

# Glossary of terms

## Speech and language communication

### Terms used to describe speech, language and communication

**Articulation** – the process of moving and co-ordinating the tongue, lips, jaw, vocal folds and soft palate, to produce the speech sounds needed in order to speak our language(s). The moving parts in the mouth, or articulators, have to move with speed and accuracy to execute the sequence of sounds that make up a word, and achieve clear speech. A child with an articulation disorder might skip certain sounds, substitute them, or distort them.

**Delay** – typical speech and/or language development, but at the level of a child of a younger developmental age.

**Disorder** – atypical speech and/or language development which doesn't follow the 'expected' developmental pattern.

**Expressive language** – the ability to put thoughts into words and sentences, in a way that makes sense and is grammatically accurate, both in speaking and in writing.

**Grammar** – the rules followed in language; the combination (syntax) or the modifying of words (morphology) to form appropriate phrases or sentences e.g talking about the past or future.

**Inference** – drawing a conclusion/understanding from a sentence or utterance, using implied or assumed information. Children begin to infer meaning from approximately 5-6 years old but the skill continues to develop until at least 13 years.

**Information Carrying Words** (also known as “**key words**”) – the number of keywords that must be understood for the overall meaning of a spoken or signed utterance to be carried out e.g. “Show me the teddy's nose”: 2 information carrying words.

**Intonation** – the rhythm of spoken language, including variation in pitch and tone.

**Jargon** – sound sequences, phrases and sentences with no recognised meaningful words (can be described as “babble”).

**Language** – this refers to the rules and systems used in communication. In Speech and Language Therapy, aspects of language include semantics (including vocabulary), grammar (including syntax and morphology) and pragmatics.

**Non-literal language** – language which requires prior world knowledge. It is based on words which usually have several meanings, or phrases that are not meant literally e.g. idioms (“it's raining cats and dogs”).

**Non-verbal communication** – the parts of communication which are not based on verbal language, but which rely on the individual's understanding or use of gesture, body language, facial expression, eye contact etc.

**Phonological awareness** – the awareness of sounds, how they go together, and how they may be changed to create new meanings and words. Examples include identifying the initial sound of a word, words that rhyme and the number of syllables within a word.

**Phonology** – the rule-based system of the sounds used in speech.

**Pragmatics** – the rules about how we use language in social communication, including the appropriate use of eye contact, facial expression, gesture, turn taking, initiation of conversation, maintaining a topic of conversation etc. Disordered pragmatic skill or development means that a child has difficulties in understanding and using the rules of interaction in an appropriate and flexible way.

**Pre-Linguistic skills** – skills needed before language can develop e.g. eye contact, turn taking, pretend play.

**Receptive language** (also referred to as **language comprehension**) – the ability to understand information in the form of language. It involves understanding the words, sentences and meaning of what others say, or what is read or signed.

**Semantics** – the knowledge of the meaning surrounding words, phrases and sentences. For example, a ‘cat’ has two ears, four legs, fur and says “Meow”. This also includes more subtle aspects of language such as jokes, idioms and double meanings (e.g. “I’m so hungry, I could eat a horse”)

**Speech** – this term is used to describe the specific sounds that are used in spoken communication.

**Syntax** – the way in which words are put together in a sentence to convey meaning, and the rules that govern the order in which they are combined.

**Verbal reasoning** – think about and solving problems using language.

**Vocabulary** – the store of words a child knows and uses. This includes “receptive vocabulary” (the words a child understands the meaning of), and “expressive vocabulary” (the words a child uses in their own language – spoken or written).

## **Speech, language and communication needs/difficulties**

**Aphasia** – partial or total loss of the ability to articulate ideas or comprehend spoken or written language, resulting from damage to the brain caused by injury or disease. This is an acquired, not developmental, condition.

**Articulation disorder** – a type of speech sound disorder. In articulation disorder, a child’s ability to produce a specific speech sound or sounds in combination is affected. The child is attempting to produce the correct sound/s but is unable to articulate it/them.

If any part of the vocal tract is missing, damaged or affected by difficulties of muscle coordination, or strength and movement then an articulation problem may occur. More commonly, children try to produce a sound and mispronounce it, using a sound that is close to the target sound.

**Auditory Memory Difficulties** – auditory memory refers to the brain’s ability to remember what it hears, and process and retain it long enough to act on it. That might include a teacher’s lecture or a line in a play. Difficulty with auditory memory makes it hard to follow directions, and to take in and remember information given in spoken form.

**Auditory Processing Disorder** – Auditory processing is the brain’s ability to process and interpret sound correctly, which is not related to hearing loss. Auditory processing disorder is a difficulty in the brain’s ability to discriminate, recognise, process and understand auditory information, particularly when there is background noise. This can have an impact on an individual’s ability to process speech & language correctly.

**Autism Spectrum Condition (ASC) or Autism Spectrum Disorders (ASD)** refer to a group of conditions involving persistent difficulties in social communication in multiple situations, and restricted/repetitive patterns of behaviours, interests or activities. There are often difficulties in both social interaction and social use of language. ASC/ASD is a “neurodevelopmental” condition, meaning that there are differences in the pattern of brain development.

**Developmental Language Disorder (DLD) (previously Specific Language Impairment (SLI)):**

“**Language Disorder**” is the term used to refer to children with difficulties with the development of language, that create obstacles to communication or learning in everyday life, and whose difficulties are unlikely to catch up spontaneously. “**Developmental Language Disorder**” is the term used when these difficulties are not associated with a known biomedical condition, such as ASD, brain injury, Cerebral Palsy, hearing impairment or epilepsy, or genetic conditions such as Down Syndrome.

This can include difficulties with:

- Understanding spoken language (receptive language or comprehension)
- Using spoken words and sentences, including vocabulary and grammar (expressive language)
- Knowing how and when to use language in social situations (pragmatics)

**Developmental Speech Disorder/Speech Sound Disorder** – difficulty with or slow development of the sounds that a child produces in their speech, which often affects their ability to make themselves understood.

A child with speech disorder may have difficulty physically producing sounds (articulation) but, more usually, the child can say the sounds on their own but has not learnt to use the sounds in the correct place in words (phonological). Sometimes both types of difficulty can be present.

**Developmental Verbal Dyspraxia/Childhood Apraxia of Speech** – a relatively rare Speech Sound Disorder (SSD) in which a child has difficulty planning and sequencing/coordinating the muscle movements required for speech, and difficulty with prosody. There may be inconsistent use of sounds, visible groping for sounds, inability to repeat back sequences of sounds.

**Dysarthria** – a motor speech disorder that is due to a paralysis, weakness, altered muscle tone or incoordination of the speech muscles. Speech is slow, weak, slurred, effortful, imprecise or uncoordinated. Voice and breathing for speech may also be affected. This can be as a result of a condition such as Cerebral Palsy, or to a brain injury or disease.

**Dysphagia** – A disorder/condition that affects an individual’s ability to swallow.

**Echolalia** – a repetition of words that occurs without meaning and in imitation. For example, a child might repeat a slogan from a commercial in a situation in which the slogan makes no

sense. The imitation may occur immediately after the stimulus or later. This can be part of normal development between 18 and 24 months of age.

**Higher Level Language Disorder** – this has been used to describe a difficulty in the development of the more complex aspects of language such as inference, non-literal understanding and verbal reasoning. Difficulties in these areas may impact on reading comprehension and social communication.

A child with these difficulties would now be described as having DLD (Developmental Language Disorder) affecting their higher level language skills.

**Hypernasal speech** – speech sounds affected by too much air flow down the nose.

**Hyponasal speech** – speech sounds affected by too little air flow down the nose.

**Inconsistent Speech Disorder** – If a child says words differently each time s/he attempts it for a large percentage of their word productions then this is termed “inconsistent phonological disorder”. The child is thought to have no phonological system or rules to link meaning to the sound system.

**Language Delay vs Language Disorder:** this distinction is often used to differentiate between:

- **Delay:** language development that is following a normal pattern, but typical of a younger child. Development occurs at a slower rate.
- **Disorder:** language development that follows an atypical/irregular pattern, not like the development of younger children.

**Language Disorder** – see “Developmental Language Disorder”

**Lisp** – a widely used term for difficulties pronouncing certain sounds, particularly /s/ and /z/. Speech and Language Therapists may use this term, but often will describe specifically what the error is instead.

**Phonological disorder** – a type of speech sound disorder. In phonological disorder, a child can produce the individual sounds typical for their age, but does not use them correctly in all positions in words. Errors might include substituting one sound for another (e.g. “sat” for cat) or missing sounds out (e.g. “ca” for cat).

**Selective Mutism** – Individuals with selective mutism (SM) can speak comfortably in some situations but consistently do not speak, or speak very little, in others. This is not normal shyness, and it is not a choice. It is a psychological problem where the individual has developed a phobia of talking to anyone outside their limited comfort zone. Those with SM want to speak but are unable to. Since 2013, SM has been recognised as an anxiety disorder.

**Semantic-Pragmatic Disorder** – a term that has been used to describe children who have difficulties with conversational interaction, such as initiating appropriate topics of conversation, and understanding non-literal meanings e.g. “It’s raining cats and dogs”.

**Social Communication Disorder** – children with social communication disorder will have particular difficulties with using language for social purposes (pragmatics), for example in conversation, story-telling, and using figurative language (jokes and metaphors). They will also have difficulties with social interaction and social understanding,

This is a diagnosis that is separate from Autism Spectrum Disorder (ASD), because ASD has an additional element of restrictive or repetitive behaviours. Usually, a diagnosis of autism will be ruled out before a diagnosis of Social Communication Disorder is given.

**Stammering** (also termed **dysfluency**, or **stuttering**) – describes speech with interruptions to the smooth or fluent flow of speech, including sound and word repetitions, tense ‘blocks’ on sounds, and prolongations (lengthening) of sounds.

Approximately 5% of children experience some difficulty with their fluency at some time during their speech and language development. Around 80% go on to achieve normal fluency, but for others, difficulties can continue into older childhood and adulthood.

Research suggests that children can be born with a predisposition to stammering, and that other factors will influence when and how the stammer emerges and how it progresses. It is thought that stammering is a symptom of the way the brain’s neural circuits for speech are wired.

**Tongue tie** – a congenital condition (present from birth) in which a band of tissue under the tongue (the lingual frenulum) anchors the tongue too tightly from below so that the tongue has a ‘W’ appearance when the person tries to stick it out. Tongue-tie may or may not affect speech, and often does not need any input. A GP should be consulted if there are any concerns with feeding.

**Voice problems** – a problem with the quality (hoarse/husky), pitch (too high or too low) or volume (too loud or too quiet) of the voice or with the control of the breath for speech.

**Word finding difficulties** – an inability to reliably retrieve a known target word from memory. Individuals with word finding difficulties frequently experience a “tip of the tongue” sensation, where they cannot remember the word they are looking for, even though they know the word. This is different to reduced vocabulary, where an individual does not know the meaning of (or has not learnt) a target word.

## **Systems to support communication**

**Augmentative and Alternative Communication (AAC)** is the name for various methods of communication that can:

- support speaking (augmentative) or
- replace speaking (alternative)

We all use some form of augmentative communication, such as gesture (waving), pointing or using symbols (road signs, emojis). Some children and young people need to use AAC to help them understand what others say and/or to convey meaning.

Some individuals who have severe communication needs have to rely on AAC most of the time.

AAC techniques and systems can be categorised in the following way:

1. No-tech communication does not involve any additional equipment. Examples include: body language, gestures, pointing, facial expressions, vocalisations, and signing. Many of these may be used naturally to support communication.

2. Low-tech communication systems require equipment that does not need a battery to function.  
Examples include: pen and paper to write messages or draw; alphabet and word boards; communication charts or books with pictures, photos and symbols; particular objects used to stand for what the individual needs to understand or say.
3. High-tech communication systems need power from a battery or mains. Most of them speak (Voice Output Communication Aid) and/or produce text.  
Examples range from simple buttons or pages that speak when touched, to very sophisticated systems. Some high-tech communication systems are based on familiar equipment such as mobile devices, tablets and laptops, others use equipment specially designed to support communication.

**Makaton** – a simplified sign and symbol system based on British Sign Language (BSL) and natural gesture. Makaton is always used alongside spoken language, and does not have a grammar system. Key/important words in a phrase are signed in Makaton.

**PECS** – Picture Exchange Communication System. This requires an individual to exchange a picture of the desired item with another person in order to retrieve the item. It is used to teach and support an individual to initiate communication with someone else.

**Sign Supported English (SSE)** – signs drawn from British Sign Language (BSL) and used alongside spoken English in English word order. It is not a language in its own right as BSL is.