Speech & Language Impairments

♦ Definition ♦

Speech and language disorders refer to problems in communication and related areas such as oral motor function. These delays and disorders range from simple sound substitutions to the inability to understand or use language or use the oral-motor mechanism for functional speech and feeding. Some causes of speech and language disorders include hearing loss, neurological disorders, brain injury, mental retardation, drug abuse, physical impairments such as cleft lip or palate, and vocal abuse or misuse. Frequently, however, the cause is unknown.

♦ Incidence ♦

More than one million of the students served in the public schools' special education programs in the 2000-2001 school year were categorized as having a speech or language impairment. This estimate does not include children who have speech/language problems secondary to other conditions such as deafness. Language disorders may be related to other disabilities such as mental retardation, autism, or cerebral palsy. It is estimated that communication disorders

(including speech, language, and hearing disorders) affect one of every 10 people in the United States.

♦ Characteristics ♦

A child's communication is considered delayed when the child is noticeably behind his or her peers in the acquisition of speech and/or language skills. Sometimes a child will have greater receptive (understanding) than expressive (speaking) language skills, but this is not always the case.



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Speech disorders refer to difficulties producing speech sounds or problems with voice quality. They might be characterized by an interruption in the flow or rhythm of speech, such as stuttering, which is called dysfluency.

Speech disorders may be problems with the way sounds are formed, called articulation or phonological disorders, or

they may be difficulties with the pitch, volume, or quality of the voice. There may be a combination of several problems. People with speech disorders have trouble using some speech sounds, which can also be a symptom of a delay. They may say "see" when they mean "ski" or they may have trouble using other sounds like "l" or "r." Listeners may have trouble understanding what someone with a speech disorder is trying to say. People with voice disorders may have trouble with the way their voices sound.

A language disorder is an impairment in the ability to understand and/or use words in context, both verbally and nonverbally. Some characteristics of language disorders include improper use of words and their meanings, inability to express ideas, inappropriate grammatical patterns, reduced vocabulary, and inability to follow directions. One or a combination of these characteristics may occur in children who are affected by language learning disabilities or developmental language delay. Children may hear or see a word but not be able to understand its meaning. They may have trouble getting others to understand what they are trying to communicate.

Don't Be Shy!

All of our publications and resource lists are online—help yourself! Visit us at:

www.nichcy.org

If you'd like personalized assistance, email or call us:

nichcy@aed.org 1.800.695.0285 (V/TTY)

Because all communication disorders carry the potential to isolate individuals from their social and educational surroundings, it is essential to find appropriate timely intervention. While many speech and language patterns can be called "baby talk" and are part of a young child's normal development, they



can become problems if they are not outgrown as expected. In this way an initial delay in speech and language or an initial speech pattern can become a disorder that can cause difficulties in learning. Because of the way the brain develops, it is easier to learn language and communication skills before the age of 5. When children have muscular disorders, hearing problems, or developmental delays, their acquisition of speech, language, and related skills is often affected.

Speech-language pathologists assist children who have communication disorders in various ways. They provide individual therapy for the child; consult with the child's teacher about the most effective ways to facilitate the child's communication in the class setting; and work closely with the family to develop goals and techniques for effective therapy in class and at home. The speech-language pathologist may assist vocational teachers and counselors in establishing communication goals related to the work experiences of students and suggest strategies that are effective for the important transition from school to employment and adult life.

Technology can help children whose physical conditions make communication difficult.

The use of electronic communication systems allow nonspeaking people and people with severe physical disabilities to engage in the give and take of shared thought.

Vocabulary and concept growth continues during the years children are in school. Reading and writing are taught and, as students get older, the understanding and use of language becomes more complex. Communication skills are at the heart of the education experience. Speech and/or language therapy may continue throughout a student's school years either in the form of direct therapy or on a consultant basis.

Other Helpful Things to Know

These NICHCY publications talk about topics important to parents of a child with a disability.

Parenting a Child with Special Needs

Your Child's Evaluation

Parent to Parent Support

Questions Often Asked by Parents About Special Education Services

Developing Your Child's IEP

All are available in English and in Spanish on our Web site or by contacting us.

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♦ Resources ♦

Brice, A. (2001). *Children with communication disorders* (ERIC Digest #E617). Arlington, VA: ERIC Clearinghouse on Disabilities and Gifted Education. (Available online at: http://ericec.org/digests/e617.html)

Charkins, H. (1996). *Children with facial differences: A parents' guide.* Bethesda, MD: Woodbine House. (Phone: 800.843.7323. Web: www.woodbinehouse.com)

Cleft Palate Foundation. (1997). For parents of newborn babies with cleft lip/cleft palate. Chapel Hill, NC: Author. (Phone: 800.242.5338. Also available online at: www.cleftline.org)

Gruman-Trinker, C. (2001). *Your cleft-affected child: The complete book of information, resources and hope.* Alameda, CA: Hunter House. (Web: www.hunterhouse.com)

Hamaguchi, P.M. (2001). *Childhood speech, language, and listening problems: What every parent should know* (2nd ed.). New York: John Wiley. (Phone: 800.225.5945. Web: www.wiley.com/)

♦ Organizations ♦

Alliance for Technology Access 2175 E. Francisco Blvd., Suite L San Rafael, CA 94901 415.455.4575; 800.455.7970 atainfo@ataccess.org www.ataccess.org

American Speech-Language-Hearing Association (ASHA) 10801 Rockville Pike, Rockville, MD 20852 301.897.5700 (V/TTY); 800.638.8255 actioncenter@asha.org www.asha.org

Childhood Apraxia of Speech Association of North America (CASANA) 123 Eisele Road, Cheswick, PA 15024 412.767.6589 helpdesk@apraxia.org www.apraxia-kids.org Cleft Palate Foundation 104 South Estes Drive, Suite 204 Chapel Hill, NC 27514 919.933.9044; 800.242.5338 info@cleftline.org www.cleftline.org

Easter Seals—National Office 230 West Monroe Street, Suite 1800 Chicago, IL 60606 312.726.6200; 312.726.4258 (TTY); 800.221.6827 info@easter-seals.org www.easter-seals.org

Learning Disabilities Association of America (LDA)
4156 Library Road
Pittsburgh, PA 15234-1349
412.341.1515
info@ldaamerica.org
www.ldaamerica.org

Scottish Rite Foundation Southern Jurisdiction, U.S.A., Inc. 1733 Sixteenth Street, N.W. Washington, DC 20009 202.232.3579. www.srmason-sj.org/web/index.htm

Trace Research and Development Center University of Wisconsin- Madison 1550 Engineering Dr. 2107 Engineering Hall Madison, WI 53706 608.262.6966; 608.263.5408 (TTY) info@trace.wisc.edu www.trace.wisc.edu

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