Childhood Apraxia of Speech
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According to the American Speech and Hearing Association (ASHA), childhood apraxia of speech (CAS) is a motor speech problem. CAS can also be called verbal apraxia, developmental apraxia of speech, or verbal dyspraxia. CAS tends to affect more boys than girls. The cause of CAS is unknown. Children with CAS have trouble saying sounds, syllables, and words correctly and consistently. This is not because of a physical problem. The child knows what he/she wants to say, but his/her brain has difficulty putting in order the muscle movements needed to say a word or sound. A developmental delay of speech is when the child's ability to understand words and talk follows the typical rate of development just at a slower rate. CAS occurs when a child understands language but cannot verbally talk well.

Not all children with CAS have the same signs and symptoms. ASHA lists general signs to look for in young children and older children.

Young child

- little or no cooing or babbling as a baby
- late to say first words
- saying only a few consonants and vowels
- difficulty eating
- trouble putting sounds together
- simplifying words by replacing difficult sounds with easier ones or deleting difficult sounds

Older child

- making inconsistent sound errors
- difficulty imitating speech
- can understand language better than he/she can produce it
- make groping motion with mouth when trying to produce sounds
- has difficulty saying longer words
- words are harder to say when he/she is anxious

An audiologist should perform a hearing evaluation to rule out hearing loss. A certified Speech-Language Pathologist can diagnose CAS and rule out other speech problems. An evaluation of CAS includes looking at a child's mouth movements, listening to his/her melody of speech, listening to how the child says a word, and determining how well a child understands language (receptive) and talks (expressive).

The organization Apraxia-Kids, explains why children with CAS will need speech therapy with a speech-language pathologist. How often the child should have therapy depends on the individual needs of the child. Another important factor is how often the parent/caregiver can practice at home with the child. There is not one therapy approach that works with all children who have CAS; however, frequent one-on-one therapy with a lot of repetition is important. There are some therapy techniques that seem to be successful with children who have CAS. These include:

- practice and repetition
- visual and physical touching
- rhythm and melody
- working on speech sequences versus single sounds

Depending on the child's needs, sign language, picture books, and other ways to communicate or talk may be used in addition to speech therapy. It is important to remember that every child is unique. Support from family members is important.

Resources:

http://www.apraxia-kids.org
http://www.asha.org/public/speech/disorders/ChildhoodApraxia.htm
http://www.nidcd.nih.gov/health/voice.apraxia.htm