Speech Problems: Normal vs. Stuttering

What is the difference between true stuttering and normal speech problems?

As children learn to speak they may naturally have some difficulty. Usually these problems are transient and part of your child's normal development. However, sometimes children will develop a more serious problem such as true stuttering.

Normal Speech Problems

- **Articulation**: When your child does not pronounce words correctly or clearly while he is learning to speak, it is called normal dysarthria. Normal dysarthria occurs between the ages of 1 and 4 years. Children may say many words that their parents and others can't understand. The cause of normal dysarthria is usually inherited. About 70% of children have the ability to pronounce words clearly from the time they start to speak. The other 30% have many words that their parents and others can't understand. Normal dysarthria is not a brief phase but instead shows very gradual improvement over several years as a child develops. The speech of at least 90% of the children who have dysarthria becomes completely understandable by age 4. The speech of 96% of these children becomes completely understandable by age 5 or 6.

- **Fluency**: Normally, speech is fluid with words flowing smoothly as your child speaks. Normal dysfluency, also called pseudostuttering, is the occasional repeating of sounds or syllables that children make when they are learning to speak between 18 months and 5 years of age. It occurs in many children. Normal dysfluency occurs because the mind is able to think of words faster than the tongue can make them. It increases when the child is tired or overexcited. Normal dysfluency only lasts for 2 or 3 months if handled correctly.

True stuttering

True stuttering (stammering) occurs in only 1% of children. Stuttering is 4 times more likely in boys than in girls. In most cases, true stuttering is an inherited problem. It can also occur when a child with normal dysfluency or normal dysarthria is pressured to improve and becomes sensitive about the problem. The child may begin to anticipate speaking poorly and struggle to correct it. The child becomes tense when he speaks, and the more he attempts to control his speech, the worse it becomes. True stuttering will become worse and persist into adulthood, without treatment.

Some characteristics of true stuttering include:

- frequent repetitions of sounds, syllables, or short words
- frequent hesitations and pauses in speech
- absence of smooth speech flow
- tense facial expressions or facial tics
- a fear of talking.
How can I help my child?

The following recommendations should prevent dysfluency or dysarthria from developing into stuttering.

- **Encourage conversation.**
  Sit down and talk with your child at least once a day. Keep the subject matter pleasant and enjoyable. Avoid asking for verbal performance or reciting. Keep speaking time low-key and fun.

- **Help your child relax when stuttering occurs.**
  Mild stuttering that's not causing your child any discomfort should be ignored. When your child is having trouble speaking, however, say something reassuring such as "Don't worry, I can understand you." If your child asks you about his stuttering, reassure him that, "Your speech will get easier and someday the stuttering will be gone."

- **Don't correct your child's speech.**
  Avoid expressing any disapproval, such as by saying, "Stop that stuttering" or "Think before you speak." Remember that this is your child's normal speech for his age and is not controllable. Do not try to improve your child's grammar or pronunciation. Also avoid praise for good speech because it implies that your child's previous speech wasn't up to standard.

- **Don't interrupt your child's speech.**
  Give your child ample time to finish what he is saying. Don't complete sentences for him. Don't allow siblings to interrupt one another.

- **Don't ask your child to repeat himself or start over.**
  If possible, guess at the message. Listen very closely when your child is speaking. Only if you don't understand a comment that appears to be important should you ask your child to restate it.

- **Don't ask your child to practice a certain word or sound.**
  This just makes the child more self-conscious about his speech.

- **Don't ask your child to slow down when he speaks.**
  Try to convey to your child that you have plenty of time and are not in a hurry. Model a slow relaxed rate of speech. A rushed type of speech is a temporary phase that can't be changed by orders from the parent.

- **Don't label your child.**
  Labels tend to become self-fulfilling prophecies. Don't discuss your child's speech problems in his presence.

- **Ask other adults not to correct your child's speech.**
  Share these guidelines with babysitters, teachers, relatives, neighbors, and visitors. Don't allow siblings to tease or imitate your child's stuttering.

- **Help your child relax and feel accepted in general.**
  Try to increase the hours of fun and play your child has each day. Try to slow down the pace of your family life. If there are any areas in which you have been applying strict discipline, back off.
When should I call my child's healthcare provider or speech therapist?

Call during office hours if:

- Your child has true stuttering.
- Your child stutters after age 5.
- Your child has facial grimacing or tics associated with his speech.
- Your child has become self-conscious or fearful about his speech.
- The dysfluency doesn't improve after trying the above suggestions for 2 months.
- Your child's speech is delayed (no words by 18 months or no sentences by 2-and-1/2 years).
- Speech is more than 50% unintelligible to others and your child is over age 2.
- Speech is more than 25% unintelligible to others and your child is over age 3.
- Speech is more than 10% unintelligible to others and your child is over age 4.
- Speech is 10% unintelligible to others and your child is over age 4.
- You have other questions or concerns.

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