

# Expanding Language Development Among Children And Communication Disorders

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**Abstract :** Language development disorder is the inability or limitations in using linguistic symbols to communicate verbally or delays in children's speech and language development abilities according to their age group, gender, customs and intelligence. Therefore, if speech and base disorders are not treated properly, there will be impaired reading ability, verbal ability, behavior, psychosocial adjustment, and poor academic ability. Parents or teachers need to understand this problematic behavior because "problematic children" usually appear in the classroom and they even show the problem in their behavior during interaction with the environment. Humans use language to communicate, socialize, and convey their thoughts. Early identification of language delays must solve two main problems namely the problem of the availability of reliable information from a child at some age when they experience limitations in communication skills. Furthermore, measurement techniques must be cost-effective by respecting time in a professional manner and widely able to be applied to children at various social levels and language backgrounds including bilingual. The second problem is the interpretation of the results of the identification process. Many children who experience language delays at the age of 24 to 30 months who will catch up in a few years later and do not need intervention. The challenge is to identify and use relevant information in improving diagnosis decisions regarding an individual child to prevent more significant developmental disorders.

**Keywords:** language, communication, children

## 1. Introduction

Language development disorder is an inability or limitations in using linguistic symbols to communicate verbally or delays in children's speech and language development abilities according to their age group, gender, customs, and intelligence. (Sidiarto, 1990) Some data showed the incidence of children with speech delay was quite high. Communication disorders and cognitive disorders are part of a child's developmental disorders, occurring in about 8%. (Scheffner, et al).

According to Nelson, et al, (2006), language development was one indicator of the overall development of children's cognitive abilities related to success in school. Developmental delays in early language skills

As social beings, humans need to communicate with their social environment. For communicating smoothly, adequate language skills are necessary, both expressive (expressive) and receptive (receiving or understanding messages conveyed).

Communication skills differ from one another, even for the children with communication difficulties because of the interference in the ability to speak and language. Communication problems are not only experienced by children with hearing impairment, but also in children with other needs. Children who experience communication disorders or specifically disturbances in expressive and receptive language, need to be intervened as early as possible, because language skills are necessary in developing the potentials owned by children, especially in developing their academic abilities.

There are a few researchers have revealed that delays in talking are often associated with developmental disorders, behavioral disorders, oral motor disorders, and other motor function disorders. If various disorders that occur almost simultaneously and are not treated properly, it will interfere with the growth and development of children in the future. The purpose of this study was to describe communication disorders, hearing difficulties, fluency disorders, cognitive disorders, autism.

## **2. Method**

The learning process in the education unit is 1 out interactively, inspiratively, challenging to motivate actively in teaching and learning activities as well as activities organized for Early Childhood and also higher level children. And also provide enough space for those who have creativity and talent who already have an interest in themselves to be developed. Early Childhood can gain knowledge and can develop its potential optimally with learning is expected to change the behavior of early childhood learners for the better.

## **3. Result and Discussion**

### **A. Team approach to helping children with communication disorders**

During all levels of early childhood education, it is very important for classroom teachers to do teamwork with other specialists and parents so that they are able to meet the needs of children with communicative disorders. There are various specialists that can be involved depending on the type of communication disorder. For example, the following specialists could be involved (Katz & Schery, 2006): audiologists (determining the level of hearing of children and the need for hearing aids), language pathologists (diagnosing communicative disorders and being involved in building intervention plans), teachers for children who are deaf or experiencing hearing loss or hearing difficulties (providing additional classes and family support), otolaryngologists or ear-nose-throat experts (medical doctors who specialize in surgery and other medical care in relation to ear philosophy and speaking ability), counselors or social workers (providing support for family and access to additional references), and an interpreter (an expert with communication skills in sign language).

Sometimes children diagnosed with speech or communication problems are placed in "withdrawal" programs. In this approach, children are found with a language pathologist, in primary schools commonly known as "speaker teachers" or "speech therapists", for a certain amount of time during the day or week, depending on the complexity of the speaking problems. Another approach is to bring the speaking teacher to come to the general class and work with the child in class situations and conditions. In this situation, class teachers work with most children in the class, while language specialists work with small groups of children who need special teaching techniques or experience.

And the language specialist also acts as a consultant for class teachers, helping to identify children with language difficulties and describing specific ways that can be used in the class. Class teachers can also share their observations through classroom behavior and children's language interactions with special needs with this language expert. By explaining the class expectations for participation and communication and how these special children have difficulty meeting these expectations, the class teacher provides valuable insights for the language specialists needed in the class. Together with high school they work to create a classroom environment that can help the growth of communication skills.

The following section will explain the communicative disorders that teachers typically face: hearing difficulties, articulation disorders, fluency disorders, special language disorders, cognitive disorders, and autism.

## B. Hearing difficulties

Sound is measured in relation to the tone and level of violence. Measurement of tone or sound waves is using hertz, which refers to the frequency of sound waves. Measurements for the level of violence are decibel, which refers to the pressure created by sound waves. Normal hearing depends on the power of perception, both on sound waves and the sound volume. Hearing loss can occur at certain frequencies within that range at a certain level of violence. Normal loud sounds are around 60 to 65 decibels. Children who are unable to receive sounds lower than 60 decibels usually do not develop spontaneous verbal language, (Ratner, 2009)[16].

Hearing loss that occurs in the middle ear (such as the eardrum) is known as conductive hearing loss, because the vibration of the sound is disturbed. Chronic ear infections are associated with conductive hearing loss. Sensorineural hearing loss refers to hearing loss that is related to the arrangement of the inner ear, such as the membrane of the ear membrane, or related to the auditory nerve (Marschark, 1997)[11]. Hearing loss that is identified during early infancy is referred to as congenital hearing loss, because the disorder arises from birth. This congenital hearing loss can be caused genetically (hereditary) Know pre-natal conditions, such as infection in the womb. (Roizen, 2003). Nearly one half of all permanent hearing loss is caused by heredity. (Reich, 1986; Vohr, 2003, p. 65).

Hearing loss can be categorized as a temporary or permanent disorder. In addition to congenital hearing loss, other causes of permanent hearing loss are chronic deep ear infections (see appendix B) and brain damage caused by head injuries or brain injuries. Chronic ear infections are also associated with temporary hearing loss, depending on the length and severity of the ear infection.

When a child has been diagnosed with a hearing loss and it is necessary to determine intervention programs, a parent-centered approach is useful in helping family members to start interacting and communicating with children. It is very important that this specialist team's intervention is sensitive to the choices and communication styles of other family members and that the decision to use the communication choices is entirely made by the family. Also, communication choices made by the family must be reflected in the way the teacher communicates with the child in the class.

### 1) An indication of the behavior of hearing difficulties

In early childhood classes, you may have children who have been diagnosed with hearing loss and are in an intervention program. Specifically, you will determine whether the child turns around when a sound occurs or whether he is surprised if there is noise. If the child has a history of ear infections, fever, or allergies, temporary or permanent ear disorders can occur.

### 2) Techniques to expand language development between children and hearing loss

- a) always talk to the child in close proximity and face to face.
- b) In large group situations, such as reading books together or gathering activities in a circle, place the child near you, so he can see pictures and hear more clearly.
- c) Use body language to accompany conceptual directions or explanations.
- d) Use body language to get the child's attention in busy activities or games in the classroom.
- e) Encourage the child to use the listening center, where earphones are used and the volume of the tape player can be adjusted to the child's needs.
- f) Speak clearly, use enough volume.
- g) Encourage other children in the class to talk with the child in close proximity and face to face.
- h) Allow sufficient time to respond so that you have time to respond to what you have said and responded without haste.

## C. Articulation disorders

Speech production requires that the physical speech mechanism components (vocal cords, tongue, lips, teeth, soft and hard palate, and lungs) work together to produce the sounds that are needed. Articulation disorders are caused by difficulties in this coordination.

### 1) Indication of articulation disorders

Articulation disorders are indicated when the utterances children in the age of 3 years old cannot be understood by adults and at the age of 8, when errors in articulation still remain apparent. (Patterson & Wright, 1990)[15]. Some pronunciation mistakes are normal in preschool children (Kostelnik et al., 2007). For example, consonant letters and coherent letters can be mistakenly pronounced.

In some cases, the problem of articulation merely shows the slow development of the muscles or the coordination needed to articulate certain sounds. Articulation problems can also be caused by chronic ear infections in children. Because the children cannot hear the sounds of the utterances obtained clearly at the time, they may not have learned how to produce these sounds correctly.

In other instances, articulation problems can indicate physical defects, such as cleft lip, cleft palate, or related tongue. Each of these physical defects is caused by abnormalities that occur during pre-natal development and then affect articulation. Cleft lip is a separate or split upper lip. If this defect continues to reach the palate, it is called a cleft palate. Although the exact cause of this cleft lip and cleft palate is not known with certainty, either genetic or pre-natal factors may be involved. (Moller, Starr, & Johnson, 1990)[13].

Physical defects such as cleft lip, cleft palate, and tongue bound are associated with long-term problems if no intervention occurs. When a teacher pays attention to children who may continue to experience articulation problems, it is important for the teacher to share these observations with language pathologists so that a more focused assessment can be made and an intervention program can be developed and implemented by class teachers and language therapists.

### 2) Techniques to expand language development among children with impaired articulation

An important factor in expanding language development among children who have articulation disorders is to create and maintain a positive classroom environment where children are encouraged to communicate and where problems that arise in communication are handled in a sensitive and attentive. Teachers should not make children who have difficulty with certain sounds feel ashamed.

Children who have no articulation difficulties usually notice when their classmates display irregular articulation. For whatever reason, children in class are not permitted to mock, imitate, or make fun of children who have articulation difficulties, in fact, other children in the class must be encouraged to receive sounds spoken by children with articulation problems.

Children with articulation disorders may not participate in group discussions with each other children, and may have been comfortable participating in small group activities where they interact in conversation. In large groups, activities with simultaneous responses (for example, rereading poetry, songs or rhymes from books) provide opportunities for children with articulation problems to participate verbally without feeling depressed. whatever the activity, it is important for the class teacher and all children in the class to respond positively to children's efforts to communicate and focus on the purpose of communication rather than on the difficulties experienced by the child.

### D. Fluency disorders

Fluency disorders are characterized by interruptions or repetitions of speech currents. When these examples of fluent speech are found in the speech interactions of adults and children alike, they do not all identify serious communication difficulties. Speech inequality is common among preschoolers as they explore and experiment with language production using phonetic, syntactic, semantic, morphemic, and pragmatic knowledge. Most of this fluency disappears as the child grows up. (Weir & Bianchet, 2004)[19]

Generally, children with fluency disorder shows variation from day to day or from month to month depending on the situation and conditions of communication. This lack of fluency may only indicate an increased emotional state or a rush in speech.

#### 1) Indication of Fluency Disorders

The most common fluency disorder is stuttering. (Culatta & leeper, 1987)[6]. It is the condition that deliberate repetition of isolated sounds or syllables, extended speech sounds, or long pauses in an utterance (Cook, Tessier, & Ambruser, 1987)[5]. It showed "lack of coordination between

linguistic and motoric articulation intentions when children learn to speak and think at the same time." (Weir & Bianchet, 2004, p. 1790)[19].

This infertility showed that the onset of stuttering includes parts of words that are repeated more than twice ("b-b-b-ball") and sounds that are longer than one second. (Gotwald et al., 1985)[9]. It may be accompanied by often on the face, or body language that showed emotional distress, and with a rising tone or loud voice. (Weir & Bianchet, 2004)[19]. Some children may withdraw from verbal participation in conversation or discussion.

#### 2) Techniques to expand language development among stuttering children

Children who are upset about their lack of fluency need to ensure that they are accepted and valued by the teacher and his classmates. The teacher needs to tell that some difficult words to pronounce. It is important for teachers not to allow children to interrupt other people or to try to finish the speech of others who have difficulty speaking. (Gottwald et al., 1985)[9].

The teacher may notice that stuttering children become more fluent while singing together in groups, responding together, or in reading together. At the elementary school level, a child's stuttering and other fluency can interfere more in class achievement than in preschool because learning activities in this context require group participation and more focused on oral responses and oral readings.

#### E. Specific language disorders or language delay

Specific language disorder is a term used to refer to a child whose language development is substantially below the age level and has nothing to do with a particular cause (Bishop, 1997)[2]; however, recent research showed that this disorder may be related to the interaction of environmental factors. (Bishop, 2006)[3]. This disorder is also referred to as language delay; however the use of the term language delay implies that children develop language only at a slow pace.

##### 1) Characteristics

Children with language delays or special language disorders usually have normal nonverbal hearing and intelligence ranges and also do not have developmental disabilities, but there are some difficulties in receptive language skills and expression. (Montgomery, 2002)[14].

The linguistic characteristics of children with special language disorders include limitations in five aspects of language knowledge. (Fey, Long, & Finestack, 2003; Yont, Hewitt, & Miccio, 2002). Specific language disorders or language delays are usually first identified in preschool, when children showed difficulties in conversation. Once a child enters elementary school, further language disturbances can be identified when the child has difficulty understanding and compiling both oral and written language (Fey et al., 2003). In addition, difficulties in conversation can arise in common problems interacting with other children in the school and community.

##### 2) Techniques to expand language development among children with special language disorders or language delays

As with other forms of communicative disorder, with language delays or special language disorders, class must be a positive language environment where the focus is on interactive communication. One-on-one reading of story books is another example to encourage children with language delays or special language disorders to become more involved in using language to communicate their thoughts, questions, and ideas. (McNeill & Fowlwe, 1996). Use a variety of questions to get the child's response to the book. Children with language delays or special language disorders also benefit from buffering language during their free activities.

#### F. Cognitive disorders

Children may experience cognitive disorders caused by genetic factors (such as Down syndrome), brain injury (such as lack of oxygen during birth), or environmental influences (such as insufficient nutrition while in the womb). (Mastropieri & Scruggs, 2007)[12].

##### 1) Characteristics

Children who experience cognitive impairment may not be able to process language effectively and may not develop knowledge of concepts that are important for subsequent language acquisition. They have difficulty paying attention to other people's utterances, processing them, and remembering what was said. (Harris, 1990). They may not be able to continue their



attention long enough to enjoy listening to the story and may have difficulty participating in the conversation.

## 2) Techniques to expand language development among children with disorders

In planning learning activities for children with cognitive impairments, it is important to provide opportunities for children with cognitive impairments to develop pragmatic language skills in using language in everyday situations to communicate their needs and desires to others at home, school or the community environment. (Ratner, 2009)[16].

## G. Autism

Autism is a complex neurological that affects not only communication but also other fields of development. (Autism Society of America, 2007)[1]. Children with autism have difficulty in verbal and non-verbal communication, interactions with others (children and adults), and play or enjoy other leisure activities.

Autism is classified as a spectrum disorder. That is, each child can be affected differently and in different severity. Boys are almost four times more likely to develop autism than girls. The occurrence of autism is not primarily related to racial, ethnic, social and economic factors. A diagnosis of autism is usually made between the ages of 18 months and 4 years. (Greenspan, 1997)[10].

### 1) Initial mark

The identification of the early signs of autism has been documented in retrospective interviews with parents whose preschool-age children are diagnosed with autism, (Wimpory, Hobson & Williams, & Nash, 2000), and also in studies involving infants. (Goin & Myers, 2004; Watson, Baranek, & Dilavore, 2003)[8]. Early signs associated with further diagnosis of autism include the absence or lack of the following behavior:

#### 1.1. Eye contact and sharing

It is important for teachers and parents to avoid overreaction when children exhibit one or more of the above behaviors; however, if many of these behaviors continue to occur, an examination for autism (and other developmental disorders) is appropriate. The key behavioral alert that indicates that an examination for autism needs to be considered is listed as follows (Watson et al., 2003)[18].

#### 1.2. No babbling, showing, or body language at 12 months.

- a) There are no single words at the age of 16 months.
- b) There are no 2 spontaneous phrases at 24 months.
- c) Language impairment or social skills at all ages (pp. 207-208)

## 2) Techniques to expand language development among children with autism

For children diagnosed as autistic, an intervention plan must be developed, and will play an active role in implementing aspects planned in the classroom. When interventions for children with autism vary depending on the particular children and the severity and individuality of the disorder, as major planning interventions focus on improving and expanding children's communication and interaction skills. (Brown & Kalli, 1997; Watson et al., 2003)[4].

If you observe children who notice difficulties or delays in communicating through words or body language or experience difficulties in social interactions, you will adjust your curriculum and ways of interacting with these children to support their language development and social interaction.

## 4. Conclusion

Early childhood teachers have an important role in expanding language acquisition among children who have special communication needs. Children who have hearing loss, special language disorder or language delay, cognitive impairment, articulation difficulties, or speech ineffectiveness or those who are autistic, need a classroom environment where they can feel comfortable and are encouraged to communicate in a normal way. Teachers can also provide important support for parents and family members during the process where children are referred to additional assessment and intervention programs.

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## 6. Reference

- [1] Autism Society of America. (2007). Defining autism. [www.autismsociety.org](http://www.autismsociety.org). Retrieved August 6, 2007.
- [2] Bishop, D. (1997). *Uncommon understanding: Development and disorders of language comprehension in children*. Hove, East Sussex, UK; Psychology Press.
- [3] Bishop, D. (2006). What causes specific language impairment in children? *Current Directions in Psychological Science*, 15(6), 217-221.
- [4] Brown, M., & Kaibli, J. (1997). Facilitating the socialization of children with autism. *Early Childhood Education Journal*, 24 (3), 185-189.
- [5] Cook, R., Tessier, A., & Armbruster, V. (1987). *Adapting early childhood curricula for children with special needs* (2nd ed.). Upper Saddle River, NJ: Merrill/Prentice Hall.
- [6] Cullata, R., & Looper, I. (1987). Disfluency in childhood: It's not always stuttering. *Journal of Childhood Communication Disorders*, 10 (2), 95-106.
- [7] Fey, M. Long, S., & Finestack, L. (2003, February). Ten Principles of grammar facilitation for children with specific language impairment, *American Journal of Speech Language Pathology*, 12, 3-15.
- [8] Goin, R., & Myers, B. (2004, spring). Characteristics of infantile autism: Moving toward earlier detection. *Focus on Autism and Other Developmental Disabilities*, 19 (1), 5-12.
- [9] Gottwald, S., Goldbach, P., & Isack, A. (1985). Stuttering: Prevention and detection. *Young Children*, 41 (1), 9-16.
- [10] Geenspan, S. (1997). *The growth of the mind and the endangered origins of intelligence*. Reading, MA: Perseus Books.
- [11] Marschark, K. (1997). *Raising and educating a deaf child*. New York: Oxford University Press.
- [12] Mastropieri, M., & Scruggs, T. (2007). *The inclusive classroom: Strategies for effective instruction* (3rd ed.). Upper Saddle River, NJ: Pearson/Merrill/Prentice Hall.
- [13] Moller, K., Starr, C., & Johnson, J. (1990). *A parent's guide to cleft lip and palate*. Minneapolis: University of Minnesota Press.
- [14] Montgomery, J. (2002, February). Understanding the language difficulties of children with specific language impairments: Does verbal working memory matter? *American Journal of Speech-Language Pathology*, 11, 77-91.
- [15] Patterson, K., & Wright, A. (1990). The speech, language or hearing-impaired child: At-risk academically. *Childhood Education*, 67 (2), 61-95.
- [16] Ratner, N. (2009). Atypical language development. In J. Berko Gleason & N. Berstein (Eds.), *The development of language* (7th ed., pp. 315-390), Boston: Pearson/ALLEN & BACON.
- [17] Roizen, N. (2003). Nongenetic causes of hearing loss. *Mental Retardation and Developmental Disabilities Research Reviews*, 9, 120-127.
- [18] Watson, I., Baranek, G., & Dilavore, P. (2003). Teddlers with autism: Developmental perspective. *Infants and Young Children*, 16 (3), 201-214.
- [19] Weir, E., & Bianchet, S. (2004). Developmental dysfluency: Early intervention is key. *Canadian Medical Association Journal*, 170 (12), 1790-1791.
- [20] Wimpory, D., Hobson, R., Williams, J., & Nash, S. (2000). Are infants with autism socially engaged? A study of recent retrospective parental report. *Journal of Autism and Developmental Disorders*, 30 (6), 525-536