

# Stuttering

Most children go through periods of disfluency as they learn to speak. Some will experience mild stuttering, and for others the difficulty will become severe. Early intervention by the family physician and timely referrals can help parents understand and thus minimize the problem.

Table 1: Differential Diagnosis between normal disfluencies, mild stuttering and severe stuttering

<b>Table 1: Physician's Checklist for Referral</b>			
	<b>The Child With Normal Disfluencies</b> Age of Onset: 1½ to 7 years of age	<b>The Child With Mild Stuttering</b> Age of Onset: 11/2 to 7 years of age	<b>The Child With Severe Stuttering</b> Age of Onset: 11/2 to 7 years of age
<b>Speech behaviours you may see or hear:</b>	Occasional (not more than once in every 10 sentences), brief, (typical 1/2 second or shorter) repetitions of sounds, syllables or short words, e.g., li-li-like this.	Frequent (3% or more of speech), long (1/2 to 1 second) repetitions of sounds, syllables, or short words, e.g., li-li-li-like this. Occasional prolongations of sounds.	Very frequent (10% or more of speech), and often very long (1 second or longer) repetitions of sounds, syllables or short words. Frequent sound prolongations and blockages.
<b>Other behaviours you may see or hear:</b>	Occasional pauses, hesitations in speech or fillers such as "uh," "er," or "um," changing of words or thoughts.	Repetitions and prolongations begin to be associated with eyelids closing and blinking, looking to the side, and some physical tension in and around the lips.	Similar to mild stutterers only more frequent and noticeable; some rise in pitch of voice during stuttering. Extra sounds or words used as "starters."
<b>When problems most noticeable:</b>	Tends to come and go when child is: tired, excited, talking about complex/new topics, asking or answering questions or talking to unresponsive listeners.	Tends to come and go in similar situations, but is more often present than absent.	Tends to be present in most speaking situations; far more consistent and non-fluctuating.
<b>Child reaction:</b>	None apparent	Some show little concern, some will be frustrated and embarrassed.	Most are embarrassed and some are also fearful of speaking.
<b>Parent reaction:</b>	None to a great deal	Most concerned, but concern may be minimal.	All have some degree of concern.
<b>Referral decision:</b>	Refer only if parents moderately to overly concerned.	Refer if continues for 6 to 8 weeks or if parental concern justifies it.	Refer as soon as possible.

**When to refer:**

Paediatricians, family physicians, and other healthcare providers are often the first professionals to whom parents turn for advice about their child's disfluencies. These professionals can help in the prevention of stuttering. Early identification of children at risk for chronic stuttering and appropriate referral is critical. Moreover, effective parent counselling can often create an environment conducive for children to outgrow their disfluencies.

**Where to refer:**

- ✓ **Children 0-5 years of age:**  
Communicative Disorders Program  
Porcupine Health Unit  
273 Third Avenue, suite 103  
Timmins, ON  
P4N 1E2  
TEL: 705-267-1181 ext 11 /1-877-442-1212  
FAX: 705-268-4443
  
- ✓ **Children 6 years and older**  
Cochrane District Community Care Access Centre  
101- 330 Second Avenue, suite 101  
Timmins, Ontario  
P4N 8A4  
TEL : 705-267-7766 / 1-888-668-2222  
FAX : 705-267-7795