

ADULTS: Speech Guidelines for Referral to Speech-Language Pathologists (SLPs)

Most Common Etiologies:

- Head and neck cancer
- Parkinson’s disease
- Stroke
- Traumatic brain injury (TBI)

Related Terms:

Apraxia of speech, articulation, dysarthria, intonation, intubation, nasality, prosody, resonance, slurred speech, sound distortion, sound omission, sound substitution, speech, speech intelligibility, structural deviation, tracheostomy, velar, velopharyngeal incompetence, voice prosthesis

Potential Consequences:

- Difficulty expressing needs and routine information intelligibly
- Lack of awareness of speech impairment and its severity
- Isolation from communication with family members and social contacts, with increased risk for depression

- Disruption of communication ability to fulfill educational or vocational roles
- Difficulty communicating intelligibly for personal lifestyle management activities
- Risk for injury because of difficulty communicating about a dangerous situation or calling for help

Behaviors¹ That Should Trigger an SLP Referral

Disturbance in neuromuscular control

- speech is slurred, with difficulty controlling loudness, rhythm, or vocal quality
- speech becomes more difficult to understand when individual speaks too fast
- range of understandable speech varies from none to intelligible, and sounds are noticeably distorted
- speech problems cause frustration, embarrassment, and/or self-consciousness

Disturbance in programming position and sequence of muscular movements

- sounds produced differ from sounds intended (e.g., saying “tog” instead of “dog”)
- flow of speech is distorted by trial and error attempts, labored sound production movements, noticeable attempts at self-correction, and obvious difficulty initiating speech (e.g., “t-k-k-g get my keys”)

- sounds, prosody in oral reading, automatic speech (such as greetings), and responsive speech (answering simple questions) are produced more accurately and smoothly than words, phrases, and sentences formulated to convey a purposeful message
- speech errors increase with increased sound complexity (e.g., sound blends, as in “strap,” vs. single sounds, as in “tap”) and word length (e.g., “door” vs. “doorknob”)
- individual has difficulty ranging from occasional to severe when producing even single words
- speech performance decreases with stress and demand of the communication situation
- speaker exhibits agitation, withdrawal, frustration, or embarrassment

¹Behaviors are clustered to indicate different levels of function and/or patterns commonly associated with different medical conditions or etiologies.

Disturbance in performing voluntary movements with muscles of the mouth and larynx

- individual exhibits alarm and/or frustration, and has extremely limited ability to communicate
- individual cannot produce movements for sound production
- sounds are produced without voice (i.e., whispered speech)
- individual is unable to produce speech in coordination with breathing on command although breathing is normal for vital purposes

Structural deviation(s) in speech mechanism

- sounds are omitted, slurred, or inappropriately substituted due to abnormalities in lips, tongue, cheeks, soft palate, and/or throat
- intelligibility varies with severity of deviation
- speech has excessive nasality

- oral, velar, or laryngeal prosthesis is used inconsistently and/or ineffectively, causing understandable speech to decrease proportionately with ineffective use
- intelligibility and sound production are compromised when the nasal passages, nasopharynx, and larynx are bypassed due to tracheostomy/ventilator dependence

Autism, emotional disturbance, and/or intellectual disability

- intonation and/or rhythm of connected speech may sound abnormal
- volume may be consistently or intermittently too loud or too soft

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