What are Phonological Disorders? Can they be Corrected?

by Becky L. Spivey, M.Ed.

The term phonological disorders refers to a child’s difficulty understanding the sound system and speech rules of our language that other children seem to acquire naturally. These disorders are broader in scope and more complex than simple articulation deficits. Simply stated, a child with phonological disorders may mispronounce a sound in certain words, yet pronounce it clearly in others. For example, the s in sock may be pronounced clearly, but the s in bus may be dropped and pronounced bush. Words with two or more syllables may be pronounced with fewer syllables – elephant may be pronounced ephant. At other times, whole groups of sounds may be mispronounced the same way. For example, the child may pronounce s, f, sh, and ch sounds as a t: fire becomes tire, shoe becomes too, sun becomes tun, and chin becomes tin. Children mispronouncing entire groups of sounds need special approaches for learning to produce these sounds correctly.

Speech-language pathologists (SLPs) are able to diagnose phonological disorders using standardized speech assessments as well as close clinical observations. However, SLPs may diagnose phonological disorders in conjunction with articulation delays and oral-motor weaknesses. The degree or extent of these problems, individually or collectively, may be characterized as slight, mild, moderate, or severe. Understanding the nature and degree of these problems helps the SLP determine the therapy approaches that will be most effective in treatment.

Sometimes a child with phonological difficulties completely drops sounds at the end of a word: book/booh, juice/joo, and bed/beh. What is interesting is that this child is able to pronounce perfectly the sounds he/she is dropping at the end of the word when those same sounds occur at the beginning or middle of other words. Deleting/omitting ending sounds creates a special problem when a child is pronouncing words that have plural endings such as toys or babies; possessive endings such as Mommy’s purse or Tommy’s truck; and verb tense endings like walked or jumped. The final sounds in these words provide the listener with important information when communicating.
A child with phonological disorders is more at risk for later developing problems when learning to read or spell and is potentially at risk for other learning disabilities. If the SLP diagnoses your child with a phonological problem, be prepared for the possibility of a long-term commitment to speech therapy. Considerable time may be spent on activities other than just trying to pronounce words correctly – which can be frustrating and confusing for parents.

Long term benefits of speech therapy are substantial. Many children will learn to speak normally in a few years or much less...of course depending upon the severity of their disorder(s) and maturity. Correcting phonological problems can result in improved reading and spelling skills; however, this may not always be the case...again depending on the severity of the problem and if the phonological disorder is part of a diagnosis in conjunction with other disabilities. Best case scenario, the child may only have difficulty pronouncing just one or two sounds later on. The child may be reassessed as having an articulation disorder in which the SLP will continue to help the child accomplish his/her therapy goals, set new goals, and develop a new treatment plan.

As children with phonological disorders mature, most begin to understand the implications their sound errors have on communicating with others, and they will work harder to correct them. With continued therapy, encouragement, and support, phonological errors can be corrected, and the child will be able to communicate with others fluently and confidently.

Therapy for the Child with a Phonological Disorder

After a diagnosis and before beginning therapy, the SLP analyzes the way the child is putting his/her words together. The SLP will look at the pattern of speech errors and determine...

• Is the child leaving off the first or last sound in a word?
• Does the child have difficulty producing sounds made at the back of the mouth (k/g)?
• Does the child “stop” sounds that should normally continue (s, sh, f, Th)?
• Does the child leave off one of the sounds in a consonant blend (truck/tuck, block/bock, and star/tar)?

After the SLP identifies and analyzes the child’s error patterns, he/she can develop goals for the child and a treatment plan.

Resources:
