

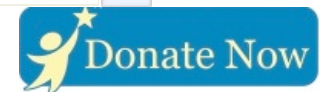


The Childhood Apraxia of Speech Association of North America (CASANA)

The mission: To strengthen the support systems in the lives of children with apraxia, so that each child has their best opportunity to develop speech

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Understanding Apraxia

Characteristics of Childhood Apraxia of Speech

While there are many reasons that some children fail to develop age-appropriate speech and/or language skills, the following are frequently mentioned *characteristics* of children with apraxia of speech (not every child will have all characteristics.) This list was compiled from professional literature which is referenced at the end. Professionals and researchers do not all agree on the characteristics that define apraxia and some of those listed below may also be present in children with other severe speech sound disorders. If you are a parent and are worried about your child's severely unclear or absent speech, we recommend you schedule a comprehensive speech and language evaluation by a qualified speech and language pathologist.

- **Receptive ability** far exceeds expressive ability (your child understands at a much higher level than he or she is able to express)
- **Limited vocalization** and sound play during infancy (parents often describe their child as a "quiet baby")
- **Limited number** of consonant sounds
- Possible difficulty in **feeding during infancy**
- **Vowel errors and distortions**
- May have developed **elaborate nonverbal or gestural** communication
- While repetition of sounds in isolation may be adequate, **connected speech is more unintelligible** than one would expect on the basis of single-word articulation test results. (Although the child may be able to produce sounds perfectly by themselves, he or she may make errors on these same sounds when combining them in longer units like words or phrases.)
- **Initial and final consonant deletion, cluster reduction, syllable omissions, substitutions and distortions** (speech errors in children with apraxia of speech are often referred to as inconsistent or unpredictable)
- **Increase in errors with increase length** of utterance, including problems producing multisyllabic words
- **Voicing errors** (i.e.: Some sounds are produced very similarly except one may use the vocal cords-- "voiced"--and one may not--"voiceless." For example, "P" and "B" are produced similarly. "P" is a voiceless consonant and "B" is a voiced consonant; "B" uses the vocal cords. Children with apraxia of speech can confuse or substitute these.)
- **Errors vary with the complexity of articulatory adjustment.** (Articulatory adjustments means the extent to which the articulators--lips, tongue, etc.-- must shift between sounds in a word or phrase. A word

- like "baby" does not require much adjustment. A word like "dog" requires more adjustment.)
- **Groping**, trial and error behavior, struggling to deliver speech. The child in this struggle may make sound prolongations, repetitions, or silent posturing. (For instance, the mouth appears to "grope" or be searching for positioning. Or the child may use short sounds or words repeatedly, using the time to try and find the motor position for the next sound or word he or she wants to make. An example: "I, well, well, well, can't do it." This is not the same as stuttering. Silent posturing means a child's mouth may move silently while he or she is searching for proper motor position.)
 - **Slow rate** and incorrect sequencing, called diadochokinesis. (For example: ask the child to say "pah, tah, kah" three times, or a word such as "buttercup". The child may get the sequence right the first time, but on subsequent attempts it will break down and the rate will be slowed.)
 - **Prosodic disturbances**. Prosody is the melody of speech and includes rate, stress, pauses, and intonation. (Children with apraxia of speech may speak too slow or too fast. They may not put stress on the correct syllables. Their voices may sound monotone.)
 - **Oral apraxia** sometimes, but not always, can accompany verbal apraxia. Oral apraxia is the impaired ability to, on command, perform nonspeech tasks like puffing out cheeks, licking lips, protruding tongue, puckering lips, etc.
 - Apraxia of speech may occur in isolation or in combination with **other speech and language problems**. The incidence of "pure" apraxia of speech is reportedly low. Most typically, children will exhibit a number of problems that contribute to their difficulty with speech.
 - **Other "soft" neurological signs**. Sometimes these children are described as awkward, uncoordinated, or clumsy. They may have difficulty organizing and coordinating fine motor skills too. Some parents report that their child may have sensory problems, poor body awareness, dislike toothbrushing, or seem sensitive to touch in their facial area.

References:

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