LESSON TWO :Causes of Communication Disorders

- What Are the Causes and Characteristics of Communication Disorders?
- Causes of Communication Disorders
- Characteristics of Students with Communication Disorders

What Are the Causes and Characteristics of Communication Disorders?

There are many causes of communication disorders, particularly when considering both primary and secondary disabilities. However, as is true for many disabilities, in most cases, the causes are diffi cult to discern. Characteristics will vary depending on the component of language or speech that is affected and whether the communication disorder is a primary or secondary disability.

Causes of Communication Disorders

Knowledge of the causes of communication disorders is important in their treatment in some cases and may lead to prevention in others. Speech and language disorders can be **congenital**, ones that the child is born with, as in a communication disorder associated with cerebral palsy; or **acquired**, when the onset is after birth, as in a communication disorder related to a traumatic brain injury. In addition, speech and language disorders can be classified as **organic or functional**. **Organic communication disorders** may result from an aberrant structure or a neuromuscular malfunction in the speech organs, such as a cleft palate. Organic causes may be related to heredity, factors during pregnancy, birth trauma, accidents, or diseases (Hall et al., 2001). Other speech and language disorders may be **functional**, with no organic cause identified to explain the disorder; currently they are presumed to be the result of learning, psychological, or environmental factors (Hulit & Howard, 2002). In practice, the cause of a particular speech or language disorder is rarely easy to determine. Factors associated with communication disorders include lack of adequate prenatal care, substance abuse during pregnancy, premature birth, poverty, craniofacial anomalies, lack of stimulation in childhood, genetics, and hearing loss (Hall et al., 2001).

Causes of Language Disorders

The cause of **primary language disorders** for many students appears to be f**unctional and nonorganic**, as they exist in the absence of any other developmental disability or obvious structural or neurological problems. This type of language disorder is called a **specific language impairment** (SLI). Children with SLI comprise the greatest number of those receiving language intervention services. Researchers have attempted to pinpoint the cause and

nature of SLI for decades without a great deal of success. Certain environmental factors, such as poverty and limited language input, have long been known to increase the risk of SLI. Recent evidence has pointed to biological or genetic factors that predispose some individuals to SLI. About 20% to 40% of children with SLI have a sibling or a parent with a language disorder (Justice, 2006). In addition to those children identified as having SLI, others receiving language services in the schools have disabilities such as cognitive, motor, or sensory limitations as their primary disability. These disabilities frequently result in secondary communication disorders. For example, language disorders are common in children with developmental disorders such as intellectual disabilities and autism. Children with these secondary language disorders each present a unique profile of language difficulties and etiologies.

Causes of Speech Disorders

Some causes of articulation, voice, and fluency disorders have been identified. Articulation disorders may be due to organic causes such as structural malformations in or around the mouth, or functional causes. This distinction becomes important because if a malformation does exist, it needs to be corrected or compensated for before speech intervention can be successful (Hulit & Howard, 2002). For example, a cleft palate is an organic structural defect caused by the failure of the parts of the mouth and/or lips (cleft lip) to fuse appropriately during fetal development. This may leave a child with a hole in the roof of the mouth that can lead to numerous speech problems. The causes of clefts include heredity, oxygen deprivation, maternal diet, and medications taken by the mother during pregnancy.

Voice disorders may be caused by any number of interacting organic and functional factors, such as structural differences, neuromuscular problems, or wrongly learned breathing patterns. Hearing loss, psychological deficits, and growths on the vocal folds/chords have all been associated with changes in voice. So, too, have behaviors that are abusive to the vocal folds, such as smoking and drinking or, in school-aged children, shouting or making car noises. Many students with the primary disability of cerebral palsy have secondary voice disorders due to lack of neuromuscular control of respiration. For example, weak respiration might lead to a voice that is not loud enough. Neurological damage and psychological factors, among other causes, can lead to fluency breakdowns. The cause of stuttering, the best-known fluency disorder, is unknown. Several theories based on organic causes have been proposed, usually centering on the neurological system or on the respiratory, voicing, or

articulatory aspects of the speech system. Some have argued that stuttering is a learned behavior.
Recent studies suggest that genetic factors play a role and that many, if not most,
individuals inherit traits that predispose them to develop stuttering. These genetic traits impair the ability to string together the various muscle movements necessary to produce fl uent sentences (ASHA, 2006b). After stuttering has developed, other factors, such as frustration, anxiety, and listeners' responses, may maintain or exacerbate dysfluencies.