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Addendum

Please note that further information on the normative studies by: Vance, Stackhouse and Wells and Williams and Stackhouse, will be available in: Vance, Stackhouse and Wells (in press) "Compendium of Speech and Auditory Procedures for the Psycholinguistic Framework: Children's Speech and Literacy Difficulties Book 4". Wiley Publishers.

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Addendum

March 2007

Summary of 2nd draft of the Position Statement on Childhood Apraxia of Speech from the American Speech-Language-Hearing Association (ASHA) November 2006. NB: This may be subject to further change.

Nomenclature (terminology)

It is the position of ASHA that apraxia of speech exists as a distinct diagnostic type of childhood (paediatric) speech sound disorder that warrants research and clinical services.

Childhood Apraxia of Speech is proposed as a unifying cover term for the study, assessment, and treatment of all presentations of apraxia of speech in childhood. Term is preferred over alternative terms including developmental apraxia of speech and developmental verbal dyspraxia.

Definition

CAS is a neurological childhood (paediatric) speech sound disorder in which the precision and consistency of movements underlying speech are impaired in the absence of neuromuscular deficits (eg abnormal reflexes, abnormal tone). CAS may occur as a result of known neurological impairment in association with complex neurobehavioural disorders of known or unknown origin, or as an idiopathic neurogenic speech sound disorder. The core impairment in planning and/or programming spatio-temporal parameters of movement sequences results in errors in speech sound production and prosody.

Diagnostic features

Review of the research literature indicates that at present, there is no validated list of diagnostic features of CAS that differentiates this symptom complex from other types of childhood speech sound disorders.

3 segmental and supra-segmental features that are consistent with a deficit in the planning and programming of movements for speech have gained some consensus among investigators:

- (a) Errors on consonants and vowels in repeated productions of syllables or words
- (b) Lengthened and disrupted co-articulatory transitions between sounds and syllables
- (c) Inappropriate prosody, especially in the realization of lexical or phrasal stress.

The above features are not proposed to be the necessary and sufficient signs of CAS. These and other reported signs change in their relative frequencies of occurrence with task complexity, severity of involvement and age. The complex of behavioural features reportedly associated with CAS places a child at increased risk for early and persistent problems in speech, expressive language and the phonological foundations for literacy, and the possible need for augmentative and alternative communication and assistive technology.

Roles and responsibilities

...Speech and Language Pathologist who is responsible for making the primary diagnosis of CAS and for designing and implementing the appropriate individualised speech-language treatment program.

Call for action

There is a critical need for additional research and education in CAS, particularly with regard to treatment.