

THE CENTER FOR SPEECH EXCELLENCE

Developmental Apraxia of Speech Fact Sheet

Definition: Impaired ability to program, combine, and sequence the elements of speech. The apraxic child will have difficulty consistently positioning the mouth, tongue, lips, teeth, etc. to pronounce words correctly on each attempt. This is considered a neurologic, sensorimotor impairment, meaning the brain and motor system are not coordinated. Functional articulation disorders in which a child mispronounces certain sounds, but can place the articulators correctly, are not as involved as apraxic disorders.

Characteristics:

Children experiencing developmental apraxia of speech may exhibit one or more of the following characteristics.

- History of feeding problems
- Little definite vocal play, babbling, imitation, or self-imitation during infancy
- Family history of speech, language, and learning disorders
- Difficulty placing mouth, tongue, lips, (articulators) etc. in position on command
- Deficits in oral perception
- Poor self-monitoring
- Poor gross motor coordination
- Noticeably reduced repertoire of sounds
- Poor ability to imitate speech when modeled by another person
- Difficulty putting sounds together in correct sequence
- Very inconsistent errors (e.g., correct today and incorrect tomorrow).
- Able to pronounce words in spontaneous speech, but not in imitation
- Good speech when producing single words, but less intelligible in connected speech
- Groping, trial-and-error behavior when trying to imitate words; may include sound prolongations, repetitions, or silent posturing
- Repetitive sound rates (diadochokenetic rates) are slower than normal and often in the wrong sequence
- More voicing errors than by children with normal articulation (e.g., pat=bat, pea=bee)
- Speech errors of distortion, addition, and omission are common
- Errors increase when words require more adjustment of the articulators (e.g., more syllables)
- Receptive language uncommonly higher than expressive language
- Overall expressive language disorder sometimes occurs in conjunction with apraxia
- Very slow in improving speech, even with therapy

These children seem to respond best to therapy which includes slowing the rate of speech, rhythmic speaking, or a multisensory approach.

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Assistance:

We can offer the following assistance:

- Evaluation of motor speech system with recommendations for therapy based on normal ability at each child's age level.
- Report of the evaluation and regular progress reports to be shared with physicians, teachers, family members, and others.
- Therapy including approaches tailored to facilitate each child's progress.
- Parents may observe therapy, consult with speech pathologists, and receive assistance in implementing carryover activities at home.

Adapted from A Handbook of Speech and Language Disorders, "Neurological Impairment of Speech Production: Assessment and Treatment", by Mata B. Jaffe.

Fact sheet compiled by Susan E. Hance, M.S., CCC-SLP, © 1992