

**SPEECH, LANGUAGE AND
HEARING**
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COMMUNICATION

Communication is made of speech, language and hearing.



WHAT IS SPEECH?

- “Speech is a fine motor activity to produce sounds involving the coordination of the lips, tongue, vocal folds, the vocal tract, and respiration.” - ASHA 2003
- Speech is a fine motor movement
- Speech is the way our words sound when we talk
- Body parts involved: tongue, teeth, lips, lungs, pharynx (voice box), nasal cavity, hard and soft palate and brain.



THE PARTS OF SPEECH

- Speech is made up of different parts:
 - Articulation
 - Phonological
 - Fluency
 - Voice



ARTICULATION

- Articulation refers to the individual speech sounds including the vowels and consonants.
 - Vowels are made by changing the position of the jaw and tongue with the voice on.
 - Consonants are made in different ways: plosives (ex: b, k), fricatives (f, s), affricates (ch), liquids (l, r)
 - Voice is on or off (b = voice on, p = voice off)
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PHONOLOGICAL

- The phonological system refers to the pattern of the speech sound combinations made up of vowels (V) and consonants (C). For example:
 - VC – ex: “up”
 - CVC – ex: “cat”
 - CCVC – ex: “stop”
 - CVCVCCV – ex: “butterfly”
 - Some phonological processes are part of the typical development of speech such as final consonant deletion (ex: ”ca” for “cat”) and typically aren’t used as the child develops
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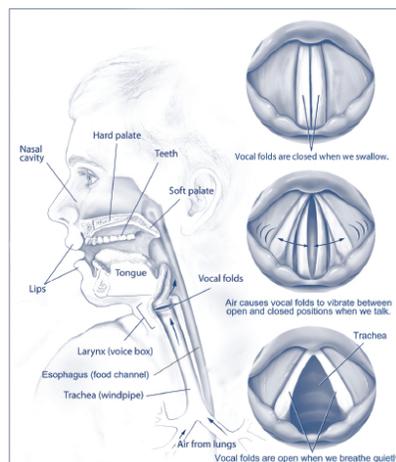
FLUENCY

- Fluency refers to the continuity, smoothness and rate of speech.
- It is the timing of putting all of the speech sounds together during connected speech.
- Children typically go through a disfluency period that has whole and part word repetitions. Signs of struggle, tension and prolongation should be evaluated by a speech language pathologist.



VOICE

- Voice refers to the sound the vocal folds make during speech.
- A voice disorder can develop if the vocal folds have nodules
- You may need to see a ENT for further evaluation



LANGUAGE

“Language is the code that we learn in order to communicate ideas and express our wants and needs. Reading, writing, understanding, speaking and some gesture systems are all forms of language.” - ASHA



LANGUAGE INCLUDES:

- Vocabulary – meaning of words
- Grammar – ex: adding a –s to the end of a noun makes it plural as in “**dogs**” or adding a –ed to the end of a verb makes it past tense as in “**walked**”
- Word order
- Pragmatics – the social use of language including body language and social rules



RECEPTIVE AND EXPRESSIVE

- Receptive language means the language that is understood. Ex: If someone said, “Give me the cups,” you would know you needed to get more than one cup due to the plural –s.
 - Expressive language refers to the language used by a person to tell others their wants, needs and ideas.
 - People typically express language through speaking and writing, however, some people use sign language, a picture exchange system, or a communication device.
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FUN LANGUAGE FACTS

- Receptive language is typically higher than expressive language. For example, you might be able to understand more vocabulary than you are able to recall and use.
 - The “window” for learning language is birth to five. It is easier to learn a language in this window.
 - The speech and language areas in the brain are typically located in the left hemisphere.
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HEARING

- Hearing is the auditory input through your ears.
- We use our hearing:
 - to understand verbal communication
 - to increase receptive language which leads to and increase in expressive language
 - to develop and monitor speech



TYPICAL VS DISORDERED

- Speech and language typically develop naturally within the context of every day life.
- Speech and language may be disordered or delayed for multiple reasons:
 - Developmental disability such as autism
 - Hearing loss
 - Brain injury
 - Structural variations
 - Family history
 - Internal and external factors
 - Unknown



IF THERE IS A SPEECH AND LANGUAGE DISORDER THERE IS GOOD NEWS:

- Strategies used in speech and language therapy are researched based
- Early intervention has been proven to be highly effective in the prognosis of speech and language disorders
- Many speech and language pathologists may specialize in treating specific conditions
- Speech and language goals and strategies used are specific for each client
- Regional Centers often help cover therapy for birth to three populations. After three, therapy can be provided in school or privately.

FOR MORE INFORMATION

- www.asha.org
- <http://www.autismspeaks.org>
- <http://www.apraxia-kids.org>
- www.stutteringhelp.org
- www.deerspeech.com