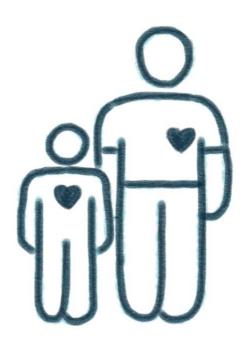


Information about stuttering for parents





Origin of stuttering



The cause of stuttering is very complex and there is no consensus on it yet. In most children, it is explained by the processing of speech in the brain that is running differently and by genetic factors.

When stuttering persists, learned behaviours are frequently involved as well.

Some research findings are recurring consistently in different studies:

Differences in brain anatomy and function

Imaging has shown differences in the anatomy and physiology of the brain in persons who stutter compared to persons who do not stutter.

These differences may increase over time in persons who do not recover from stuttering.

It is not clear whether the anatomical and functional differences are causes of stuttering or adaptations to stuttering.

Genetics

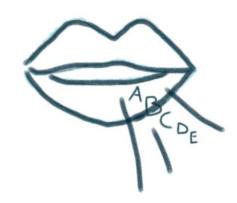
Several studies identified several genes allegedly associated with stuttering. There is no clarity on this yet. Multiple family studies showed that individuals who stutter are more likely to have family members with a history of stuttering than those who do not stutter.

Twin studies confirm these findings.

In addition, boys appear to be at higher risk for persistent stuttering than girls.

Genetics is not the only factor underlying stuttering. There is often some predisposition, but there are also other factors that can trigger stuttering in some children.

Characteristics of stuttering



How do you recognize stuttering in your child?

Visible characteristics

Visible features of stuttering are repetitions of sounds or words and being stuck in or in front of a sound.

Every preschooler produces disfluencies, but there is a difference between normal disfluencies and stuttering.

Normal disfluencies occur in all preschoolers and are part of normal language development. A child with normal disfluencies sometimes repeats sounds, syllables and words, but these do not interfere with the child's speech.

Preschool age children who stutter produce similar repetitions, but at a higher frequency and often on shorter parts, such as sounds or syllables. Furthermore, stuttering may be characterized by prolongations and blocks.

Other characteristics

Stuttering can also impact social and emotional functioning. Some children may develop feelings such as anxiety, embarrassment ... because of stuttering. Sometimes children show secondary behaviours such as blinking their eyes, which indicates fighting against the stuttering.

Difference between normal and abnormal disfluencies

Normal disfluencies

A (part of a) multisyllabic word is repeated eg: Tele-tele-phone

A sentence is corrected eg: I go... I have been there

A part of the sentence is repeated eg: I know... I know... I know that

Speech is filled with words such as 'euhm' Eg: I think...euhm...dog!



Occur in all children, but also in preschoolers who stutter (in higher frequency and possibly in combination with additional behaviors).

Abnormal disfluencies

A monosyllabic word in a sentence is repeated eg: That...that is tasty

A sound or a syllable of a word is repeated eg: I...i...l don't want that

A sound of a word is prolonged eg: Mmmmmommy

The child blocks before a word eg: ...daddy

A part of a word is broken off vb: Um...(brella)



Occur (mainly) in children who stutter.



How often do these characteristics have to occur to speak of stuttering?



When there is an increased presence of abnormal disfluencies, it is adequate to speak of stuttering.

When the above characteristics occur approximately three times out of every 100 words, it is indicative of stuttering. As a parent, this is difficult to identify.

Sometimes, however, the presence of fewer stuttering moments is sufficient to speak of stuttering as well. This is possible if the stuttering moments are tensed.

How can we help a child who stutters?



• Do not just wait and see. In the past, people often used a wait and see approach, because many children recover spontaneously from stuttering. Now we do this "in a controlled way", namely under the professional guidance of a speech therapist who is specialized in stuttering. Sometimes tailored advice from the speech therapist leads to recovery from stuttering. When spontaneous recovery does not occur, stuttering treatment is necessary. The speech therapist makes a decision together with you about starting stuttering treatment and takes factors such as family prevalence of stuttering, the evolution of stuttering since its onset ... into account.

- Contact a speech therapist in time. It is essential that stuttering treatment is delivered by a speech therapist specialized in stuttering. Research shows that early treatment (at least one year before the age of 6) is most effective. Even as a parent, you can always contact the speech therapist for support.
- It is normal to be concerned if you notice that stuttering fluctuates. Stuttering often becomes more severe when your child is tired or excited, is talking about complex or new topics, is asking or answering questions, or is talking to inattentive listeners. Talking in a calm way with your child helps. It is important to show your child that you are listening. Look at the child and respond to what he or she says. In addition, acknowledge your child's concerns when when he or she indicated being bothered by them.

• Some tips for a conversation:



In this way, your child experiences that he/she is given time to speak and that stuttering is allowed.

Talking about the stuttering



Talking about the stuttering with your child is a good idea.

It is important that your child and those around him/her acknowledge their thoughts and feelings and discuss the stuttering.

Even young children are often already aware of stuttering. Talking about it will make your child worry less.

Get concrete guidance from a speech therapist specialized in stuttering so you as a parent will have a good idea of how you should approach these conversations with your child.

Timely referral



It is important to diagnose stuttering in preschool children early because early treatment by a specialized speech therapist gives the best results.

Before the age of six years, stuttering is significantly more common than in persons older than six years. This means that stuttering often recovers, either spontaneously or through early treatment.

When stuttering is not treated timely, it can have a negative impact on the person who stutters and the environment. Children may become aware of their disfluencies at a very young age. Negative effects in your child itself may include anxiety, frustration, anger, avoidance behaviour ...

Besides this, additional reactions may be present on top of the stuttering, for example, blinking of the eyes.

But as a parent, you may also experience difficulties: you may be overprotective, anxious, insecure, concerned ...

Do you think your child stutters? If so, don't wait. The general practitioner or pediatrician is often the first contact. They can refer you to a speech therapist specialized in stuttering so treatment can be started in a timely manner. Even with mild stuttering or doubts, you may benefit from a referral to a specialized speech therapist. This person can support you and help you with your concerns. With the right advice or treatment, there is a better chance of recovery before the age of six years. Waiting until the child is six is not the way to go. Treatment by a speech therapist specialized in stuttering should be initiated earlier.

More information



On this website you can find information on various topics:

- Timely referral
- Causes of stuttering
- Characteristics of stuttering
- How often do these characteristics have to occur to speak of stuttering?
- How can we help a preschool age child who stutters?
- Talking about the stuttering

You can find a **poster** and **brochure** (free to download) on our website. Be sure to watch or share our **video** with information about stuttering in preschoolers.

When in doubt, you can always contact a **speech therapist** in your area who is specialized in stuttering. They can determine best whether your child needs therapy.