



# **Encyclopedia of School Psychology**

## **Communication Disorders**

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Communication disorders may be characterized as deficits or impairments in speech, language, and hearing. Communication is central to the transmission of ideas and thought. It directly impacts people's ability to express themselves, exchange ideas, and interact with others in their environment. Further, in the process of communication, learning takes place. Language is fundamental to a child's overall development, which includes growth in social, emotional, and behavioral functioning. Conversely, impairment in a child's speech and/or language is associated with behavior problems, academic achievement, and emotional and psychiatric problems.

This article provides an overview of communication disorders. More specifically, definitions of language, speech, and hearing disorders, as well as etiology, assessment methodology, and intervention strategies are provided.

### **Language Disorders**

Language disorders consist of expressive, receptive, or mixed expressive–receptive impairments. A disorder in expressive language is the inability to effectively communicate one's thoughts verbally or in writing. A disorder in receptive language is the inability to comprehend spoken or written material. Children with a mixed receptive–expressive language disorder have difficulty not only expressing themselves, but also comprehending spoken or written material. It has been estimated that approximately 3% to 5% of children are diagnosed with an expressive language disorder and 3% of students are affected by a mixed expressive–receptive language impairment.

### **Language-Learning Disability**

Approximately 40% to 60% of students with a learning disability have also been diagnosed with a language-learning disability. Students with language impairments struggle with academics because learning is demonstrated through a process of reading, writing, and speaking. Potential indicators of language impairment during preschool and kindergarten include difficulty listening to a story, difficulty following directions, immature speech, word-finding difficulties, and poor play skills. During the elementary school years, signs of a language disability include difficulty understanding text, misunderstanding directions, difficulty synthesizing words with more than one syllable, and poor social skills. In high school, adolescents with a language disability struggle with processing complex, higher-order verbal information. Specifically, note taking, written expression, test taking, and poor organizational skills are all areas that may be affected by a language disorder.

### **Assessment of Language**

Based upon suggestions for assessment of a child's language skills, the following methodology and test batteries are recommended for school psychologists in uncovering any deficits a child may have in language:

- A developmental history obtained via a parental interview ascertains the child's milestones as well as academic and medical familial issues.
- Behavioral data in the form of observations in various contexts and rating scales such as the Behavior Assessment System for Children (BASC) yield valuable information regarding behavior in different settings.
- Assessment of a child's adaptive functioning across domains provides

information regarding skills that the child has incorporated into his or her repertoire.

- Evaluation of a child's ability to effectively employ spoken language in a given social situation or context (pragmatic language) may be assessed.

The school psychologist may also administer intellectual tests such as the Wechsler Intelligence Scale for Children-Fourth Edition (WISC-IV) to determine whether global cognitive abilities are associated with an impairment in language. However, it should not be the sole instrument used in the assessment process. Language tests typically administered by speech and language pathologists include the Clinical Evaluation of Language Fundamentals-3, the Peabody Picture Vocabulary Test-Revised, Test for Auditory Comprehension of Language-Revised, and the Test of Language Development.

## **Treatment**

School psychologists may help the student with a language disorder by designing opportunities within the classroom to incorporate communication skills and addressing social skills problems by teaching children how to interact with others, take turns, and make friends. Language production may be improved by engaging in role-play and storytelling activities in which the child tells a story about a picture and/or names objects. Comprehension may be enhanced by minimizing classroom distractions, obtaining the child's full attention, having the student repeat directions, and, finally, cueing the child to improve listening.

Allowing more time between asking a question and expecting an answer (wait time) gives the student the opportunity to process the information and formulate his or her thoughts and ideas. Also, scripts that delineate a course of events, different roles, and new language have also been suggested, along with modeling and imitation.

With respect to written expression, brainstorming helps the student create various ideas and vocabulary to be used in his or her writing. In addition, mapping the ideas that were generated during the brainstorming phase aids in organizing thoughts for the written product. Also, students should be encouraged to use word processing programs when completing written assignments. That is, word processing programs allow the student to revise and edit the manuscript, produce a well-organized and neat document, check for spelling errors, and assist with grammar. The advantages afforded by these programs are numerous and provide real individualized assistance in helping students write.

## **Disorders Speech**

Speech disorders are impairments in the verbal production of speech. Within the domain of speech, disorders include articulation (phonological), stuttering (fluency), and voice.

### **Phonological Disorder**

A phonological or articulation disorder is defined in the *DSM-IV* as "a failure to use developmentally expected speech sounds that are appropriate for the individual's age and dialect. This may involve errors in sound production, use, representation, or organization such as, but not limited to, substitutions of one sound for another or

omissions of sounds” (*DSM-IV*, APA, 1994, p. 61). Approximately 50% to 70% of individuals diagnosed with a phonological disorder will experience academic difficulty.

*Etiology.* Phonological disorder is present in approximately 2% to 3% of first and second-grade children. The severity of this disorder ranges from mild to severe, with greater frequency for a mild form of the disorder. Impairments in articulation are more common in males.

*Assessment.* Phonology may be evaluated formally or informally. Formal measures include standardized tests such as the Goldman-Fristoe Test of Articulation–2. This measure is composed of three subtests that assess articulation of speech sounds, the ability to retell a story read by the examiner and depicted with pictures, and the ability to discern phonemes that are mispronounced.

*Treatment.* Interventions include improving phonemic awareness, teaching students to hear the differences in sounds, and rewarding accurate articulation.

## **Stuttering**

Stuttering, also known as a fluency disorder, “is characterized by frequent repetitions or prolongations of sounds or syllables” that culminate in a lack of fluency in speech (*DSM-IV*, APA, 1994, p. 63). Stuttering affects approximately 1% of individuals, with males being three times more at risk than females. Although early intervention is recommended for individuals who stutter, more than 50% of these individuals recover without any treatment by adulthood. Family history of expressive language impairment, articulation disorder, or stuttering results in a greater risk of stuttering. In addition, increased stuttering is associated with anxiety, depression, and lowered self-esteem, which in turn may impact the student's social communication and academic achievement.

*Etiology.* Research substantiates a genetic component in individuals who stutter. Onset is typically gradual and is noted to occur between two and seven years of age. Features include a lack of fluency in speech that includes repetitions that become more frequent over time. Notably, language disorders have been shown to be connected to the etiology of stuttering.

*Assessment.* Evaluation may include a familial history that includes the child's development, a structured speech sample, and observations of the student in various settings. Since children who stutter may experience emotional and academic difficulties, these areas should be monitored.

*Treatment.* Treatment of fluency disorders includes ignoring speech that is not fluent, speaking slowly, avoiding statements instructing the student to “slow down,” refraining from assisting the student to complete a sentence, positively reinforcing speech that is fluent (no stuttering), and allowing the student more time to answer questions. It is important to note that stuttering is less pronounced and sometimes not evident when these students speak with their friends or participate in activities such as choral reading or whispering.

## **Voice Disorders**

Voice disorders include deficits relative to atypical loudness, pitch, duration, and resonance. The speech and language pathologist usually provides services for these students.

## **Hearing Disorders**

Hearing impairments may be defined as damage to an individual's hearing that results in hearing that is deficient but functional. This term has been used to describe a wide range of hearing loss. Impairments in hearing do not affect an individual's intellect. However, hearing loss does negatively affect the academic achievement of these students in that instruction generally depends upon verbal instruction. Consequently, students with hearing impairments may be delayed as compared to their peers. Hearing impairments have also been noted to affect a child's social and emotional development. The social use of language as well as conversational skills of children with a hearing impairment are often deficient. An audiologist and/or speechlanguage pathologist typically conduct the assessment. With respect to treatment, the school psychologist may provide social skills training that focuses on conversational skills, turn taking, initiation of activities, and decision making.

Children with central auditory processing disorder (CAPD) evidence difficulty processing information that is presented orally despite normal hearing. The speech-language pathologist and an audiologist typically conduct the assessment and provide treatment strategies. However, children with CAPD often exhibit symptoms similar to attention deficit hyperactivity disorder (ADHD). That is, children with CAPD are often inattentive, distractible, have difficulty following directions, exhibit behavior problems, and demonstrate poor auditory attention and memory. In light of the behavioral manifestations and similarities between ADHD and CAPD, collaboration with the school psychologist for differential diagnosis is recommended.

## **Summary**

Communication is fundamental to all aspects of functioning, including learning and interacting with others. Communication disorders adversely affect academic achievement and socialization and are associated with emotional and behavioral problems. Thus, impairments in communication may be considered pervasive in that they impact academic, behavioral, social, and emotional functioning. In light of the adverse implications stemming from communication disorders, school psychologists, parents, and teachers need to work together toward the goal of expanding upon the language, academic, social–emotional, and behavioral presentation of students with communication disorders. Certainly, this would assist with social interaction as well as academics. This is particularly important as children with communication disorders tend to isolate themselves from social and educational environments. School psychologists are in the unique position to provide assessment, consultation, and intervention services to these students. Through the school psychologist's knowledge of empirically validated interventions, consultative services may provide teachers efficient and effective methods to facilitate communication within the classroom. Such services are designed to maximize students' academic potential and enhance their emotional well-being.

- stuttering
- communication disorders
- language disorders

- school psychologists
- articulation disorders
- impairment
- disorders

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*See Also*

- [Adaptive Behavior Assessment](#)
- [Autism Spectrum Disorders](#)
- [DSM-IV](#)
- [Echolalia](#)
- [Facilitated Communication](#)
- [Selective Mutism](#)
- [Stuttering](#)

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