Caring for Your Child
Childhood Apraxia of Speech: Frequently Asked Questions

What is Childhood Apraxia of Speech (CAS)?

When we speak, our brain sends a thought or message to our mouth to be communicated. CAS is a speech disorder in which the mouth cannot make the quick movements necessary to speak, even after the brain tells it what to do. This is called motor planning. There is usually no muscle weakness. It may be difficult for your child to plan and complete the quick oral movements necessary to make sounds into syllables, syllables into words, and words into sentences. CAS is sometimes called verbal apraxia, developmental apraxia of speech, or verbal dyspraxia.

What are the three most common features of Childhood Apraxia of Speech?

The American Speech-Language-Hearing Association lists the following three features as most common in children with CAS:

1. Says the same word differently each time the word is said
2. Difficulty saying longer, more complex words and phrases
3. Difficulty with the timing, rhythm, and flow of speech (words will have a “choppy” sound)

How does a child with CAS sound?

Each child’s speech will sound different. A child with CAS is often very hard to understand. In addition to the three features above, your child may:

- Have a history of late development of first words and sounds
- Demonstrate multiple sound errors that do not follow the patterns expected in young children
- Use a limited variety of consonant and vowel sounds
- Have vowel sound errors
- Demonstrate groping (i.e., extra mouth movements when trying to make speech sounds)
- Say a word once perfectly and not be able to say it again
- Say automatic words (e.g., “Hi” and “Thank you”) more easily than other less routine words
- Switch sounds in words or add sounds or syllables to words
- Use gestures or signs to try to communicate instead of using words
- Have difficulty starting oral movements to say something
**My child’s speech is hard to understand. Does that mean he has CAS or could it be something else?**

Most children who are hard to understand do not have CAS. CAS is rare. It only affects about 3 to 5% of all preschoolers with diagnosed speech sound disorders. It is much more common for children to have other developmental speech disorders.

**Does CAS occur along with other diagnoses?**

CAS is sometimes seen with other conditions such as genetic, neurological, or developmental disorders, but may also occur without any other conditions.

**Who diagnoses CAS?**

A diagnosis of CAS should be made by a licensed Speech-Language Pathologist (SLP). The SLP should first do a speech and language evaluation. Pediatricians, neurologists or developmental pediatricians may refer a child to an SLP for this evaluation. It is best to seek out an SLP who has experience working with children with CAS.

**What happens during a speech and language evaluation?**

The SLP will review your child’s birth, medical, and developmental histories. The SLP will evaluate your child’s ability to

- Understand language
- Communicate using speech, sign language and gestures
- Produce consonant and vowel sounds, syllables, words and phrases
- Speak with appropriate timing, rhythm and flow of speech
- Move parts of his mouth, including tongue, lips and jaw
- Play and interact with others

The SLP will look for signs of CAS by asking your child to say sounds, words, and phrases. It is hard to diagnose CAS in very young children and children with limited language skills. The SLP may not be able to diagnose or rule out CAS on the first visit. The SLP may recommend therapy, teach you language building activities to do at home or ask you to come back in a few months to check your child’s progress.

**Will my child’s speech improve?**

Many children with CAS learn to speak clearly with time and hard work. Other children may continue to have some speech sound errors. A small number of children do not develop clear speech and may need other ways to communicate. They may try using sign language, pictures or electronic devices. Some children with CAS may use one of these methods to express themselves while their speech develops in order to build language and communication skills and reduce frustration. As speech improves, these systems may no longer be needed.
How long will speech therapy last?

It depends. Children improve at different rates. In general, children with CAS are in speech therapy longer than children with other speech disorders. The length of therapy often depends on the severity of the CAS (e.g., mild, moderate, or severe), but intensive therapy may last several years. Speech therapy may occur in the home, at school, and/or with a private SLP. As your child’s speech gets clearer and his sentences become longer, therapy intensity may be gradually reduced. Children with milder forms of CAS and very young children (e.g., age two) may require therapy less often. Children without other language, cognitive, or behavioral concerns usually make faster progress. If you have such concerns about your child, it is important to address them as well.

What will my child do in speech therapy?

Speech therapy activities will be based on your child’s age, developmental level, interests, and needs:

- Repetition, feedback, cues (e.g., visual, touch, and/or verbal), imitation and rhythm are often used.
- The SLP may help your child develop a core vocabulary or “power words” such as his name, age, names of family members and pets, “help,” “open,” “yes,” “no,” and “all done”. These words will improve overall communication and quickly decrease some frustration.
- The SLP may also teach your child other ways to communicate such as gestures, sign language, picture boards, and electronic devices.
- It is important for therapy to be motivating and rewarding for your child. Play, games, and drill work may be used within therapy sessions.

Will my child need to do oral motor exercises?

In general, to speak better, the child must practice talking. All practice with mouth movements should directly relate to a specific sound or word that the child is practicing. For example, the SLP may ask the child to, “Round your lips,” for the “w” sound in “want” when asking for a toy. Rounding lips to blow bubbles or a whistle will not directly improve the child’s speech production skills.

What can I do at home?

The child’s SLP will teach you how to help your child practice and communicate at home. Children with CAS need to practice speech outside of the therapy room. SLPs often give daily home practice. Practice for a few minutes, a few times a day is recommended rather than once weekly for a longer amount of time. Home practice activities should include things that the child can do reasonably easily and well. This makes home practice fun and successful rather than hard and frustrating. It also builds the child’s confidence for speaking, which is critical. Provide lots of praise when your child makes any attempt to speak. Also continue to have fun together! Let him have time to be a kid by doing things that do not demand speech practice some of the time.
Does a child with CAS often have needs other than speech?

Children with CAS often have difficulties with language skills as well. Your child may need help with learning to speak in sentences, using correct grammar, and communicating during social interactions and play. As children with CAS get older, they may have additional learning difficulties (e.g., reading skills). Some children with CAS may have gross motor or fine motor issues requiring occupational or physical therapy.

If you are concerned, please schedule a speech and language evaluation. Call (800) 551-5480 or visit www.chop.edu/speech to schedule an appointment with a Speech-Language Pathologist at The Children’s Hospital of Philadelphia location most convenient to you.

For more information, visit:

- www.apraxia-kids.org
- Search “childhood apraxia of speech” on www.asha.org