is there anything I can do to help my child at home?

Your child’s Speech-language Pathologist will have specific suggestions for you. It may be helpful to:

- reduce competition for speaking time and encourage turn taking
- slow your own speaking rate
- maintain eye contact and be a good listener when your child is speaking

Suggestions for home strategies are not a substitute for therapy.

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facts about stuttering

- affects about 1% of children
- usually begins between 2 and 5 years of age when speech and language are rapidly developing
- may begin suddenly or gradually
- affects more boys than girls
- may increase when your child is excited, tired, feeling rushed to talk or expressing a long or complex thought
- may come and go
- may change unpredictably in frequency and severity

If your child receives treatment before 6, normal speech can be attained in many cases.

how will my child be assessed?

At ISTAR, we assess children in an enjoyable play format that does not draw negative attention to the child’s speech. Assessment consists of:

- conversational samples taken at different times and in different settings (home/clinic)
- a parent interview
- screening for other speech and language difficulties
- evaluation of your child’s responses to speaking under normal pressures and to various therapy techniques

what does treatment involve?

At ISTAR:

- Treatment is individualized and usually involves weekly sessions. Intensive (daily) sessions can be arranged if needed.
- Treatment involves: teaching parents to strengthen existing fluency (e.g., Lidcombe Program); teaching skills to enhance fluency; or a combination of both.
- One or both parents are essential participants in the treatment process.

is it possible that my child will recover without treatment?

- Some children who begin to stutter do recover without formal treatment.
- It is not possible to tell which children will outgrow stuttering and which will not.
- Recovery is not necessarily related to severity: children with mild stuttering will not necessarily outgrow their stuttering.
- When stuttering continues for a long time, it becomes more difficult to treat. It will likely interfere with your child’s social and emotional development.
- Ignoring the stuttering will not help it go away.
- Early intervention is the best prevention.

how do I know if my child is stuttering?

It is sometimes difficult to differentiate stuttering from normal disfluency (e.g., repetitions and pauses that are related to formulating thoughts into language). If you think your child is stuttering, have him assessed by a certified Speech-Language Pathologist or contact ISTAR. Here are some of the signs of normal disfluency and stuttering:

normal disfluency

- one or two repetitions of whole words (e.g., “We, we went to the circus”)
- and phrases (“We went, we went to the circus”)
- revisions (e.g., “I want a cracker, I mean a cookie”)
- interjections (e.g., “um”)
- less than 10 disfluencies per 100 words

stuttering

- more than 2 repetitions of whole words (e.g., “but, but, but, but”)
- repetitions of parts of words (e.g., “be-be-because”)
- prolongation or stretching of sounds (e.g., “sssssss”)
- silent blocks (tense hesitations or getting stuck on a word)
- more than 10 disfluencies per 100 words

Not all of these behaviours need to be present for stuttering to be diagnosed.

what causes stuttering?

- Parents do not cause stuttering!
- Copying someone who stutters, psychological trauma or a bad score do not cause stuttering
- Stuttering often runs in families and is influenced by genetics
- The speech system of children who stutter (particularly those with a family history of stuttering) is more vulnerable to disruption than the speech system of children who don’t stutter
- Stuttering results from a complex interaction between the physical make-up of the child and the environment