

Language Delays and Disorders

- Demographics
- Causes
- Assessment
- Treatment

Language Disorders 1

What is a language delay or disorder?

- Language delay:
 - Occurs when a child uses language typical for a younger child.
 - Sometimes a child is considered delayed when there is a one year discrepancy between their language development age and their chronological age.
- Language disorder:
 - When the child or adult uses language which is inappropriate regardless of developmental age.

Language Disorders 2

Demographics

- Language disorders comprise the largest caseload for school and pre-school SLPs.

Language Disorders 3

Causes

- Cognitive Delay
- Hearing loss
- Brain injury or disorder
- Learning disability
- Autism
- Language deprivation

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Cognitive Delay

- Children with a CD tend to be delayed in all phases of development including . . .
 - Motor skills
 - Social development
 - Self-care
 - Language
 - Intellectual and adaptive behavior
- Degree of CD will have an effect on language.
 - For example, a child with a mild impairment might have only a slight delay, while a child with severe or profound CD may be non-verbal.

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Hearing Impairment

- Mild loss
 - Normally due to otitis media (middle ear infection) and can cause a delay. In most cases these children eventually catch up to their peers.
- Profound hearing loss (Deaf)
 - Children typically never become proficient in English grammar, but often will use American Sign Language (ASL), which has their own unique syntactic rules.

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Hearing Impairment

- High frequency loss
 - Hearing loss where they may not hear high frequency speech sounds such as /s/ and /d/ which might lead to difficulty with plurals (-s) and past tense (-ed).
- If unaided, children generally are delayed by about one year for every 10 dB of hearing loss.
- Early intervention with hearing aids or cochlear implants is vital for language development.

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Brain injury or disorder

- Might be a result of . . .
 - Cerebral palsy or other neurological disorder
 - Traumatic brain injury

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Cerebral Palsy

- A neurological disorder that severely affects coordination.
- Besides affecting articulation, children may not talk because of difficulty with coordination.

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Traumatic brain injury

- Causes
 - Result of auto accident
 - Birth trauma
 - Gun shot wound other trauma to the brain
- Damage to those areas of the brain important for language.

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Learning disability

- Child might have a specific learning disability which prevents them from developing language adequately.
- Sometimes referred to as a functional disorder since there is no none organic cause of the disorder.

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Autism

- Autism is behavioral disorder where the children do not interact or minimally interact with others.
 - This includes verbal interaction.
- Aversion to external stimuli
 - Noise
 - Touching
 - distracting visual stimuli
- May have low, normal or high intelligence and may perform specific tasks very well.
- Important that intervention occurs at an early age.

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Language deprivation

- Parents do not talk to children
- Multiple children
- Children with serious health problems
- Deaf parents
- English Language Learners homes
- Parents with a CD

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Assessment

- Screening
- Evaluation

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Screening

- Purpose is to test a child to see if a possible problem might exist.
- Might involve a short spontaneous sample which is informally evaluated by a speech-language pathologist.
- Short questionnaire for parents
- Formal screening test
- Other screening such as hearing and vision

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Evaluation

- Language sample
- Case history
- Formal testing

Language sample.

- MLU
- Language structure (use of syntax) and semantics.

Case history

- Child's birth and neonatal history
- Child's medical history
- Family history
- Child's developmental history (e.g., when did they start walking, talking, when did they first say two words, etc.)
- How does the child use receptive and expressive language at home
- Anything else not addressed.

Formal testing

- Standardized tests used to assess expressive and receptive language.
- Goal of these tests is to evaluate specific linguistic areas (e.g., rules of morphology or syntax) and knowledge of semantics.
- Other testing including psychoeducational testing, vision and hearing.

Language Treatment

- Treatment plan
- Sequence of treatment
- Treatment methods

Treatment plan developed by SLP

- E.g., the child might have difficulty with morphology or specific areas of syntax such as preposition, adjectives, or other parts of speech.

Sequence of treatment.

- Typically begins at a level child can master
- Gradually increases task complexity

Treatment methods

- Modeling
- Self talk (SLP or others speaking out loud)
- Behavior modification
 - E.g., "repeat after me", "say this", etc.
- Cognitive approach
 - Work on concepts and socialization instead of language directly. Seems to work well with socially disadvantaged children.
