

1: Communication disorders | Children's Hospital of Wisconsin

One large study of children with language disorders found that many also had ADHD (19 percent), followed by anxiety disorders (10 percent) and oppositional defiant disorder (ODD) and conduct disorder (7 percent combined.) [12] It may be that attention issues make it harder for some kids to develop language skills.

They affect important areas of cognitive, emotional, communicative and social functioning of the person. Sometimes, without intervention, the apparent problem will disappear without leaving sequels. However, there is a group of children that will present language problems and from which it is necessary to know the evolutionary milestones. Classification of language disorders 1. There is an inability to produce phonemes of a specific language and there is no organic or neurological cause to justify it. The affectation, in this case, occurs in the phonoarticulator device. We can classify it as labial for example, cleft lip , lingual for example: Dysphemia or stuttering It is the difficulty that is presented as far as language fluency is concerned. They are also accompanied by high muscle tension, anxiety, etc. The cause is unknown, but it can be due to organic and environmental problems in interaction: Thus, it makes repetitions to organize the discourse and disappears with the maturation. On the other hand, there is the chronic dysphemia, with years of duration and that can reach adulthood. It can be tonic by blocks or spasms , chronic by repetitions or mixed. Taquilalia It is a speech with an accelerated rhythm, very fast and precipitate. Deficits in the joint may be added affecting intelligibility. It is usually due to inadequate speech patterns or behavioral precipitation. Bradilalia It is a speech that is too slow, and the cause is often neurological. It appears in motor or neurological disabilities. In general, it affects different areas of the language and fundamentally affects syntax and phonology. In addition, understanding is better than expression. Children with RSL usually present a basic grammar, with jargon, lack of links and prepositions, lexical delay, etc. It is usually a frequent reason for consultation in young children. Different subtypes of TEL are described depending on the aspect to which attention is paid. In addition, we found transcortical sensory and motor aphasias and anomic aphasia, where the person can not access the lexicon. However, in other situations it does. An example could be the child who speaks at home, with the family and with his friends and yet does not speak when he is in school. They have no real difficulty in understanding and speaking, it is more specifically considered an anxiety disorder. It is convenient to discard all articulatory deficits or the language that may be behind selective mutism. Therefore, it is the inability to learn to write normally. There are different types of disgraphs attending to the symptoms, such as: Disortography It is a specific problem of writing, where there is a substitution or omission of letters and can have different causes. They do not occur in reading. It focuses on the ability to transmit the spoken and written linguistic code and will be detected through writing. Voice disorders Dysphony The dysphonia is an alteration in the voice that can be given in any of its qualities. It supposes a loss of voice, alterations in the tone and the timbre â€ The cause is usually a poor technique in the voice, it can be due to organic disorders or lack of muscular, vocal or respiratory coordination. Rhinophony It is a vocal alteration where the voice presents nasal resonance. It is due to problems, for example, of nasal obstruction. Psycholinguistic disorders Autism Spectrum Disorder ASD We found different disorders of communication and language in the spectrum of autism disorders. Children with ASD present stereotyped behaviors, problems in social interaction and also in language. Intellectual disability Sometimes language problems are also related to intellectual disability. In the case of ID there may be a delay when initiating the language, which is slower or imprecise in terms of organization. In this case, the understanding and production of language will depend on the cognitive level of each individual. It is necessary to know them in order to act quickly and efficiently when the difficulties are detected. The difficulties that can occur in the language are multiple and varied, as we have already said, varying in severity. On many other occasions, the therapy is designed to systematically stimulate and reinforce the language of children. In addition, as we have already mentioned, in order to shape and develop the language, the influence of the environment where the child develops is also very important. It should be noted that due to sensory deprivation, different language problems can also be included. The deprivation often causes a delay in all aspects of development. Avoid overprotective, rejective behaviors, maximize their

potential, facilitate responsibility and autonomy. It is essential to reinforce all your achievements to the maximum and to show you adequate language models so that you can learn and develop. What is the language? Human beings communicate through different forms: Language is a system of symbols that has a social meaning and helps us to classify the experiences of the environment. Language is the general model that exists in the consciousness of all members of the same linguistic community and that requires learning. In order to acquire and develop language, we must have a series of biological, psychological and environmental structures. What is the normative development of language? The development of language is related to the maturation of different systems in the child: The different stages in language acquisition are: Holophrastic stage This stage is characterized because a single word replaces a phrase. It takes place between 12 and 24 months approximately. They usually make sentences of around 4 elements, use the pronoun me, answer simple questions, etc. Stage of complex sentences After 3 or 4 years the child presents more complex, free, and fluid emissions and not necessarily linked to the context. Vocabulary is enriched, is able to define simple words and from the age of 6 they are able to perfect phonetic errors.

2: Language Disorder

A child with language disorder may have one or two of the symptoms listed below, or many of the symptoms. Symptoms can range from mild to severe. Children with a receptive language disorder have difficulty understanding language.

The discussion is limited to those childhood speech and language disorders that are most common in the Supplemental Security Income SSI population; it is not intended to be a comprehensive review of interventions for or the persistence of speech and language disorders. The chapter begins with an overview of the factors that influence treatment of speech and language disorders in children. This is followed by a summary of policies and guidelines that influence the provision of treatment services. Next is an age-based description of treatment approaches. Before beginning it is important to emphasize that treatment is considered to be essential for all children with speech and language disorders, but with few exceptions, it is most effective for less severe disorders. Nevertheless, even children with the most severe disorders can develop enhanced, functionally important communication skills that have a meaningful impact on their lives even though their speech and language disorders have not been completely resolved. Several important factors shape the appropriate intervention program for any given child. Each of these factors is described in turn below. Objectives of Treatment Based on the Severity of the Disorder For children with severe speech and language disorders, it often is not possible to alter underlying limitations in developmental processes and systems, partly because of the current state of knowledge in developmental and learning sciences. In these cases, compensatory means of communication, such as picture cards or computer-based communication systems, are employed. Furthermore, parents of children with severe speech and language disorders often are in need of support as well Zebrowski and Schum, Thus, for example, a 5-year-old child who is functioning at a 3-year-old level in language is unlikely to be able to acquire the language skills of a typical 5-year-old without having accumulated the intermediary skills normally acquired between ages 3 and 5. Agents of Change Treatment programs for speech and language disorders nearly always require that someone, usually an adult, provide an environmental milieu that promotes speech and language growth Paul and Norbury, Some computer-based programs that require a minimum of adult interaction have been developed Tallal et al. This engagement becomes the means of producing learning and behavior change. Various types of individuals can be considered agents of change for and integral to speech and language treatment for children, including professionally trained and certified speech-language pathologists, parents, early childhood educators or teachers, and peers. In some cases, the role of the speech-language clinician may be as a consultant and educator for others who are the primary agents of change. Each setting provides opportunities for communication and interaction. In the past, speech and language therapy was provided almost exclusively in therapy rooms and classrooms where the speech-language clinician engineered the environment to promote learning McWilliam, This practice is predicated in part on the belief that treating in these natural settings will promote generalization of learning to these settings. For children younger than 3 years of age, services may be provided in the home Mahoney et al. Preschoolers may be served in an early childhood or daycare setting, while treatment programs for school-age children usually are integrated into the classroom. Key Properties of Speech and Language Chapter 2 describes language as involving several interrelated systems used together to accomplish communication. Box briefly defines these systems, explaining how they make it possible to understand the meaning and intent of utterances spoken by others and to use words and sentences to express meaning and intent to others. What is heard and what is said can be thought of as the superficial manifestations of communication. Underlying these manifestations are complex knowledge systems stored in memory systems in the brain. This complex combination of knowledge and skills that must be acquired by a child is the common target of speech and language therapy. Speech and Language Knowledge Is Implicit The typical child develops speech and language knowledge quickly and with little conscious effort and, importantly, with little intentional instruction by his or her parents Pinker, As an example, consider the following sentence: In this way, much of speech and language learning is akin to learning to tie a shoe or ride a bike—skills that can be acquired only by doing and, in fact, are difficult to explain without demonstrating.

This type of learning requires repeated exposure or practice, and the resulting knowledge builds gradually. Speech and Language Knowledge Is Abstract The implicit knowledge that accumulates during speech and language development is abstract. Knowledge of grammar appears to require processing such notions as the subject of a sentence, which involves the role of a phrase in a sentence that governs certain grammatical features of the sentence. Words usually refer to classes of referents and phonemes speech sounds that comprise categories of specific speech sounds phones. These abstract relations, roles, and categories allow language to express meanings in consistent but flexible ways. How these abstractions are acquired is a topic of considerable debate Bates and MacWhinney, ; Chomsky, ; St Clair et al. Although sentences involving such abstractions can be provided to a young child, the actual abstraction cannot; instead, the child must create it. Thus, the child can be given the raw material from which language is learned, but the abstract learning product must be generated through mental processes within the child. Unlike a physical therapist, who can physically change the state of a targeted tissue through manipulation, a speech-language clinician cannot make direct contact with these mental processes because they are dynamic learning processes within the brain. Knowledge Allows for Creativity Another important characteristic of speech and language knowledge is that it allows for considerable creativity and adaptability. A key feature of language is that what one says is often novel; that is, one can say things one has not heard before. This creative aspect of language can be used to adapt and adjust what one says to a particular situation. This adaptability also is seen in speech production and the ability to produce intelligible speech in a variety of ways. Thus, knowing a language is not simply imitating or storing away a collection of words or sentences to be called up when needed, but using rules or principles and abstract knowledge in flexible and creative ways. Within the universe of children with such disorders who receive SSI benefits, several sets of policies might be expected to play an especially prominent role: Individuals with Disabilities Education Act IDEA 1 requires that all children with disabilities “including speech and language disorders” be provided a free, appropriate public education in the least restrictive environment possible. Part B of this law applies this mandate to children aged , whereas Part C extends this mandate to children from birth to 3 years of age. Within the United States, speech and language services for children usually are provided by school systems as part of special education services U. Bureau of Labor Statistics, However, speech and language services are not provided exclusively by public school systems; they also can be found in some community-based programs, such as Head Start. Payment for services both within and outside of the school system are covered by Medicaid. Children with speech and language disorders may also receive treatment and services through privately funded programs, such as those supported by Easter Seals or the Scottish Rite Language Clinics. As a result, and in keeping with the ASHA guidelines, treatment often is protracted, particularly for children with severe speech and language disorders. Persistence of the disparity between growth in functional communication skills for typically developing children and for those with language disorders. Optimal treatments would be those that resolved or cured the problem and thus resolved the disability. Indeed, some treatments for speech and language disorders may approach this level of efficacy for some children. Two examples are given here. First, children born with clefts of the lip and palate are at considerable risk for poor speech intelligibility. Although surgery serves as an important treatment, surgery alone is not sufficient in the majority of instances to fully resolve the risk for speech impairment, and behavioral treatment i. Similarly, children who are born deaf or hard of hearing have very high rates of speech and language impairment. During the past several decades, auditory prostheses such as hearing aids and cochlear implants, when paired with appropriate and intensive interventions, have been shown to lead to considerable improvements in the speech and language outcomes of these children Niparko et al. Yet despite the effectiveness of these prostheses, the risk of poor speech and language outcomes remains for some children. Each reflects etiologies impacting peripheral systems for communication anatomical structures for speech or sensory input that are relatively amenable to direct intervention. For the vast majority of speech and language disorders, however, the cause is unknown or when known, involves developmental impairments of the brain see Chapter 2. Instead, the treatment of these pediatric speech and language disorders consists of behavioral approaches that improve function, and among more severely impaired children, treatment rarely results in resolution of the overall disability. In other cases, infants or young children fail to meet early

language or speech milestones e. When children are quite young, language intervention typically is implemented through a family-centered approach. Very early research on talk to children Brown and Bellugi, revealed that parents sometimes rephrase things children say. Subsequent research showed that children exposed to elevated rates of expansion have better language growth Cleave et al. Maternal directiveness has been negatively associated with subsequent child language outcomes Landry et al. Enhanced parental confidence is emphasized in interventions focused on caregiver promotion of language abilities throughout daily routines. Caregivers with low levels of self-efficacy may find it difficult to persist when presented with challenges in parenting their child. In contrast, high levels of maternal self-efficacy have been linked to responsiveness to the child and the provision of stimulating interactions Coleman and Karraker, This approach builds on decades of research showing that children exposed to conversational talk that is responsive have better rates of language development than those who are not Cross, ; Goldfield, ; Landry et al. The effectiveness of semantic extensions in promoting language growth was first shown by Cazden It is beyond the scope of this report to provide comprehensive coverage of the multiple goals, approaches, and techniques involved in child-focused interventions. However, commonly selected child targets in early language intervention and treatment goals for meeting those targets are summarized in Box Interventions for Nonspeaking Children with Profound Hearing Loss Some children are nonspeaking because of severe-to-profound deafness Brookhouser and Moeller, For these children, evidence points to two established options for improving communication skills: Nonspeaking deaf children have been shown to be quite adept at acquiring sign language, which provides a rich means of communicating with members of the deaf community and others fluent in that form of communication Newport and Meier, In recent years, many of these children have been provided with cochlear implants, which have been shown for some to provide very good speech and language outcomes Niparko et al. Efficacy of Early Interventions Several meta-analyses in the early childhood special education literature demonstrate the impact of family-centered practices on caregiver abilities. One meta-analysis integrated 52 studies to estimate effect sizes in relation to specific family-centered practices Dunst et al. It examined the relationships between family-centered help giving and six categories of child and family outcomes participant satisfaction, self-efficacy, program helpfulness, child functioning, parentâ€™family functioning, and parenting behaviors. The relationships were significant in all six analyses, with average effect sizes ranging from 0. Overall, results suggest that family-centered practices have either direct effects on family and child functioning, indirect effects mediated through self-efficacy, or both. A more recent meta-analysis suggests that family-centered practices directly influence parental self-efficacy, and that indirect effects of these practices on parentâ€™child interaction and child development are mediated by caregiver self-efficacy Trivette et al. The authors reviewed eight studies including infants, toddlers, and preschoolers with and without developmental delays. Results, which were statistically significant, showed that family-centered help-giving practices and family-systems interventions directly influenced parental self-efficacy and well-being and that there were indirect effects on parentâ€™child interaction and child development, mediated by caregiver self-efficacy and parental well-being. Another meta-analysis focuses on 18 studies evaluating the effects of parent-implemented interventions for toddlers and preschoolers with language impairments Roberts and Kaiser, Increasing parentâ€™child turn taking in interactions and improving responsiveness to child communication also are associated with positive outcomes in child language. The effect sizes are statistically significant for receptive language and for expressive grammar. The authors note that the effect sizes for six of the seven language constructs measured are positive and significant. Law and colleagues found a significant effect of expressive language intervention compared with no therapy. They also found that speech-language interventions administered to children by speech-language pathologists and interventions administered by parents trained by speech-language pathologists were comparable in effectiveness, suggesting that caregivers can become effective agents of change. Because most of these studies involved parents of relatively high socioeconomic status, more research is needed to understand how these approaches are working or may need to be adapted with caregivers in circumstances of low income. Preschool Intervention The preschool period marks a time of transition for children. During this period, children begin to spend more time outside the home and in play-based settings with peers. By 3 years of age, many preschoolers

can sit and attend for at least short intervals, and by the end of the preschool period, the typically developing child is expected to be capable of participating in group activities and attending to and following the instructions of an adult Paul and Norbury,

3: Children with Communication Disorders

Children with an expressive language disorder have trouble using language. They may be able to understand what other people say, but have difficulty expressing what they are feeling and thinking. The disorder can affect both spoken and written language.

She studies language and cognitive outcomes in children with perinatal stroke, as well as in children with specific language impairment, autism, and other neurodevelopmental disorders. Earlier in her career her research involved elucidating the pathogenesis of Reye syndrome and improving treatment for that condition. She has published over original research papers, 38 chapters, and 2 books. She has also served on several NIH study sections and on the medical advisory committees of a number of foundations, including the Cystinosis Research Foundation and the Cystinosis Research Network. Some children with DLD have problems with understanding what other people mean when they are talking. This problem occurs in children with normal intelligence and normal hearing. Speech is the verbal production of language; that is, the act of saying words. Language is the conceptual process by which a person is able to understand what others say and also to communicate using words. A person can have language without speaking, but it is not possible to speak meaningful words without language. Aphasia is a disorder of language; the person cannot formulate what they want to say and therefore cannot fluently express their ideas expressive aphasia. If the person has difficulty understanding language conceptually, even though they have normal intelligence, they are said to have a receptive aphasia. They are present from very early in life and are caused by a difference in the way the brain develops with regard to language. The problem may be isolated and only affect language. Some children have other challenges as well, including attention problems, clumsiness, and academic problems when they get to school. There is a range of severity. Some children are slow to talk but appear to catch up by years of age. These children may go on to have learning challenges, particularly dyslexia, or difficulty learning to read. Others are late in talking and do not catch up, but continue to have problems with either understanding other people when they speak or in speaking adequately themselves. A third type of DLD can occur in which the child begins to talk at the expected age, but language fails to develop at the typically expected rate. The diagnosis can be missed in these children because their early language seems normal. Children with DLD do not get worse as they get older; in fact, most improve, especially with support services see Therapeutic Intervention section below. Disorders of language are diagnosed by a clinician, such as a physician or speech pathologist, based on a delay in starting to talk at the expected age. Table 1 outlines normal language milestones. If a child is not using words or sentences at the typical age, or is using words in an unusual way such as only repeating what others say and not forming any words on his own then a language disorder may be suspected. There are many standard tests that can be used to test both whether the child understands spoken language and whether the ability to speak is within the normal range for age. These are usually administered by a speech pathologist. Both of these tests are very comprehensive and test different aspects of both understanding language and speaking. There are several editions of this test. The most current one is the fifth edition. This test can be used for children from birth to 7 years 11 months. The Clinical Evaluation of Language Fundamentals has several versions: The Preschool Edition tests children between 3 years and 6 years- 11 months. These tests yield a standard score and an age-equivalent score. These scores help parents understand if their child is behind in one or more areas of language compared with other children their age, and by how much they are delayed. Table 1 Common symptoms of DLD include: Table 2 There are a number of classifications used to describe different types of language disorders. These classifications help clinicians understand what the major symptoms are for an individual child, how to target treatment, and what the likely prognosis is. They will be briefly defined below. Disorders of Articulation Articulation refers to the ability to pronounce sounds, syllables and words. An articulation disorder refers to a condition in which the child has difficulty saying particular consonants and vowels. Parents are able to understand what their children say well before other people outside the immediate family do. However, most children are understandable to others by 2 years of age. Articulation disorders make it difficult to understand what the child is trying to say, even at

times for parents. Stuttering is a problem with the rhythm of speech. The cause of stuttering is not known. There may be some genetic influence to stuttering. There are studies that suggest there may be a problem with the connections between the 2 sides of the brain that can lead to stuttering. Stuttering often begins between 3 and 6 years of age. It occurs in 0. Many cases may resolve on their own. However, there are some severe cases that require intensive forms of speech therapy to improve. Even when stuttering resolves, those children are at higher risk for DLD than expected in the population at large. These children may require careful follow up to insure that other language problems are not missed. Verbal Dyspraxia sometimes called apraxia is a disorder of speech in which the child cannot get out words correctly, even though they know what the words are and can understand what is being asked of them. Features of verbal dyspraxia include: Impaired articulation Speech utterances are short and effortful Distorted speech sounds Speech is not fluent Variability the child may be able to say a word one day and then not be able to say it another day More difficulty with long words Speech is limited to single words, with great difficulty getting out several words in correct order. The words often are expressed with great effort and the child may make several attempts before getting out the word correctly. When severe, this verbal dyspraxia can make it problematic for the child to have functional speech. Alternative means of communication, such as sign language or the use of a communication board, may be useful in facilitating communication and reducing frustration. It consists primarily of the inability to adequately express oneself verbally using appropriate grammar. Grammar is typically poor and the grammatical errors tend to differ from that of typical children when learning language. In this condition, children are unable to understand language as meaningful, even when hearing is entirely normal. They sometimes appear to be hearing impaired because they do not respond to calling their name or to verbal questions or commands. They may have great difficulty with speaking, as well. While they can make sounds or even say words, the words typically do not make sense for the situation. This type of language disorder is often found in children with severe autism, and also in an acquired epileptic condition called Landau-Kleffner Syndrome. Semantic Pragmatic Syndrome is a condition where children may talk a lot and have a large vocabulary, but their speech is superficial. This causes them to have a problem carrying on conversations with others. They may talk about their own interests, often unaware of social cues which would indicate to most people that their listeners are not interested in what they are saying. They may lack the normal intonation in voice that conveys meaning to what they are saying a quality called prosody. This type of language disorder is often found in children with high functioning autism or Asperger syndrome. Except for specific instances of genetic disorders that can cause language delay, children with DLD do not have other medical conditions. However, some children with DLD may have problems with controlling the muscles of the mouth. This lack of control can cause chewing difficulties early in life and articulation problems. Excessive drooling can sometimes accompany language delay. Other children may have poor coordination, such as difficulty catching a ball or riding a bicycle. Additionally, they may have problems with eye-hand coordination, such as coloring within the lines or with handwriting. This means that normal speech words are being said too rapidly for the brain to be able to make sense of them. If the speech sounds are slowed down, such as through a special computer program, the child with DLD can often understand them better. However, this may not be the entire explanation for DLD. Studies of the brain using magnetic resonance imaging MRI scans show that there are some differences in the way parts of the brain develop in individuals with DLD. For most people, the left side of the brain is thought to be dominant for language. There are normally some differences in size and shape of certain brain structures thought to be important for language. However, some children with DLD who have had brain MRI scans for research purposes have not had the typical left-right differences in a structure thought to be involved in language, the planum temporale. This suggests that the brain of a person with DLD might be wired a little differently from that of a person with more typical language development. A number of conditions have been found to have a higher likelihood of DLD. Premature birth Prenatal exposure to drugs, such as cocaine Maternal cigarette smoking during pregnancy Certain types of epilepsy may be associated with language impairments. A specific defect in brain development, called congenital bilateral perisylvian syndrome, can be associated with severe impairments in spoken language. Some genetic disorders are also associated with language impairments, including Down syndrome and Fragile X syndrome. In these

conditions, there are other physical features that suggest to the clinician the underlying diagnosis. There is some evidence for a genetic role in DLD. However, only a few specific genes have been identified as being associated with language problems. There is a higher likelihood of DLD in families where one person already has the condition. It is not likely that a single genetic cause will be found for all children with DLD. Rather, there are likely many genes that, working together, are responsible for normal language development. Changes in any of these genes could cause language problems. Many of these children may respond to medications that typically treat ADHD. However, it can be difficult to clinically determine whether a child with DLD has a primary problem with attention or whether they are inattentive because of slow auditory processing or impaired ability to understand what is being said receptive language impairment. For example, if a child is not able to understand what is being said in the classroom, then the child may be inattentive because of the language impairment and not because of ADHD.

4: Speech & Language Disorders in Children | Causes & Treatment

Speech and language disorders refer to problems in communication and related areas such as oral motor function. These delays and disorders range from simple sound substitutions to the inability to understand or use language or use the oral-motor mechanism for functional speech and feeding. Some.

Understands the names of things Repeats phrases or rhymes Does in other language activities How are language disorders treated in a child? To treat your child, the speech-language pathologist SLP will help him or her to learn to relax and enjoy communicating through play. The SLP will use different age-appropriate methods to help your child with language and communication. The SLP will talk with your child and may:

How can I help my child live with a language disorder? A language disorder can be frustrating for parents and teachers, and also for the child. Without diagnosis and treatment, children with such a disorder may not do well in school. They may also misbehave because of their frustration over not being able to communicate. But language disorders are a common problem in children. And they can be treated. Research has shown that children who start therapy early have the best outcome. You will likely need to work with your child to help him or her with language use and understanding. The SLP will also talk with caregivers and teachers to help them work with your child. Ask the SLP what you should be doing at home to help the process. The SLP may advise simple activities such as:

There are 2 kinds of language disorders: Children often have both at the same time. A child with a receptive language disorder has trouble understanding words that they hear and read. A child with an expressive language disorder has trouble speaking with others and expressing thoughts and feelings. Language disorders can have many possible causes, such as a brain injury or birth defect. A speech-language pathologist can help diagnose and treat a language disorder. Parents can help their child with language use and understanding through simple activities. Know the reason for the visit and what you want to happen. Before your visit, write down questions you want answered. At the visit, write down the name of a new diagnosis, and any new medicines, treatments, or tests. Also write down any new instructions your provider gives you for your child. Know why a new medicine or treatment is prescribed and how it will help your child. Also know what the side effects are. Know why a test or procedure is recommended and what the results could mean. Know what to expect if your child does not take the medicine or have the test or procedure. If your child has a follow-up appointment, write down the date, time, and purpose for that visit. This is important if your child becomes ill and you have questions or need advice.

Behavior Treatment Services - Provides assessment and short-term treatment for children and teens with developmental delay or disability and challenging behaviors. Community Consultation Program - Provides technical assistance, training, and continuing education to schools, community and state agencies that provide services to children with learning and behavioral challenges. Crisis Intervention Program - Provides services to individuals with a developmental or intellectual disability living in Monroe County with significant behavioral difficulties. URMC Collaborations Physical Medicine and Rehabilitation - Provides outpatient evaluation and intense and targeted therapy programs for children and teens. Resources You can find resources for language disorders in our Resource Directory!

5: Teaching Children with Language & Speech Disorders: Lesson Plans & Ideas

A speech-language pathologist often treats a communication disorder in a child. Finding the problem early and taking action right away can help with your child's development and school problems related to communication disorders.

The term "communication disorders" encompasses a wide variety of problems in language, speech, and hearing. Speech and language delays may be due to many factors, including environmental factors or hearing loss. Hearing impairments include partial hearing and deafness. Deafness may be defined as a loss sufficient to make auditory communication difficult or impossible without amplification. There are four types of hearing loss. Conductive hearing losses are caused by diseases or obstructions in the outer or middle ear and can usually be helped with a hearing aid. Sensorineural losses result from damage to the sensory hair cells of the inner ear or the nerves that supply it and may not respond to the use of a hearing aid. Mixed hearing losses are those in which the problem occurs both in the outer or middle ear and in the inner ear. A central hearing loss results from damage to the nerves or brain. Many communication disorders result from other conditions such as learning disabilities, cerebral palsy, mental retardation, or cleft lip or cleft palate. Approximately one-third of students who are deaf attend residential schools. Two-thirds attend day programs in schools for students who are deaf or day classes located in regular schools. The remainder are mainstreamed into regular school programs. A child with speech or language delays may present a variety of characteristics including the inability to follow directions, slow and incomprehensible speech, and pronounced difficulties in syntax and articulation. Articulation disorders are characterized by the substitution of one sound for another or the omission or distortion of certain sounds. Stuttering or dysfluency is a disorder of speech flow that most often appears between the ages of 3 and 4 years and may progress from a sporadic to a chronic problem. Stuttering may spontaneously disappear by early adolescence, but speech and language therapy should be considered. Typical voice disorders include hoarseness, breathiness, or sudden breaks in loudness or pitch. Voice disorders are frequently combined with other speech problems to form a complex communication disorder. A child with a possible hearing problem may appear to strain to hear, ask to have questions repeated before giving the right answer, demonstrate speech inaccuracies especially dropping the beginnings and endings of words, or exhibit confusion during discussion. Detection and diagnosis of hearing impairment have become very sophisticated. It is possible to detect the presence of hearing loss and evaluate its severity in a newborn child. Students who speak dialects different from standard English may have communication problems that represent either language differences or, in more severe instances, language disorders. What are the Educational Implications of Communication Disorders? Many speech problems are developmental rather than physiological, and as such they respond to remedial instruction. In the past, children with communication disorders were routinely removed from the regular class for individual speech and language therapy. This is still the case in severe instances, but the trend is toward keeping the child in the mainstream as much as possible. In order to accomplish this goal, teamwork among the teacher, speech and language therapist, audiologist, and parents is essential. Amplification may be extremely valuable for the child with a hearing impairment. Students whose hearing is not completely restored by hearing aids or other means of amplification have unique communication needs. Children who are deaf are not automatically exposed to the enormous amounts of language stimulation experienced by hearing children in their early years. There is increasing consensus that whatever system works best for the individual should be used. Many children with hearing impairments can be served in the regular classroom with support services. For most children with hearing impairments, language acquisition and development are significantly delayed, sometimes leading to an erroneously low estimate of intelligence. Students whose physical problems are so severe that they interfere with or completely inhibit communication can frequently take advantage of technological advances that allow the individual to make his or her needs and wants known, perhaps for the first time. Children with Communication Disorders.

6: Speech-Language Therapy

Children who have a language disorder have trouble understanding language and communicating. There are 2 kinds of language disorders: receptive and expressive. Children often have both at the same time.

What is a Language Disorder? Similar to speech disorders, language difficulty is also known by many names: This includes adults with acquired language problems from things like brain injuries and strokes. About 1 in every 20 children has symptoms of language impairment. A Receptive Language Disorder is when a child has difficulty understanding language. They have trouble comprehending when they listen or read. Problems with receptive language skills usually begin before age 4. This difficulty in talking is not because of "how" they are speaking or saying the sounds articulation, but because of "what" they are saying form, content, and function. Children can have a receptive language delay, an expressive language delay, or both. A typical rule of thumb is that you comprehend more than you can speak. If you have ever learned a second language then you know what I am talking about. I took 4 years of Spanish in high school. Even though I can hardly speak Spanish, I can still understand quite a bit. You could say I have a Spanish "expressive language delay! But a child with a language disorder may have some of the following problems: It can be hiding behind many other problems that often make the child look like they are just a "behavior problem", or that they need "more discipline", or they need an "attitude" change! Many children get labeled this way without knowing the problem behind it. On the flip side though, many children with language disorders become "trouble-makers" in class because they are off-task, distracting others, bullying, being silly, lacking help, and struggling to succeed. Here are some of the behaviors often mistaken for a "bad student" or a "not trying student" that can indicate an underlying language impairment: Gets distracted easily Slower to answer questions Slower to put thoughts together to express their ideas Slower to follow directions Example: When instructions are given, they are still processing the first instruction so they automatically miss the next instruction Does not plan well Difficulty predicting and inferring or guessing what happened and what will happen next Has a hard time reading so the meaning is usually missed Disorganized behavior and "tuned off" School performance is weak and has lots of gaps Has a hard time listening in background noise Lacks permanence in skills and knowledge Example: Language is a code that we learn to use in order to communicate ideas and express our wants and needs. The language code is made up of rules that we all share and must follow to communicate well. There are rules for: Creating words from smaller units like sounds, letters Modifying the meaning of root words Example: Saying "Could you help me please? We just have to learn the vocabulary and follow the rules. Language rules are categorized into 3 major areas: Form Phonology - is the rules for putting individual sounds together to make words such as spelling rules. Morphology - is the smallest meanings of words. Syntax - is how words are arranged in order to make meaningful sentences. Grammar is a part of this. Content Semantics - is the meaning behind words in our language. A large vocabulary helps us communicate better. Function Pragmatics - is how we combine all the above parts of language to communicate appropriately in social situations. We all need social skills to succeed. A child with a language disorder can have any combination of delayed skills within form, content, and function. Some children have deficits in all of them and others can develop language normally but have gaps or holes. These can be the hardest to detect. That is why it is important to have a certified Speech-Language Pathologist complete a full evaluation to identify all the skills that are impaired. Most children begin developing language naturally at birth. Hearing, seeing, understanding, and remembering are all skills that are necessary for learning language. Children also need to be able to form speech physically. Language disorders are different than overall delayed language. With delayed language, the child develops speech and language in the same way as other children, but later than expected. With language disorders, speech and language do not develop normally. The child may have some language skills, but not others. Or the way the skills develop is different than usual. Most of the time, the causes of language problems are unknown and is called a developmental language disorder. It is not usually due to a lack of intelligence. Some of the known causes include: Hearing loss Brain injury such as head trauma or stroke Mental retardation.

7: Behavioural disorders in children - Better Health Channel

Language Disorders in Children. Most infants or toddler can understand what you're saying well before they can clearly talk. As they mature and their communication skills develop, most children learn how to put their feelings into words.

Top of Page Did you know? Some languages are visual rather than spoken. American Sign Language uses visual signals, including gestures, facial expressions, and body movement to communicate. What to do if there are concerns Some children struggle with understanding and speaking and they need help. They may not master the language milestones at the same time as other children, and it may be a sign of a language or speech delay or disorder. Language development has different parts, and children might have problems with one or more of the following: Understanding what others say receptive language. This could be due to Not hearing the words hearing loss. Not understanding the meaning of the words. Communicating thoughts using language expressive language. This could be due to Not knowing the words to use. Not knowing how to put words together. Knowing the words to use but not being able to express them. Language and speech disorders can exist together or by themselves. Examples of problems with language and speech development include the following: Speech disorders Difficulty with forming specific words or sounds correctly. Difficulty with making words or sentences flow smoothly, like stuttering or stammering. Language delay “the ability to understand and speak develops more slowly than is typical Language disorders Aphasia difficulty understanding or speaking parts of language due to a brain injury or how the brain works. Auditory processing disorder difficulty understanding the meaning of the sounds that the ear sends to the brain Learn more about language disorders. Language or speech disorders can occur with other learning disorders that affect reading and writing. Children with language disorders may feel frustrated that they cannot understand others or make themselves understood, and they may act out, act helpless, or withdraw. Children with developmental disabilities including autism spectrum disorder may also have difficulties with speech and language. The combination of challenges can make it particularly hard for a child to succeed in school. An important first step is to find out if the child may have a hearing loss. Hearing loss may be difficult to notice particularly if a child has hearing loss only in one ear or has partial hearing loss, which means they can hear some sounds but not others. Learn more about hearing loss, screening, evaluation, and treatment. A language development specialist like a speech-language pathologist will conduct a careful assessment to determine what type of problem with language or speech the child may have. Overall, learning more than one language does not cause language disorders, but children may not follow exactly the same developmental milestones as those who learn only one language. Developing the ability to understand and speak in two languages depends on how much practice the child has using both languages, and the kind of practice. If a child who is learning more than one language has difficulty with language development, careful assessment by a specialist who understands development of skills in more than one language may be needed. Top of Page Treatment for language or speech disorders and delays Children with language problems often need extra help and special instruction. Speech-language pathologists can work directly with children and their parents, caregivers, and teachers. Having a language or speech delay or disorder can qualify a child for early intervention for children up to 3 years of age and special education services for children aged 3 years and older. Schools can do their own testing for language or speech disorders to see if a child needs intervention. Parents, healthcare providers, and the school can work together to find the right referrals and treatment. What every parent should know Children with specific learning disabilities, including language or speech disorders, are eligible for special education services or accommodations at school under the Individuals with Disabilities in Education Act IDEA and Section , an anti-discrimination law. The American Academy of Pediatrics has created a report that describes the roles that healthcare providers can have in helping children with disabilities , including language or speech disorders.

8: Language Disorders - Child Neurology Foundation

Many young children have difficulty with communication at some time in their lives. Most will eventually catch up. However, some will continue to have problems. Communication disorders include speech disorders and language disorders. Language disorders are discussed in this article. Some general.

What are communication disorders? There are several different types of communication disorders, including the following: Expressive language disorder - Expressive language disorder identifies developmental delays and difficulties in the ability to produce speech. Mixed receptive-expressive language disorder - Mixed receptive-expressive language disorder identifies developmental delays and difficulties in the ability to understand spoken language and produce speech. What causes communication disorders? Communication disorders may be developmental or acquired. The cause is believed to be based on biological problems such as abnormalities of brain development or possibly by exposure to toxins during pregnancy, such as abused substances or environmental toxins such as lead. A genetic factor is sometimes considered a contributing cause in some cases. Who is affected by communication disorders? For unknown reasons, boys are diagnosed with communication disorders more often than girls. Children with communication disorders frequently have other psychiatric disorders as well. What are the symptoms of communication disorders? The following are the most common symptoms of communication disorders. However, each child may experience symptoms differently. Young children with communication disorders may not speak at all, or may have a limited vocabulary for their age. Some children with communication disorders have difficulty understanding simple directions or are unable to name objects. Most children with communication disorders are able to speak by the time they enter school, however, they continue to have problems with communication. School-aged children often have problems understanding and formulating words. Teens may have more difficulty with understanding or expressing abstract ideas. The symptoms of communication disorders may resemble other problems or medical conditions. How are communication disorders diagnosed? Most children with communication disorders are first referred for speech and language evaluations when their delays in communicating are noted. A child psychiatrist is usually consulted, especially when emotional or behavioral problems are also present. A comprehensive evaluation also involves psychometric testing designed to assess logical reasoning abilities, reactions to different situations and thinking performance; not tests of general knowledge and psychological testing of cognitive abilities. Treatment for communication disorders: Two approaches are usually considered. Remedial techniques are used to increase communication skills in the areas of the deficit. A second approach helps the child build on their strengths to circumvent the communication deficit. Prevention of communication disorders: Specific preventive measures to reduce the incidence of communication disorders are not known at this time. However, early detection and intervention can address the developmental needs and academic difficulties to improve the quality of life experienced by children with communication disorders.

9: Speech Disorders | Communication Disorders | MedlinePlus

Kid Sense Child Development provides Occupational Therapy and Speech Therapy services to children with developmental challenges in their movement, play, speech, language, learning and behaviour. We are the longest continually owned private provider of paediatric Occupational Therapy in Adelaide, South Australia.

URL of this page: Getting their meaning or message across to others expressive language disorder Understanding the message coming from others receptive language disorder Children with language disorders are able to produce sounds, and their speech can be understood. Causes For most infants and children, language develops naturally beginning at birth. To develop language, a child must be able to hear, see, understand, and remember. Children must also have the physical ability to form speech. Up to 1 of every 20 children has symptoms of a language disorder. When the cause is unknown, it is called a developmental language disorder. Problems with receptive language skills usually begin before age 4. Some mixed language disorders are caused by a brain injury. These conditions are sometimes misdiagnosed as developmental disorders. Language disorders may occur in children with other developmental problems, autism spectrum disorder, hearing loss, and learning disabilities. A language disorder may also be caused by damage to the central nervous system, which is called aphasia. Language disorders are rarely caused by a lack of intelligence. Language disorders are different than delayed language. With delayed language, the child develops speech and language in the same way as other children, but later. In language disorders, speech and language do not develop normally. The child may have some language skills, but not others. Or, the way in which these skills develop will be different than usual. Symptoms can range from mild to severe. Children with a receptive language disorder have difficulty understanding language. A hard time understanding what other people have said Problems following directions that are spoken to them Problems organizing their thoughts Children with an expressive language disorder have problems using language to express what they are thinking or need. Have a hard time putting words together into sentences, or their sentences may be simple and short and the word order may be off Have difficulty finding the right words when talking, and often use placeholder words such as "um" Have a vocabulary that is below the level of other children the same age Leave words out of sentences when talking Use certain phrases over and over again, and repeat echo parts or all of questions Use tenses past, present, future improperly Because of their language problems, these children may have difficulty in social settings. At times, language disorders may be part of the cause of severe behavioral problems. Exams and Tests A medical history may reveal that the child has close relatives who have also had speech and language problems. Any child suspected of having this disorder can have standardized receptive and expressive language tests. A speech and language therapist or neuropsychologist will administer these tests. A hearing test called audiometry should also be done to rule out deafness, which is one of the most common causes of language problems. Treatment Speech and language therapy is the best approach to treating this type of language disorder. Counseling, such as talk therapy, is also recommended because of the possibility of related emotional or behavioral problems. Outlook Prognosis The outcome varies, based on the cause. Brain injury or other structural problems generally have a poor outcome, in which the child will have long-term problems with language. Other, more reversible causes can be treated effectively. Many children who have language problems during the preschool years will also have some language problems or learning difficulty later in childhood. They may also have reading disorders. Possible Complications Difficulty understanding and using language can cause problems with social interaction and the ability to function independently as an adult. Reading may be a problem. Depression, anxiety, and other emotional or behavioral problems may complicate language disorders. Ask about getting a referral to a speech and language therapist. At 15 months, does not look or point at 5 to 10 people or objects when they are named by a parent or caregiver At 18 months, does not follow simple directions, such as "get your coat" At 24 months, is not able to point to a picture or a part of the body when it is named At 30 months, does not respond out loud or by nodding or shaking the head and asking questions At 36 months, does not follow 2-step directions, and does not understand action words Also call if you notice these signs that your child does not use or express language well: At 15 months, is not

CHILDRENS LANGUAGE DISORDERS pdf

using three words At 18 months, is not saying, "Mama," "Dada," or other names At 24 months, is not using at least 25 words At 30 months, is not using two-word phrases, including phrases that include both a noun and a verb At 36 months, does not have at least a word vocabulary, is not asking for items by name, exactly repeats questions spoken by others, language has regressed become worse , or is not using complete sentences At 48 months, often uses words incorrectly or uses a similar or related word instead of the correct word Alternative Names Developmental aphasia; Developmental dysphasia; Delayed language; Specific developmental language disorder; SLI; Communication disorder - language disorder References American Speech-Language-Hearing Association website. Accessed May 10, Language development and communication disorders. Nelson Textbook of Pediatrics. Review provided by VeriMed Healthcare Network.

II. URHEIMAT: ASIA Socks from the toe up Partnerships in the control of infectious diseases The Wonderful Names of our Wonderful Lord A vaudeville of devils Biography of hazrat muhammad pbuh Integrated logistics support handbook james v jones National geographic traveller india Why plants are green instead of pink. A growing quaintness : traditional governance in the markedly new realm of U.S. higher education George K Manual ford fiesta 2000 Art, the metaphysics of love its universal mystical symbolism Records of the proprietors of the common lands in the town of Barnstable, Massachusetts, 1703-1795 MacRo-Economic Theory Time of your life 5 Transforming The Trials of Life 2000 S Corporation Taxation Guide Brain dynamics, attention, and movement Crisis of Mexican labor Outhouses of Alaska Blood on the Natchez Trace The northern DEntrecasteaux Deadly Force, Colonialism, and the Rule of Law Weathering Risk in Rural Mexico The birdman of St. Petersburg Dallas police department 2018 assessment report Two way tables 8th grade math Lincoln douglas debates lesson plan Fodors Europe, 59th Edition Attivio salesforce success story unstructured The Place of Will, Intellect and Feeling in Prayer Anthropologist at work Off base tssa bailey The Catholic Ideal Diamond diamond-like film applications Religion, Identity and Change Billy Graham, Day-By-Day-1992 Calendar Hiccups for hippo (Sunshine fiction) Arab women in the Middle Ages The gardeners London