toward her entire personality.
- Educate the entire family, friends, and if needed school teachers to help to create a supporting and encouraging environment for your child, free from bullying.
- Understand that there are good days and bad days. If your child is feeling unusually stressed, help her out and avoid reading, talking in social gatherings on such days.
- Do not make her stuttering the center of your and her attention, focus on her other skills too!
Stuttering is a condition that does not have a cure. Early treatment can prevent stuttering from continuing into adulthood. More importantly, treatment helps to mitigate the harmful emotional and psychological effects of stuttering on the personality and overall development.

However, the skills learnt during therapy need to be practiced always. Significant life stressors, emotional or psychological pressures, and anxiety may all cause stuttering to recur. Usually, this recurrence is transient and is overcome in a short time. Periods of transition (school to college, start of work, relocation to a new place) are times when stuttering may become apparent again. Patience and support are often all that is needed for the child to overcome his dysfluency. Occasionally, some help and therapy may be needed later in life too, especially if there is a significant change in environment, or a great personal loss.

Our son is now 9 years old. He used to stammer a lot earlier and is much better now. We have even stopped therapy last year, but I worry he may start again. Has he really been cured or he may start again?

Stuttering is usually developmental and starts before the age of 5 years. Developmental stuttering is almost never seen to start after 5 years; however, some children may have stuttering that does not get noticed till the child starts schooling, and hence may be diagnosed later.

Rarely, stuttering can be acquired in later life as a result of a head injury or trauma to the brain, stroke, infection in the brain, and progressive neurological conditions. Some medications and drugs can also cause stuttering. Extremely rarely, intense psychological and emotional traumas can cause stuttering.