**Lesson 14 : Speech-Language Impairments –Part 02 -**

**Symptoms and Signs of SLI:**

* Interruptions in the flow or rhythm of speech such as stuttering
* Articulation or phonological disorders
* Improper use of words and their meanings
* Inability to express idea
* Reduced vocabulary
* Inadequate social skills
* Difficulties with vocabulary, site words, decoding, and comprehension
* Difficulty writing down thoughts
* Difficulties with abstract ideas
* Fluency impairments.[[1]](#footnote-2)

**Types of Speech and language disorders:**

There are many kinds of speech and language disorders that can affect children. In this fact sheet, we’ll talk about four major areas in which these

impairments occur. These are the areas of: [[2]](#footnote-3)

**VOICE DISORDERS:**

* A communication disorder is an impairment in the ability to receive, send, process and comprehend concept or verbal, nonverbal symbol system.
* People’s voices are perceived as pitch, loudness and quality.
* Vocal quality is related not only to the production of speech, but also to the non linguistic aspects of speech.

**ARTICULATION DISORDER:**

* An articulation disorder is a speech sound disorder in which a child has difficulty making certain sounds correctly.
* Phonology refers to study of the rules for using the sounds of language.
* In this disorder the individual may make one or more of several types of error in producing words.
* Words sound can be omitted, substituted, distorted or added.

**FLUENCY DISORDER:**

* A person with fluency disorder has trouble speaking in a fluid or flowing way.
* They may repeat the words.
* Sudden impulsive burst.
* They may experience a short attention span, poor concentration, poorly organized thinking, inability to listen, speech is unintelligible.
* It can be identified by atleast age five. [[3]](#footnote-4)

**LANGUAGE DISORDER:**

* When a person has trouble understanding others, or sharing thoughts, ideas, and feelings completely.
* Problems that may experienced can involve grammar, semantics, or other aspects of language.
* Vocabulary is limited.
* Use of short simple sentences rather than longer more complex sentences.
* Difficulties in listening. [[4]](#footnote-5)
* **Prevalence and impact of SLCN:**
* It is estimated that almost 20% of the population will experience communication difficulties during their lifespan. These problems may a raise due to neurodevelopmental differences or due to reduced opportunities which have limited the child’s language development.
* Children and young people growing up with socio-economic disadvantage are more likely to have limited language skills. Research has also shown that children living in areas of social disadvantage, as well as having an increased risk of having language, are also more at risk of language disorders.
* There is clear evidence of a link between SLCN and life outcomes. There is a strong relationship between early life experiences and how children learn. Inequalities experienced by parents and children can affect speech, language and communication development and lead to further inequalities later in life. These early learning experiences are vital in forming the building blocks from which more formal literacy learning can be developed.
* A literacy rich environment promotes, supports and enriches listening, talking, reading and writing and there is growing evidence that intervention can make a significant positive difference. [[5]](#footnote-6)

**Developmental language disorder:**

* ‘disorder’ indicates a problem that should be taken seriously.
* puts language disorder on a par with other neurodevelopmental disorders
  + autism spectrum disorder
  + developmental co-ordination disorder
  + attention deficit hyperactivity disorder
* is compatible with the two main diagnostic systems, DSM-5 and ICD11
* term ‘specific’ language impairment has connotations that are misleading and confusing

**Under 3:**

Prediction from late language emergence to subsequent language disorder at school age is surprisingly weak.

Indicators are:

* Fail to combine words at 24m
* Comprehension problems
* Don’t communicate via gesture
* Don’t imitate body movements
* Poor social responsiveness and joint attention
* Family history of language or literacy problems

**3-4 years:**

Prediction improves as children grow older. In 4 year olds, greater number of areas impaired, higher the likelihood that problems will persist.

* Sentence repetition is a relatively good marker for predicting outcomes
* (those with problems only with expressive phonology have generally good prognosis)

**5 years and over:**

Language problems that are still evidence by 5 years are likely to persist

Prognosis particularly poor when:

* Receptive language is impaired
* Non-verbal ability is relatively low

Associated biomedical conditions (examples)

* brain inj\*93ury,
* acquired epileptic aphasia in childhood,
* certain neurodegenerative conditions,
* genetic conditions such as Down syndrome,
* cerebral palsy
* sensori-neural hearing loss.
* autism spectrum disorder (ASD)
* intellectual disability

**Developmental Language Disorder :**

* No differentiating conditions
* “developmental” means “emerges in the course of development”
* Does not mean child might ‘grow out of’ problem
* Does not mean child unable to develop language
* Could drop “developmental” term for adults
* Large discrepancy between verbal and non-verbal ability not required
* Children with low non-verbal IQ (who do not meet criteria for intellectual disability) can be included as cases of DLD

**Co-occurring disorders:**

* + Attention (e.g., ADHD)
  + Motor (e.g., dyspraxia, dysarthria)
  + Literacy
  + Speech
  + Adaptive behaviour
  + Behaviour/emotional problems
  + Auditory processing (e.g., APD)

**Associated risk factors:**

* Family history
  + Male
  + Younger sibling in large family
  + poverty
  + Fewer years of parental education

**Areas of language impairment:**

* Phonology (may get dual diagnosis of DLD with SSD)
* Morphology
* Syntax
* Word finding and semantics
* Pragmatics/language use
* Discourse
* Verbal learning and memory.[[6]](#footnote-7)

**TREATMENTS FOR SPEECH AND LANGUAGE DISORDER:**

* Speech Therapy
* Psychotherapy
* Special Education Programs
* Occupation Therapy.
* Individual Therapy.
* Group Therapy.
* Physical Therapy.[[7]](#footnote-8)

1. Tricia Hansen: **Speech-Language Impairments** , Oklahoma State Department of Education

   Instruction and Related Services Specialist [↑](#footnote-ref-2)
2. Minnesota Department of Education. (2010). Speech or language impairments. [↑](#footnote-ref-3)
3. Ritchard.M Gargiuilo : **Special education in contemporary society** [↑](#footnote-ref-4)
4. Ritchard.M Gargiuilo : **Special education in contemporary society** [↑](#footnote-ref-5)
5. Do luchd-ionnsachaidh na h-Alba, le luchd-foghlaim Alba: Introduction to Speech, Language and Communication Needs. Informed Level [↑](#footnote-ref-6)
6. Susan Ebbels: **Changing terminology and diagnostic criteria: evidence based decisions and practice** [↑](#footnote-ref-7)
7. Hallahan,D.P & Kauffman,T.M.,1988.Exceptional children. Prentice Hall, Englewood Cliff, New Jersey. [↑](#footnote-ref-8)