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Youth and Speech and Language Disorders



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What are Speech and Language Disorders?

Speech and language disorders are a grouping of disorders that involve problems in communication. Speech disorders refer to difficulties producing speech sounds or problems with voice quality. Language disorders refer to impairment in the ability to understand and/or use words in context, either verbally, nonverbally, or both. These disorders range in severity from sound substitutions to the inability to comprehend or use language.

What Causes Speech and Language Disorders?

There are many causes of speech and language disorders; however, many times the cause of the speech and language disorder is unknown. Some of the known causes include:

- Hearing loss,
- Neurological disorders,
- Brain injury such as head trauma or stroke,
- Mental retardation,
- Drug abuse,
- Physical impairments such as cleft palate,
- Vocal abuse or misuse,
- Autism.

What are Some Types of Speech and Language Disorders

Some types of speech and language disorders include:

1. **Apraxia of Speech**—Difficulty sequencing and executing speech movements.
2. **Nonverbal Learning Disorder**—This is a neurological condition thought to result from damage to the right hemisphere of the brain. There are three categories of this disorder: motor, visual-spatial-organizational, and social. The social category pertains to speech and language disorders as one symptom of this type is difficulty comprehending nonverbal communication.
3. **Hyperlexia**—This condition includes the ability to read far above the normal reading level for a person's age, significant difficulty understanding and using verbal language, and difficulty in reciprocal interactions.

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4. **Auditory Processing Disorder**—This is a disorder that affects how sound is processed and interpreted.
5. **Stuttering**—This is a disorder that may cause a person to repeat syllables when saying a word. This can be accompanied by eye rolling, blinking, and head jerks. Stuttering is influenced by psychological factors but is not an emotional or nervous disorder.
6. **Speech and Language Delay**—A child is considered to have a speech and/or a language delay when he or she is following the normal path of speech and/or language development but at a slower rate. While it can be related to cognitive development, this is not always the case.
7. **Perceptive-Expressive Language Disorder**—This is an impairment in both receptive and expressive language development.
8. **Pervasive Developmental Disorders**—These disorders, such as autism, Rett's Disorder, Childhood Disintegrative Disorder, and Asperger's Syndrome can be the cause of speech and language disorders.
9. **Pragmatic Language Disorder**—Individuals with this disorder have difficulty using language to effectively communicate with others.
10. **Phonological Disorder**—Difficulty using expected speech sounds appropriate to one's age and dialect is characteristic of this disorder.

How are Speech and Language Disorders Treated?

Those with speech and language disorders can often improve by working with a speech and language pathologist. Some individuals may also benefit from working with an audiologist. Those with physical impairments, such as a cleft palate, may be helped by surgery. For some individuals, medication for the primary disorder that causes their secondary speech and language problems will be helpful. It is best for those with speech and language disorders to consult professionals to determine which treatment or combination of treatments will be the most successful for them.

Important Issues for Extension Educators and 4-H Leaders to Consider:

1. Have contact information for parents or guardians and the member's doctor in accessible places. An example of this would be behind the child's nametag and in the medical forms box which should be stored in the main office at 4-H events. This form should include information such as what kinds of medications the child is taking, allergies, if any adaptive devices are used, and other health conditions.
2. Speech and language disorders vary in severity, type, and treatment. It is important to visit with the member

and his or her parent about the specifics of the disorder. Questions that can be asked include: "Do you know what causes your speech and/or language disorder?" and "Do you take medication to help your disorder?"

3. Members with a speech and language disorder should not be discouraged from giving oral presentations; though leaders may be inclined otherwise to avoid embarrassment. Giving oral presentations is an excellent way for a member to improve his or her speech and language skills. Compare it to physical therapy for other disorders.
4. At the same time, do not absolutely require oral presentations. For some members with speech and language disorders, this may never be an option. Find other ways for members to relay their accomplishments in 4-H such as using a book containing photos and stories.
5. Many people with speech and language disorders can be victims of cruel teasing and jokes because they sound different than most others. Be watchful for 4-Hers who mock those members having speech and language disorders.
6. Keep in mind some speech and language disorders worsen in stressful situations.

For More Information Contact:

American Speech-Language-Hearing Association

10801 Rockville Pike

Rockville, MD 20852

Phone: (800) 638-8255

TTY: (800) 498-2071

Web site: www.asha.org/public/

(Web site active as of May 6, 2005)

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