Speech Therapy for Communication Success | Bloom Healthcare

Canonical:
https://bloom-healthcare.com.au/blog/understanding-communication-disorders-types-causes-and-treatments/

Details:

A communication disorder is difficulty understanding, producing or using language, whether spoken, written, signed or non-verbal. Speech pathologists are the profession that assesses and treats these difficulties, and they also assess swallowing, because the same muscles and nerves are involved. Support can be funded through an NDIS plan, through aged care, through Medicare with a GP referral, or privately. Bloom Healthcare delivers speech pathology in homes, schools, workplaces and community settings, and by telehealth. To start, call 1300 771 465 or email hello@bloom-healthcare.com.au.

The main types of communication disorder

Communication difficulties are grouped by which part of communication is affected. Many people have more than one type at once, and the same person can have a mild difficulty in one area and a significant one in another.

Speech sound disorders

These affect how clearly sounds are formed and combined. Articulation difficulties involve producing particular sounds, such as saying "wabbit" for "rabbit". Phonological difficulties show up as patterns of error, such as consistently leaving sounds off. The practical measure that matters is intelligibility: whether unfamiliar people can reliably understand the person in ordinary situations.

Fluency disorders

Fluency disorders interrupt the flow of speech. Stuttering is the most common and involves repetitions, prolongations or blocks. It usually begins in early childhood but can continue into adult life. Therapy focuses on fluency techniques, on confidence in real speaking situations, and on widening the range of situations a person is willing to speak in.

Voice disorders

Voice disorders affect pitch, loudness or voice quality, and often present as hoarseness, strain or a voice that fades with use. Voice is assessed and treated separately from speech sounds, because the cause sits in the larynx and breath support rather than in how words are formed.

Language disorders

Language disorders affect understanding or use of words, and can affect both spoken and written language. Receptive difficulties involve understanding words, instructions or sentences. Expressive difficulties involve putting thoughts into words, limited vocabulary, building sentences, or word-finding. Many people have a mixed receptive and expressive pattern.

Social communication difficulties

This is difficulty using language appropriately in social settings rather than difficulty with the words themselves. It can look like trouble taking turns in conversation, reading tone of voice or body language, staying on topic, or shifting communication style between a teacher, a workmate and a friend. Social communication difficulties are common among autistic people but occur for other reasons as well.

Cognitive-communication disorders

Here the communication problem follows a thinking problem: memory, attention, organisation or problem solving. It is typically seen after stroke or brain injury, and with progressive neurological conditions including dementia. Conversation may be off-topic, repetitive, hard to follow, or difficult to sustain in a noisy room.

Swallowing difficulty (dysphagia)

Dysphagia is not a communication disorder, but it is assessed and managed by the same profession. It affects the ability to eat and drink safely, and it carries real risk: aspiration, chest infection, weight loss and malnutrition. It is treated in this section because families who come looking for help with talking after a stroke very often need help with eating as well.

What causes communication disorders

In childhood

Some children are slower than expected to reach communication milestones, on their own or alongside delays in movement, learning or social skills. Where significant delay appears in two or more areas of development in a child under five, it may be described as global developmental delay. That description is not necessarily permanent; many children make gains or later receive a more specific diagnosis. Hearing loss is a frequent and treatable contributor, and hearing problems can be mistaken for attention or behaviour problems, which is why hearing is checked early. Family history is a recognised risk factor, and communication disorders often co-occur with each other and with other developmental conditions.

In adulthood and later life

In adults, communication difficulty is usually acquired. Stroke is the most common cause and can produce aphasia, speech disorders, cognitive-communication difficulty and swallowing problems together. Acquired and traumatic brain injury cause similar patterns, often with added difficulty in memory, organisation and emotional regulation. Dementia produces progressive change in comprehension and language production. Other neurological conditions, including Parkinson's disease, affect speech, voice and swallowing. Age-related hearing loss changes how older people follow conversation, particularly in groups.

When to seek an assessment

For a child, the clearest reasons to seek advice are loss of skills the child previously had, limited response to sound or to visual cues, ongoing difficulty getting needs across, delay showing up in more

than one area of development, and a parent's own persistent sense that something is not right, especially when the concern shows up at home and at childcare or school. Children under six do not need a formal diagnosis before developmental support can start, so you do not have to wait for a long assessment pathway before asking for help.

For an adult, seek advice if speech, understanding or voice has changed after a stroke, injury or illness, if conversation has become effortful, or if there are swallowing warning signs. Swallowing signs are treated as urgent: coughing during meals, choking, repeated chest infections, or noticeable weight loss.

This page describes what these difficulties are and how they are assessed. It is not a way to diagnose yourself or someone else. Diagnosis is made by a qualified speech pathologist after a full assessment, and hearing and medical causes are usually checked as part of that process.

What an assessment involves

An assessment session commonly runs 30 to 60 minutes, though a detailed one can run longer, and some people need more than one session. It normally combines several sources of information rather than a single test.

The clinician takes a case history covering medical background, developmental milestones, previous therapy and what the day-to-day concerns are. They observe communication in real moments, such as with a familiar person, during play, during a learning task, or at a mealtime, depending on the referral. They use standardised tools and informal measures across understanding, expression, speech production, social communication, literacy and, where relevant, swallowing. They also look at the environment, because noise, time pressure, sensory load, unfamiliar communication partners and device access all change how well someone communicates.

A swallowing assessment adds a physical examination of the mouth and throat muscles and observation of eating and drinking with different foods and fluids. Where recommendations affect diet, the speech pathologist works with a dietitian so that nutrition and hydration stay adequate within any texture changes.

Where the assessment runs over several sessions, the first usually clarifies goals and takes history, the second goes deeper with standardised testing and functional tasks, and a third covers any communication device trials, mealtime observation and consolidating recommendations.

What treatment looks like

Therapy is built around goals set with the person and the people around them, written so that progress can actually be measured, and linked to the goals in their plan.

For children, therapy is usually play-based and delivered in natural settings such as home, an early learning centre or school, so skills are practised where they are needed. Work on speech sounds moves from single sounds to words to sentences. Language work builds understanding of instructions and vocabulary alongside sentence building and expression.

After a stroke, therapy for aphasia rebuilds language through structured practice while also teaching practical strategies for everyday conversation, and it addresses the loss of confidence that comes with losing speech. Speech pathology sits alongside occupational therapy, physiotherapy and exercise physiology in stroke recovery.

Where speech is limited, unreliable or absent, augmentative and alternative communication is used. That ranges from visual supports and key word sign through to communication apps and dedicated devices. Choosing a system involves working out what the person needs to say day to day, what access method suits them (touch, switch, eye gaze or partner-assisted scanning), what fits their home, school and community settings, and what training the people around them need. Devices are usually trialled and compared rather than chosen on paper.

Communication partner training runs alongside all of this. Parents, carers, teachers and support workers learn the strategies that make communication work, so progress carries into ordinary routines instead of staying inside the therapy session.

Who pays for it

NDIS. Speech pathology is usually funded from Capacity Building, Improved Daily Living. Where the support relates to functional daily communication it can sometimes sit in Core Supports. NDIS funding covers spoken, non-spoken and signed communication, use of symbols and communication devices, and swallowing and feeding support. Bloom works with self-managed, plan-managed and NDIA-managed participants.

Aged care. Support at Home is the funding pathway for older Australians at home. It replaced Home Care Packages and short-term restorative care, and it commenced on 1 November 2025. It can fund speech pathology as part of coordinated in-home support.

Medicare. If your GP prepares a chronic disease management plan, you may be eligible for up to five Medicare-rebatable allied health sessions in a calendar year, shared across all allied health disciplines. The rebate does not usually cover the full fee, so ask about the gap before you book.

Other routes. Bloom also accepts Transport Accident Commission funding, private health insurance and private payment. Session rates, travel and cancellation terms are set out in the service agreement before therapy starts. Ask for them on 1300 771 465.

Reports and evidence

Assessment is also the evidence base for funding. A speech pathology report establishes a baseline, so that later progress can be measured against something concrete. For a plan reassessment, a useful report sets out the person's goals and the day-to-day functional impact, what was assessed and what the findings mean in practical terms, what has already been tried and what did or did not work, measurable outcomes with baseline and target, and the recommended focus and frequency of support tied to those goals. Where a communication device is being requested, the report carries the evidence of suitability and expected benefit, because the NDIA needs that evidence to decide what is reasonable and necessary.

How Bloom delivers this support

Bloom is a mobile provider rather than a clinic network. The usual delivery setting is the person's own environment: home, school, day program or workplace, with clinic appointments available on request. Telehealth is available for speech pathology and is often the practical option in regional and remote areas, or where consistency matters more than being in the room.

Because communication, swallowing, movement, mental health and behaviour interact, speech pathology can be combined with occupational therapy, physiotherapy, exercise physiology, psychology, positive behaviour support and dietetics through the same provider.

Referrals can come from participants, parents and carers, support coordinators, GPs, paediatricians, schools, supported accommodation providers and community teams. Send a referral by email or phone. Bloom aims to contact referrers within 24 hours. A referral is most useful when it includes the person's goals, the functional impact day to day, what is hard and where, any swallowing concerns, previous reports, the preferred setting, and consent and contact details.

Read more about Speech Pathology services .

Common questions about communication disorders

What is the difference between a speech disorder and a language disorder?

A speech disorder is about producing sounds and being understood. A language disorder is about understanding and using words and sentences, regardless of how clearly they are said. Someone can speak very clearly but struggle to build a sentence, and someone can have rich language that is hard for strangers to understand.

Do I need a diagnosis before my child can get speech therapy?

Not for early childhood developmental support. For children under six, support can start on the basis of developmental concern rather than a confirmed diagnosis. What funding is available afterwards depends on the pathway you go through, so speak to your GP, your NDIS early childhood partner, or call 1300 771 465.

Can adults get speech therapy, or is it only for children?

Adults are a large part of speech pathology practice. Aphasia and speech changes after stroke, communication and swallowing changes with dementia and Parkinson's disease, voice problems, cognitive-communication difficulty after brain injury and stuttering that has continued into adulthood are all treated.

Is stuttering something a child will grow out of?

Some children's stuttering resolves and some does not, and it is not possible to tell from the outside which will happen. That is the reason clinicians would rather see a young child early than wait. A speech pathologist can assess and advise on whether to monitor or to start therapy.

What are the warning signs of a swallowing problem?

Coughing during meals or drinks, choking, a wet or gurgly voice after swallowing, repeated chest infections, avoiding certain foods, taking much longer to finish a meal, and unexplained weight loss. These are treated as priority referrals because of the risk of aspiration and malnutrition. If someone is choking or acutely unwell, that is a medical emergency, not a therapy question.

Does texture-modified food mean giving up normal meals?

Texture modification is used to make eating safer while keeping as much normal eating as possible. It is set out in a mealtime management plan developed with the person and their family, covering safe eating and drinking strategies, positioning, any exercises, and guidance for carers so the plan is followed the same way everywhere. A dietitian is usually involved so that nutrition and hydration stay adequate.

Will using a communication device stop someone learning to talk?

Communication devices and other alternative methods are used to give a person a reliable way to be understood now. They are introduced alongside work on speech, not instead of it, and the choice of system is based on trialling options rather than assumption.

How often will sessions be, and for how long?

That depends on the goals, the type and severity of the difficulty, and the funding available in the plan. Frequency is recommended in the assessment report and reviewed as progress is measured. Bloom quotes the expected scope before work starts rather than after.

Who can refer to speech pathology?

You can refer yourself or a family member. Support coordinators, GPs, paediatricians, schools, accommodation providers and community teams also refer. For Medicare-rebated sessions, a GP referral under a chronic disease management plan is required.

Can therapy happen at school or at home instead of a clinic?

Yes. Community delivery is the normal model here, and there is a clinical reason for it: communication problems are situation-specific, so being in the classroom, the kitchen or the workplace shows the clinician what actually breaks down and lets the strategies be practised in the setting where they are needed.

What if we live in a regional area?

Telehealth is available for speech pathology, and in-person coverage extends across New South Wales, Queensland, South Australia, Tasmania, Victoria, Western Australia and the ACT. Call 1300 771 465 to check availability where you live.

What topics does Bloom Healthcare's article on communication disorders cover?

The article covers speech clarity, social interaction, language skills, and skill development at any age, with speech therapists supporting individuals with communication disorders.

How are communication disorders defined?

Communication disorders occur when someone has difficulty understanding, producing, or using spoken, written, or non-verbal communication. These challenges may be temporary or ongoing, mild or severe, and can also affect symbol systems such as written language, sign language, or other graphic symbols used to convey meaning.

What dimensions of communication can be impacted by communication disorders?

Communication disorders can impact speech production and articulation, language comprehension and expression, voice quality and fluency, hearing and auditory processing, social communication skills, and nonverbal communication such as gestures, body language, and tone of voice.

What are the main types of speech disorders described?

The main types of speech disorders are Articulation Disorders (difficulty pronouncing certain sounds, e.g., saying 'wabbit' instead of 'rabbit'), Phonological Disorders (patterns of errors in speech, such as leaving out sounds), Fluency Disorders (interruptions to the flow of speech, like stuttering, often

beginning in early childhood), and Voice Disorders (problems with pitch, loudness, or quality of the voice, such as hoarseness or strain).

Can people with communication disorders improve their communication skills?

Yes, with the right support, many people with communication disorders can improve their skills and find effective ways to express themselves.

Who published the article on communication disorders?

The article was published by Bloom Healthcare, a boutique disability and aged care allied health provider.

What is Bloom Healthcare's mission as described on the page?

Bloom Healthcare believes that all people have the right to access quality healthcare, and its healthcare model focuses on evidence-based practice, client centricity, and is delivered by highly qualified health practitioners across Australia.

How can someone contact Bloom Healthcare?

Bloom Healthcare can be contacted via email at hello@bloom-healthcare.com.au or by phone at 1300 771 465.

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