

# Speech Impairments

- ❖ Speech Impairments fall under the umbrella of Communication Disorders.
- ❖ Individuals with a speech impairment have difficulty with the verbal means of communication, particularly with articulation (the production of speech sounds), fluency (the flow and rhythm of language), or voice (the quality of speech, including resonance, pitch, and intensity).
- ❖ Impairments can range from mild to profound, and may be a primary disability or coupled with other disabilities.

## Articulation Disorders:

Articulation disorders, the most common speech disorder, are defined as the absence of or incorrect production of speech sounds that are developmentally appropriate. They occur when students are not able to produce various sounds and sound combinations, and may include a *th/s* substitution or difficulty articulating certain sounds (such as *l* or *r*). There can be up to a three year variance as to when students begin producing certain sounds and sound combinations, and girls tend to produce speech sounds earlier than boys. A child continues to develop the ability to produce speech sounds through the age of eight. Articulation can be affected by regional dialects, cultural uses, and with children who are speaking English as a second language. Differences for these reasons should not be considered disorders.

Types of articulation errors include:

- Sound substitutions
- Omissions
- Additions
- Distortions

*Note: These errors may occur at the beginning, middle, and/or end of a word. Many of these errors occur with blended sounds, where the second sound in the blend is omitted, such as "boo" for "blue."*

Teachers need to listen for delays in articulation, especially in younger children whose articulation errors happen so regularly that they are significantly affecting that student's intelligibility and/or reading progress. If you have a concern about a student, talk with your speech and language pathologist.

## Fluency Disorders:

Fluency Disorders involve difficulty with the rate and flow of speech. The most common fluency disorder is stuttering. Fluency disorders are characterized by:

- intrusion or repetition of sounds, syllables, and words
- prolongation of sounds
- avoidance of words
- silent blocks
- inappropriate inhalations, exhalations, or phonation patterns (may be accompanied by facial/body movements associated with the effort to speak)

Everyone is nonfluent to some degree, especially in times of stress or excitement. During these times, one may:

- hesitate in the middle of a sentence
- use meaningless sounds and fillers (i.e., *um*, *ah*)
- repeat parts of or entire words
- speak very quickly
- have difficulty thinking of a word.

Most young children are nonfluent at times in their preschool years in a manner that resembles stuttering. More than half of all children who stutter during their preschool years will recover before the age of seven.

## Voice Disorders:

Voice disorders are related to the quality of the voice itself. There are three areas considered under this category:

- quality (hoarse, breathy, hypernasal/hyponasal)
- pitch (high or low, monotone)
- intensity (loud or soft)

Although most voice disorders are not found in school-age children, children can be affected by vocal nodules. Vocal nodules are formed when the vocal mechanism is used incorrectly or overused, such as with continuous yelling. If you notice students who has prolonged hoarseness long after a cold or has difficulty with the quality, pitch, or intensity of their voice, contact your speech and language pathologist.

## Accommodations Appropriate for your Classroom:

In order to qualify for special services in Minnesota, student scores on assessments must be at least two standard deviations below the mean. There are four different levels of classification: difference, delay, disorder, and disability. Students who are in the disorder level require attention, and those in the disability category qualify for services in Minnesota.

Most students with speech impairments will spend nearly their entire day in the general education classroom, and will also work with a speech and language pathologist several times during the week. The general education teacher needs to create a safe environment where students have an opportunity to communicate in the classroom in the most natural and supportive manner possible.

Some suggested accommodations:

- Avoid an atmosphere that creates time pressures and tensions for students
- Listen calmly and thoughtfully to what students are saying, making sure you allow time for them to finish their thoughts.
- Never criticize or point out speech errors. Instead demonstrate the correct speech by correctly repeating what the student said.
- Avoid situations where difficulties with communication might interfere or be highlighted for students with speech problems.
- Use flexible grouping so that students have an opportunity to talk in small groups or with a partner rather than in front of the entire class.
- Allow time for students to organize their ideas before they respond to questions.
- Develop cueing systems so that students can let you know when they are comfortable responding to a question.
- Avoid competition among students, especially when it highlights oral communication.

References:

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