

## &gt; DOCTORS' NOTES

# Determining if your child has a speech disorder

Speaking is a fine-motor skill that can be difficult to learn, but monitor progress closely

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Soon after our children are born, we start monitoring their progress — how soon they coo and babble as infants, how early they start crawling, how many words they have at 18 months and how fluently they speak once they learn to combine words into sentences.

While we can get carried away and draw too much meaning from certain milestones, early observations of speech and language can help identify a speech disorder or a stutter — and lead to early intervention that can make a huge difference in our kids' lives.

Speaking is a tough thing to learn. It's a complex fine-motor skill that involves mapping abstract linguistic structures to dynamic sequences of muscle movements — and quickly. So if your child is having trouble with it, keep in mind that it is not unlike learning to play the piano or to write for the first time.

But if your child is very late with



DREAMSTIME

If your child doesn't hit certain milestones, consider a speech therapist.

those first words compared with other kids of the same age, or is missing or misarticulating certain sounds when they speak, you should seek out a speech-language pathologist. We are specialists in dealing with speech and language problems and can use a combination of techniques — from breathing drills and articulation exercises to simply allowing them to speak at a slower pace.

It's important to spot the signs early. For example, young children might have a speech disorder if they

have trouble combining sounds, grope for words or sounds, leave out parts of words, add sounds in incorrect places or substitute hard-to-pronounce sounds for easier but incorrect ones.

Also watch for stuttering. Although making errors in speech is quite typical for kids, it can sometimes lead to a lifelong problem. With stuttering, a good thing to look out for is whether the child is repeating a complete word (which is usually fine) or if they are repeating parts of words. That's

what we call "part-word disfluency."

If you notice these part-word disfluencies, which might be accompanied by some trouble pronouncing words, it's a good idea to find professional help.

While some of these behaviours can be part of a normal development, they might also be early signs of an underlying speech-sound disorder. And if that's the case, it's important to find appropriate treatment, as it won't go away on its own. Speech issues can lead to psychosocial problems such as anxiety and affect literacy development and overall performance at school.

In our Oral Dynamics Lab at the University of Toronto, we study the mechanisms involved in both regular and disordered speech, and we do research on various aspects of speech science and oral motor control.

In one recent study, we found that children with a severe speech-sound disorder needed a high-intensity treatment — in this case, two speech-language pathology sessions per week instead of one — to see significant results.

Families play an important role in therapy. There are things you can do to help a child who's dealing with a

speech disorder — and also things you should avoid. For example, speaking quickly and trying to elevate your language above what your child is ready for won't help, and will probably lead to more frustration and anxiety. Instead, parents and family members should slow down their speech, try to use simple words and give each sibling a turn to speak, even when it may take a bit longer for some than for others.

Even if it seems to come easily, speaking is a complex skill to master. For all motor tasks — playing tennis, for example — some people will just naturally be more skilful than others. That's also the case with speaking, according to our research. But unlike with tennis, which you could decide to simply avoid playing, you can't just decide not to speak.

**Dr. Pascal van Lieshout** is a professor and the chair of the Department of Speech-Language Pathology at the University of Toronto. He is also the founder of the Oral Dynamics Lab (ODL). **Dr. Aravind Namasivayam** is a researcher at ODL and lecturer at the Department of Speech-Language Pathology. Doctors' Notes is a weekly column by members of the U of T Faculty of Medicine. Email [doctorsnotes@thestar.ca](mailto:doctorsnotes@thestar.ca).