Meeting the Needs of Children with Language Disorders

Our educational system often assumes that a child enters school with an intact oral language system. When this is not so, new ways of communicating and structuring learning must be developed. A pilot project has been operating in a Dublin school for the past two years.

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Five years ago I had not heard of children with language disorders. I was working as a primary teacher in a convent school in Thurles. A scholarship was offered to me to go to the United States to study language and learning problems in children. Thus began a journey into work that is at best very challenging, at times frustrating and nearly always very rewarding.

On returning from the United States, I began, at the request of a group of parents, working with three children who had been diagnosed as language disordered. These children had attended various other facilities, none of which suited or appeared to meet their particular needs. Three more children joined the unit, and after a year working in a private capacity, the Department of Education agreed to recognise us as a pilot scheme in September, 1986. The class is now situated in St. Catherine's C.B.S. School in Baggot Street, Dublin.

What is Language Disorder?

Language disorder is frequently defined by what it is not i.e. it is not a delay in language development caused by mental handicap, or environmental deprivation but it is a specific difficulty in the acquisition of language which can manifest itself not merely as delayed development but also in a deviant pattern of development. The American Speech Language Hearing Association (1982) defines it as "the impairment or deviant development of comprehension and/or use of a spoken, written and/or other symbol system. The disorders may involve: (i) the form of language, (phonologic, morphologic and syntactic system); (ii) the content of language, (semantic system), and/or (iii) the function of language in communication (pragmatic system) in any combination".

The children in my unit experience all these problems in varying degrees. They have all been assessed as having average to above average intelligence. When one has not the ability to communicate and to make oneself understood it can lead to great frustration and disturbance. This can lead one to view the children as emotionally disturbed. From my experience I find that the more language they learn the less frustrated they become. Even for the child who has no speech at all, the more ways of communicating that he acquires the more adjusted he becomes. These may consist of sign language, gesture or drawing.

Teaching Methods

Teaching children with language disorders is very different from teaching a regular

class in Primary school. First of all, the education system assumes that a child enters school with an intact oral language system. The design of the curriculum is based on the same assumptions without regard to the central role of the language in learning academic content areas. In order to teach the child who does not understand what you are saying, or the child who understands you but cannot communicate, one has to change one's whole mind-set. One has to find alternative ways. Where to start can be a problem. Because of the complex nature of language disorder and the uniqueness of each child, no two children reveal the same problem. One child may have severe word-finding difficulties, another, serious word-order problems, while another may have no speech at all. Another child may present as talkative and a competent speaker, but further investigation reveals that what he says, though grammatically correct, has no relevance to the conversation. It is merely a repetition of previous experience or of learned sentences and phrases. In other words, the child may appear to have quantitively a great deal of language but not qualitatively; in fact, his speech may be quite bizarre (Allen and Rapin, 1987).

Finding alternative ways of communication

Structured Approach

What emerges is the need for a structured approach. There are two strands to this approach: one is to help the child to communicate and to structure his learning to communicate in manageable steps; and secondly, where necessary, to use channels other than auditory, e.g. visual. To achieve this we use a variety of different methods and programmes. The *Derbyshire Language Scheme* (1982) is used to aid the child to communicate. It is a system of language teaching where the skills taught are those necessary for the child's everyday life rather than those more closely associated with school work. Some of the children cannot communicate orally, and though normal language aquisition begins in the spoken medium, for the language disordered child the process may be inverted. The use of auditory perception often has to be bypassed, so the optimum use must be made of visual perception skills. Manual signs and written words often precede spoken words. So a child learns to associate single written words with meaning and to sequence these before he learns to decode printed sentences. So reading and writing may precede speech.

Language Programme

One of the methods I use to teach language is the *Language Through Reading* Programme devised by the John Horniman School (1981). It aims to teach language in a written and printed form. It is very successful in the early stages of the child who cannot talk because through his use of the materials the child can demonstrate his understanding. For the child who has difficulty in acquiring language "through his ears" I worked "through his eyes" using the *Colour Pattern Scheme* (1970) as devised by John Lea, Moorhouse School, Surrey. The child who has a severe receptive problem is thus provided with a visual entry to verbal communication. I find that the children who have severe receptive problems appear to have little sense of conventional sentence patterns. They appear unable to learn sentence patterns by normal auditory channels. The scheme presents patterns in visual form. The child who learns the colour code of words and writes his sentences according to the patterns is prevented from making mistakes in word order.

The language programmes which I use form the basis for an introduction to the regular primary school curriculum, which I also incorporate, depending on the children's ability. One child communicates verbally like a one year old, i.e. two-word utterances, but has grasped number concepts as in the Senior Infant Programme. It is not possible to use the ordinary language of the primary curriculum, so this has to be scaled down and worked on visually or in any way that can get the concept across.

An essential element in the teaching of these children is the role played by the speech therapist who works alongside me in the classroom. The speech therapist complements my work and shares her expertise in areas of speech, language development and remediation.

The Future?

The ultimate aim of the unit is to integrate the children into the ordinary school. This is not possible for all the children because of the severity of their problems. One child has returned to regular class in a primary school and another is attending his age-equivalent class on a part-time basis with a veiw to returning to his local school in September.

Finally, when the Department of Education sanctioned the class there was a restrictive clause included stating that no new children could be accepted. We await the Department's evaluation and decision on the future of the unit.

References

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