

Developmental Language Disorder: Do Speech and Language Therapies Help to Address the Problem?

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Abstract:

Developmental language disorder (DLD) is a common language disorder affecting children (Laasonen et al., 2018). A child suffers from the disorder when the child exhibits difficulty in learning, understanding, and using a language. The disorder thus affects various aspects of a child's development process, particularly those relating to speaking, listening, reading, and writing. As a language disorder, DLD affects the ability of a child to communicate due to difficulty in expressing meaning or interpreting communication from others. DLD can either be receptive, expressive, or both. A child suffers from receptive language disorder if they find it difficult to understand the meaning of the words used by others. It is expressive if the child finds it difficult to find the right words to help him/her convey meaning through talking. Based on its nature, several indicators can help show that a child suffers from DLD (Laasonen et al., 2018). Some of the common indicators include delayed ability to put words together to construct sentences, difficulty in learning new words and engaging in a conversation with peers, and general difficulty in following instructions due to poor interpretive ability to communicate messages.

Keywords: Therapies, Developmental language disorder, DLD, Child

Introduction

Developmental language disorder (DLD) is a common language disorder affecting children (Laasonen et al., 2018). A child suffers from the disorder when the child exhibits difficulty in learning, understanding, and using a language. The disorder thus affects various aspects of a child's development process, particularly those relating to speaking, listening, reading, and writing. As a language disorder, DLD affects the ability of a child to communicate due to difficulty in expressing meaning or interpreting communication from others. DLD can either be receptive, expressive, or both. A child suffers from receptive language disorder if he/she finds it difficult to understand the meaning of the words used by others. It is expressive if the child finds it difficult to find the right words to help him/her convey meaning through talking. Based on its nature, several indicators can help show that a child suffers from DLD (Laasonen et al., 2018). Some of the common indicators include delayed ability to put words together to construct sentences, difficulty in learning new words and engaging in a conversation with peers, and general difficulty in following instructions due to poor interpretive ability to communicate messages.

DLD can have a severe impact on a child's learning ability both at home and school. It can impair the ability of a child to engage in social interactions, which are necessary for making and keeping friends. As a language disorder, DLD is an outcome of certain difficulties in language use among children. Some of the difficulties that give rise

to DLD are those touching on various areas of language use, including phonology, morphology, syntax, semantics, and pragmatics. Phonological challenges arise from the inability to use a language due to difficulty using speech sounds and patterns (Liu et al., 2012). Morphological difficulties, whereby DLD is attributed to problems associated with the construction of words. The syntactical deficit, whereby DLD gets attributed to the inability to come up with the right meaning of words. Moreover, DLD among children can be due to pragmatic difficulties, which arise when DLD is attributed to the inability to apply language in different contexts. DLD, if not addressed, can persist into adulthood, affecting one's communication ability. Consequently, parents of children suffering from DLD are required to make earlier interventions to address the problem. Speech and language therapies are among the most common interventions for addressing DLD. The paper thoroughly considers what DLD entails and critically assesses the effectiveness of speech and language therapies in addressing it more, especially among children.

Causes

The cause of DLD remains unknown. However, several studies in the area continue to associate the problem with neurological developmental deficits. For example, a study by Angela et al. (2016), which sought to determine the cause of speech and language disorders using the help of Magnetic Resonance Imaging (MRI), indicated that children with DLD exhibited a high level of radial diffu-

sivity of the left arcuate fasciculus. The study by Peterson (2012) of developmental dyslexia shows that impairment in a child's neural system might be one of the main causes of language disorders in children. Several studies equally indicate that DLD and other language disorders may be a genetically transmitted condition that is dependent on the genes obtained from parents. However, Genetics as a cause of DLD is yet to be substantiated, given that no exact genes have been identified to contribute to the problem. The disorder is, therefore, commonly described as a neurodevelopmental disorder, as it is an outcome of complex interactions between genes and the environment, which then affects brain development and functionality of the nervous system.

Symptoms and Diagnosis

Several indicators can help point out whether a child has DLD. The primary indicators depend on whether the child suffers from expressive DLD, receptive DLD, or both. Some of the symptoms that can help indicate whether any given child is suffering from receptive DLD or not depend on the ease with which a child gets meaning from what other people speak. It can also be noted that it is difficult to follow directions and organize thoughts. The main symptoms of expressive DLD, on the other hand, include difficulty in communication due to the inability to develop and speak sentences that make sense. Children suffering from expressive DLD equally face difficulty in making the right word choices to use in their spoken communication, making them unable to communicate or convey messages with meaning.

Whereas it is presumed to be easy to determine whether any given child is suffering from DLD or not by considering the above symptom, in a clinical setup, determination of whether a child is suffering from DLD calls for diagnosis by experts in the area, who, in this case, comprises of speech and language pathologists. Speech and language pathologists determine whether a child is suffering from DLD by carrying out several tests that help confirm whether the child suffers from DLD. Speech and language pathologists undertake standardized tests to ascertain whether the DLD the child is suffering from is receptive, expressive, or both. Notably, delayed language development arising from certain physical disabilities such as deafness cannot be considered as suffering from DLD. Therefore, in assessing DLD, speech and language pathologists undertake various tests that help to bring out the child's language ability. The tests examine various areas of a child's language use, including speaking, listening, following directions, level of understanding, and ability to repeat certain phrases. If the speech and language patholo-

gist confirms that a child is suffering from DLD, then they will recommend treatment.

Treatment

The treatment for DLD is prescribed and overseen by speech and language pathologists and takes the form of language therapies (Rinaldi et al., 2021). The nature of the treatment of DLD depends on the patient's age. The treatment is generally collaborative for children, as the speech-language pathologist collaborates with others, particularly parents and teachers, in addressing the disorder, especially among children. Whereas language therapies target children, they can be applied to a person of any age experiencing DLD. According to Liu et al. (2012), starting the treatment of DLD at an earlier age is important as it falls within a child's normal years of language learning, making the therapy more effective in addressing the language disorder.

In administering language therapies, speech and language pathologists employ diverse approaches to model the desired language ability in the client. Some of the interventions speech and language pathologists use to administer language therapy aim to address specified language objectives based on the type of DLD one suffers from. For instance, if a child is suffering from an expressive DLD, the speech and language pathologist will use language therapies that can help enhance the ability of the recipient to express himself/herself. Administration of language therapy should be undertaken based on the nature of the DLD that needs to be addressed. Therefore, on a need basis, some of the areas of intervention therapists can seek to improve include phonology, in which the language pathologist seeks to improve the ability to produce certain specific sounds one may be facing difficulty. To realize desired phonological outcomes, the speech and language pathologist can engage children with DLD in various activities, such as singing, which can help them produce those sounds they may be experiencing difficulty using. DLD may also be due to semantic problems, especially when the child has difficulty developing vocabulary. In such a situation, the speech and language pathologist adapts language therapies that can help enhance vocabulary. Such initiative is important because vocabulary forms the basis of any language. Thus, by engaging the child in various social activities such as play, the language pathologist can help them learn new vocabulary and enhance their vocabulary base.

Analysis of the Effectiveness of Language Therapies in Addressing DLD

Language therapy is one of the approaches used to help

address DLD. However, the effectiveness of language therapy in addressing language disorders has been questioned, with some researchers believing that it does not help treat language disorders. The application of language therapies in addressing DLD is common among speech and language pathologists. Its use can, however, be applied by parents and teachers to address DLD in children. Several studies have confirmed that language disorders can completely address DLD if properly employed. According to Ebbels et al. (2018), if properly employed, language therapy can effectively address DLD among children. Its ability to address DLD arises from the fact that proper diagnosis can help identify the specific language deficits contributing to DLD, making it possible to address them. Proper diagnosis makes it possible to ascertain whether DLD results from phonological, morphological, semantic, syntactical, or pragmatic language deficiencies. Such knowledge can then be instrumental in determining the most appropriate language therapy to administer to address the disorder, making it effective.

The study by Adams et al. (2012). The study findings indicated that language therapies in the form of speech-language intervention if properly administered, can help address pragmatic language difficulties among children aged 6-11 years. The study, however, notes that the effectiveness of language therapies in addressing language disorders depends on the age of the therapy recipients. According to Adams et al. (2012), children with pragmatic language disorders stand the risk of suffering from long-term social and behavioral disadvantages if the problem is not treated while they are young. The huge impact of age on the effectiveness of language therapy, as held by Adams et al. (2016), concurs with the findings of Ebbels et al. (2016), which indicated that the effectiveness of language therapy decreases with age. As a person ages, language therapy's effectiveness in addressing language disorders such as DLD decreases.

Therefore, whereas language therapies are generally effective, their effectiveness varies with age. Earlier use of language therapy on young children, particularly those aged 6 to 11 years, yields better language outcomes than when applied to old children and adults. The above view was underscored by the study findings obtained by Lou-sada et al. (2016), who found that language therapy interventions as treatment of preschool children with primary language impairment resulted in significant improvement in receptive and expressive language abilities. The effectiveness of language therapy in treating language disorders affecting young children arises from the fact that young children are still learning and developing their language abilities. Informed application of language therapy can help address the various language deficits caused by

the disorder, which helps improve their language abilities. Outcomes from language therapy also tend to be magnified when the language therapy is administered systematically and in a collaborative manner among all those in contact with affected children.

Conclusion

DLD is a language disorder that causes people to struggle to learn, understand, and use a language. DLD can either be receptive, expressive, or both, depending on whether the person suffering from DLD experiences difficulty making meaning from the words used by others or coming up with the right words that can help express herself/himself. DLD either delays or completely impairs language development in children, which can extend to adulthood for some people, affecting various aspects of the child's development process. Even though unknown, the exact cause of DLD is mainly associated with genetic and environmental influences. DLD, if properly diagnosed by speech and language pathologists, can be treated through language therapy. The effectiveness of language therapy in treating the language disorder, however, depends on the recipient's age, whereby language therapies are generally effective among young children aged 6 to 11, as they are still undergoing language development. Application of a collaborative approach in which the speech and language pathologist works with parents and teachers in administering the therapy.

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