

Frequently Asked Questions

The Speech and Hearing Center at the University of South Carolina

Department of Communication Sciences and Disorders

Q. What is the difference between “language” and “speech”?

A. Although language and speech problems frequently occur together, they are different in how they are evaluated and treated. When a person cannot understand what is said to them, this is referred to as a *receptive language problem*. If someone does not know the rules of language in order to share ideas, this is called an *expressive language problem*. *Speech* refers to several areas and includes *articulation* (clarity of what one says), *fluency* (the rate and rhythm of speaking) and *voice* (*quality of one’s voice*).

Q. What is the most common speech problem in children?

A. *Articulation* is the most common of all speech problems in children. A child may incorrectly produce only a few sounds or may incorrectly produce many sounds. The number of sounds produced correctly and incorrectly determines how well the child is understood by others. *Unintelligible speech at any age is cause for concern* and warrants an evaluation by a speech-language pathologist.

Q. How can a speech-language pathologist help individuals with speech and language disorders?

A. Speech-language pathologists can help individuals become more effective communicators. Treatment programs focused on language development, articulation production, memory and other cognitive tasks as well as fluency and voice treatment can help persons become more successful in school, on the job and in social situations.

Q. What are signs that a communication disorder is affecting my child’s school performance?

A. Children with communication disorders frequently struggle with reading and writing, have difficulty understanding instructions in the classroom, and have difficulty taking test. In many cases, a child may avoid attending school and/or participating in oral speaking activities. Difficulty in learning to listen, speak, read, or write can result from problems in language and speech development.

Q. Who experiences hearing loss?

A. Hearing impairment affects more than 28 million people 3 years of age or older and is considered one of most common of handicapping conditions. Approximately 1 in 200 children is born with congenital hearing loss and less than 10% of people 65 years of age and older have normal hearing. Hearing loss can develop over time or suddenly as in the case of acute trauma or illness. If you or someone you know is having difficulty hearing, contact a local audiologist for testing.

Q. My child is two years old and is not talking. Should I be concerned?

A. Although there is variation among children with regards to language development (and other developmental milestones) studies support the finding that children at age 2 *should be talking*. In general, two year old children have a vocabulary of over 200 words and are beginning to combine two words together in simple phrases (e.g. “go bye-bye). It is not uncommon to hear the emergence of grammar in the language of a two year old (e.g. “doggie barking”). If your two year old child is not using words to interact with you and others contact a speech-language pathologist to discuss your options.

Q. Can an adult with an articulation problem be helped?

A. Most articulation problems can be helped regardless of a person's age. However, the longer the problem persists without treatment, the more difficult it is to change. The amount of time spent in therapy depends on the nature and the severity of the articulation. Other factors that may influence progress in an adult include the condition of the oral structures such as the teeth, frequency of treatment, motivation, and cooperation.

Q. What are the language problems associated with aphasia?

A. Aphasia due to stroke results in persons having difficulty understanding what is said to them and expressing their own thoughts. Reduced ability to read, write, gesture, or use numbers is also related to aphasia. The most common characteristic of aphasia is difficulty in naming objects and pictures. The person with aphasia may know what to do with a fork but will forget what to call it. Some people with aphasia may have slurred speech, with obvious effort being made to communicate. They may also become more confused, forgetful, frustrated and emotional.

Q. What causes a voice problem?

A. Voice is a problem when the pitch, loudness, or quality calls attention to itself rather than to what the speaker is saying. There are many causes of voice problems. They range from temporary hoarseness due to misuse of the voice (e.g. cheering at a sport event or using a pitch level that is too high or low) to paralysis of a vocal fold secondary to injury. If you have hoarseness, voice change, or discomfort that lasts for more than ten days in the absence of an allergy or cold, you should have an examination by a medical doctor. This examination will help you decide whether your problem will require professional assistance.

Q. My pediatrician says not to worry about my child's stuttering, since most children outgrow it - is this true?

A. Yes, and no; While it's true that many children who begin to stutter will stop stuttering on their own, some will not. Only a speech pathologist with experience working with children who stutter can determine if therapy is warranted. Early intervention is crucial to recovery.

Q. Can an adult who stutters benefit from therapy?

A. Yes. Many adults who stutter seek help from speech pathologists to gain or regain control of their speech by reducing the amount, severity and impact of stuttering on their communication. Therapy may also address fear and anxiety related to speaking. Participation in a support group for people who stutter, such as a local chapter of the National Stuttering Association (www.nsastutter.org), often provides a nice complement to techniques learned in therapy.