UNDERSTANDING YOUR DIAGNOSIS

Speech Sound Disorder

Also called Speech Sound Disorder

Your child knows what they want to say, but the sounds come out wrong and people outside the family struggle to follow.

HOW COMMON	OFTEN STARTS	STILL THERE AT 8	TREATABLE
About 8 in 100 preschoolers	As speech first develops	About 4 in 100 children	Yes - therapy works well

What this is

- A speech sound disorder means your child's words come out hard to understand, even though they know exactly what they mean.
- This is about making the sounds, not about knowing the language. Your child's ideas and vocabulary can be perfectly fine.
- It is a difference in how the brain plans and fine tunes mouth movements. It is not laziness or a habit they picked up.
- Some sounds are simply late. By age 4 strangers should follow most of what your child says, and by 7 most sounds are mastered.

What it can look and feel like

- Sounds get swapped, dropped, or blurred, so wabbit for rabbit or nana for banana keeps happening well past the usual age.
- Ends of words disappear and blends collapse, so stop turns into top, cup turns into cu, and spoon turns into poon.
- You understand your child but teachers, grandparents, and other kids often do not, and you end up translating all day.
- Later sounds like r, s, l, and th stay wrong into the school years, sometimes long after everything else is clear.
- Your child gets frustrated, repeats themselves, gives up mid sentence, or talks much less around people they do not know.
- In apraxia of speech the errors change every time, the mouth gropes for the position, and longer words come out worse.
- Teasing usually starts in the early school grades and can turn a chatty child into a quiet one within a year.

What is happening in your brain and body

- Speaking needs the brain to plan fast, exact movements of lips, tongue, and voice. That planning system is developing slowly here.
- Most children also hold fuzzy sound patterns in their head, not just clumsy movements, so they do not hear their own errors.
- Fluid behind the eardrum from repeated ear infections muffles speech, and sounds learned through a muffle come out fuzzy.
- It runs in families. Speech, language, and reading difficulties often turn up together across parents, siblings, and cousins.
- Therapy works like sports practice: many repetitions, mixed up practice, and honest feedback build a smoother movement plan.

What can make it more likely

- Genes carry most of it. Roughly **6 to 7 in 10** of the difference between children is inherited rather than learned.
- Repeated ear infections with fluid, hearing loss, or being born early all add to the chance of speech coming out unclear.
- Structural causes such as a cleft palate or weak mouth muscles have to be ruled out, since those are treated differently.
- Nothing about your parenting caused this, and neither did pacifiers, screens, thumb sucking, or bottle feeding.

What to expect

- Most children outgrow this. By age 8 the large majority speak clearly, and therapy makes that happen sooner.
- Expect roughly **two 30-minute sessions a week for 8 to 12 weeks**, then a review of how much has changed.
- Home practice of 5 to 10 minutes a day speeds progress up more than anything else you can do as a parent.
- Watch reading and spelling in the early grades, since sound trouble and spelling trouble often travel together.

What helps

Treatment works. Most people get better.

Talking therapies

- **Speech therapy** is the treatment. A speech-language pathologist teaches your child to hear a sound, then to make it.
- Sessions start with the sound on its own, then in syllables, then words, then sentences, and finally in real conversation.
- Pattern-based methods such as minimal pairs fix whole groups of errors at once and usually work faster than one sound at a time.
- For apraxia of speech, methods such as **DTTC** use touch, watching, and slow repetition to build the movement plan.
- **Talk therapy** is not needed for speech itself, but it helps if teasing has left your child anxious about speaking up.

Medicines

- No medicine treats a speech sound disorder. Direct speech therapy is the only thing that reliably improves the sounds.
- Get hearing checked. Ear tubes may be suggested when fluid keeps coming back and your child is not hearing clearly.
- A cleft palate or other mouth structure problem is fixed with surgery or a dental device before speech therapy can succeed.
- Treating **ADHD** or anxiety helps if either one keeps your child from attending sessions or doing the home practice.
- Skip mouth exercises with straws, whistles, and tongue tools. Blowing and licking have never been shown to improve speech.

Everyday things that help

- Ask the school in writing for a speech evaluation. Services can then be written into an **IEP** or a **504 plan**.
- Say the word back correctly instead of correcting your child. They hear the right model without being told they got it wrong.
- Ask your child to repeat rather than pretending you understood. Pretending teaches them that their talking does not matter.
- Do the practice list daily in short bursts. Ten focused minutes beats an hour of nagging crammed into the weekend.
- Ask teachers and relatives to give your child time to finish, and to never speak for them or guess at the ending.

Get help right away if

- Your child talks about dying or hurting themselves. Call or text **988**, or go to the nearest emergency room.
- Speech your child clearly already had suddenly gets worse or disappears. Get seen right away.
- Choking, drooling, or trouble swallowing along with unclear speech. Call your doctor today.

Questions to ask your care team

- *Has my child's hearing been tested, and were the results normal?*
- *Is this an articulation problem, a pattern problem, or apraxia of speech?*
- *How many minutes a week of therapy, and what should we practice at home?*
- *When should my child be understandable to people outside our family?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.