

COMMUNICATION DISORDERS

Children and adolescents who have a communication disorder or a speech-language impairment have significant challenges communicating with others. Their ability to communicate significantly differs from their peers and may adversely affect their emotional, social, and/or educational development and performance. Individuals with communication disorders may also have co-occurring learning disabilities, intellectual disabilities, autism, emotional-behavioral disorders (e.g. ADHD, anxiety), and hearing loss. According to the American Speech-Language-Hearing Association (ASHA), approximately 5 million children in the United States have a speech, language, and/or hearing disorder.

TWO CATEGORIES OF SPEECH-LANGUAGE CHALLENGES:

- **Speech Sound Disorders**
- **Language Disorders**

What are speech sound disorders?

Speech sound disorders include problems with **articulation** (pronouncing sounds) and **phonological processes** (sound patterns).

An **articulation disorder** is characterized by difficulties pronouncing sounds that should be mastered by certain ages. A child may substitute, leave off, add, or distort sounds in words when communicating. This often leads to others having difficulty understanding a child's speech.

A **phonological process disorder** is characterized by errors in patterns of sounds that exist beyond a developmentally appropriate age. For example, a child may delete final consonants or substitute sounds made in the back of the mouth like /k/ and /g/ for those in the front of the mouth like /t/ and /d/. He or she may say "tup" for "cup" or "dame" for "game."

Childhood apraxia of speech (CAS) is a **motor speech disorder**. A child with CAS has challenges saying sounds, syllables, and words because his or her brain struggles with planning to move the body parts (e.g., lips, jaw, tongue) needed for speech. The child knows what he or she wants to say, but his or her brain has difficulty coordinating the muscle movements in the correct sequence to effectively communicate. This is not due to muscle weakness or paralysis.

A **fluency disorder or stuttering** refers to interruptions in a child's speech, also called dysfluencies. Characteristics include repetitions of initial sounds, part of words, whole words, and phrases. Other dysfluencies include prolongations (I want s-s-s-some) and interjections (I want um-um-um some water). Some children may also show excessive tension, struggle behavior (blocks), eye blinks, facial movements, or other body movements while communicating.

What are language disorders?

Language disorders can involve one or more of the following areas:

- *Receptive Language* - difficulty understanding language
- *Expressive Language* - difficulty using oral language
- *Pragmatic Language* - difficulty with social communication; interpretation of non-verbal/verbal language

Children and adolescents who have impaired comprehension and/or use of oral language may also have difficulty with written language. Their language disorder may hinder their ability to be successful in the classroom. Therefore, these individuals need specialized instruction to provide them greater opportunity to achieve academic and social success. These interventions should address:

Language Form:

Phonology- sound system of language (e.g. identifying words with the same beginning or ending sounds, learning to blend sounds to form words during phonological awareness activities)

Morphology-structure of words (e.g. grammatical tenses-plurals)

Syntax- structure of sentences (e.g. communicating simple, compound, and complex sentences)

Language Content:

Semantics- meaning of words and sentences (e.g. direct vocabulary instruction of Tier I, II, & III words)

Language Use:

Pragmatics- use of language to participate appropriately in social interactions (e.g. initiating conversations, interpreting non-verbal cues, turn-taking in conversations, maintaining topic).

Helpful Hints to Improve Receptive and Expressive Language Skills

Receptive language is listening and language comprehension.

- Have your child repeat and explain directions that are given at home to make sure he or she heard and understood you.
- Have your child complete simple and multi-step verbal directions.
- Have your child remember 3-5 items in a list when going shopping. This will also help improve his or her memory skills.
- Provide your child practice with vocabulary games such as “Hedbanz” and “Blurt” to improve his or her comprehension of word meanings.

Expressive language is also known as oral language or verbal communication. Children need to be able to verbally express their ideas about everyday events and academic information with ease.

Here are some ways that you can encourage your child to practice improving these skills:

- Have your child describe what he or she did during recent family events (e.g. going to the park, going to a birthday party, etc.). This will help your child explain the sequence of events.
- Have your child retell information about a fiction story by answering 5 WH questions: 1) Who was in the story? 2) What did the characters do in the story? 3) Where did the story take place? 4) When did the story happen? 5) Why did the main events happen?
- Have your child retell 5 facts from a non-fiction academic short passage.
- Provide your child an opportunity to verbally define curriculum language arts vocabulary. For example, he or she should be able to explain the meanings of story elements vocabulary such as character, setting, introduction, rising action, climax, falling action, conclusion, problem, and solution.
- Provide your child an opportunity to practice common word relationships or associations by naming synonyms, antonyms, and completing verbal analogies.