Early Language Development Problems

When does language/speech development become a problem? When it is experienced as a problem by others.

Speech and language disorders can affect the way children talk, understand, analyze or process information. Speech disorders include the clarity, voice quality, and fluency of a child's spoken words. Language disorders include a child's ability to hold meaningful conversations, understand others, problem solve, read and comprehend, and express thoughts through spoken or written words.

American Speech-Language-Hearing Association

In hildren develop language at different rates. (For milestones in normal speech development, see http://www.med.umich.edu/yourchild/topics/speech.htm.) Those who develop speech and language at a slower rate than their peers commonly are designated as experiencing a developmental delay.

With respect to speech and language disorders, Prelock, Hutchins, & Glascoe (2008) state:

Speech-language impairments embrace a wide range of conditions that have, at their core, challenges in effective communication. As the term implies, they include speech disorders which refer to impairment in the articulation of speech sounds, fluency, and voice as well as language disorders which refer to impairments in the use of the spoken (or signed or written) system and may involve the form of language (grammar and phonology), the content of language (semantics), and the function of language (pragmatics).

These may also be described more generally as communication disorders which are typically classified by their impact on a child's receptive skills (ie, the ability to understand what is said or to decode, integrate, and organize what is heard) and expressive skills (ie, the ability to articulate sounds, use appropriate rate and rhythm during speech, exhibit appropriate vocal tone and resonance, and use sounds, words, and sentences in meaningful contexts).

Language problems are correlated with a variety of learning and behavior problems at school and with diminished social and emotional well-being. And some adult dysfunctional behaviors are associated with failure to effectively address early language problems (see Armstrong and colleagues, 2017).

In addressing speech and language concerns, it is essential to distinguish (a) developmental differences, (b) common problems, and (c) significant disorders. A useful resource in this respect is The Classification of Child and Adolescent Mental Diagnoses in Primary Care (DSM-PC) from the American Academy of Pediatrics':- http://www.contentedits.com/img.asp?id=16977).

Estimates suggest that as many as seven percent of kindergarteners in the United States manifest language/speech patterns that may warrant special attention (Brinton & Fujiki, 2017). Among students receiving special education services, about 20 percent are designated as having speech or language impairments (McFarland et al., 2017).

^{*}The material in this document reflects work done by Sophie Laguna as part of her involvement with the national Center for MH in Schools and Student/Learning Supports at UCLA. The center is co-directed by Howard Adelman and Linda Taylor in the Dept. of Psychology, UCLA, Website: http://smhp.psych.ucla.edu Send comments to ltaylor@ucla.edu

Causes

Multiple factors influence the appearance and pervasiveness of language/speech problems. As often happens when children are seen as having problems, the tendency is to attribute the "symptoms" to an internal disorder/deficit. For speech and language problems, this is reasonable when there are such established physical signs as significant hearing loss, anatomical abnormalities, neurological and physical disorders, or major deficits in cognitive/perceptual/emotional development. However, it is essential to consider that many developmental differences and dysfunctional behaviors arise from conditions of living (e.g., extreme environmental deprivation, illness, injury, abuse).

Facilitating Language Development and Preventing Problems

Facilitating good language development is part of advancing whole child development. Key are positive transactions that engage and stimulate the child and provide models to emulate. Good parenting is seen as finding the right match for facilitating positive development from conception on. With specific respect to language, parents are encouraged to start talking and playing with the newborn (e.g., responding as a baby coos and babbles, playing peek-a-boo, patty-cake, etc.). During the early years, there are many ways to talk with and elicit talk from a child (e.g., through mutual storytelling and sharing information, reading and singing together, playing games, discussing television shows and social media, planning activities, answering questions, arranging for interactions with others). Major cautions include not forcing a child to speak and avoiding criticism of language errors.

At school, there are both formal and informal ways for facilitating language development and preventing or at least minimizing language problems. As with parenting, good schools and good teaching involve establishing the right match for facilitating positive development and addressing interfering factors that can cause learning, behavior, and emotional problems. (For details, see the chapter entitled "About Schooling and Effective Teaching" in the Center's recent book which can be downloaded at no cost at http://smhp.psych.ucla.edu/pdfdocs/barriersbook.pdf .

About the School's Role in Addressing Language Problems

In general, school staff are expected to (a) identify problems that interfere with effective schooling, (b) understand a range of causal factors, and (c) take appropriate steps to help address problems that interfere with learning and teaching. This requires focusing on these matters as a major facet of preand in-service staff development.

Of course, many challenges arise even when staff are well-prepared. With specific respect to distinguishing children with speech-language concerns from those with other problems, a major difficulty is that various learning, behavior, and emotional problems share symptoms (e.g., repeating and/or distorting sounds, adding extra sounds and words, making jerky movements while talking, visible frustration when trying to communicate, frequently pausing when talking).

And, decisions about what to do when a problem is identified are not simple. For instance, identification of minor problems does not predetermine that *special* interventions are needed. A variety of regular classroom activities promote speech/language development and may be sufficient to address early concerns about speech and language (e.g., activities that foster communication such as collaborative and cooperative learning projects).

For those students whose problems are more persistent, a first step for schools in providing more intensive help is to implement special assistance in the classroom. The emphasis is on (a) enhancing oral and written language development and (b) establishing accommodative and compensatory strategies to address any disorders. Doing all this effectively requires *in-classroom* collaboration of teachers and support staff. (This assumes that support staff are able and willing to work in the classroom for a sufficient period of time.) And, of course, the school also will want to partner with the student's family (see Allen & Marshall, 2011).

When in-classroom special assistance is insufficient, *specialized treatment* is indicated. The school's role here is that of referral to and coordination with a speech-language therapist. Hopefully, the district has such personnel; otherwise low income families are too often cut-off from ways to address this barrier to learning and teaching.

Examples of Two Special Practices used to Facilitate Language Development

From Brinton & Fujiki (2017)

Bibliotherapy. Bibliotherapeutic techniques and activities are viewed as capitalizing on "the power of stories to facilitate language learning, conversational skill, and social and emotional learning simultaneously." At school, the approach can be seamlessly incorporated into reading periods to facilitate language development for all students. The emphasis is on reading material with vivid illustrations, rich emotional and social situations, and a challenging, accessible plot. Flexible scripts and prompts are created to guide interveners as they elicit production of complex sentence structures, highlight key concepts and conversational cooperation, and facilitate emotional understanding. For students with impaired language, interveners are advised to: "slow down, simplify language structure, capitalize on stress, intonation, facial expression, and gesture, offer prompts with increasing support, expand on children's responses, repeat the story, and check for comprehension." Such strategies are seen as providing support and direction while also allowing students to form their own thoughts.

Going a step further, interveners can encourage story enactments and dialog elaboration to foster more symbolic play, enhance perspective taking, and facilitate emotional understanding. Choosing and switching roles allows participants to play different characters and demonstrate that they understand the plot and the emotional interactions among the characters. Providing props can help facilitate engagement. To help build episodic memory, interveners report it helpful to have students reflect on the story by drawing pictures with speech bubbles that allow them to demonstrate what they learned as well as work on their writing skills and add new vocabulary.

From Weisberg, Pasek, & Golinkoff (2013; 2016); Levy (1984)

Guided Play. Guided play (differentiated from free play and directed play) aims to encourage participants to be active and engaged partners in learning. "Guided play is a form of play where children explore within an environment that has been prepared by adults and/or with guidance from adults. In guided play, adults choose play materials that encourage a certain kind of exploration, or ask open-ended questions at key moments to help shape children's choices or push children to think about what they are doing. Crucially, the adults in guided play must follow the children's lead so that children genuinely have the autonomy to explore as they like. The adults' roles are in support of children's choices, gently shaping children's behavior without taking over. Play has been linked to language development through the encouragement of symbolic thinking, social interaction, amount of language exposure, and engagement in the interaction."

With the intervener scaffolding interactions, play can create a positive, interactive learning environment that engages and re-engages students, facilitates language use, and promotes interactions among classmates and the intervener. The student largely directs language learning by pursuing personal interests at a level that is appropriate for their abilities. The practice "stimulates innovation in language, introduces and clarifies new words and concepts, motivates language use and practice, develops meta-linguistic awareness, and encourages verbal thinking," as well as social skills

Concluding Comments

As stressed, concerns about speech and language development must distinguish developmental variations from minor problems and serious disorders. In focusing on speech and language concerns, schools must embed efforts into a system that addresses the wide range of learning, behavior, and emotional problems schools encounter on a daily basis. Our Center stresses that such a system must be unified and developed in ways that produce a comprehensive and equitable set of student and learning supports that directly address a full range of barriers to learning and teaching and re-engage disconnected students.

References and Resources Used in Preparing this Information Resource

- Adelman, H.S., & Taylor, L. (2017). Addressing barriers to learning: In the classroom and schoolwide access this new book and for other free resources by going to the Center's homepage at http://smhp.psych.ucla.edu/
- Adelman, H.S., & Taylor, L. (2018). Transforming student and learning supports: Developing a unified, comprehensive, and equitable system. San Diego: Cognella.
- Allen, J., & Marshall, C.R. (2011). Parent-Child Interaction Therapy (PCIT) in school-aged children with specific language impairment. *International Journal of Language & Communication Disorders*, 46, 397-410. https://www.ncbi.nlm.nih.gov/pubmed/21771216
- Armstrong, R., Arnott, W., Copland, D.A., McMahon, K., Khan, A., Najman, J.M. & Scott, J.G. (2017), Change in receptive vocabulary from childhood to adulthood: associated mental health, education and employment outcomes. *International Journal of Language & Communication Disorders*, 52, 561-572. doi:10.1111/1460-6984.12301
- Brinton, B., & Fujiki, M. (2017). The power of stories: Facilitating social communication in children with limited language abilities. *School Psychology International*, *38*, 523- 540. doi:10.1177/0143034317713348
- Center for Mental Health in Schools (2016). Addressing the language barrier: English language learners, bilingual education, and learning supports. Los Angeles: Author at UCLA. http://smhp.psych.ucla.edu/pdfdocs/biling.pdf
- Center for Mental Health in Schools (2017). *A personal look at a student's selective mutism*. Los Angeles: Author at UCLA. http://smhp.psych.ucla.edu/pdfdocs/selectmut.pdf
- Center for Mental Health in Schools (2002). *Early development and school readiness from the perspective of addressing barriers to learning*. Los Angeles: Author at UCLA. http://smhp.psych.ucla.edu/pdfdocs/briefs/earlydevbrief.pdf
- Crawford, L. A. K. (2015). Speech-language pathology in schools: What knowledge exists among classroom teachers? ProQuest Dissertations & Theses Global: Social Sciences. (1708269759).
- Levy, A.K. (1984). The language of play: The role of play in language development. *Early Child Development and Care*, *17*, 49-61. doi:10.1080/0300443840170106
- McFarland, J., Hussar, B., de Brey, C., Snyder, T., Wang, X., Wilkinson-Flicker, S., Gebrekristos, S., Zhang, J., Rathbun, A., Barmer, A., Bullock Mann, F., & Hinz, S. (2017). *The condition of education 2017 (NCES 2017- 144)*. U.S. Department of Education. Washington, DC: National Center for Education Statistics.

- Prelock, P.A., Hutchins, T., & Glascoe, F.P. (2008). Speech-language impairment: How to identify the most common and least diagnosed disability of childhood. *Medscape Journal of Medicine*, 10, 136. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2491683/
- Stagnitti, K., O'Connor, C., & Sheppard, L. (2012). Impact of the Learn to Play program on play, social competence and language for children aged 5-8 years who attend a specialist school. *Australian Occupational Therapy Journal*, 59, 302-311. doi:10.1111/j.1440-1630.2012.01018.x
- Weisberg, D.S., Hirsh-Pasek, K., & Golinkoff, R. M. (2013). Guided Play: Where Curricular Goals Meet a Playful Pedagogy. *Mind, Brain, and Education*, 7, 104-112.
- Weisberg, D. S., Hirsh-Pasek, K., Golinkoff, R. M., Kittredge, A. K., & Klahr, D. (2016). Guided play: Principles and practices. *Current Directions in Psychological Science*, 25, 177-182.
- Weisberg, D. S., Zosh, J. M., Hirsh-Pasek, K., & Golinkoff, R. M. (2013). Talking it up: Play, language development, and the role of adult support. *American Journal of Play*, *6*, 39-54.

Sources for More Resources

American Speech-Language-Hearing Association (ASHA) - https://www.asha.org/

- National Dissemination Center for Children with Disabilities (NICHCY) https://www.nidcd.nih.gov/directory/national-dissemination-center-children-disabilities-nichcy
- National Institute on Deafness and Other Communication Disorders https://www.nidcd.nih.gov/
- Speech-Language Resources for Education Professionals http://www.speechlanguage-resources.com/
- Speaking of Speech.com (interactive forum for speech/language pathologists and teachers) https://www.speakingofspeech.com/

The Stuttering Foundation - https://www.stutteringhelp.org/