

## Language Disorder

### *What is a language disorder?*

A language disorder is marked by language that is slow to develop and the way in which language is developing does not reflect the normal sequential developmental pattern. Language can be defined as a set of symbols which are usually words or signs that are used in an organised way to communicate ideas and thoughts. It is made up of two components including receptive language (i.e. the understanding of gestures, words and language) and expressive language (i.e. the use of gestures, words and written words to communicate).

Language is made up of many building blocks which include: morphology (i.e. the way in which words are made up to indicate elements such as past tense – climbed, plurality – cats, possessive – king's), semantics (i.e. the meaning of words), syntax (i.e. the way in which words are put together to form meaningful and grammatical sentences), prosody (i.e. the duration, rhythm and pitch intensity in which the sounds of speech are made), vocabulary (i.e. the words a child knows and uses) and pragmatics (i.e. the social "road rules" of language which govern how we use language and interact with each other).

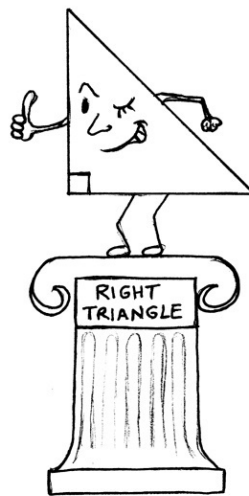
### *What are the common features of a language disorder?*

- Often has difficulty finding the right words to use.
- Vocabulary is limited.
- Sentences contain grammatical errors and have poor structure.
- Use of the wrong words in sentences.
- Difficulties understanding word meanings.
- Use of short simple sentences rather than longer more complex sentences.
- Difficulties retelling stories.
- Difficulties providing information to others.
- Difficulties listening.
- Difficulties understanding stories and more complex language.
- Reliance on visual information to gain meaning from a situation.
- Repeating words or phrases ("parroting").
- Mixing up the order of words in sentences (e.g. "I please can have that one?" instead of "Can I please have that one?").



## Speech Therapy approaches and activities that can support the child with a language disorder and/or their carers include:

- **Daily activities:** Providing parents with interaction strategies to develop language that can be implemented during daily activities within the home.
- **Multi-sensory approach:** Using a multi-sensory approach (e.g. sight, taste, smell, touch) to learn new words and concepts.
- **Motivating tasks:** Using the child's interests to help develop their language skills.
- **Fun activities:** Using fun play-based activities or games to help motivate the child to learn.
- **Visuals** (e.g. pictures, signs) can be used to help develop/aid understanding and expressive language where appropriate and to help develop oral language in storytelling.
- **Books:** Teaching how to use books and stories to aid language development.
- **Vocabulary:** Developing strategies for improving vocabulary knowledge and use.
- **Sequencing:** Developing strategies for improving the ability to sequence events and stories.
- **Grammar:** Completing activities to improve the appropriate grammatical elements of language (e.g. use of past tense –ed, plural 's').
- **Alternative forms of communication:** Teaching alternative ways of communicating whilst language is developing (e.g. sign language, Picture Exchange Communication System – PECS).



### *Why should I seek therapy for my child with a language disorder?*

Diagnosis alone is NOT the solution. It simply opens the door to getting the help that is needed by arming all involved with the relevant information. The 'help' still needs to be provided. The help that is provided (at least from a therapy perspective) will reflect:

- First and foremost, what medical intervention is needed.

- What the parents/teachers/carers biggest concerns are for the child (i.e. what are the most significant functional challenges).
- The specific areas that are problematic to the child (which will vary even within children with the same diagnosis).
- The capacity of the child's environments to meet the child's needs.

**If left untreated the child with a language disorder may have difficulties with:**

- Following instructions within the home, preschool/kindergarten or school environment.
- Vocabulary whereby a child cannot clearly get their message across due to limited word knowledge.
- Understanding jokes and figurative language during interactions with others, and when watching TV shows and movies and reading books.
- Learning to talk, speech intelligibility and clarity.
- Self-esteem and confidence when they realise their skills do not match their peers.
- Bullying when others become more aware of a child's difficulties.
- Self-regulation and behaviour, as the child is unable to regulate themselves appropriately to settle and attend to a task for extended periods of time.
- Accessing the curriculum because they are unable to attend to tasks long enough to complete assessment criteria.
- Social isolation because they are unable to cope in group situations or busy environments, impacting on their ability to form and maintain friendships.
- Anxiety and stress in a variety of situations leading to difficulty reaching their academic potential.
- Reading/understanding social situations and being perceived as 'rude' by others.
- Social communication, such as eye contact, appropriate distance when talking to someone, turn-taking within a conversation.
- Academic performance: Developing literacy skills such as reading and writing and coping in the academic environment.
- Academic assessment: Completing tests, exams and academic tasks in higher education.

More specific implications of not seeking treatment will be influenced by the common difficulties that are most influencing your individual child.



**I Hear and I Forget,**



**I See and I Remember,**



**I Do and I Understand.**

-Chinese Proverb

### ***What does the diagnosis of a language disorder really mean for the child?***

Diagnoses are used to label a specific set of symptoms that are being experienced by a child. This label then helps to narrow down and specifically tailor what:

- Other issues commonly occur simultaneously.
- Medication might be appropriate.
- Therapies might help the child (e.g. Medical, Occupational Therapy, Speech Therapy, Psychology).
- Course of intervention (medical and/or allied health) might be and what outcome might be expected (prognosis).
- Can be done to help the child.

A diagnosis helps the child and their carers (parents, teachers, health professionals, carers) to:

- Access information about the relevant cluster of symptoms.
- Communicate the salient features of the child's challenges to all people involved in the child's care.
- Possibly interpret certain behaviours differently in light of the diagnosis.
- Obtain information about what can be done to help the child.
- Determine specifically where and how to help the child.
- Access funding or services that might not otherwise be accessible.

