

Characteristics of Children with Language Disorders: Preliminary Findings from a University Clinic

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INTRODUCTION

Language acquisition is not easy for some children. In the literature, children who have difficulty learning language have been variously mentioned as having a language delay, language disorder, language impairment, or specific language impairment (SLI) (Gillam and Kamhi, 2010). Toddlers who exhibit language delay are usually referred to as “late talkers”. Late talkers may have expressive language delays only or mixed expressive and receptive delays. At this situation there are no other diagnosed disabilities or developmental delays in other cognitive or motor domains. Besides, language development is below age expectations (American Speech-Language-Hearing Association [ASHA], 2000). These children are described as producing fewer than 50 words and/or producing limited word combinations by 24 months of age (Kelly, 1998). According to Rescorla (2009) the term “late talking” does not a clinical disorder. It rather describes a situation which might evolve in other disorders related to language, reading etc. in long-term. If the difficulty in acquiring the language continues to the age of four, identification of whether there is a language disorder/impairment or not is needed.

A language disorder is impaired comprehension and/or use of spoken, written and/or other symbol systems. The disorder may involve (1) the form of language (phonology, morphology, syntax), (2) the content of language (semantics), and/or (3) the function of language in communication (pragmatics) in any combination (ASHA,2000).

Specific Language Impairment (SLI) is the most commonly used term in the research literature for language disorders which cannot be attributed to another underlying conditions such as down syndrome, hearing impairment etc. SLI refers to a condition in which children experience significant language learning difficulties in the absence of substantial cognitive, hearing, oral-motor, emotional, or environmental deficits (Gillam and Kamhi, 2010; Leonard, 1998).

Children with language delay or language disorders apply frequently to the speech and language clinics. If speech and language therapists/logopedists would know the demographic profiles of these children, they can monitor their clients more effectively.

From this point, recent study aims to examine the demographic and language characteristics of the children who applied to the Education, Research & Training Centre for Speech and Language Pathology (DİLKOM) in Anadolu University.

METHOD

Design

Recent study is a descriptive, retrospective study. Case files of children with developmental language disorders (delayed language and specific language disorders) in DİLKOM archive were scanned.

Participants

The study includes 60 children aged between 2;00-6;11 who applied to the DİLKOM. Participants’ ages are between 26-79 months ($\bar{X} = 46.45$, $SS = 12.81$). All the participants speak Turkish and there is no other neurological, psychological, sensorial, cognitive or developmental problems. There were 14 female and 46 male participants. Age of participants divided into 5 age groups 2;00-2;11, 3;00-3;11, 4;00-4;11, 5;00-5;11 and 6;00-6;11.

Materials and Procedure

Files belong to past 5 years (between 2014-2019) were scanned and files of the children with diagnosis of delayed language and specific language impairment were examined.

Paediatric family interview form: This form includes questions about demographic information and case history (prenatal-perinatal-postnatal) and developmental-health history of the participants.

Turkish Test of Early Language Development Test (TEDİL): TEDİL (Güven & Topbaş,2011) is used for evaluation of receptive and expressive language skills of the children aged between 2;00-7;11. Test help to identify developmental language disorders, strong and weak sides of language skills of children. Children’s receptive, expressive and verbal language scores are calculated and then for each language skills and children’s performance named as very poor, poor, below average, average, superior, good, very good.

Data Analysis

Findings of the study divided into two basic category which are demographic and TEDİL scores (receptive, expressive language and standart verbal score). SPSS 24.0 package program was used for statistical analysis.

RESULTS

Results of the study are presented as demographic results, TEDİL scores according to age and sex groups.

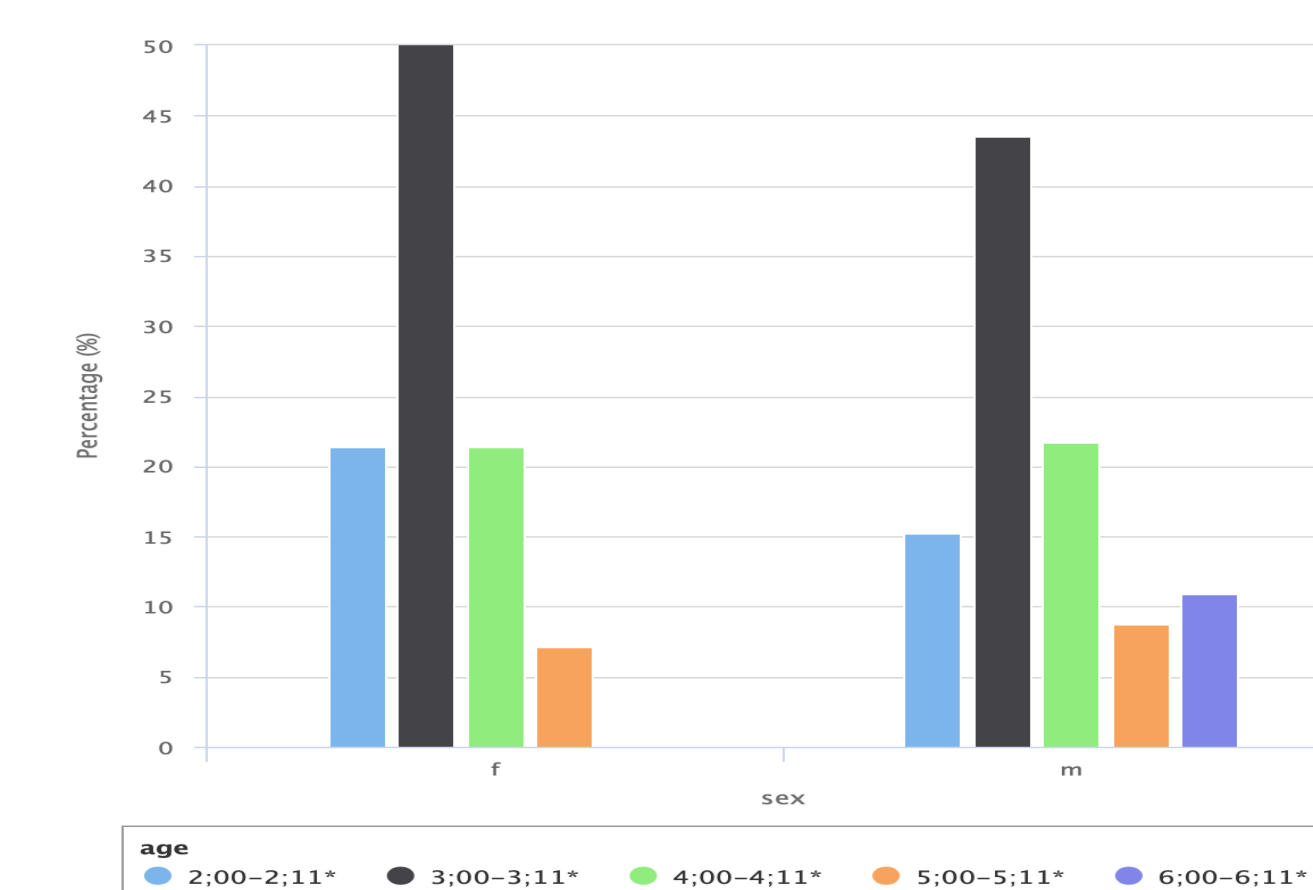


Figure 1. Distribution of age groups by sex

23.3% of the participants is female, and 76.6% is male. The highest ratio is between the ages 3;00-3;11 (45%). And there is no female participant at the age between 6;00-6;11.

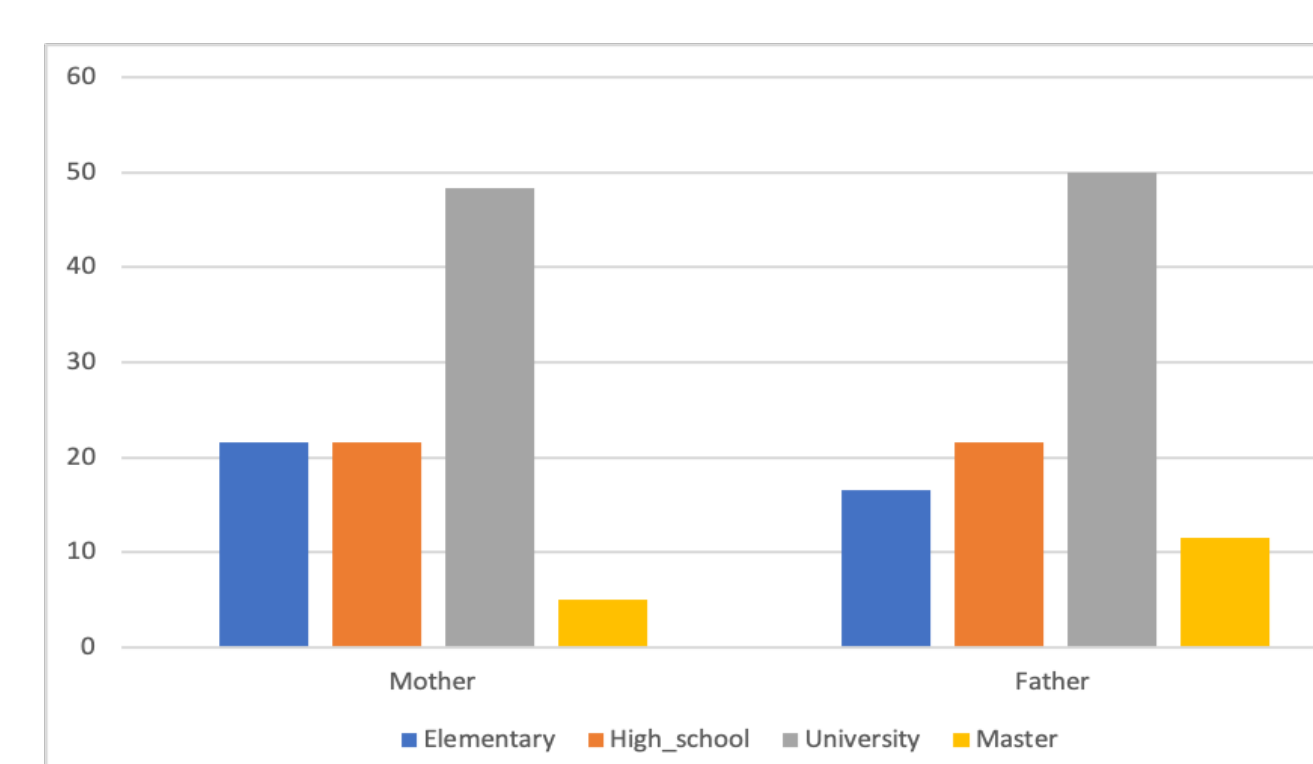


Figure 2. Parental education level

Most of the participants’ parental education level is University. Parents who have master degree has the least percentage.

Information about family history of any kind of speech and/or language problem were asked in paediatric forms. When 51.5% of them reported as no family history and 48.4% of them reported a speech/language problem. For those who answered the question as yes family member and type of problem specified.

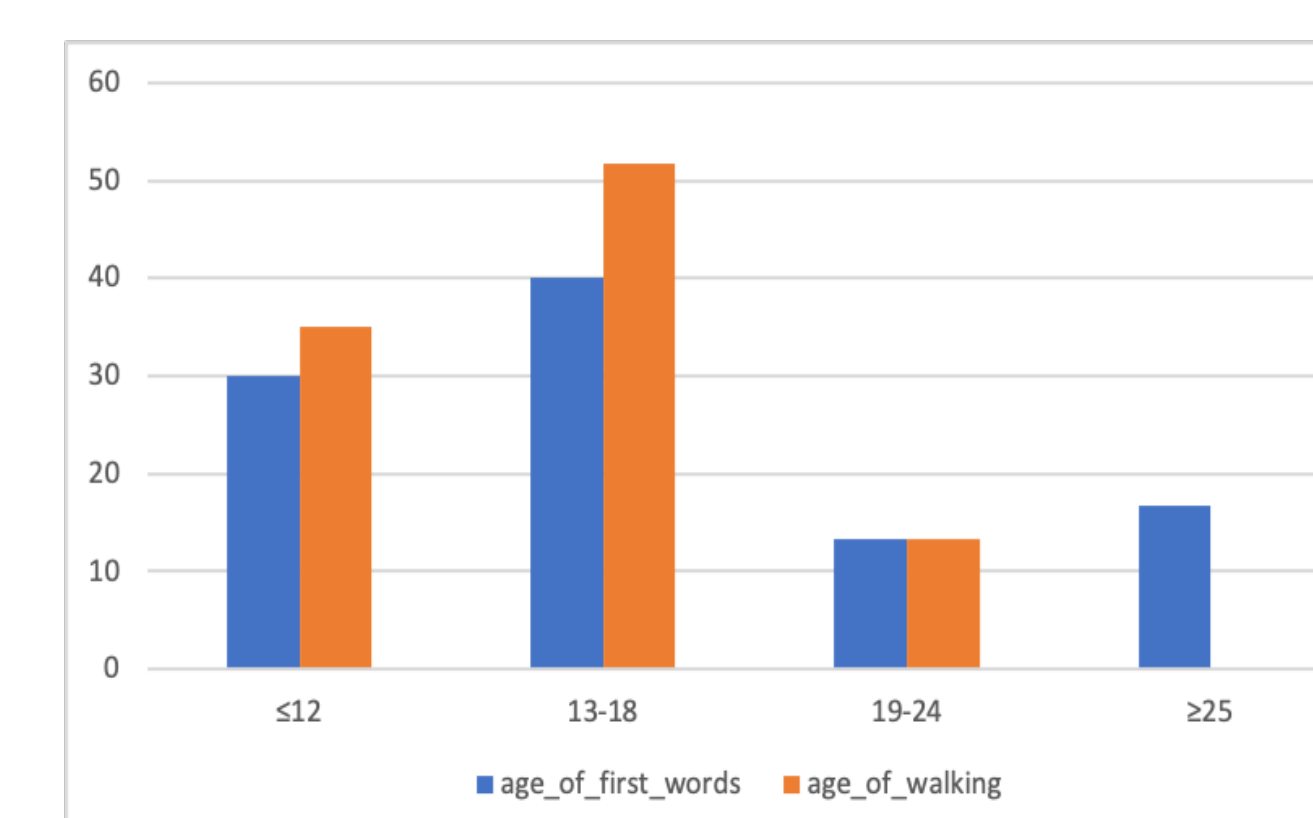


Figure 3. Development of language and walking of participants

Most of the children produced their first words between the age 13-18 months. Although there is no participants who start to walk after 25 months, 16.7% of participants had their first words later than 25 months.

For prenatal history, mothers has no any serious health problem or use of drugs may effect the baby during pregnancy. According to perinatal history, no participants’ mother reported any complications during birth such as breech or prolonged delivery or lack of oxygen. In postnatal history, 6 children out of 60 participants were born prematurely. None of the participants had any kind of hearing, visual or cognitive problems and any serious operation or health problems.

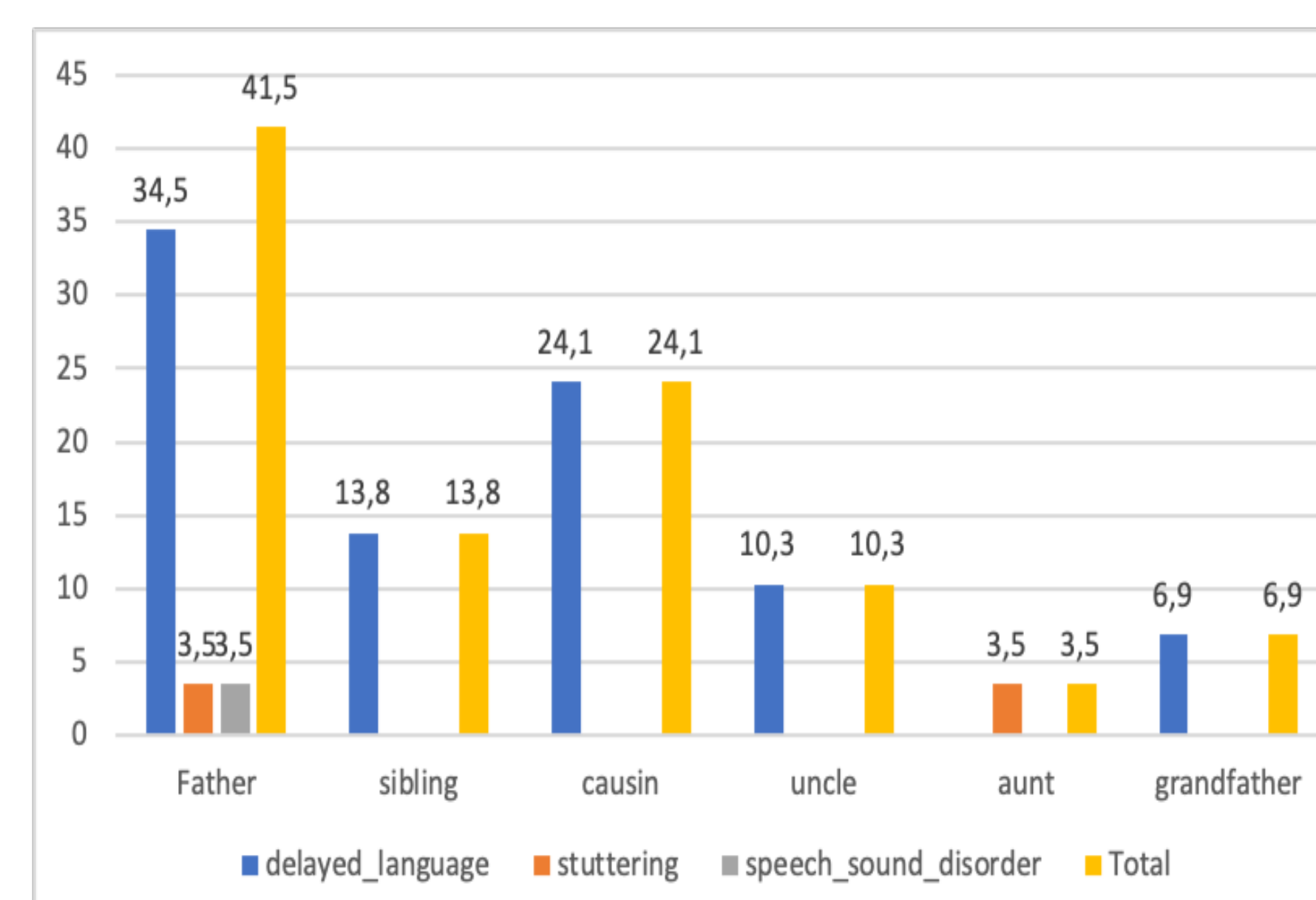


Figure 4. Family member with speech/language problem and type of the problem

The mostly reported family member is father and type of speech/language problem is delayed language among the participants who said yes to the question of having family history.

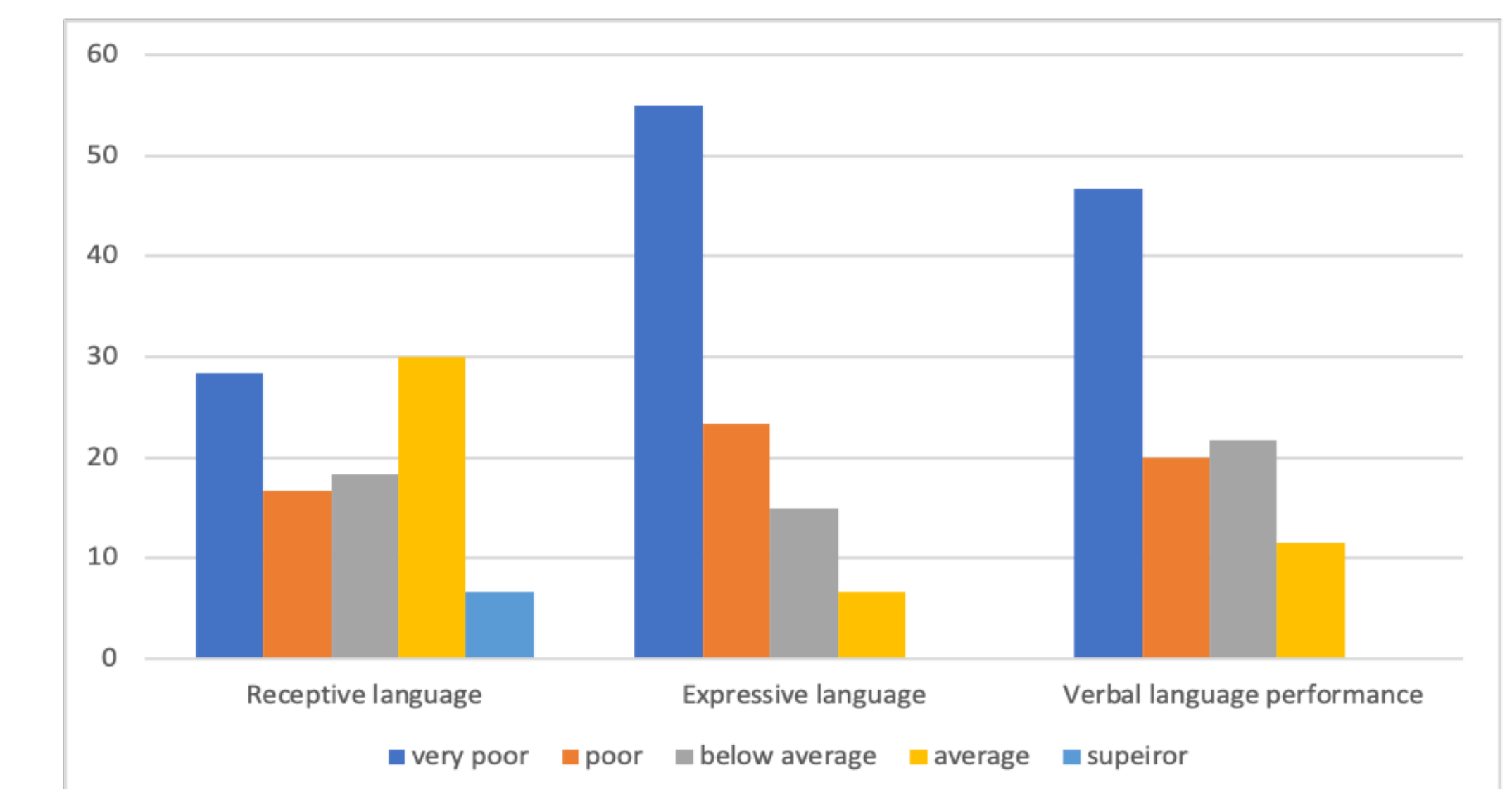


Figure 5. Degree of impairment of receptive, expressive and verbal language performance

Expressive language scores of the participants is lower than the receptive language scores. Most participants’ degree of impairment in verbal language scores, which is gained by using receptive and expressive language scores, is very poor. Although, 6,7% of participants had superior degree in receptive language, none of them had similar degree in expressive and verbal language performance.

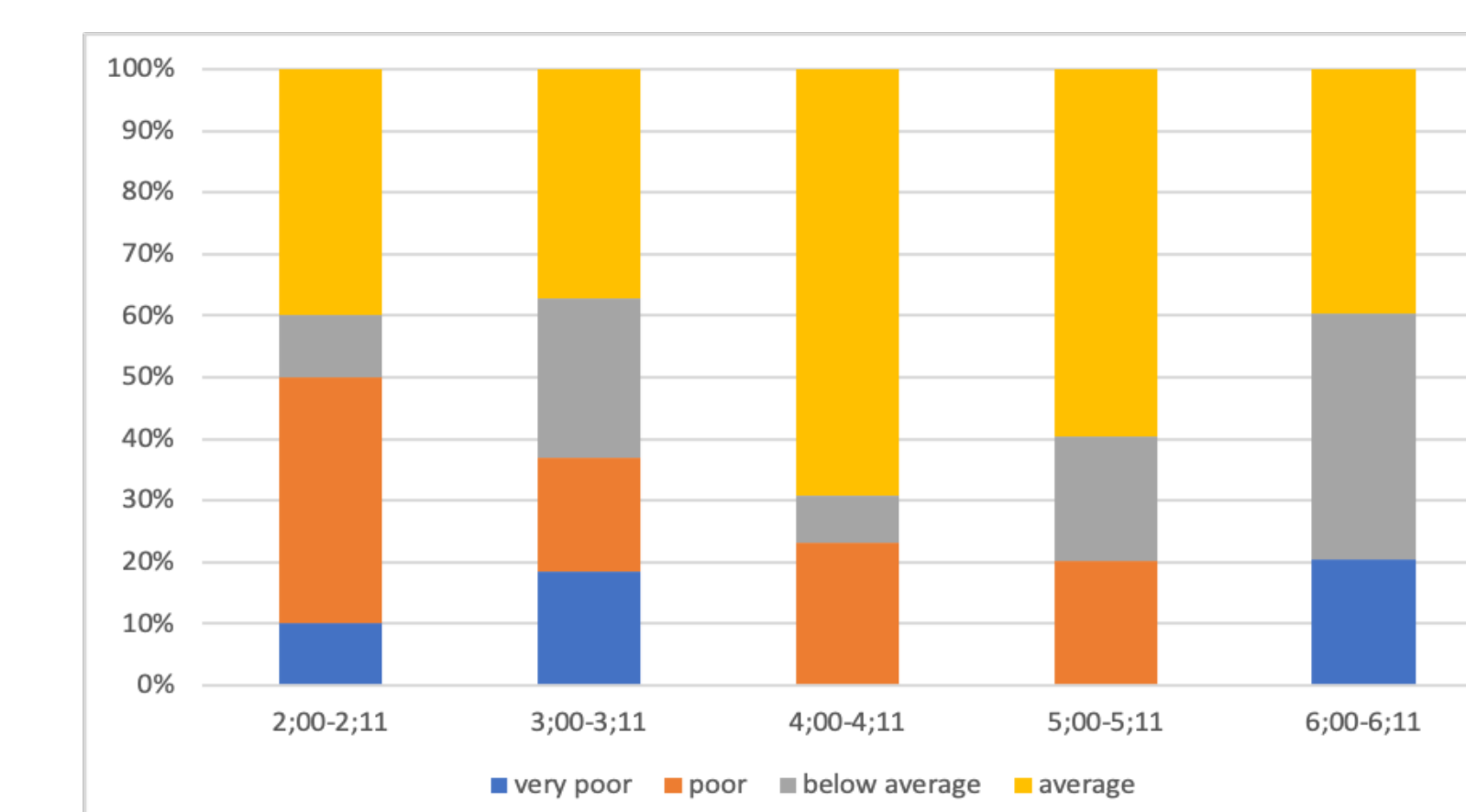


Figure 6. Degree of impairment of verbal language scores in age groups

Participants whose verbal language performance is very poor and below average mostly in the age group 6;00-6;11. Performance of young children varied in impairment degree.

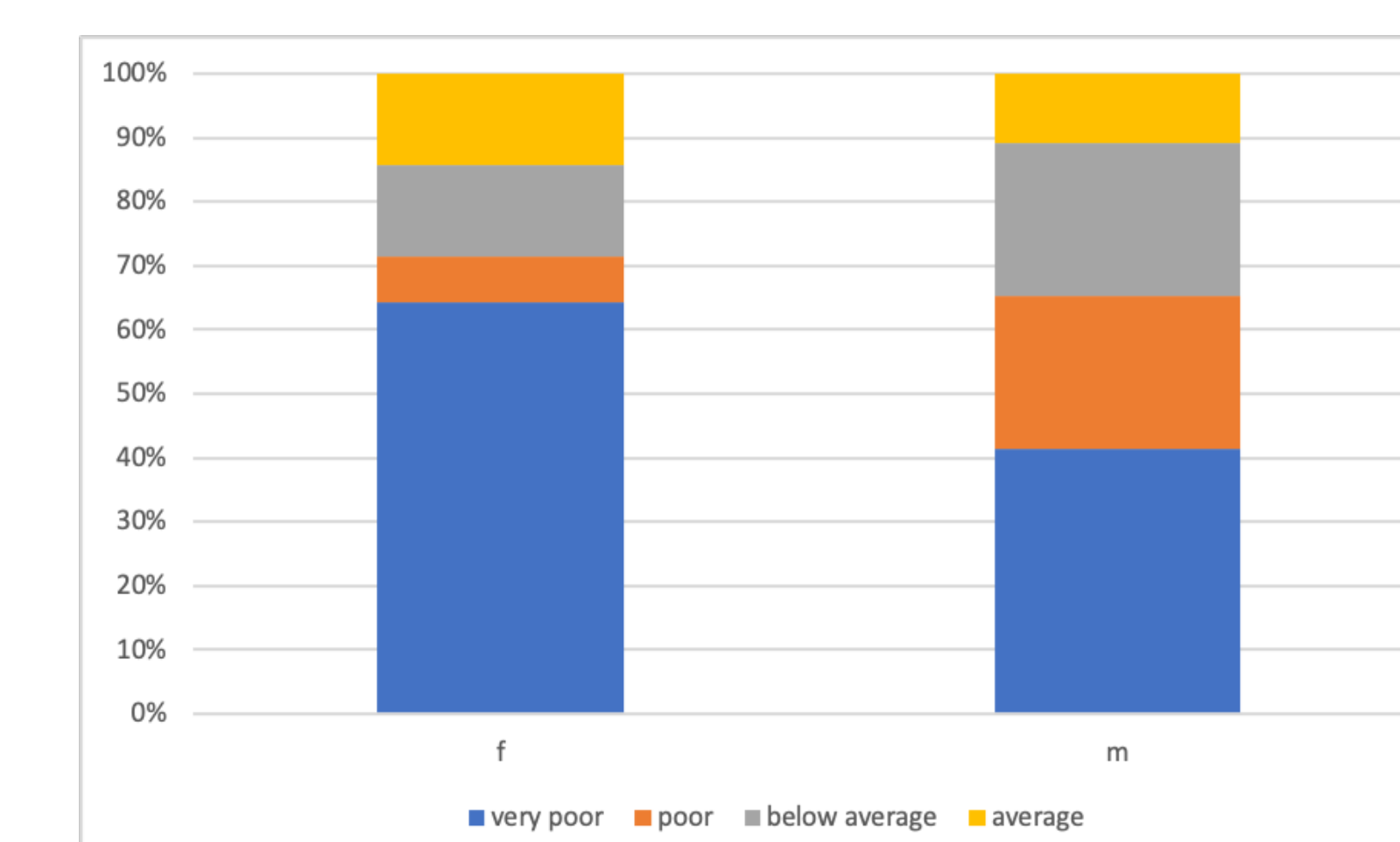


Figure 7. Distribution of impairment degree of verbal language scores in sex groups

Female participants who have very poor verbal language performance has the greatest percentage in female group; while male participants’ performance varied more balanced between different degree of impairment.

DISCUSSION

Recent study investigates profile of children who have delayed language or specific language impairment. According to preliminary findings, being a boy, having a family history of language disorders can be risk factors of developmental language problems. These preliminary findings are consistent with the literature.

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