

# Emerge



A Child's Place

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Occupational Therapy  
Speech Therapy

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## Childhood Apraxia of Speech

# Challenged Communication Between the Mind and the Mouth



Bonnie Hacker, OT  
Founder / Director

Imagine that you are trying to speak to others. You know exactly what you want to say and what tone, inflection, and speed to use, but your mouth, throat, and tongue simply won't cooperate with you. Your muscles and joints seem otherwise healthy. You can chew and swallow. But you simply can't use speech the way you want. This could be apraxia of speech.

The American Speech-Language-Hearing Association defines childhood apraxia of speech (CAS) as a neurological childhood speech-sound disorder in which the precision and consistency of movements underlying speech are impaired in the absence of neuromuscular deficits.<sup>1</sup> In the recent past, other terms such as developmental apraxia of speech and developmental verbal dyspraxia have been used, but in 2007, the American Speech-Language Hearing Association issued a position statement recommending that one term, "Childhood apraxia of speech," be used to describe the pediatric form of the disorder from all etiologies (idiopathic, neurological, and neurobehavioral).<sup>1</sup> CAS can result from infections, trauma, or heredity, or it can occur with no apparent cause.



CAS is characterized by delayed onset of speech, limited babbling as an infant, restricted sound inventory, atypical prosody, inconsistent sound errors, and loss of previously spoken words.<sup>2</sup> CAS is difficult to diagnose, but it is clinically recognizable in children as young as 2. While children who do not receive therapy can achieve modest improvements over time, there are no recorded cases of children with CAS growing out of it. CAS identified in the preschool years has been documented to persist into school ages, and the expert consensus is that childhood apraxia of speech does not resolve independently.<sup>3</sup> **The good news is that, even in severe cases, techniques of pediatric speech therapy delivered intensively over time create strong improvements.**<sup>4,5</sup>

Part of the difficulty associated with diagnosing childhood apraxia of speech stems from the high prevalence of co-existing conditions. Children with CAS commonly present with other speech and language impairments and other differences in sensory processing, attention regulation, vestibular function, temperament, fine motor skills, and literacy.<sup>6,7</sup> The high prevalence of important, co-existing conditions not only underscores the importance of a qualified pediatric speech therapy evaluation, it also highlights the need for a combined speech / occupational therapy approach to achieving optimal outcomes for these children.

## Integrating Occupational and Speech Therapy



Among children with speech delays, the prevalence of sensory/motor problems is high, and the converse is also true. **Emerge provides a more comprehensive pediatric therapy approach by integrating services from both occupational therapists and speech therapists.**

**Please tell parents about Emmerge – A Child's Place  
Believing in a Child's Potential to Flourish**

## References

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