
Certificate in Speech-Language Pathology (India)

Cognitive Communication Disorders

Aphasia – a language disorder resulting from brain injury, typically affecting speech production, comprehension, reading, or writing. Related terms: Broca's aphasia, Wernicke's aphasia, expressive aphasia, receptive aphasia. Example: a stroke survivor who speaks in short, halting phrases and has difficulty naming objects. Practical application: Speech-language pathologists (SLPs) assess language domains, design picture-naming drills, and use augmentative communication strategies. Challenges: differentiating aphasia from cognitive-communication deficits when memory or attention are also impaired.

Apraxia of Speech – a motor planning disorder where the brain struggles to sequence the movements needed for speech. Related terms: verbal apraxia, dyspraxia, oral-motor weakness. Example: a child who knows the word "ball" but cannot produce the correct sound pattern despite intact muscle strength. Practical application: SLPs employ repeated practice, visual cueing, and prosodic shaping to improve articulation. Challenges: co-existing language delays may mask the apraxic features, requiring careful differential diagnosis.

Attention Deficit Hyperactivity Disorder (ADHD) – a neurodevelopmental condition characterized by inattention, hyperactivity, and impulsivity that can affect communication. Related terms: executive dysfunction, impulsive speech, distractibility. Example: an adult who frequently interrupts conversational partners and loses track of topics. Practical application: SLPs teach self-monitoring techniques, turn-taking cues, and organizational strategies. Challenges: variability of symptoms across settings makes standardized assessment difficult.

Auditory Processing Disorder (APD) – difficulty in the neural processing of auditory information, often leading to problems with speech perception. Related terms: temporal processing, dichotic listening, auditory discrimination. Example: a student who can hear sounds but misinterprets rapid speech. Practical application: auditory training exercises, use of visual supports, and environmental modifications. Challenges: distinguishing APD from language or memory deficits, and limited access to specialized testing tools.

Brain Injury, Acquired (ABI) – damage to the brain after birth, including traumatic brain injury (TBI) and non-traumatic events such as stroke. Related terms: neuroplasticity, diffuse axonal injury, focal lesion. Example: a veteran with TBI who experiences word-finding problems and reduced conversational stamina. Practical application: SLPs assess cognitive-communication skills, provide compensatory strategies, and coordinate multidisciplinary rehab. Challenges: fluctuating symptoms and the need for long-term monitoring.

Broca's Aphasia – a non-fluent aphasia resulting from damage to the left inferior frontal gyrus, marked by effortful speech and relatively preserved comprehension. Related terms: expressive aphasia, agrammatism,

speech apraxia. Example: a patient who says “want... coffee” to convey “I want a cup of coffee.” Practical application: phrase-building drills, melodic intonation therapy, and use of gestural supports. Challenges: frustration due to limited output and potential co-existing motor speech issues.

Communication Disorder – an umbrella term for any condition that impairs the ability to receive, send, process, or comprehend verbal, non-verbal, or written messages. Related terms: speech disorder, language disorder, pragmatic disorder. Example: a child with selective mutism who speaks only at home. Practical application: individualized therapy plans targeting specific modalities, family education, and school collaboration. Challenges: overlapping symptoms across domains may obscure the primary impairment.

Conduction Aphasia – a fluent aphasia with relatively good comprehension but marked difficulty repeating heard speech. Related terms: arcuate fasciculus lesion, phonological paraphasias, auditory-motor integration. Example: a patient who can describe a scene but cannot repeat the phrase “the cat is on the mat.” Practical application: repetition drills, phonological cueing, and error-detection training. Challenges: isolating repetition deficits from broader language processing problems.

Cognitive-Communication Disorder (CCD) – impairment of communication resulting from deficits in attention, memory, executive function, or other cognitive processes. Related terms: pragmatic impairment, discourse disorder, higher-order language. Example: a person who can speak fluently but loses track of the conversation thread after a few sentences. Practical application: discourse-level interventions, strategy training for planning and self-monitoring, and use of graphic organizers. Challenges: assessment tools must capture both cognitive and linguistic components, and therapy must be flexible to fluctuating cognitive stamina.

Discourse Analysis – systematic examination of spoken or written language beyond the sentence level, focusing on cohesion, coherence, and pragmatics. Related terms: macrostructure, microstructure, narrative competence. Example: analyzing a patient’s storytelling for logical sequencing and appropriate use of referents. Practical application: SLPs use discourse analysis to set functional goals such as “maintain topic for 3-minute conversation.” Challenges: requires extensive transcription and subjective judgment, making reliability a concern.

Dysarthria – a motor speech disorder caused by weakness, paralysis, or incoordination of the speech musculature. Related terms: spastic dysarthria, flaccid dysarthria, ataxic dysarthria. Example: a Parkinson’s disease patient with reduced vocal loudness and monotone pitch. Practical application: respiratory support training, articulation drills, and use of speech-generating devices when needed. Challenges: differentiating dysarthria from apraxia of speech, especially when both co-occur.

Dyslexia – a specific learning disability characterized by difficulties with accurate or fluent word recognition and poor spelling. Related terms: phonological processing, orthographic deficit, reading comprehension. Example: a child who reads slowly and makes frequent substitution errors despite adequate intelligence. Practical application: multisensory phonics instruction, structured literacy programs, and assistive

technology. Challenges: comorbid attention deficits may exacerbate reading problems, requiring integrated intervention.

Dysphasia – an older term for language impairment resulting from neurological injury, generally synonymous with aphasia. Related terms: receptive dysphasia, expressive dysphasia. Example: a patient who understands spoken language but cannot produce grammatically correct sentences. Practical application: similar to aphasia therapy, focusing on word retrieval and sentence formulation. Challenges: terminology variation across regions may cause confusion in interdisciplinary teams.

Echolalia – involuntary repetition of another person's spoken words or phrases. Related terms: immediate echolalia, delayed echolalia, autism spectrum disorder. Example: a child who repeats "Do you want a cookie?" after hearing the question, without responding. Practical application: modeling functional language, using echoic prompts that lead to appropriate responses. Challenges: distinguishing echolalia as a communicative strategy versus a stereotyped behavior.

Executive Function – higher-order cognitive processes that enable planning, organization, self-monitoring, and flexible thinking. Related terms: inhibition, cognitive flexibility, working memory. Example: a client who cannot sequence steps to make a cup of tea, resulting in incomplete tasks. Practical application: SLPs incorporate planning tasks, use checklists, and teach self-cueing strategies. Challenges: executive deficits may limit the effectiveness of language-focused therapy unless addressed concurrently.

Expressive Language Disorder – difficulty formulating appropriate verbal or written output, despite relatively intact comprehension. Related terms: expressive aphasia, word-finding difficulty, grammatical errors. Example: a school-age child who speaks in short, telegraphic sentences and omits function words. Practical application: sentence expansion activities, role-play, and visual sentence frames. Challenges: co-existing receptive deficits may be overlooked if only expressive output is assessed.

Fluent Aphasia – aphasia types where speech output is relatively smooth, often with paraphasic errors and impaired comprehension. Related terms: Wernicke's aphasia, semantic paraphasias, jargon aphasia. Example: a patient who produces long, nonsensical sentences that are difficult for listeners to understand. Practical application: auditory comprehension training, semantic cueing, and reduction of jargon through self-monitoring tasks. Challenges: patients may be unaware of their errors, requiring feedback that does not threaten self-esteem.

Global Aphasia – severe aphasia affecting all language modalities, resulting from extensive left-hemisphere damage. Related terms: severe receptive and expressive deficits, minimal speech. Example: a stroke survivor who can only produce occasional "yes" or "no" sounds and cannot follow commands. Practical application: use of picture exchange systems, intensive multimodal stimulation, and caregiver-mediated communication. Challenges: limited progress potential and high caregiver burden.

Hemiparesis – weakness on one side of the body that can affect speech articulation when facial or oral muscles are involved. Related terms: facial palsy, unilateral motor impairment. Example: a patient with

right-side weakness who also has reduced lip closure, affecting speech intelligibility. Practical application: coordinated speech-motor therapy, strengthening exercises, and compensatory articulation strategies. Challenges: integrating motor and language goals within limited therapy time.

Intraventricular Hemorrhage (IVH) – bleeding into the brain’s ventricular system, common in preterm infants, potentially leading to cognitive-communication deficits. Related terms: periventricular leukomalacia, neonatal brain injury. Example: a toddler with delayed speech onset and poor attention following grade-III IVH. Practical application: early language stimulation, parent-implemented routines, and monitoring of developmental milestones. Challenges: medical instability and the need for interdisciplinary coordination.

Language Development Milestones – typical age-related acquisition of receptive and expressive language skills. Related terms: phonological development, lexical growth, syntactic emergence. Example: by 24 months, children typically combine two words and follow simple commands. Practical application: SLPs assess milestone attainment to identify delays and design age-appropriate interventions. Challenges: cultural and linguistic diversity require adjustments to normative data.

Language Pragmatics – the use of language in social contexts, encompassing turn-taking, topic maintenance, and non-verbal cues. Related terms: conversational repair, discourse competence, sociolinguistic rules. Example: a teenager who speaks appropriately but frequently intrudes on others’ speaking turns. Practical application: role-play, video modeling, and explicit teaching of social scripts. Challenges: pragmatic deficits often coexist with autism spectrum disorder, necessitating individualized approaches.

Lesion Localization – identification of the brain region affected by injury, guiding expectations for communication outcomes. Related terms: Broca’s area, Wernicke’s area, arcuate fasciculus. Example: MRI shows a left-posterior temporal lesion, predicting receptive language difficulties. Practical application: SLPs use lesion data to prioritize assessment domains and prognosticate recovery. Challenges: diffuse injuries make precise localization difficult, and functional reorganization may alter predictions.

Lexical Retrieval – the process of accessing words from the mental lexicon during speech. Related terms: anomia, tip-of-the-tongue, word-finding difficulty. Example: a patient pauses, “I need a... tool that cuts wood,” before saying “saw.” Practical application: semantic feature analysis, cueing hierarchies, and phonological prompting. Challenges: fatigue and attentional lapses can exacerbate retrieval failures.

Metacognition – awareness and regulation of one’s own cognitive processes, including monitoring of speech output. Related terms: self-monitoring, error detection, reflective thinking. Example: a client who can recognize when a sentence is grammatically incorrect and attempts to self-correct. Practical application: teaching self-questioning strategies (“Did I say that clearly?”) and use of video feedback. Challenges: metacognitive deficits often accompany severe brain injury, limiting the effectiveness of self-guided strategies.

Neuroplasticity – the brain’s ability to reorganize structure and function in response to experience, injury, or

learning. Related terms: cortical re-mapping, functional recovery, experience-dependent change. Example: after a left-hemisphere stroke, right-hemisphere regions assume some language functions. Practical application: intensive, task-specific therapy that leverages Hebbian principles, and early intervention to maximize plastic potential. Challenges: individual variability in plastic response requires ongoing outcome monitoring.

Non-fluent Aphasia – aphasia types where speech output is halting, effortful, and often agrammatic. Related terms: Broca's aphasia, apraxia of speech, reduced prosody. Example: a patient who produces short phrases like "walk park" instead of "I am going to walk in the park." Practical application: melodic intonation therapy, gesture integration, and sentence-building drills. Challenges: patients may become discouraged by limited output, necessitating motivational support.

Oral-Motor Dysfunction – impairment of the muscles used for speech, swallowing, and facial expression, often seen in neurodevelopmental disorders. Related terms: dysphagia, oro-facial weakness, motor planning deficit. Example: a child with cerebral palsy who shows reduced tongue movement, affecting articulation. Practical application: oral-motor exercises, sensory stimulation, and augmentative communication devices. Challenges: distinguishing primary motor deficits from language deficits when both coexist.

Perceptual Aphasia – an outdated term historically used to describe receptive language problems without expressive impairment. Related terms: receptive aphasia, Wernicke's aphasia. Example: a patient who can speak fluently but fails to comprehend spoken sentences. Practical application: auditory comprehension tasks, semantic cueing, and visual supports. Challenges: modern terminology prefers "receptive aphasia," so clinicians must translate legacy case notes.

Phonological Processing – the ability to recognize, manipulate, and use sound structures of language. Related terms: phonemic awareness, sound discrimination, phonology. Example: a child who cannot blend /k/ + /æ/ + /t/ to form "cat." Practical application: phonological awareness games, segmenting and blending drills, and speech sound disorder therapy. Challenges: deficits may coexist with dyslexia, requiring coordinated literacy support.

Pragmatic Language Disorder – difficulty using language appropriately in social contexts, often manifested as inappropriate topics, poor turn-taking, or literal interpretation of idioms. Related terms: social communication disorder, conversational repair, figurative language. Example: an adolescent who tells jokes that are off-beat and fails to recognize sarcasm. Practical application: social stories, role-play, and explicit teaching of conversational rules. Challenges: overlapping features with autism spectrum disorder may complicate diagnosis.

Prosody – the rhythm, stress, and intonation patterns of speech that convey emotion and grammatical meaning. Related terms: intonation, pitch contour, speech melody. Example: a patient who speaks in a monotone voice, making it hard to discern questions from statements. Practical application: intonation drills, melodic intonation therapy, and use of visual pitch displays. Challenges: prosodic deficits often

accompany motor speech disorders, requiring integrated treatment.

Receptive Language Disorder – difficulty understanding spoken or written language despite adequate expressive abilities. Related terms: receptive aphasia, auditory comprehension, language processing. Example: a child who follows simple commands but cannot comprehend multi-step instructions. Practical application: simplified language, visual cues, and hierarchical instruction sequencing. Challenges: children may appear “uncooperative” because they do not understand the task demands.

Right-Hemisphere Damage (RHD) – injury to the right cerebral hemisphere, frequently leading to deficits in discourse, prosody, and pragmatic skills. Related terms: left-neglect, affective aprosodia, figurative language impairment. Example: a patient who tells a story with correct grammar but omits main ideas and uses flat intonation. Practical application: discourse organization training, prosody modulation exercises, and visual mapping of story elements. Challenges: patients often lack insight into their communication problems, requiring caregiver involvement.

Semantic Dementia – a progressive neurodegenerative disorder marked by loss of word meaning while speech fluency remains relatively intact. Related terms: primary progressive aphasia, anomia, category-specific deficits. Example: a patient who can say “chair” but cannot name a “sofa.” Practical application: semantic feature analysis, use of semantic cueing, and compensatory strategies such as picture boards. Challenges: gradual decline limits long-term planning, and emotional impact is significant for families.

Speech-Language Pathology (SLP) – the allied health profession dedicated to assessment, diagnosis, and treatment of speech, language, voice, fluency, and swallowing disorders. Related terms: audiology, rehabilitation, interprofessional collaboration. Example: an SLP conducts a comprehensive cognitive-communication evaluation for a TBI patient. Practical application: evidence-based therapy, client-centered goal setting, and outcome measurement. Challenges: limited resources in some Indian settings require creative use of community resources and tele-practice.

Stuttering – a fluency disorder characterized by repetitions, prolongations, and blocks that disrupt the flow of speech. Related terms: dysfluency, speech-motor planning, anxiety-related speech. Example: an adult who repeats the first syllable of words when speaking on the phone. Practical application: fluency shaping, stuttering modification techniques, and counseling for secondary emotional impacts. Challenges: co-existing language disorders can compound communication difficulties.

Strategic Communication Intervention – therapy that focuses on teaching compensatory techniques to improve functional communication despite underlying deficits. Related terms: augmentative and alternative communication (AAC), environmental modification, cueing hierarchy. Example: teaching a person with severe aphasia to use a picture board to request basic needs. Practical application: goal-oriented training, caregiver coaching, and integration of low-technology AAC. Challenges: ensuring consistent use of strategies across settings and maintaining client motivation.

Syntax – the set of rules governing the arrangement of words into phrases and sentences. Related terms: grammar, sentence structure, morphosyntax. Example: a child who produces “dog the run” instead of “the dog runs.” Practical application: sentence expansion, grammatical cueing, and morphosyntactic drills. Challenges: syntactic errors may be masked by lexical deficits, requiring careful analysis.

Temporal Lobe Epilepsy (TLE) – seizures originating in the temporal lobe, often affecting language networks. Related terms: ictal aphasia, hippocampal sclerosis, seizure-related language decline. Example: a patient who experiences brief episodes of word-finding difficulty during seizure activity. Practical application: pre- and post-seizure language monitoring, coordination with neurology, and targeted language therapy during interictal periods. Challenges: unpredictable seizure patterns can limit therapy continuity.

Traumatic Brain Injury (TBI) – injury to the brain caused by external mechanical force, leading to a spectrum of cognitive-communication deficits. Related terms: concussion, diffuse axonal injury, post-traumatic amnesia. Example: a motor-vehicle accident survivor who has slowed processing speed and impaired discourse coherence. Practical application: comprehensive neuropsychological assessment, task-specific language drills, and use of memory aids. Challenges: fluctuating cognition and fatigue necessitate flexible scheduling and pacing.

Verbal Apraxia (Childhood Apraxia of Speech) – a developmental speech-motor planning disorder where children have inconsistent speech errors despite normal muscle strength. Related terms: dyspraxia, speech sequencing, motor programming deficit. Example: a preschooler who can say “ball” correctly on one trial but mispronounces it on the next. Practical application: frequent repetition, visual articulatory cues, and motor-learning principles. Challenges: co-existing language delay may obscure the apraxic nature, requiring interdisciplinary assessment.

Verbal Fluency – the ability to generate words rapidly within a category or starting with a specific letter, often used as a cognitive-communication screening tool. Related terms: phonemic fluency, semantic fluency, executive function. Example: a patient who names only two animals in a one-minute semantic fluency task. Practical application: monitoring progress, identifying retrieval deficits, and guiding targeted lexical therapy. Challenges: performance is influenced by education level and cultural factors, affecting normative comparison.

Visuospatial Processing – the capacity to interpret visual information about the position and relationship of objects. Related terms: spatial neglect, constructional apraxia, right-hemisphere function. Example: a client who cannot accurately describe the layout of a room, leading to communication breakdowns. Practical application: use of visual supports, drawing tasks, and spatial cueing during therapy. Challenges: deficits may be subtle yet significantly impact discourse organization.

Wernicke’s Aphasia – a fluent aphasia resulting from damage to the posterior superior temporal gyrus, characterized by poor comprehension and jargon speech. Related terms: receptive aphasia, semantic paraphasias, neologisms. Example: a patient who says “I’m looking for the flobble” when asked about a pen.

Practical application: auditory comprehension drills, semantic cueing, and reduction of jargon through self-monitoring. Challenges: patients often lack awareness of errors, making feedback delivery delicate.

Working Memory – the short-term storage and manipulation of information necessary for tasks such as sentence comprehension and discourse planning. Related terms: phonological loop, visuospatial sketchpad, executive function. Example: a client who forgets the first part of a sentence before completing the thought. Practical application: memory span training, chunking strategies, and rehearsal techniques. Challenges: limited working memory capacity can hinder the acquisition of new language skills, requiring repeated practice.

Word-Finding Difficulty (Anomia) – the inability to retrieve the appropriate word during speech, often accompanied by circumlocutory strategies. Related terms: lexical retrieval, tip-of-the-tongue, semantic paraphasia. Example: a patient who says “the thing you use to write” instead of “pen.” Practical application: semantic feature analysis, cue hierarchy, and picture naming tasks. Challenges: frequent circumlocutions may frustrate listeners, necessitating partner training for supportive communication.