

# Summer School SG-ORL

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# Developmental Language Disorders (DLD): Aspects of Speech Therapy

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## Abstract

- Language Development: Pre-conditions
- Excursus: Language ≠ Speaking
- Discovering Language
- Video examples: normal / abnormal language development
- Diagnostic investigation
- Speech Therapy
- Working with parents
- Support options
- Excursus: Hearing Impediment, Bilingualism
- Indication for investigation by speech-therapist

## Language Development: pre-conditions

Three important pre-conditions are required to discover language:

1. The ability to imagine something which is not present: **Representation** > Examination of the material world (**I-OBJECT**)
2. A stable connection and the desire to communicate something to the “You”: **Communication** > Examination of the personal world (**I-YOU**)
3. The knowledge that the words reliably relate to something: **Speech comprehension** > Connection between the material and personal world (**I-YOU-OBJECT**)

Source: Schweizerisches Institut für Kinder- und Jugendmedien/Zentrum für kleine Kinder

## Excursus: Language ≠ Speaking

- Speaking: a 15 months old child says /car/ when he or she sees a car. This has little to do with language
- Language: Speaking about a car when it's NOT there. To tell someone about a car

(Source: Zollinger 2000)

## Discovering Language

9-12 months:

- Sensory perceptions (discovering the world)
- Triangular eye contact (what does Mummy/Daddy say about it?)
- Move oneself autonomously (crawling)



Source: Schweizerisches Institut für Kinder- und Jugendmedien/Zentrum für kleine Kinder

# Discovering Language

12-24 months:

- Functional play and leaving traces
- Understanding and speaking first words
- First steps and “No!”



Source: Schweizerisches Institut für Kinder- und Jugendmedien/Zentrum für kleine Kinder

# Discovering Language

24-36 months:

- Building up ideas in play
- Building up speech
- Discovery of ICH



Source: Schweizerisches Institut für Kinder- und Jugendmedien/Zentrum für kleine Kinder



## Discovering Language

From 36 months:

- Roleplay
- Understanding and explaining stories
- Discovering the WE and playing with children of the same age



Source: Schweizerisches Institut für Kinder- und Jugendmedien/Zentrum für kleine Kinder



## Not only language is noticeable

- Children with DLD often are not able to play well
- Are anxious, shy or
- impulsive
- Have difficulties in playing/communicating with peers

## Social-emotional risk factors for DLD

- Problems in early mother-child interaction (father with important role as the «Third» / der «Dritte»)
- Mental-health issues of parents
- Missing social network
- Migration

(Bürki 2014, vgl. auch AWMF-Leitlinien)

## Emilia, 22 months: Normal speech development

- Makes one- to two-word sentences (/Hätzi/=Chätzli, /da bade/, /Maa duslättele=drufchlättere, /das Mama/).
- Occasionally searches for a word (... ... /Tum!/=Turm).
- Replaces individual sounds, and is therefore not always easily understood.
- Shows good eye contact.

## Nicolas, 3;4 years: Phonological dysfunction

- Boy is badly understood (/dibogidiigamamiai.../).
- Replaces a lot of sounds.
- Mother interpretes/(misinterpretes?).
- Little eye contact.
- It doesn't seem to be very important if partner understands.

## Lioba, 4 years

- Lacking articulation in the sibilants (**S/SH/Z/X**) and for **R** is normal up until the age of **5-6 years**.
- These sounds are often **spontaneously** correctly acquired after this age.
- We do not recommend clarification/therapy until late **nursery school** or at **school age**.

## Diagnostic investigation

- Taking medical history
- Creating a development-profile (Zollinger)
  1. Practical competences
  2. Symbolic competences
  3. Social-communicative competences
  4. Language competences

By watching the child play and with tests

- Information for the parents
- Organizing speech therapy if necessary
- Organizing further investigations if necessary



## Speech Therapy

- Language cannot be taught to a child – the child has to discover it.
- What could be the reason for the child's problems? Why is his/her development stunted?
- Arousing interest for language and play.
- Revealing that other people's words and actions are interesting. Then the child will start practicing, playing and talking by him-/herself.
- As soon as the child starts being an active part in his/her world again the therapy takes a break.
- Control appointment after three months and continuation of therapy if necessary.

(Zollinger 2000)

# Speech Therapy

Essential are:

- Reliable relationship between therapist and child (empathic, sensitive, true)
- Safe Place

Therapeutic instruments:

- Playing as a common topic and for communication
- Offering a «YOU» («DU») to the child

## The sooner the better

- Higher impact of speech therapy when started early (2;6 yrs)
- Prevention of secondary symptoms like e.g. dyslexia, comprehension of texts, maths, behavioural issues (aggressiveness, withdrawal), problems in interaction with peers, decreasing nonverbal intelligence

(Hartmann 2004, Möller & Spreen 2009, Steiner 2008)

## Marco, 3;6 years

- Small vocabulary: /meh Hai – mmmeeh!/=ich möchte noch einen grösseren Hai haben
- Two-word expressions: /ho Hai/=grosser Hai
- Not always comprehensible because of replaced sounds /de ho Hai/=der grosse Hai, /Haiti/=Haifisch
- With expressions he refers to objects and activities which are present, but cannot talk about what is not there or what is in the past
- Good eye contact

## Daniel, 3 years

- Only speaks the word /Mama/
- Limited speech comprehension
- Functional play (mixer, playdough)
- Little eye contact (speech therapist provokes eye contact with the onomatopoeia /plups/)

## Working with parents

- Parents (mothers) often feel guilty and are concerned:  
Therapist contains these feelings with parents
- Explaining the parents, which steps in the development of their child is stunted
- Counseling parents in supporting their child's development and helping them in educational problems if necessary
- Parents are not Co-Therapists



## How can I support my child?

- **Play:** The child tries to explore alone and with other children. Get involved in symbol- and role-play and support this.
- **Listen, ask questions and explain the world:** Listen to the child and ask genuine questions. Observe what he or she understands and what he or she has on his or her mind, and talk about this. Do not inundate the child with words.
- **Do not correct words** but give corrective feedback.
- **I and You:** Confront the child as YOU. Support him or her in his or her independence and originality, but also distinguish oneself with a clear No.

Source: Schweizerisches Institut für Kinder- und Jugendmedien/Zentrum für kleine Kinder

## Excursus: Listening and speech acquisition

- Simple hearing impairments such as as a result of a long-term/recurring otitis can be part of the cause of a developmental speech disorder/dyslalia, but **mostly not exclusively**
- Therefore: do not initially get “final treatment” from a specialist doctor and then refer. Apply for clarification/therapy **parallel** to specialist medical treatment
- Distinction: Are the processes **which determine speech acquisition** disturbed or does it concern a “growing” articulation?

## Excursus: Multiple and foreign languages

- **Normal** speech development also in the case of **simultaneous** acquisition of two languages
- Parents should speak with their child in their **most comfortable tongue**
- For children who are linguistically conspicuously speakers of a foreign language, who speak no or little German, the processes which **determine speech acquisition** as well as competence in the **first language** (and not in the German second language) are diagnostically important

## When should things be clarified by a speech therapist?

- If at the **age of 2 years** the child only speaks a few words, forms no 2-word sentences, speaks very incomprehensibly and/or does not understand simple instructions
- If at the **age of 3 years** the child still does not form simple sentences, speaks incomprehensibly for strangers, does not understand questions about “where” and “who”
- If at the **age of 4 years** the child does not form correct sentences, cannot form all sounds (except sibilants and R), cannot repeat simple contents, does not understand small stories
- In the case of abnormalities in **stream of speech** (stuttering), or **voice**, or if the child **does not speak** at all (mutism)
- If the child **stagnates** for a long period in its development, or the parents are **concerned** about one of these subjects

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DLV

[www.logopaedie.ch](http://www.logopaedie.ch)

Kantonaler Berufsverband:

## Late Talker



Almost 20% of children have delayed onset of speech: at the age of 2 they still cannot say 50 words and/or combine 2 words with one another.

> 50% of Late Talkers develop a developmental speech disorder

## Late Bloomer



Ca. one third of Late Talkers have caught up on this deficit at the age of 3 and speak in full sentences with several words:  
**Late Bloomer**

[www.kinder.ch](http://www.kinder.ch) Zentrum für kleine Kinder, 2015;  
Kühne et al. 2015; Geissmann et al. 2013

**Therefore: Early acquisition for distinction (from 2 years)**



## DLD: Definition

- Diagnosis after 3rd birthday
- normal intelligence
- Limited learning and using of linguistic skills
- All linguistic levels can be affected
- Usually problems in understanding language
- Prevalence: approx. 5-8% of cohort
- Sex-ratio boys-girls approx. 2:1