

What's in a name?

Dr Jan Broomfield, Dr Joanne Cleland and Dr Pam Williams make their case on behalf of the Child Speech Disorder Research Network for adopting the term 'childhood apraxia of speech'

Professional bodies representing SLTs / speech pathologists across the UK and USA have produced documentation confirming the existence of developmental verbal dyspraxia (DVD) / childhood apraxia of speech (CAS) as a rare but distinct condition, reversing previous opinion about it being a controversial diagnosis. Additionally, DVD/CAS is acknowledged as a long-term condition with life-long consequences, particularly if appropriate and/or sufficient intervention is not received during formative years and into adolescence (McCabe, P. et al. 2020).

Terminology changes over time to reflect national and international views. For example, developmental language disorder (DLD) has now replaced specific language impairment (SLI) (Bishop, D.V.M. et al. 2017). Speech sound disorders (SSD) has replaced previous terms such as speech disorder(s), speech impairment and speech difficulties, and is “an umbrella term for the full range of speech sound difficulties; it is theoretically neutral and accessible to an international audience” (McLeod & Baker, 2017. p.9). Historically, CAS was known as developmental articulatory apraxia/dyspraxia (Morley, 1957) in the UK before the term DVD was adopted in the late 1980s.

In this article, the Child Speech Disorder Research Network (CSDRN) argue that the profession should now adopt the term 'childhood apraxia of speech' rather than

'developmental verbal dyspraxia', so we can join the rest of the international, English-speaking speech and language pathology / therapy community.

Background

In 2007, the American Speech-Language-Hearing Association (ASHA) published a technical report and position statement on the subject of CAS. One key recommendation concerned terminology, proposing that CAS should be adopted as a “unifying cover term for the study, assessment and treatment of all presentations of apraxia of speech in childhood. CAS is preferred over alternative terms including developmental apraxia of speech and developmental verbal dyspraxia” (ASHA 2007a. p.2).

Four years later, the RCSLT published a policy statement on developmental verbal dyspraxia (2011). It was acknowledged that varying terminology existed across the world, but that the preferred term in UK at that time was DVD, in keeping with other RCSLT documents. At that time, UK experts were producing research literature, and keeping terminology constant made sense. However, the landscape has now changed.

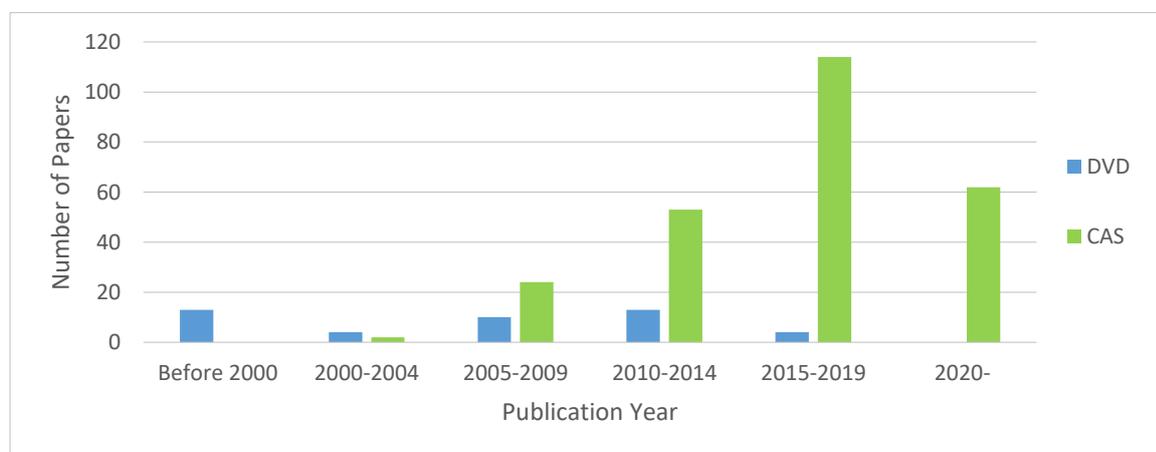
Current

CAS has become the dominant term in journal articles, books and book chapters. In addition, “suspected CAS” (sCAS) is used when there is some uncertainty over a

definitive diagnosis, similar to the way in which “features of DVD” has been used in UK.

A recent literature search of journal abstracts containing the term DVD or CAS found 299 articles from pre-2000 to 2022. Figure 1 illustrates the declining use of DVD and the dominance of the term CAS over time, particularly from 2010. In part, this has been driven by the significant rise in intervention studies for CAS, which have mainly been carried out in USA, Australia, Canada and New Zealand, all of whom use the term CAS.

Figure 1: Number of papers with the term DVD or CAS in the abstract



CAS is a low prevalence, high impact condition. There is estimated to be 1-2 cases per 1000 for isolated CAS with unknown cause (Shriberg et al 1997; Shriberg et al., 2019). However, there are greater numbers when CAS occurs in children with a

known neurodevelopmental condition: 4.3% for CAS alone and 4.9% for concurrent CAS and childhood dysarthria (Shriberg et al. 2019). The needs of all children affected by CAS are high and often require significant input from speech and language therapy services and other agencies over many years. In their evidence summary on CAS, McCabe et al. (2022) refer to “emerging evidence that a significant burden of psychosocial, educational, economic and communication deficits remains across the lifespan with resultant restrictions on participation and daily life” (p.1). A recent article by Cassar et al. (2022), describes the findings of a small-scale mixed methods study of adults who were reported to have had CAS in childhood; they concluded that psychosocial effects and speech characteristics associated with CAS appear to persist into adulthood.

In conclusion

We are not proposing a membership debate or international consensus exercise over the most appropriate label, because it is too late - the rest of the world has moved on without us! Now is the time for us to join the international community and for UK SLTs to adopt the term CAS. This will enable us and those professionals and families we work with, to access the wealth of emerging evidence about the nature, assessment, diagnosis and intervention for children and young people presenting with this complex, pervasive condition. Additionally, it will enable us to continue to strive to implement best current evidence, minimising impact and maximising outcomes for this population.

Dr Jan Broomfield, independent SLT, member of Child Speech Disorder Research Network and project lead for RCSLT's 2011 Policy Statement on DVD. Email: drjanslt@gmail.com

Dr Joanne Cleland, reader in speech and language therapy at the University of Strathclyde, member of CSDRN. Email: joanne.cleland@strath.ac.uk

Dr Pam Williams, honorary lecturer in speech and language therapy at University College London Hospitals NHS Foundation Trust, member of CSDRN and main co-author of RCSLT's policy statement on DVD.

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