**Lesson 16 : Classification of Speech-Language Impairments – Part 02-**

**Language disorder:**

A language disorder is characterized by difficulty with the meaning conveyed during speech, writing or even gestures. Language disorders can include problems with the following components of language:

**Receptive Language Disorders:**

The child may have difficulty understanding the words and sentence structures and seem to have poor attention to the speech of others. Therefore, he or she may have difficulty following directions and learning.

**Expressive Language Disorders:**

The child may have difficulty coming up with the right words when talking or be unable to combine the words appropriately for sentences. As a result, the child may have a very limited vocabulary or use of inappropriate words. He or she may speech using short, "telegraphic" phrases and sentences or talk with faulty sentence construction.

For both types of language disorders, the main problem may be the **content** (semantics or word meaning), the **form** (grammar or syntax), or the **use** (the ability to understand and use language appropriately).

Causes of language disorders may include the following: hearing loss, mental retardation, emotional disturbance, environmental deprivation or neurological damage or dysfunction. Aphasia is an acquired language disorder resulting from CNS damage.[[1]](#footnote-2)

Social (Pragmatics) - maintaining a conversation, taking turns, social greetings, following rules for storytelling, understanding humor and multiple meanings of words.

Preschool children (3 to 5 years old) - may initially have problems with understanding and/or using language. In many cases consistent participation in a language-rich preschool classroom is all the child needs to catch up.

Language-Based Learning Disability - persistent language impairments can affect all areas of academic success, including reading, writing, spelling and even math. The Eligibility Committee will determine how best to meet the students’ identified needs. SLP may provide direct or indirect services.

Intellectual Disability: significant below average intellectual functioning that exists concurrently with deficits in adaptive skills area. The SLP may or may not provide direct services, depending upon whether the Eligibility Committee determines that the student requires specially designed instruction.

Often the student’s communication needs can be met in the classroom, with SLP observations and consultations.

ELL: English Language Learners are children who speak a language other than English. These children are challenged by learning the language spoken in school and are assisted by special instructors, called ELL instructors. Sometimes these students may also have speech sound disorders or underlying language problems which may make it difficult for them to learn and use either language correctly. In these instances, a

speech-language pathologist may evaluate the student’s speech/language skills, using an interpreter.

Selective Mutism: Some children do not speak in certain situations, like at school, but speak at other times, like at home or with friends. Selective Mutism is a complicated disorder which requires a team approach. The speech-language pathologist may or may not be a member of the team, depending upon evaluation and input from psychologist/psychiatrist, social worker, parent, teacher, pediatrician and other relevant sources.[[2]](#footnote-3)

**COMMUNICATION DISORDERS:**

Augmentative and Alternative Communication: the use of an alternative to speaking as a substitute for speech or to supplement speech.

Some children’s speech cannot be understood by others because they have physical challenges, such as cerebral palsy, or sensory limitations, such as a hearing impairment or hearing loss. Everyone can communicate, given a means to communicate and a communication partner who is willing to “listen.” There are no prerequisite skills required.

The team must presume competence. Students may use sign language or other communication systems, such as an object or picture board, picture communication notebooks, or a “talking” communication device, computer or tablet.

**Autism:** A developmental disability, generally evident before age three, significantly affecting verbal and nonverbal communication and social interaction. Speech-language pathologists work as a team member to assist children with autism.[[3]](#footnote-4)

**READING DISORDER (DYSLEXIA)**

5-12% of school-age children Deficits in phonologic processing that are unexpected in relation to the student’s intelligence and persist after appropriate instruction.

Skills needed to be able to read:

Hear & discriminate sounds of spoken language

Produce speech sounds of language

Match printed symbols with spoken sounds (phonics)

Produce sound associated with a printed letter or combination (reading decoding)

Present with problems decoding in the 1st-2nd year of school and lead to difficulties

with reading comprehension, attention & WRITING DISORDER

7-15% of school-age children

Caused by a range of neurodevelopmental weaknesses or disabilities in the

following spheres:

Handwriting – fine motor, graphomotor

Visual-spatial perception

Spelling – encoding and decoding

Grammar & syntax

Organizing ideas into written text

Always include in your differential – developmental coordination disorders, reading

disability, language disorders, ADHD reading avoidance.[[4]](#footnote-5)

**Alzheimer’s Disease:**

Alzheimer’s disease is a brain disorder which leads to a decrement in language

processing ability. This disease primarily afflicts elderly persons and causes progressive, diffused, and irreversible damage to the cortical regions of the brain, impacting markedly on memory functions. Comparison between the language

decrements due to the dementing effects of Alzheimer’s disease and those noted

for the aphasics is useful because the average age of onset of Alzheimer’s Disease overlaps that of aphasias (around 50 to 60 years of age).

The language of an Alzheimer’s patient is marked by a striking simplification process wherein words that once precisely described some event are now lost and are replaced by more general terms because of a fundamental loss of categorical organisation in semantic memory .It appears, however, that in patients suffering from Alzheimer’s disease, phonological and syntactic knowledge and use is minimally affected.

Finally, a deficit in pragmatic knowledge, concerning the correct recognition of the intention

of a speech act (e.g., that an utterance is meant to be taken as a request), turntaking in a conversation, and so on also occurs. Interestingly, this pattern of deficits and nondeficits again argues for the distinctiveness of the various levels of language information similar to what was seen for Broca’s and Wernicke’s aphasias.[[5]](#footnote-6)

1. **Communication Disorders in Children,** Speech-Language Pathology [↑](#footnote-ref-2)
2. **Speech/Language Impairment,** Fact Sheet  [↑](#footnote-ref-3)
3. **West Virginia State Department of Education,**  **Speech/Language Impairment** [↑](#footnote-ref-4)
4. oCarter J, Musher K. Etiology of speech and language disorders in children [↑](#footnote-ref-5)
5. Steven Pinker : **LANGUAGE AND SPEECH DISORDERS** , P54 [↑](#footnote-ref-6)