Characteristics of Speech Disorders

Characteristics of speech disorders relate to voice, articulation of speech sounds, and fluency. **A voice disorder** is the atypical production of voice quality, pitch, or loudness. The voice differs significantly from that of a person of a similar age, gender, cultural background, and racial/ethnic group (Stemple, Glaze, & Gerderman, 1995). Examples of students with voice disorders include a student who has a particularly hoarse voice, a student who speaks in an extremely high-pitched voice, a student who speaks in a monotone with no changes in pitch and a student who speaks excessively loudly or softly.

An articulation disorder is the atypical production of speech sounds. It may include the substitution of one sound for another (e.g., Tham Thmiley for Sam Smiley), the distortion of a sound (e.g., a whistling "s" in soup), the addition of an extra sound (e.g., sumber for summer), or the omission of a sound (e.g., yeterday for yesterday). An individual with an articulation disorder typically has difficulty with only one or two specifi c sounds. The most common sounds misarticulated by children are "r" (including the syllabic consonant "er") and "s"/"z."

A fluency disorder is the atypical flow of verbal expression, characterized by impaired rate and rhythm, such as stuttering. A fluency disorder is manifested in behaviors that interrupt or prevent the forward flow of speech. Specifically, these behaviors include interjections (I um need to ah see), revisions (I have I need to see), incomplete phrases (I need and then—), broken words (I n-[pause]-eed to see), prolonged sounds (I neeeeed to see), and repetitions (I nnnnneed to see) of sounds, syllables, words, and phrases. Certain breakdown patterns can be used to identify different disorders of fluency. The most common and best-known fluency disorder is **stuttering**, also referred to as developmental stuttering. Although different definitions of stuttering exist, nearly all include part-word repetitions (that is,repetition of sounds or syllables) and prolonged sounds as primary speech characteristics. Each repetition and prolongation is

referred to as a **dysfluency**, a term meaning disordered fluency. Conditions that enhance fl uency for some developmental stutterers include singing, acting from a script, and choral reading. In addition todysfl uencies, individuals who stutter nearly always display struggle behaviors coinciding with their speech breakdowns. Examples of such behaviors are foot taps, arm swings, and eye blinks. These are attempts to avoid or escape dysfl uencies. Fluency disorders affect children most between 2 and 10 years of age. Three to four boys are affected for every girl (Craig, Hancock, Tran,Craig, & Peters, 2002; Justice, 2006).

Sometimes, determining the cause in cases of organic etiology may lead to medical correction or modifi cation that can be very important to the effectiveness of communication and intervention. However, in most cases of speech and language disorders, knowing the cause does not determine the educational needs of the child. It is only by identifying each student's characteristics and needs that an appropriate intervention plan can be developed.