

SPEECH SOUND DISORDERS IN CHILDREN

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Learning to talk intelligibly should be child's play, but for the 7% of children experiencing Speech Sound Disorders (SSD) it is a difficult process requiring the specialised help of Speech Language Pathologists. The two most obvious signs of SSD are speech that is difficult to understand, and speech that sounds immature when compared with that of most other children of the same age.

Child's Age	% Intelligibility to parents	Child's Age	% Intelligibility to strangers
By 18 months	25%	12 months	25%
By 24 months	50-75%	24 months	50%
By 36 months	75-100%	36 months	75%
By 48 months	100%	48 months	100%

There are three key components of speech development. In children with SSD one or some combination of the three is not proceeding as it should. The first is the remarkable increase, with age, in **intelligibility** - the percentage of speech a listener can understand. The second is **phonetic development** - the gradual acquisition of the ability to articulate speech sounds and syllables. The third is **phonological development** - the steady unfolding of an "organised", adult-like system of sound contrasts, and the steady elimination of **phonological processes** (the child-like pronunciation patterns found in young children's speech). By 48 months of age children are expected to be fully intelligible to everyone, and there should be no need for family members to act as "interpreters" for children coming up to school age.

SPEECH-LANGUAGE PATHOLOGISTS

Speech-Language Pathologists (SLPs) or "speech therapists" have been trained to assess and treat people with communication disabilities and people with difficulties swallowing food and drink. SLPs complete a university degree encompassing all aspects of communication plus swallowing. They work with children and adults in the areas of voice, fluency, language, literacy, speech, and swallowing. In Malaysia, qualified individuals become members of the Malaysian Association of Speech-Language and Hearing (MASH).

REFERRALS

Following world trends, of the children who are referred to MASH members because they have difficult-to understand speech, 60% of referrals represent an inherited linguistic

difficulty, 10% represent a difficulty with planning speech movements and 30% have had middle ear disease or “glue ear”. The SSDs these children have are classified into several categories: articulation disorder, phonological disorder, childhood apraxia of speech (a rare condition that occurs in less than 1% of children with SSD), and SSDs associated with conditions such as cleft palate and intellectual disability. Referrals can be made by the child’s parents, and, with parental permission, audiologists, doctors, teachers and other professionals.

ASSESSMENT AND TREATMENT

The SLP gathers relevant information about the child, including the results of a hearing test, and interviews the parents before making a careful, skilled assessment of the child’s speech. The assessment involves observations and simple testing in a supportive environment with parents close by for reassurance. Once the assessment is complete the SLP discusses treatment options, if necessary. And the good news is, with appropriate and timely treatment, the outcome is usually intelligible speech.

On her third visit to Malaysia Speech-Language Pathologist Dr Caroline Bowen will be presenting “Supporting Children with Speech Sound Disorders: A Study Day for parents, teachers and medical professionals” in Kuala Lumpur on Saturday 27 November 2010. There are details of this event and of a 2-day workshop for SLPs in Malaysia, on her informational web site: www.speech-language-therapy.com/0cpd.htm