Title of presentation: Persistent Speech Sound Disorder: Characteristics and Course

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Target audience: Speech Pathologists – basic to intermediate level of practice. May be of interest to other professionals interested in speech clarity issues; this presentation is on primary speech disorder, not language delay/disorder.

Introduction/background to the topic: Speech Sound Disorders (SSD) are common in early childhood, and prevalence rates decrease with age. Most SSD research focuses on early childhood SSD; however, clinicians are particularly interested in individuals with persistent speech intelligibility problems (e.g., school age and beyond). Literature on this group of individuals is very limited. This presentation discusses the current state of knowledge about persistent SSD, including the basics (definition, classification, prevalence, characteristics, risk factors) as well as outcomes. Specific treatment of speech error patterns is not the focus of this paper (i.e., treatment approaches/techniques) but can be addressed in a future presentation.

Intended learning outcomes: By the end of this session, participants will be able to;
- Understand SSD classification, particularly persistent SSD classification
- Discuss current findings re characteristics associated with persistent SSD
- Discuss current findings re outcomes of individuals with persistent SSD

Method/approaches used: Focus of the presentation is a review of literature on persistent SSD. Original research is included briefly.

Conclusions & recommendations for practice:
- Persistent SSD is little studied.
- Children with persistent SSD affecting speech intelligibility at school age and beyond are highly likely to present with language and literacy difficulties. Socio-emotional health is frequently affected.
- Comprehensive assessment and monitoring of all verbal traits is necessary for both goal setting and treatment evaluation.
- Phonological skills are also typically impaired, even if some have a diagnosis of Childhood Apraxia of Speech which is a motor speech disorder. Both phonology and motor planning may need consideration in treatment selection and evaluation.
- Individuals with persistently poor speech intelligibility require very significant time input from SPs (i.e., for complex speech analyses; high levels of family/school training; implementation of low and high tech alternative and augmentative communication systems; high speech treatment dose necessary; language and literacy prevention necessary; socio-emotional health needs consideration).
- Flexible SP services are needed. It is not appropriate for services to decline treating school-aged children with poor intelligibility.

References/resources recommended: