

“Early intervention vital to treat language disorders”

This month raises awareness of two disorders that require the services of a speech-language pathologist so it seemed like a good time to talk about each one. May 14 is **National Cornelia de Lange Awareness Day** and May 9 – 15 is **National Stuttering Awareness Week** .

Cornelia de Lange Syndrome (also known as Brachmann- de Lange Syndrome), named after Dr. Cornelia de Lange, is a genetic disorder that affects approximately 1 in every 10,000 live births. Since this syndrome is congenital (i.e., present at birth), infants are diagnosed shortly after being born. A diagnosis is made based on medical history, physical examination and consultation with a geneticist.

Children with CdLS often have common physical appearances and similar medical conditions, including long thin eyebrows that extend above the nose, long eye lashes, an upturned nose and thin, downturned lips. They often have low birth weights and remain shorter and weigh less (than same age peers) as they grow. Medical conditions such as microcephaly (small head size), excessive body hair (hirsutism), small or abnormal hands and feet, gastrointestinal reflux, seizures, heart defects, cleft palate, bowel abnormalities, feeding problems, breathing difficulties and hearing deficits are also present as well as delays in speech/language skills, cognitive and behavior . As with all syndromes, individuals may exhibit several or a few traits and can have mild to profound impairments.

A speech-language pathologist experienced in treating feeding difficulties is important for these small infants. We can evaluate the infant’s ability to suck, swallow, and breathe to determine if he or she is able to safely eat. Therapists can target oral strengthening exercises and increase oral awareness.

As the child ages, speech therapy goals will target speech and language skills. Children with CdLS exhibit a wide range of communication disorders. Preverbal assessment of communication skills and early intervention are recommended. For some children with CdLS, augmentative or alternative communication may provide them with the most communication success. A speech-language pathologist can determine if a communication device is needed, what device will best fit the child, and how to teach the child to use the device. Beginning speech therapy at an early age will provide each child with the opportunity to meet his or her full communication potential.

Awareness of stuttering has grown nationwide with the recent premiere of the movie *The King’s Speech*. Since information was provided in an earlier issue regarding stuttering, I would like to talk about a lesser known fluency disorder called **cluttering**. The American Speech-Language-Hearing Association defines **cluttering** as a “fluency disorder characterized by a rapid and/or irregular speaking rate, excessive disfluencies, and often other symptoms such as language or phonological errors and attention deficits”. Individuals who stutter are aware of what they want to say, but there is a breakdown in saying it. Individuals who clutter exhibit disorganized speech, talk in spurts, and seem to be unsure of what they need to say.

A speech-language pathologist can provide evaluation and treatment for children who exhibit both stuttering and/or cluttering. That's right, they can occur together. During the evaluation process, it is important to evaluate the individual's fluency, rate of speech, articulation, language, and intelligibility during spontaneous verbal communication tasks and reading tasks. A person who clutters may have highly unintelligible speech due to the rate of speech and disorganization. Individuals who exhibit cluttering often talk better when stressed, exhibit little concern regarding their speech, and may exhibit difficulty with written language.

After the evaluation process, there are different treatment options for stuttering and cluttering. Decreasing the person's rate of speech is often the primary goal for individuals who clutter since rate control is often very difficult for them. Therapists can use different exercise activities to encourage the child to slow their rate of speech. If cluttering is the child's only deficit, reducing the rate of speech often helps increase intelligibility.

For individuals who stutter, identifying abnormal breathing patterns and looking into the social pressures/fears that the individual feels when speaking are often primary goals. The cause of the stuttering influences what treatment method will be best for that client. The Stuttering Foundation identifies four factors most likely to contribute to the development of stuttering: genetics, child development, neurophysiology, and family dynamics. Professionals treating individuals with stuttering need to thoroughly evaluate each of these areas before beginning treatment.

If you have any questions regarding today's topics, please feel free to call our office at (423) 246-4600.

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