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Understanding Semantic-Pragmatic Disorder (SPD)

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Syntax, semantics, and pragmatics form the trifecta of skills for developing social language and communication. Before understanding how these skills relate to language disorders, specifically Semantic-Pragmatic Disorder (SPD), one must understand their meanings and how these skills work together.

Syntax refers to the *order of words* in phrases and sentences. When toddlers learn to speak, they may use incorrect syntax, or word order. As children get older and enter school, the complexity of their sentences increases. Students, even in early grades, begin to understand the importance of word order and how it affects the meaning of a phrase, sentence, or passage. Students with good reading and comprehension skills have a better grasp of grammar and **syntax** than students with a communication or language disorder.

Semantics gives *meaning* to words in phrases or sentences. We listen to or read and *comprehend* the meanings of words in their particular arrangement. Young children make errors in the semantics of their speech. For instance, "Babies bottles like." Even though the syntax (word order) of this phrase is incorrect, we understand its meaning because we know babies like bottles. However, a phrase like "Babies godlatle bieopraba" could *possibly* be correct in its syntax but is semantically incorrect because the last words cannot be interpreted. The use of syntax and semantics leads to our *expression* of language – or *pragmatics*.

Pragmatics refers to the *expression* of language. Autistic children or children with PDD (Pervasive Developmental Disorder), etc., have difficulty expressing themselves, especially in social situations. They may express their thoughts and feelings openly and explicitly with little or no consideration for others in their surroundings. Controlling the volume of voice may also be an issue.

Children diagnosed with "Semantic-Pragmatic Disorder" experience delays in language development and have difficulty with comprehension and expression. Check with your pediatrician or speech-language pathologist if you have questions regarding your child's inability to express himself/herself or communicate effectively with you and others.



A child with SPD between the ages of 0-4 usually...

- Is quiet, content, and plays alone.
- Does not respond to someone calling and may appear deaf.
- Is a late talker and cannot express wants easily.
- Memorizes phrases heard often and speaks them out of context.
- Will not make serious eye contact.
- Eats limited foods and unable to tolerate certain textures.
- Is late recognizing self in pictures or a mirror.



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(cont.)



After age 4, parents may notice that the child...

- Does not initiate play but participates in rough and tumble play.
- Has a grasp of jigsaw puzzles, numbers, letters, shapes and colors.
- Enjoys activities like washing up or operating a computer.
- Parrots phrases or sentences.
- Obsesses over certain personal interests.
- Over-reacts to touch, pain, and everyday noises (vacuum cleaner, balloon pop, and blender).
- Has difficulty following rules, taking turns, or participating in team or group activities.
- Speaks literally in a grown-up tone and doesn't like "baby talk."
- Finds facial expressions, gestures, and body language confusing.
- Has difficulty comprehending idioms and figurative language.
- Has difficulty with abstract concepts like time or motivation (e.g., next week, when you get ready, don't stay too long).
- Reads very early or late, but without comprehension.
- Has minor problems with motor-skills.
- Has specific language impairments.
- Becomes distracted while on task by something very random.
- Appears indifferent or aloof regarding the feelings and opinions of others.

Support Strategies

Communication skills of children with SPD can improve with age and continuous support. Constant attention and interaction is necessary to help the child change and manage his/her behaviors and improve communication skills. **Everyone** involved in the child's support system (including friends) can help by...

- Encouraging participation in practical, hands-on tasks with a logical and sequential order (simple games).
- Providing a quiet, orderly environment for homework, conversations, and socializing.
- Using visual clues or hand gestures when possible (pointing, come along, gestures for big/little).
- Giving instructions in short sentences with few steps.
- Sticking to routines; preparing the child when change is inevitable; and helping the child cope when change is sudden or unavoidable.
- Avoiding use of abstract concepts: guess, pretend, imagine, and wonder.
- Giving literal instructions: "Put the puzzles on the shelf," rather than "Let's tidy up."
- Practicing social skills by acknowledging the presence of others, making introductions, asking questions, saying goodbye, and making polite requests.
- Providing a visual schedule for daily routines.
- Explaining metaphors, sarcasm, and jokes when they pop up in conversation.
- Helping build upon and participating in their special interests.
- Consistently following up with strategies used by his/her speech-language pathologist or therapist.
- Giving constant encouragement and praise for using appropriate communication and social skills.

Resources:

Patricia M. Hamaguchi. What every parent should know. Childhood Speech, Language, and Listening Problems 2nd Edition. John Wiley & Sons, Inc., New York, 2001, pp.179-181.
Bright Tots. (2011). Semantic-pragmatic disorder. Retrieved from http://www.brighttots.com/Semantic_pragmatic_disorder
Centre for Child Development. Five Integrating Senses. (2011). Semantic-pragmatic disorder. Retrieved from http://www.childsupport.in/html/semantic_pragmatic_disorder.html

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