

# Speech and Language Disorders



Speech and language disorders is a general category that covers the following diagnoses:

- **ARTICULATION DISORDER:** Articulation disorders include difficulties making sounds. Sounds can be substituted, left off, added, or changed. These errors may make it hard for other people to understand the child.
- **COMMUNICATION DISORDER:** Communication disorders include difficulties giving or receiving non-verbal, verbal, written, or gestural messages (for example, reaching, pointing, or shaking hands). These problems can be related to speech, language, or hearing.
- **FLUENCY DISORDER:** Fluency disorders include problems such as stuttering, the condition in which the flow of speech is interrupted by abnormal stops, repetitions (st-st-stuttering), or prolonging sounds and syllables (sssstuttering).
- **LANGUAGE DISORDER:** Language disorders can be either receptive or expressive. Receptive disorders refer to difficulties understanding or processing language. Expressive disorders include difficulty putting words together, limited use of vocabulary, or inability to use language in a socially appropriate way.
- **RESONANCE OR VOICE DISORDER:** Resonance or voice disorders include problems with the pitch, volume, or quality of a child's voice that distract listeners from what is being said. These disorders may also cause pain or discomfort for the child when speaking.
- **SOCIAL COMMUNICATION DISORDER:** Social communication disorders include difficulties using words, pictures, facial expressions, body language, eye gaze, and gestures to start and continue interactions with others. These problems include difficulty participating in conversations, knowing how close to stand to others, and being able to vary what one says based on whether the other person is a teacher, acquaintance, friend, or family member.

## TIP

Parent involvement is crucial to treating speech and language disorders. A speech-language pathologist may recommend parent counseling and education. Ask your child's speech-language pathologist for suggestions on how you can help your child, such as emphasizing important words when you read together.

## SIGNS AND SYMPTOMS

Typical signs and symptoms of speech and language disorders include when a child has a hard time:

- Talking clearly enough to be understood outside the family
- Understanding others
- Following directions
- Reading or writing
- Answering questions
- Expressing his or her thoughts and ideas in a clear manner using appropriate vocabulary and grammar
- Using language in a variety of social situations

## EVALUATION AND DIAGNOSIS

If untreated, children with speech and language disorders may not be able to fully engage in daily conversations with their parents, family members, or other children. They also may not be able to follow directions—not because they do not want to listen, but because they do not understand. In school, a child with speech and language problems may fall behind, shut down, or act up. A speech-language pathologist can evaluate your child for speech and language disorders and help avoid behavioral consequences that can come along with having trouble in school. This is true even in cases where the problem may be more subtle, such as in older children. If you think your child has a speech and language disorder, your child may need a speech-language evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

## TYPICAL CO-EXISTING DIAGNOSES

Common mental health diagnoses that co-exist with speech and language disorders include:

- Attention Deficit Hyperactivity Disorder (ADHD) (p52)
- Autism Spectrum Disorders (Pervasive Developmental Disorders) (p54)
- Learning Disorders (p75)

## TREATMENT

A speech-language pathologist can treat speech and language disorders. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

## TREATMENT FACILITIES

University of Rhode Island  
Speech and Hearing Centers  
401-874-5969

## RESOURCES

American Speech-Language  
Hearing Association  
800-638-8255  
www.asha.org

Therapy should begin as soon as possible. Children who begin therapy early in their development tend to do better than children who begin therapy later. This does not mean that older children and adolescents cannot make progress in therapy. However, when a problem goes unrecognized, it can interfere with a child's family interactions, social relationships, and schoolwork. When a problem is identified, a speech-language pathologist can work with the child, parents, and teachers to enhance the child's speech and language development and reduce the impact of the any problems on a child's family, social, and school life.

Treatment may include clinic or home-based coaching, individual or group therapy, school-based individual or group therapy in a classroom, and other school-based interventions. Speech-language therapy may include:

- **ARTICULATION THERAPY:** In this treatment, a speech-language pathologist models correct sounds and syllables for a child during play activities. A speech-language pathologist helps the child learn how the sounds are formed with the lips, tongue, and teeth (for example, moving the tongue to the back of the mouth to say "car" instead of "tar").
- **LANGUAGE INTERVENTION ACTIVITIES:** In this treatment, a speech-language pathologist talks to a child and uses pictures, books, objects, structured play, or actual events, such as cooking. The speech-language pathologist may model certain words or types of sentences and ask the child to imitate. Together, these activities work to improve vocabulary, sentence structure, and language use. The level of play is age appropriate and related to the child's specific needs. For older children, the speech-language pathologist tries to improve a child's ability to understand others, like his or her teachers. A speech-language pathologist may teach the child to ask questions when he or she does not understand something in class or may explain the vocabulary used in daily school assignments.

If the speech and language disorder is affecting the child's ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.



## *Helping a child with a speech and language disorder*

### **HERE ARE A FEW TIPS YOU CAN TRY AT HOME:**

- When talking to your child, talk just a “notch above” what they do. If your child uses single words like “doggie,” then you can use a phrase like “nice doggie.”
- When interacting with your child, give him or her time to listen and learn. Pause after you talk, so your child has a chance to talk or gesture to answer you.
- Be patient. Your child may not repeat words you say right away, but these words may “pop out” later.
- Ask helpful questions (rather than test questions) and acknowledge your child's responses, even when they're hard to understand. If your child says “bamma” and you think he or she means to say “grandma,” ask your child “Are you talking about grandma” (helpful question) rather than “What’s her name?” (test question).
- Show your child that it is okay for him or her to ask questions when he or she does not understand what you are saying. If your child looks puzzled or does not follow a direction correctly, consider changing what you say and see if it helps him or her.
- If your child is having trouble expressing himself or herself, focus on what he or she means, rather than how he or she says it.
- If your child is having trouble understanding what you are saying, use gestures, objects, or pictures to help him or her understand what you are talking about. Older children can benefit from drawings, simple lists, and outlines.
- Keep in mind that even older children may not understand abstract expressions, such as “Those people live in a zoo.” When giving directions or just talking, say what you mean. For example, instead of saying “Put down your dukes” say “Put your hands down.”