UNDERSTANDING YOUR DIAGNOSIS

Stuttering

Also called Childhood-Onset Fluency Disorder (Stuttering)

Your child's words get stuck, repeated, or stretched out, real help exists, and nothing you did caused this.

HOW COMMON	OFTEN STARTS	MOST OUTGROW IT	TREATABLE
About 8 in 100 children	Between ages 2 and 5	About 3 in 4 children	Yes - speech therapy helps

What this is

- Stuttering means the flow of speech keeps breaking. Sounds repeat, stretch out, or jam shut while your child knows the word.
- You did not cause this. Not your parenting, not a divorce, not something you said. It starts in how the brain times speech.
- It is not nerves or a lack of confidence. Fear of talking grows out of stuttering far more often than it ever leads to it.
- Your child is not stupid or slow. The word is right there in their head. Getting it out of the mouth is the part that jams.

What it can look and feel like

- Sounds or syllables repeat, as in b-b-ball. Words stretch out, as in ssssoup. Or the mouth locks and nothing comes out at all.
- You may see eye blinking, facial grimacing, head jerks, or foot tapping as your child pushes to force a stuck word out.
- Your child swaps in an easier word or takes the long way around a sentence, so the stuttering hides and looks milder than it is.
- Speech gets rougher under time pressure, on the phone, when excited, or when reading out loud in front of the class.
- Singing, talking to a pet, or saying lines together with someone else usually comes out smooth. That pattern is typical.
- Your child may say they cannot talk, stop answering in class, or go quiet with strangers rather than risk getting stuck.
- Dread builds up before speaking. Ordering food, saying their own name, or meeting someone new can become the hardest moments.

What is happening in your brain and body

- Speaking needs the brain to time lips, tongue, and voice to the split second. In stuttering that timing system runs less smoothly.
- Scans show the wiring between the speech-planning and speech-moving areas is a little weaker on the left side of the brain.
- The brain's feedback loop, the one that checks your speech while you talk, does not lock on cleanly, so words stall or restart.
- Stuttering runs strongly in families. Several genes that control how brain cells clear out their waste have been pinned down.
- Stress and excitement do not cause stuttering, but they add load to an already stretched system, so rough days look worse.

What can make it more likely

- Genes carry most of it. About **7 to 8 in 10** of the difference between children comes down to what they inherited.
- A parent, aunt, or grandparent who stuttered raises the chance a lot. Ask around, because families often turn someone up.
- Boys stutter more often and are less likely to grow out of it, which is why the gap is wider among adults than among kids.
- Nothing in your home caused this. Not stress, not screens, not speaking two languages, not anything you did or did not do.

What to expect

- Most preschoolers stop stuttering. About **3 in 4** are fluent within four years, and therapy makes that more likely and faster.
- If stuttering is still there past age 7, it usually stays for life. That is not a disaster. Many adults speak well and freely.
- Speech comes in waves. Good weeks and rough weeks are normal, and they do not mean therapy failed or your child stopped trying.
- Success is not always zero stuttering. It is your child speaking up, saying what they want, and not letting words shrink life.

What helps

Treatment works. Most people get better.

Talking therapies

- **Speech therapy** is the treatment. Get a speech-language pathologist involved early rather than waiting to see if it passes.
- For preschoolers, the **Lidcombe Program** trains you to give simple, warm praise for smooth talking during daily play at home.
- Older children learn to stutter more easily: ease into the word, slide out of a block, and stop fighting it in the moment.
- Fluency shaping teaches slower starts, a gentle voice, and light contact between the lips, then moves it into real talking.
- **Talk therapy** treats the fear of speaking and the dodging. It helps a lot even when the number of stutters barely changes.

Medicines

- No medicine is approved to treat stuttering. Speech therapy is the treatment, and that is where your effort should go.
- Some medicines that block dopamine, a brain chemical involved in movement, help a little, but weight gain limits their use.
- If fear of people has taken over, **antidepressants** plus therapy can free your child to speak. Dosing is set with your prescriber.
- Have hearing checked, and tell the doctor about any medicine your child started around the time speech got noticeably worse.
- Skip gadgets, supplements, and breathing cures sold online as fixes for stuttering. None of them have been shown to work.

Everyday things that help

- Slow your own speech and pause a beat before you answer. Do not tell your child to slow down, breathe, or relax.
- Wait. Let your child finish. Never finish the word or the sentence for them, and ask everyone at home to do the same.
- Look at your child and react to what they said, not to how they said it. Your calm face tells them stuttering is allowed.
- Ask the school in writing for a speech evaluation. Services can then be written into an **IEP** or a **504 plan**.
- Name it out loud. Saying that word got stuck and that happens sometimes ends the secret and takes the shame out of it.

Get help right away if

- Your child talks about dying or hurting themselves. Call or text **988**, or go to the nearest emergency room.
- Stuttering starts suddenly in a teen or an adult, or right after a head injury. Get seen right away.
- Bullying, refusing to go to school, or going silent for days. Call your care team this week.

Questions to ask your care team

- *How severe is my child's stuttering, and what did the testing actually show?*
- *Which therapy do you use, how often, and how long before we see a change?*
- *What should we be doing at home, and what should we stop doing?*
- *Can the school provide speech services, and how do we get that started?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.