

Aspects to optimize in prevention

- ✍ The prevention of speech problems is best promoted through concern with the following
- ✍ enlightened use of technology,
- ✍ aspects of a child's environment:
- ✍ quality and quantity of meaningful spoken-language stimulation;
- ✍ affective/cognitive/linguistic learning conditions (including consistent presence/absence of distractions of any kind);
- ✍ additional languages spoken;
- ✍ the extent to which alternative modes of communication are employed;
- ✍ adequacy of acoustic conditions (control of distance, reflection, reverberation and signal/noise ratios);
- ✍ teacher/clinician(s) competencies, styles and attitudes;
- ✍ child's interaction with normally hearing peers;
- ✍ aspirations of parents;
- ✍ effectiveness of parental involvement;
- ✍ extent of administrative support;
- ✍ availability of requisite support services; and program accessibility.

Remediation of Deviant Speech

Emergence and treatment of speech problems in young children

Remedial strategies often have to be used in later childhood when the aspects listed above have not been sufficiently considered. Basically, deviant patterns result for two broad reasons: inadequate perception of spoken language for whatever reasons during infancy and earlier childhood and/or inadequacies relating to the level of professional services the child has received.

Children usually develop deviant speech patterns because they have had inadequate – or no – auditory assistive devices over substantial periods of time. Delay in providing optimal audition through the use of well selected hearing aids or CIs can cause habitual errors that can be difficult to overcome. A minority of children develop habitually deviant speech or none because no auditory assistive device available can sufficiently enhance their perception of spoken language. These include children with profound hearing loss who cannot benefit from CIs. Children placed with clinicians or teachers who have too little knowledge or skill for working effectively with young hearing-impaired children and their parents are likely to allow - or in the worst case, cause - deviant speech problems to occur. Spontaneous self-correction is unlikely to solve habitual speech problems.

Ongoing evaluation and remedial treatment are both required when deviant speech patterns have become habitual. Remedial work with young children may involve something as simple as the auditory highlighting of speech patterns that are difficult for them. Prosody is often used for this purpose as it helps to render speech patterns more salient. Lipreading is not necessarily an effective alternative or supplement to audition because many phonemes look alike on the lips. Its use often leads professionals or parents unconsciously to exaggerate tongue or lip movements which are then imitated