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Children with Communication Disorders:  
Update 2001. ERIC Digest.

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The ability to communicate with others is critical to a young child’s development and it is a prerequisite to academic learning, yet some children have disorders that interfere with various aspects of their abilities to communicate. This digest discusses various types of communication disorders, their incidence, the learning difficulties associated with them, the special case of English language learners, and the educational significance of communication disorders.

WHAT IS A COMMUNICATION DISORDER?

Children with communication disorders have deficits in their ability to exchange information with others. A communication disorder may occur in the realm of language, speech and/or hearing. Language difficulties include spoken language, reading and/or writing difficulties. Speech encompasses such areas as articulation and phonology (the ability to speak clearly and be intelligible), fluency (stuttering), and voice. Hearing difficulties may also encompass speech problems (e.g., articulation or voice) and/or language problems. Hearing impairments include deafness and hearing loss, which can result from a conductive loss, a sensorineural loss, a mixed loss, or a central hearing loss.

Communication disorders may result from many different conditions. For example, language-based learning disabilities are the result of a difference in brain structure present at birth. This particular difficulty may be genetically based. Other communication disorders stem from oral-motor difficulties (e.g., an apraxia or dysarthria of speech), aphasias (difficulties resulting from a stroke which may involve motor, speech and/or language problems), traumatic brain injuries, and stuttering, which is now believed to be a neurological deficit. The most common conditions that affect children’s communication include language-based learning disabilities, attention deficit disorder, attention deficit hyperactive disorder, cerebral palsy, mental disabilities, cleft lip or palate, and autism spectrum disorders.

THE INCIDENCE OF COMMUNICATION DISORDERS

How many children have a communication disorder? Estimates vary according to the specific disability. According to the Twenty-Second Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act (IDEA) (US Department of Education, 2001), more than 20 percent of students with disabilities or 1,074,548 children, aged 6 to 21, were served under IDEA in the 1996-97 school year. IDEA also served a smaller number of students with hearing impairments (70,883). Attention deficit disorder can affect as many as two million children, or three to five percent of American children (American Speech, Language and Hearing Association, 2001; Children and Adults with Attention-Deficit Hyperactivity Disorder, 2001).
CHARACTERISTICS OF CHILDREN WITH COMMUNICATION DISORDERS

A child with a communication problem may present many different symptoms. These may include difficulty following directions, attending to a conversation, pronouncing words, perceiving what was said, expressing oneself, or being understood because of a stutter or a hoarse voice. Problems with language may involve difficulty expressing ideas coherently, learning new vocabulary, understanding questions, following directions, recalling information, understanding and remembering something that has just been said, reading at a satisfactory pace, comprehending spoken or read material, learning the alphabet, identifying sounds that correspond to letters, perceiving the correct order of letters in words, and possibly, spelling. Difficulties with speech may include being unintelligible due to a motor problem or due to poor learning. Sounding hoarse, breathy or harsh may be due to a voice problem. Stuttering also affects speech intelligibility because the child's flow of speech is interrupted. Many communication problems can be improved by therapy. Some problems may never be "cured," but children can learn new strategies to overcome their difficulties (e.g., attention deficit or stuttering). Some children may be able to overcome their deficits as they grow older (e.g., mild language delays), while others may compensate by communicating through electronic means (e.g., an augmentative communication device or hearing aid).

STUDENTS LEARNING ENGLISH

Enrollment of students in the United States from varying cultural and linguistic backgrounds has significantly increased over the last few years. These students exhibit various levels of functioning within the context of the school culture; they are acculturating to the US school system and they are also learning English. It is often difficult for teachers to tell if these students have a disability or problems resulting from acculturation and language learning. Code switching or code mixing, i.e., mixing two languages in the same sentence or paragraph, is a natural second language phenomenon—it is not indicative of a language disorder. Most bilingual speakers code switch or code mix. An example of code switching by a teacher follows.

The teacher utilizes English, Spanish, and French to illustrate her point:

* What language is mille lacs (one thousand lakes)? Do you know what that means? What does mille (thousand) mean? 'Mille' (French word for one thousand) means mil (Spanish word for one thousand). Lacs (French word for lakes) means lagos (Spanish word for lakes).

Children who speak English as a second language or speak another dialect do not have a disorder simply because of their different dialect or language. However, to diagnose
an English language learner with a communication disorder requires that symptoms of the disorder be present in both languages or dialects.

Speech-language pathologists in schools thus face the challenge of how best to provide services for students who are learning the English language. The issue is compounded when monolingual pathologists must provide services to students from bilingual homes.

**EDUCATIONAL IMPLICATIONS OF COMMUNICATIONS DISORDERS**

A strong relationship exists between communication and academic achievement. Language and communication proficiency, along with academic success, depend on whether students can match their communications to the learning-teaching style of the classroom.

Students with communication disorders are capable of high academic success if they learn the classroom’s social, language, and learning patterns. Teachers and speech-language pathologists should focus their attention on classroom interactions and the language and communications used within the school in order to help students learn to communicate in these environments. Explicit language and communication planning as well as non-deliberate language use (e.g., unconscious choice of language) are important features of the school and class environments that provide opportunities for teaching and learning.

**RESOURCES**


Hegde, M. N. (1995). Introduction to communication disorders (2nd ed.). Austin, TX: PRO-ED.


ORGANIZATIONS


National Institute on Deafness & Other Communication Disorders, 3 National Institutes of Health, 31 Center Drive, MSC 2320, Bethesda, MD 20892-2320. http://www.nidcd.nih.gov/

INTERNET RESOURCES

Net Connections for Communication Disorders and Sciences. An Internet Guide (http://www.mankato.msus.edu/dept/comdis/ kuster2/welcome.html) by Judith Maginnis Kuster. This site includes valuable resources for professionals and students in communication disorders and sciences as well as for persons with communication disorders.

Providing Speech-Language Pathologists Materials and Research: Issues of Cultural and Linguistic Diversity (CLD) (http://www.asha.ucf.edu) is a site from the University of Central Florida awarded an ASHA Office of Multicultural Affairs grant.

The Network on Multicultural Communication Sciences and Disorders (http://www.utexas.edu/coc/csd/multicultural/network/ home.htm) is a site from the University of Texas at Austin that provides "information and links related to universities and training programs, research and funding, and resources".
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