"Late talker or speech problems? A parent's guide"

Is my child just a late talker or is something else going on? This is a question parents of 2-year-olds will ask during an evaluation. They have been referred by their child's pediatrician because he or she is "not talking" or "not talking as much as they should be". The focus of this article is to differentiate between those who are most likely "late talkers" and those who may have "childhood apraxia of speech". In order for a speech-language pathologist to correctly identify the differences, several key questions should be asked. These include the following:

1. Has your child’s hearing been assessed?
2. Did your child babble as an infant?
3. Does your child make environmental sounds when playing?
4. Does your child sing familiar songs with relative ease?
5. Does your child easily imitate words overheard in conversation or say words upon command (for example, if he/she wants a drink, will they say “juice” when requested)?
6. Does your child appear to understand much more than he or she can express?
7. Does your child appear to struggle when attempting to say words (as if he or she is not sure how to make the sounds)?
8. Do you sometimes hear your child say a certain word but when asked to say it, he or she cannot?
9. Does your child have only a few consonant sounds that he or she uses consistently?
10. Does your child seem to use the same consonant-vowel combination for many words (e.g., “ba” is ball, bottle, bye, bear) or repeat the same syllable (e.g., “wawa” is water, “dada” is daddy, etc.)?
11. Does your child use gestures or act out his/her wants in order to communicate to you?

If a parent answers “yes” to the first 5 questions, “no” to the remaining ones; and, we know the child’s hearing is within normal limits, then it is a high probability he or she is just a late talker.
If a parent answers “no” to the first 5 questions, “yes” to the remaining ones; and, we know the child’s hearing is within normal limits, then it is a high probability he or she has childhood apraxia of speech.

**What is childhood apraxia of speech?**

The word *praxis* refers to our ability to motor plan in order to complete a function. For example, if you want to take a drink (a motor action), you have to perform a series of movements in the correct sequence in order to pick up the cup, move it to your mouth, place it on your lips, take a drink and swallow.

Childhood apraxia of speech (aka developmental apraxia of speech, verbal apraxia or dyspraxia) is a disorder of the nervous system that affects the ability to sequence and say sounds, syllables and words. Speaking is the most precise motor-planning action that we perform. Take a minute and think about what your articulators (i.e., lips, tongue, jaw) are doing when you say the word “buttercup”. Your lips close for “bu”, then the tongue tip elevates and lips round for “ter” followed by the back of the tongue lifting to your soft palate for “cu” and ending up back at the lips for “p”. During this process, your jaw remains stable so the lips and tongue can move independently providing more precision and efficiency.

Children with apraxia appear to grope or struggle when attempting to say a word as simple as “mommy” or “water” because they have to sequence different movements. This is why we learn to talk using more simplified versions of adult speech; hence, “mama” and “wawa”. Children with apraxia tend to stay in this developmental stage.

There continues to be controversy in the field of speech-language pathology regarding the diagnosis of “childhood apraxia of speech” because there appears to be no known cause for it. Brain imaging generally does not find a lesion (as you would with someone who
has had a stroke). But there are definite differences in children who are just “late talkers” and those with “apraxia”. Here are some characteristics of childhood apraxia of speech:

- receptive language (or understanding) is age-appropriate and expressive language lags far behind;
- obvious groping or struggling behaviors are observed when child is asked to say words on command;
- child naturally uses gestures or signs to communicate with those around them;
- very limited sound repertoire (usually vowels such as “uh” or “ah” and simple consonants like “p” or “h”);
- very limited vocabulary at age two (typical 2-year-old child uses 200-300 words and combines these words into short sentences);
- says some words correctly when playing but cannot duplicate on command.

So, if your child is exhibiting any of the above characteristics, please talk with your pediatrician and request a referral for a speech-language evaluation. A speech-language pathologist is the only professional who can accurately differentiate between a child who is a late talker and one who has childhood apraxia of speech. If you have any questions, please call Mountain Region Speech and Hearing Center at (423) 246-4600.

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