DYSFLUENCY
DSM-5 A 02-Language Disorder

• Persistent difficulties in the acquisition and use of spoken language (sound-, word-, sentence-, and discourse-level comprehension, production, and awareness), written language (reading decoding and comprehension; spelling and written formulation), and other modalities of language (e.g., sign language) that are likely to endure into adolescence and adulthood, although the symptoms, domains, and modalities involved may shift with age.
DSM 5 A 02 Language Disorder

• Symptoms may include the domains of vocabulary; grammar; narrative, expository and conversational discourse; and other pragmatic language abilities individually or in any combination.

• Language abilities that are below age expectations in one or more language domains and that manifest persistent difficulties evident by multiple sources of information, including naturalistic observation and individualized, standardized, culturally and linguistically appropriate psychometric measures.
DSM 5 A 02 Language Disorder

- The difficulties with language result in functional limitations in effective communication, social participation, academic achievement, and occupational performance, individually or in any combination.
Disfluency is rife
For the general population, the rate of language disorder is about 2%
75% of deaf patients in an inpatient facility were identified as dysfluent by deaf language specialists.
Distribution of Language Fluency

Robert Pollard, Ph.D.
What causes Language Disorder

- Mental Retardation
- Developmental Disability
- Aphasia
- Stroke
- Dementia
  - Schizophrenia
  - Alzheimer’s
  - Wernicke’s
Psychosis

• Grammar
  – consistency, age and context appropriate
  – “word salad”
  – “weird” - anomalies
  – perceptual difficulties

• Sign Formation
  – “slips of the fingers”
  – Clanging
  – Neologisms
  – Perseveration

• Stereotypy
Psychosis

- Responding to Internal Stimuli
- Illogicality
- Discourse
  - circumstantial or tangential
- Perceptual difficulties
Linguistic & Educational Deprivation

![Vocabulary Growth By Age Graph](image)
ASL Acquisition

(Anderson & Reilly, 2002)
Claims Made about Deaf Children with Plenty of Evidence to Back Them Up

• Deaf children do not understand as much language as they (and we) think they do

(Marc Marshark, 2010)
Learning in the College Classroom

![Bar chart showing proportion correct across groups: ASL, Signed English, and Hearing.]
Closure

The phonomenal power of the human mind, according to a research at Cambridge University, it doesn't matter in what order the letters in a word are, the only important thing is that the first and last letter be in the right place. The rest can be a total mess and you can still read it without a problem. This is because the human mind doesn't read every letter by itself, but the word as a whole.

Azanmig huh? yaeh and I awlyas tghuhot slpeling was imporantt!

Courtesy of C. Crump
Choices of Perspective – First Person

First person  Third person  Narrative  Descriptive
Third person

First person  Third person  Narrative  Descriptive
Narrative

First person  Third person  Narrative  Descriptive
Descriptive
Choices of Timing

- Simultaneous
- Lagged
- Consecutive
Register

Meaning per Sign

Number of Signs

Number of Users

Frozen

Formal

Consultative

Casual

Intimate
Formal
Consultative
Casual
Intimate
Content

• Psychosis
  – delusions & hallucinations

• Orientation
  – To person, place, time

• Suicidal or Homicidal Ideation
  – Includes ideation, intent, plan and attempt

• Client history/precipitating factors
Form

- Grammar
  - consistency, age and context appropriate
  - "word salad"
  - "weird"
- Poverty of Language
- Sign Formation
  - “slips of the fingers”
  - clanging
  - paraphasia
Form

• Responding to Internal Stimuli
• Discourse
  – circumstantial or tangential
  – perseveration
  – Illogicality
• Affect
• Speed of Signing
  – flight of ideas
  – pressured or psychomotor retardation