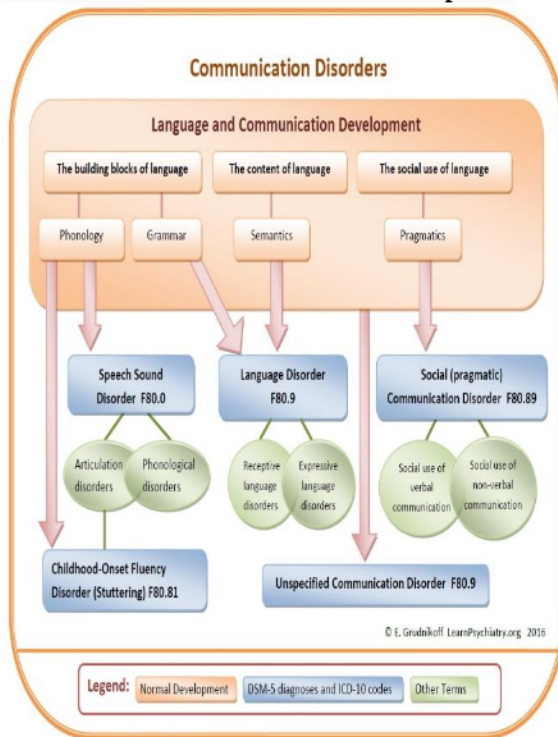


Types & Symptoms of

Communication Disorders

- (1) **Language Disorder** is a developmental impairment in vocabulary resulting in difficulty producing age-appropriate sentence.
- (2) **Speech Sound Disorder** is marked by difficulty in articulation.
- (3) **Childhood-Onset Fluency Disorder or Stuttering** is characterized by difficulty in fluency, rate, and rhythm of speech.
- (4) **Social or Pragmatic Communication Disorder** is a profound difficulty in social interaction and communication with peers.



PARENT GUIDE: Communication Disorders

Communication skills express emotions and needs. A communication disorder presents a barrier for the child. It becomes a challenge for to ask for what they need, make choices, and develop social competencies which include attachment, self-control, self-image, empathy, and temperament.

What is a Communication Disorder?

- It is a medical impairment in the ability to receive, send, process, and comprehend concepts that are either verbal, nonverbal, and graphic symbol systems.
- It affects the processes of hearing, language, and/or speech.
- A communication disorder may range in severity from mild to profound.

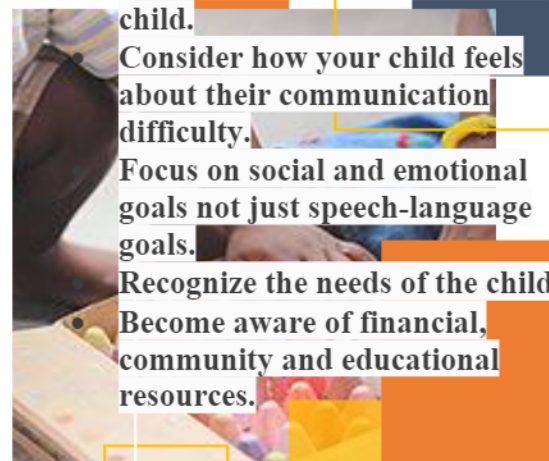
Behavioral Signs Of Communication Disorders

- Aggression, self-injury, damaged property
- Social withdrawal
- Strained family and peer relationships
- Difficulty regulating emotions



Coping with Your Child's Communication Disorder

- **Avoid blaming and labeling the child.** Consider how your child feels about their communication difficulty.
- **Focus on social and emotional goals not just speech-language goals.**
- **Recognize the needs of the child**
- **Become aware of financial, community and educational resources.**



Prepared by Walden University Nurse Practitioner Students

Funmilayo Joseph and Rita Gagliardi

The pathology of communication disorders varies based on type and age of onset:

Organic- identifiable problem in the neuromuscular part of a person

Functional- No identifiable organic or neurological cause

Congenital Disorder- occurs at or before birth

Acquired Disorder- caused by damage to the parts of conditions like the brain responsible for speech and language. The etiology can be as a result of trauma brain injury, stroke, Parkinson's Disease, and Multiple Sclerosis (MS) and often results in communication and cognitive impairment

- Communication disorders may resolve in childhood or continue into adolescence or adulthood.
- They range from mild delays in acquiring language to expressive or mixed receptive–expressive disorders, phonological disorders, and stuttering.
- *Dialects and accents are not communication disorders*
-



Diagnoses of Communication Disorders Based on Types

- Language disorder of the expressive disturbance type is diagnosed when a child has a selective deficit in language skills and is functioning well in nonverbal areas.
- Expressive Language deficit: Markedly below-age-level verbal or sign language, accompanied by a low score on standardized expressive verbal tests.
- In mixed receptive–expressive language disorder, language develops more slowly than their peers and have trouble understanding conversations that peers can follow
- receptive–expressive language disorder, receptive dysfunction coexists with expressive dysfunction.
- Speech sound disorder: A child's delay or failure to produce developmentally expected speech sounds, especially consonants, resulting in sound omissions, substitutions, and distortions of phonemes.
- Fluency/Stuttering disorder: Cluttering of speech characterized by erratic and dysrhythmic speech patterns of rapid and jerky spurts of words and phrases.
- Onset: 18 months and 9 years, with two sharp peaks of onset between the ages of 2 to 3.5 years and 5 to 7 years.
- Social (Pragmatic) Communication Disorder: Social communication disorder is a newly added diagnosis to DSM-5. This is characterized by persistent deficits in using verbal and nonverbal communication for social purposes in the absence of restricted and repetitive interests and behaviors. Deficits may be exhibited by difficulty in understanding and following social rules of language, gesture, and social context.

More Helpful Tips

- Know the diagnosis and services available
- No guilt! Obtain accurate information! Avoids stigma.
- Focus on the progress and strengths of your child
- Enhance coping skills by active listening and discussing feelings.
- Know the available resources in your area.
- Organize a list of providers for your child to include the dentist, medical care, child-care and recreation.

Episodic Grief

Recognize episodic grief: this grief has no predictable end, no resolution and is unplanned. You may be shocked and confused. Available resources for help may not be readily available. This could lead to depression and further impact the family. You may not have been prepared for raising a child with a long-term communication disorder.

Treatment of Communication Disorders Based on Types

- **Speech Therapy:** A comprehensive speech and language evaluation are recommended for children with mixed receptive–expressive language disturbance, given the complexities of having both deficits.
- **Parent-Child Interaction Therapy (PCIT)** for school-aged children with expressive language impairment. This helps improve a child’s verbal initiation, mean length of utterances, and the proportion of child-to-parent utterances.
- **Stuttering/Fluency Disorder:** Lidcombe Program is based on the operant conditioning model. Praise is used for periods in which the child does not stutter. When the child stutters, the child is asked by to self-correct the stuttered word.
- **Family-based, parent-child interaction therapy** identifies stressors possibly associated with increased stuttering and aims to diminish these stressors.
- **Individualized planning** for the child that is specific to the child’s needs may improve social communication.
- **Utilize communications methods** such as sign language, voice output devices and a picture communication system.

References

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: Authors

Friehe, M. J., Bloedow, A., & Hesse, S. (2003). Counseling families of children with communication disorders. *Communication Disorders Quarterly*, 24(4), 211–220. <https://doi-org.ezp.waldenulibrary.org/10.1177/15257401030240040701>

Gregg, K. (2017). Communication Disorders and Challenging Behaviors: Supporting Children’s Functional Communication Goals in the Classroom. *Early Childhood Education Journal*, 45(4), 445–452. <https://doi-org.ezp.waldenulibrary.org/10.1007/s10643-016-0789-7>

Sadock, B. J., Sadock, V. A., & Ruiz, P. (2014). *Kaplan & Sadock’s synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (11th ed.). Philadelphia, PA: Wolters Kluwer.