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85.4 What Works for Treating Language Disorders in Children

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Objectives: The goals of this session are to describe language ability's role in emotional regulation by children ascertained for autism spectrum disorder (ASD) and discuss study results related to gender and higher-order language functioning in the context of earlier studies.

Methods: A family genetics study of ASD identified 130 children and adolescents ascertained for ASD and determined structural and higher-order language ability based on standardized assessment scales and on diagnostic tools for ASD. Structural language ability (syntax, grammar, phonology, vocabulary) was determined by the Clinical Evaluation of Language Fundamentals-4. Higher-order language abilities, such as inferences, ambiguities, and pragmatic language, were assessed using the suprasegmental block of the Comprehensive Assessment of Spoken Language (CASL). Overall language status (nonverbal, minimally verbal, or phrase speech) for those unable to take standardized assessments, either because of low language ability or noncompliance, was determined by responses by caregivers on the Autism Diagnostic Interview-Revised (ADI-R). Of 210 children ascertained for an ASD diagnosis, 130 had sufficient language data for analysis. Aggression was determined by ADI-R questions on aggression toward self and others.

Results: There was no significant difference for IQ in males ($P = 0.07$) and females ($P = 0.018$) in both the language-impaired and normal language development groups. Children with structural language impairment and those with minimal language as determined by ADI-R had significantly higher rate of aggressive behaviors to themselves ($P = 0.037$) but not to others. When controlled for gender, males were significantly more aggressive to themselves ($P = 0.007$) and nonfamily members ($P = 0.024$). Aggression toward nonfamily members was significantly correlated with higher-order language variables in males ($r = 0.27$; $P = 0.05$). ASD probands with structural language impairments showed more aggressive behavior toward others. In addition, aggression was significantly correlated with some higher-order language skills in males.

Conclusions: This study indicates that greater deficits in structural language predict greater associated aggression in ASD. Future research into therapeutic interventions for youth with ASD must take language ability into account.

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85.4 WHAT WORKS FOR TREATING LANGUAGE DISORDERS IN CHILDREN

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Objectives: The goal of this session is to provide an overview of the principles of language intervention for children from ages 3–18 years of age and review the evidence base for selection of treatments for language disorders in preschool-aged and school-aged children, with special attention to interventions aimed at addressing pragmatic and social communication disorders.

Methods: Systematic literature review is used to identify the level of evidence that exists for a range of treatments addressed to children with communication and language disorders. Several approaches to remediating language problems in children with established and emerging evidence base were found. Active ingredients of these approaches are detailed. Other treatments commonly used, with little or no evidence in the research literature, are also presented.

Results: Several approaches to remediating language problems in children with an established and emerging evidence base are considered. These include the clinician-directed approach; child-centered intervention, and hybrid or combinations of the two approaches. Other forms of treatment in common use, with little or no evidence in the research literature, are critiqued.

Conclusions: Speech-language pathologists provide services to children with disorders of communication with a diagnostic range, including autism spectrum disorder (ASD), learning disabilities, intellectual disability, and developmental speech and language disorders. The disorders affect the ability to pronounce speech sounds; learn words for understanding and expressing concepts; comprehend and produce novel sentences that express feelings, thoughts, and attitudes; and comply with the social rules that govern conversation in their cultures. The evidence-based approaches for addressing language problems in children are comprehensively described. Health professionals will become more familiar with the range of interventions and their demonstrated base for efficacy in treating communication deficits. They will be encouraged to use the gained knowledge through earlier detection of deficits in language and communication; referral for assessment and treatment; and communication and advocacy with patients, their families, and school personnel for greater awareness and treatment to address communication and language deficits throughout childhood.

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