

38. SPEECH AND LANGUAGE DISORDERS

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38.2 Introduction

38.2.1 This chapter overlaps with other chapters, such as children with mental retardation [Chapter 35], normal development and disability in children [Chapter 33], behavioural problems [Chapter 36], autism [Chapter 37], cerebral palsy [Chapter 40] and deafness (39).

38.2.2 Language is the understanding of words, and speech is the way language is voiced and articulated. Communication starts at birth and develops rapidly in infancy and early childhood. There is much variety in normal children, but those whose speech and language is slower to develop, harder to understand or unusual in content are described as having speech and language delay or disorder. This may be part of a more general condition or may be a specific problem.

38.2.3 Speech and language disorders can affect a child's mental development as well as the ability to communicate and understand others. This results in difficulties with relationships, educational development, behaviour and personal growth.

38.2.4 There are many reasons for children being slow in developing language and speech. These include learning disabilities and disorders, epilepsy [Chapter 34], autism, hearing impairments, elective mutism (see below), physical abnormalities such as cleft lip and palate, and cerebral palsy. It is not uncommon for speech and language difficulties to be acquired, and in childhood frequent causes are head injury and acquired deafness. Social deprivation is also a cause of language delay or reluctance to speak. Apart from all these, there are a number of developmental disorders which occur among a significant number of children who are otherwise developing well, and for whose condition there is no apparent reason. It is those in this latter group who may be referred to as having a "specific speech and language disorder."

38.2.5 Children for whom English is a second language learn it in a few months to a year if they mix with English-speaking children and have suitable teaching. Those who have a speech or language disorder in their mother tongue find English much more difficult.

38.3 Types of Disorder

38.3.1 Some will have both speech and language disorders, thus compounding their difficulties with communication.

38.3.2 Speech Impairments

- (i) dysarthria:** a difficulty in using the muscles of articulation (the throat, mouth, tongue and larynx muscles) due to weakness, stiffness or lack of co-ordination. This is a physical difficulty which can add greatly to a child's disability.
- (ii) dyspraxia:** an inability to use the muscles of articulation because of difficulties in coordinating them to make sequences of sounds or syllables.
- (iii) elective mutism:** a willingness to speak in a limited number of situations but refusal to speak in others. A substantial minority of children with elective mutism have a history of speech delay or articulation problems. It is common for elective mutism to be associated with social anxiety, excessive sensitivity to the reactions of others and stubbornness based on fearfulness. Elective mutism most frequently appears in early childhood and occurs with approximately the same frequency in both sexes. It may respond to psychological treatment, but can be very persistent.

38.3.3 Language Impairments

- (i) developmental language delay:** a mild or severe delay in a child's development of language. Once the child's language does appear, it usually develops normally in sequence and pattern. Whilst early delay may resolve itself, it may turn out to be a long-term delay or disorder.
- (ii) developmental language disorder:** a severe delay and abnormality in the development of understood and/or used language. It is hard for children with this condition to develop their language due to its disordered nature.
- (iii) aphasia:** an absence or severe impairment of the ability to use language resulting from abnormal development of, or damage to, the brain.

38.3.4 Associated Difficulties

Behaviour problems are common in children with speech and language disability. [See also Chapter 36]. These include signs of frustration or anxiety, tantrums and, in older children, depression. Enuresis (wetting), soiling and sleep disturbances are common. Trying to gain attention by physical contact rather than by speech may be misinterpreted as aggression. Attention deficit hyperactivity disorder (hyperactivity with a very limited attention span) affects some, as do autistic tendencies (aloof or unusual social behaviour, lack of imaginative play, repetitive habits or mannerisms and difficulty in coping with anything new).

38.4 Care Needs

- 38.4.1** The care needs of children with speech and language disorders arise from difficulties they have with instructions or conversation, in making themselves understood, in associated behaviour problems and in relation to associated disabilities such as hearing loss, co-ordination or feeding difficulties.
- 38.4.2** It is more difficult for parents of children with speech and language disorder to gain the children's attention and to make themselves understood. The children may find making known their needs frustrating. Care requires patience and expert advice. In more severe cases children may use signing or symbol systems as forms of augmented communication, at least for a few years. These have to be learned by parents and other carers.
- 38.4.3** Most children with speech and language disorders do not have special care needs at night. There is a greater risk of enuresis and sleep disturbance in a minority.

38.5 Mobility Considerations

- 38.5.1** Most children with speech and language disorders have no special mobility needs. However, they may find it more difficult to understand instructions, and those who also have hyperactivity [see Chapter 36.] and a very limited attention span may behave impulsively out of doors.
- 38.5.2** Mobility needs may arise from associated conditions.

38.6 Duration of Needs

- 38.6.1** The condition of most children with speech and language disorders improves with time and increased maturity. Children whose speech has been unintelligible in pre-school years usually become intelligible by the age of seven to nine years. Spoken language disorders improve over a similar period in the majority of affected children, though many have difficulties with reading, spelling and writing.
- 38.6.2** Exceptionally, children may have such a persistent speech and language disability that they require continuing placement in special schools or units, for example those in which special language programmes or signing or

symbol systems are understood and used.

38.7 Further Evidence

38.7.1 Additional evidence may be sought from a child's speech and language therapist, school or community paediatrician.