

PEDIATRIC SPEECH THERAPY NEWSLETTER



THE IMPACT OF VOICE DISORDERS ON SPEECH

The term “voice disorders” encompasses a wide variety of problems someone might experience with their voice, such as atypical pitch, loudness, or vocal quality. Vocal fold nodules and polyps, as well as vocal fold paralysis, can result in voice disorders.



Vocal fold nodules and polyps are growths that occur on the vocal folds and can change the quality of an individual’s voice. Vocal fold nodules arise when swollen spots on the vocal folds harden, similar to a callous. Vocal fold polyps are usually bigger than nodules and are more akin to a blister than a callous. These growths cause similar symptoms that include hoarseness, breathiness, a “rough” or harsh-sounding voice, among other symptoms. Allergies, tense muscles, singing, coaching, cheerleading, and talking loudly can all contribute to the production of nodules and polyps. Often, individuals will work with a speech-language pathologist to address speech and language concerns arising from these conditions. In some cases, surgery can also be a beneficial treatment option.

Vocal fold paralysis occurs when one or both of the vocal folds cannot move as a result of nerve damage. The individual’s voice will often sound quiet and unclear. If vocal fold paralysis is suspected, a speech-language pathologist can examine the vocal folds through an endoscope to determine whether movement is occurring. If surgery is required, a speech-language pathologist will work with the individual after surgery to promote the preservation of vocal quality.



HOW ATTENTION-DEFICIT/HYPERACTIVITY DISORDER AFFECTS SPEECH & LANGUAGE IN CHILDREN

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental health disorders that affect children. It is most commonly diagnosed in school-age children as it can cause issues in the classroom, especially when children are trying to complete school work. Common symptoms include hyperactivity, inattention, and impulsivity. While many people know that ADHD can impact multiple behavior patterns in children, the effect of ADHD on communication skills is often overlooked.

ADHD affects motor skills which can put children at risk for articulation disorders. Children with articulation disorders may have difficulty pronouncing speech sounds, such as /r/ or /s/. They may also have trouble producing specific age-appropriate phonemes.

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ASK A THERAPIST



DEVELOPMENT OF PRONOUNS

Parents often worry about their children meeting speech and language developmental milestones. Pronoun usage is a complicated aspect of language that is typically not mastered until the age of 4. While there is not a clear-cut progression for the acquisition of pronouns, “I” and “it” are typically the first pronouns used by children. Subjective and objective pronouns are also used early in development, and possessive pronouns are usually mastered later in development, closer to the age of 5.

In children who are typically developing, the pronouns “I” and “it” tend to emerge between 12 and 26 months. “My,” “me,” “mine,” and “you” follow between 27 and 30 months. “Your,” “he,” “she,” “yours,” and “we” are next, between 31 and 34 months. “They,” “us,” “her,” “his,” “them,” and “he” develop between 35 and 40 months. “Its,” “our,” “him,” “myself,” “yourself,” “ours,” “their,” and “there” typically emerge between 41 and 46 months. “Herself,” “himself,” “itself,” “ourselves,” “yourselves,” and “themselves” are typically the last pronouns to be acquired at 47 months (or later). It is important to keep in mind that this order of acquisition can vary and look different for every child.

If parents are concerned about their children’s pronoun usage, there are many home-practice strategies to promote correct pronoun use. One of the most effective ways is modeling correct pronoun usage for the child. If a child often mixes up “you” and “I” and says, “You tired,” when they mean to say, “I am tired,” for example, the parent can ask, “Are you tired? I am tired, too.” While saying this, the parent should point to the child when they say “you” and to themselves when they say “I.”

APP OF THE MONTH: Conversation Therapy



Ages 9+

Target Skills
Speech



About The App

This app provides conversation starters using pictures and questions to stimulate the child.

How Attention-deficit/hyperactivity disorder affects speech and Language in children Continued...

ADHD can impact the volume of speech, as children with ADHD might speak louder than their peers who are typically developing. ADHD can also influence the pitch of speech. Children with ADHD might speak in a different pitch than their peers who are typically developing.

ADHD affects the brain’s executive function, which is responsible for coordinating thoughts and making plans to carry out actions (e.g., judgment, planning, and sequencing events). For this reason, children with ADHD may use more vocal fillers or repeat words while their brains are working through the process of trying to vocalize their thoughts and ideas. They may also demonstrate grammatical errors and struggle to plan out sentences in the correct order, due to these issues with executive functioning.



ADHD also affects a child’s language processing. Children with ADHD are at an increased risk for language delays. However, the presence of a language delay will not change the child’s tendency to become easily distracted, which can lead to straying off-topic when speaking. Although these symptoms may not contribute to a language delay, they will significantly impact a child’s ability to communicate.

ADHD often impacts a child’s pragmatic language. Pragmatic language refers to the nonverbal nuances that facilitate everyday conversation. Children with ADHD often speak out of turn in class, speak at a volume that is not acceptable for their environment, interrupt others who are speaking, and even talk excessively. All of these behaviors break rules of communication that are understood by others.

Several strategies can be used to help children with ADHD communicate more effectively. One strategy that can help is making sure you have the child’s full attention before speaking to him or her. This practice will ensure the child is not missing that information. Often, addressing the child by name then following with, “I have a question for you” or “I want to tell you something,” can make a difference in the amount of information the child retains. Doing this helps give the child a cue to give you their full attention.

Making sure you give the child ample time to put their thoughts together will encourage them to not give up on vocalizing their thoughts. Lastly, providing the child with pauses and segmenting what you are saying to them into smaller phrases will help them get the most out of your conversation.

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SPEECH THERAPY SPOTLIGHT

Deborah Esquivel, MA, CCC-SLP

About Deborah Esquivel

Debbie Esquivel is a Speech-Language Pathologist who received her under-graduate and Master's degrees from California State University, Fresno. Debbie has experience working in adult rehabilitation, as well as school and clinic settings.

She began working at Aspire Speech & Learning Center in 2006, and has been here ever since. Currently she enjoys working with a wide range of clients from preschoolers to adults.



Debbie has been married to her husband Ramon for 14 years and has been blessed with five wonderful grandchildren. In her free time, Debbie enjoys going to her grandchildren's baseball and basketball games, having them over for sleepovers and following their imaginations and creativity.

Three words Deborah uses to describe herself

Compassionate, Thoughtful, Organized

Why Deborah loves being a speech therapist

I love being a therapist because it gives me the opportunity to make a meaningful difference in people's lives, by making them happier and healthier.

Deborah's favorite things

My favorite things are faith, family, playing with my grandkids, trips to Morro Bay or San Francisco, playing and listening to music, and chatting over coffee with friends and family at La Boulangerie!

What people are saying about Deborah Esquivel

"Debbie has been there for me and believed in me. I will always be grateful for her help and friendship."

Would You Like Additional Copies of this Newsletter to give as a **FREE** Resource?



If so, email us at:

Grow@AspireSpeech.com

Please include the address of your office & how many additional copies you would like.



Concerned About Your Child's Speech or Development?

**Call us today for a free consultation
(559) 228-9100**

About Aspire Speech & Learning Center

Aspire Speech and Learning Center, formerly Center for Communication Skills, is a premier provider of speech therapy services and academic support in the greater Fresno area. Kathryn Wage and her team of experienced speech therapists have a long-standing and well-deserved reputation for providing services that improve the lives of their clients. The therapists are well known for supporting parents in improving optimum functional outcomes for their children. The practice has grown rapidly since moving to the California Learning Connection and provides services through a wide range of payer options, both public and private, and receives referrals from top pediatrician practices and elite preschools around Fresno. We offer free consultations to prospective clients to help determine the best fit for our offerings.

Contact Aspire Speech & Learning at Grow@AspireSpeech.com or call (559) 228-9100

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