

A Brief Guide to Early Stuttering

Nobody's speech is completely smooth at all times. We all produce occasional disfluencies, which are not often a cause for concern. Some typical disfluencies include:

- Silent pauses
- Filler words and nonword fillers (e.g., "like" or "um")
- Whole word repetitions (e.g., "But- but I don't want to")
- Phrase repetitions/revisions (e.g., "This is a- this is a circle")

Other disfluencies are not typical and occur more often as part of a stutter:

- Part-word or sound/syllable repetitions (e.g., "Look at the b-b-baby")
- Prolongations (e.g., "I'm going to sssssschool")
- Blocks (i.e., strained, silent fixations on sounds or inability to initiate sounds)

Some children develop a stutter when they are young, and then the stutter resolves without treatment. Some stutters persist into adulthood. It is not possible to definitively predict which stutters will resolve and which will not, but there are some factors that are suggestive of each outcome. The following factors are suggestive of a stutter that is more likely to resolve on its own:

- Onset of the behavior occurs before 3.5 years old
- Child is female
- Disfluencies do not include blocks or prolongations but feature more part-word or 1-syllable repetitions
- Disfluencies do not happen often
- Child does not care/notice
- Secondary behaviors (i.e., strain, facial tics, other movements the child may make to try to break themselves out of the disfluency) are not present

The following factors suggest that a stutter may become persistent:

- Onset of the behavior occurs after 3.5 years old
- Child is male
- Disfluencies include blocks and prolongations
- Disfluencies occur very often
- Child is aware of the disfluencies
- Secondary behaviors are present

If you are concerned that your child may be demonstrating characteristics of stuttering, please reach out to their school's speech-language pathologist for more information.