

Tips for talking with your child

- 1 **Speak with your child in an unhurried way, pausing frequently.** Wait a few seconds after your child finishes speaking before you begin to speak. Your own slow, relaxed speech will be far more effective than any criticism or advice such as “slow down” or “try it again slowly.”
- 2 **Reduce the number of questions you ask your child.** Instead of asking questions, simply comment on what your child has said.
- 3 **Use your facial expressions and other body language to convey to your child** that you are listening to the content of her message and not to how she’s talking.
- 4 **Set aside a few minutes at a regular time each day when you can give your undivided attention to your child.** This quiet, calm time can be a confidence-builder for younger children.
- 5 **Help all members of the family learn to take turns talking and listening.** Children, especially those who stutter, find it much easier to talk when there are few interruptions.
- 6 **Observe the way you interact with your child.** Try to increase those times that give your child the message that you are listening to her and she has plenty of time to talk.
- 7 **Above all, convey that you accept your child as he is.** The most powerful force will be your support of him, whether he stutters or not.

Compiled by Barry Guitar, Ph.D., University of Vermont, and Edward G. Conture, Ph.D., Vanderbilt University



“...this is perhaps the best buy in the nation for information on children and stuttering.”

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*Some of the professionals who authored these materials: Edward G. Conture, Ph.D., Vanderbilt University; Richard F. Curlee, Ph.D., University of Arizona; Carl Dell, Jr., Ph.D., Eastern Illinois University; Jane Fraser, The Stuttering Foundation; Hugo H. Gregory, Ph.D., Northwestern University; Barry Guitar, Ph.D., University of Vermont; Diane Hill, M.A., Northwestern University; Peter Ramig, Ph.D., University of Colorado-Boulder; Lisa A. Scott, Ph.D., The Florida State University; C. Woodruff Starkweather, Ph.D., Temple University; and Patricia Zebrowski, Ph.D., University of Iowa.



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Since 1947—Helping Those Who Stutter
P.O. Box 11749 • Memphis, TN 38111-0749
info@StutteringHelp.org
800-992-9392

www.StutteringHelp.org www.tartamudez.org



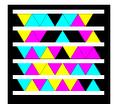
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Is It Stuttering?

If your child has difficulty speaking and tends to hesitate on or repeat certain syllables, words, or phrases, he may have a stuttering problem. Or he may simply be going through periods of normal disfluency that most children experience as they learn to speak. This pamphlet will help you understand the difference between stuttering and normal language development.



The normally disfluent child

1. The normally disfluent child occasionally repeats syllables or words once or twice, li-li-like this. Disfluencies may also include hesitations and the use of fillers such as “uh,” “er,” “um.”
2. Disfluencies occur most often between ages 1 1/2 and 5 years, and they tend to come and go.

They are usually signs that a child is learning to use language in new ways. If disfluencies disappear for several weeks, then return, the child may just be going through another stage of learning.

The child with milder stuttering

1. A child with milder stuttering repeats sounds more than twice, li-li-li-li-like this. Tension and struggle may be evident in the facial muscles, especially around the mouth.

2. The pitch of the voice may rise with repetitions, and occasionally the child will experience a “block”—no airflow or voice for several seconds.
3. Disfluencies may come and go but are now present more often than absent.
4. Effortless repetitions or prolongations of sounds are the healthiest form of stuttering. Anything that helps your child stutter like this instead of stuttering tensely or avoiding words is helping.

How to Help Right Away

- Try to model slow and relaxed speech when talking with your child, and encourage other family members to do the same. Don’t speak so slowly that it sounds abnormal, but keep it unhurried, with many pauses. Television’s Mr. Rogers is a good example of this style of speech.
- Slow and relaxed speech can be the most effective when combined with some time each day for the child to have one parent’s undivided attention. Set aside a few minutes at a regular time when you are doing nothing else but listening to your child talk about whatever is on his mind.
- When your child talks to you or asks you a question, try to **pause** a second or so before you answer. This will help make talking less hurried, more relaxed.
- Try not to be upset or annoyed when stuttering increases. Your child is doing his best as he copes with learning many new skills all at the same time. Your patient, accepting attitude will help him.
- If your child is frustrated or upset at times when her stuttering is worse, reassure her. Some children respond well to hearing, “I know it’s hard to talk at times...but lots of people get stuck on words...it’s okay.” Other children are most reassured by a touch or a hug when they seem frustrated.



Some factors may indicate that your child is more at risk for stuttering. Knowing these factors will help you decide whether or not your child needs to see a speech-language pathologist. See the chart, above right.

Risk Factor Chart

Risk factor	More likely in beginning stuttering	True for my child
Family history of stuttering	A parent, sibling, or other family member who still stutters	
Age at onset	After age 3 1/2	
Time since onset	Stuttering 6-12 months or longer	
Gender	Male	
Other speech-language concerns	Speech sound errors, trouble being understood, difficulty following directions	

The child with more severe stuttering

1. If your child stutters on more than 10% of his speech, stutters with considerable effort and tension, or avoids stuttering by changing words and using extra sounds to get started, he will profit from having therapy with a specialist in stuttering. Complete blocks of speech are more common than repetitions or prolongations now, and disfluencies tend to be present in most speaking situations.
2. The Stuttering Foundation at **800-992-9392** and **www.StutteringHelp.org** will provide you with the names of speech-language pathologists who specialize in stuttering.
3. The suggestions for parents of a child with mild stuttering are also appropriate when the child has a severe problem. Try to remember that slowing and relaxing *your own speaking style* is far more helpful than telling the child to slow down.
4. Don’t be afraid to talk to your child about stuttering. Show patience and acceptance as you discuss it. Overcoming stuttering is often more a matter of losing fear of stuttering than a matter of trying harder.