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# Definitions of Communication Disorders and Variations

*Ad Hoc Committee on Service Delivery in the Schools*

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## About This Document

## Definitions of Communication Disorders and Variations

These guidelines are an official statement of the American Speech-Language-Hearing Association (ASHA). They provide guidance on definitions of communication disorders and variations, but are not official standards of the Association. They were developed by the Ad Hoc Committee on Service Delivery in the Schools: Frances K. Block, chair; Amie Amiot, ex officio; Cheryl Deconde Johnson; Gina E. Nimmo; Peggy G. Von Almen; Deborah W. White; and Sara Hodge Zeno. Diane L. Eger, 1991–1993 vice president for professional practices, served as monitoring vice president. The 1992 guidelines supersede the paper titled “Communication Disorders and Variations,” *Asha*, November 1982, pages 949–950.

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I. A **communication disorder** is an impairment in the ability to receive, send, process, and comprehend concepts or verbal, nonverbal and graphic symbol systems. A communication disorder may be evident in the processes of hearing, language, and/or speech. A communication disorder may range in severity from mild to profound. It may be developmental or acquired. Individuals may demonstrate one or any combination of communication disorders. A communication disorder may result in a primary disability or it may be secondary to other disabilities.

A. A **speech disorder** is an impairment of the articulation of speech sounds, fluency and/or voice.

1. An **articulation disorder** is the atypical production of speech sounds characterized by substitutions, omissions, additions or distortions that may interfere with intelligibility.
2. A **fluency disorder** is an interruption in the flow of speaking characterized by atypical rate, rhythm, and repetitions in sounds, syllables, words, and phrases. This may be accompanied by excessive tension, struggle behavior, and secondary mannerisms.
3. A **voice disorder** is characterized by the abnormal production and/or absences of vocal quality, pitch, loudness, resonance, and/or duration, which is inappropriate for an individual's age and/or sex.

B. A **language disorder** is impaired comprehension and/or use of spoken, written and/or other symbol systems. The disorder may involve (1) the form of language (phonology, morphology, syntax), (2) the content of language (semantics), and/or (3) the function of language in communication (pragmatics) in any combination.

1. Form of Language

- a. **Phonology** is the sound system of a language and the rules that govern the sound combinations.
- b. **Morphology** is the system that governs the structure of words and the construction of word forms.
- c. **Syntax** is the system governing the order and combination of words to form sentences, and the relationships among the elements within a sentence.

2. Content of Language
    - a. **Semantics** is the system that governs the meanings of words and sentences.
  3. Function of Language
    - a. **Pragmatics** is the system that combines the above language components in functional and socially appropriate communication.
- C. A **hearing disorder** is the result of impaired auditory sensitivity of the physiological auditory system. A hearing disorder may limit the development, comprehension, production, and/or maintenance of speech and/or language. Hearing disorders are classified according to difficulties in detection, recognition, discrimination, comprehension, and perception of auditory information. Individuals with hearing impairment may be described as deaf or hard of hearing.
1. **Deaf** is defined as a hearing disorder that limits an individual's aural/oral communication performance to the extent that the primary sensory input for communication may be other than the auditory channel.
  2. **Hard of hearing** is defined as a hearing disorder, whether fluctuating or permanent, which adversely affects an individual's ability to communicate. The hard-of-hearing individual relies on the auditory channel as the primary sensory input for communication.
- D. **Central auditory processing disorders** are deficits in the information processing of audible signals not attributed to impaired peripheral hearing sensitivity or intellectual impairment. This information processing involves perceptual, cognitive, and linguistic functions that, with appropriate interaction, result in effective receptive communication of auditorily presented stimuli. Specifically, CAPD refers to limitations in the ongoing transmission, analysis, organization, transformation, elaboration, storage, retrieval, and use of information contained in audible signals. CAPD may involve the listener's active and passive (e.g., conscious and unconscious, mediated and unmediated, controlled and automatic) ability to do the following:
- attend, discriminate, and identify acoustic signals;
  - transform and continuously transmit information through both the peripheral and central nervous systems;
  - filter, sort, and combine information at appropriate perceptual and conceptual levels;
  - store and retrieve information efficiently; restore, organize, and use retrieved information;
  - segment and decode acoustic stimuli using phonological, semantic, syntactic, and pragmatic knowledge; and
  - attach meaning to a stream of acoustic signals through use of linguistic and nonlinguistic contexts.

## II. Communication Variations

- A. **Communication difference/dialect** is a variation of a symbol system used by a group of individuals that reflects and is determined by shared regional, social, or cultural/ethnic factors. A regional, social, or cultural/ethnic variation of a symbol system should not be considered a disorder of speech or language.
- B. **Augmentative/alternative communication** systems attempt to compensate and facilitate, temporarily or permanently, for the impairment and disability patterns of individuals with severe expressive and/ or language comprehension

disorders. Augmentative/alternative communication may be required for individuals demonstrating impairments in gestural, spoken, and/or written modalities.