ONTARIO ASSOCIATION FOR FAMILIES OF CHILDREN WITH COMMUNICATION DISORDERS

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THE CASE FOR MANAGEMENT OF LANGUAGE DISORDERS IN THE SCHOOLS

"Language is not just another subject. Language is the means by which all other subjects are pursued." (The Communicator, J. Boyer from the Center for Advancement of Teaching and Learning)

Communication Disorders are the largest handicapping condition in society affecting 5-10% of the general population and ranging from hearing impairments to language disorders which can be developmental in nature or acquired (Canadian Association of Speech Pathologists and Audiologists). Second to being alive, communication is the most critical human function allowing for full participation in society. Since the primary function of the educational system is to allow all children, regardless of their particular circumstances, to acquire the skills needed to live, work and contribute to society then surely management of communication disorders is a necessary responsibility of the schools.

The most common communication disorder is language impairment. You may ask what is language. Language is simply the invisible information we all carry in our heads that allows us to understand the thoughts of others and express our own thoughts. This may be accomplished through a variety of mediums, including speaking, listening, reading, writing, or hand signals as in sign language. The child with language impairment will have poorly developed language information. This disability often is not superficially evident, indeed some children may appear normal in conversational language since they can "talk a blue streak." The devastating evidence of their disability, however, becomes apparent in inability to adapt to and learn in the classroom where they must listen, read, speak and write and in failed social interactions so critically dependent on language skills.

We can expect language disorders to comprise the largest handicapping condition in the schools. Of the total school population JK-OAC, we can expect:

1. 4.73% will be labelled Learning Disabled with 40%-100% of these children showing language disorders

2. 1.68% will be labelled Developmentally Disabled with 85% of these children showing language disorders

3. 1% will be labelled Emotionally Handicapped with 70% of these children showing language disorders

The **most conservative** estimate of the extent of the language problems would be 6% of the total school population JK-OAC. (Casby, 89).

One may ask why we should be concerned about language disorders. There are at least 4 reasons which are well documented:

1. Language provides the main method of establishing and maintaining social relationships. Psychiatric disorders are more common in language disordered than normal language learning children (Cantwell and Baker, 1991; Waller, Sollad, Sander and Kunicki, 1983, Warr-Leeper, 1994). It is clear that poorly developed language skills are strongly associated with life-long difficulties in psycho-social development (Weiner, 1985).

2. Language constitutes a principal means of organizing behaviour and is central to the normal acquisition of many cognitive and academic skills, particularly literacy. Language is the medium of instruction in the classroom (Berlin, Blank and Rose, 1980). Problems in comprehension and production of oral and written language result in academic failure which are not alleviated over time (Weiner, 1985).

3. As the language-delayed child ages, the gap between himself/herself and his/her peers widens (Wiig and Semel, 1984). Thus, the longer the child remains unmanaged, the more pronounced the delay becomes and the more pervasive the impact.

4. There is evidence that an "optimal" period for language learning may exist (Berko-Gleason, 1989 and Flavell, 1985). Although the precise timing of this critical period is unclear, a great deal of research suggests that the preschool and school years are an optimal period for the acquisition of many language skills (Funk & Ruppert, 1984 and Owens, 1988). Thus, the older the child is when initially diagnosed, the greater the risk of failure in remediation attempts (Dumtschin, 1988; Goldberg, 1984; Huntley, Butterfill & Latham, 1988; Janko & Bricker, 1987; Sande & Billingsley, 1985 and Schery, 1985).

It is clear that language acquisition is an integral component in the development of an individual (Allen & Rapin, 1980) and failure of the language system will have life-long negative impact on social, academic and vocational success (Weiner, 1985). There are systematic ways in which the language skills of an individual and the level of language used by other individuals in the world interact to place the person with poorly developed language at a disadvantage. Developing a relationship with your primary care givers can be a major challenge when a child is language impaired. Learning the curriculum, which is necessarily presented through the language mode, is hindered by weak language skills. Speech in the classroom is coming at you at 10-12 sounds per second and 120 to 150 words per minute. Imagine trying to learn Calculus with a weak language system, such as what we all experience when trying to manage in a second language.

In the practical world you may be asked, "Won't these children outgrow their problems?" After all, you do not hear adults saying "Me go bathroom" so these children who are slow must develop the skill but at a slower pace. It is true that persons with slow development do get better as they get older so that superficial evidence of poor language knowledge may not be readily apparent. The evidence is overwhelmingly clear, however, that problems remain and manifest in every aspect of their lives (Wiener,1985 and Blalock, 1982). The child with an unresolved language problem as he enters school has problems in learning to read and write is isolated due to difficulties in socializing and will eventually have great difficulty in getting and holding a job. This is a verbal world and a literate world that one can not manage without competence in language.

In the practical world one may also ask if treatment is effective with children who do not develop language well. There is overwhelming evidence that it is effective (Nye, Foster, and Seaman, 1987) and that the earlier treatment is initiated, the better the outcome (Schery, 85). Further, the SLP is guided in case load selection by information regarding which children are most likely to spontaneously improve without intervention and which children will show persistent language dysfunction (Bishop and Edmondson, 87) and therefore only those children who are genuinely in need of service will be treated.

The Speech-Language Pathologist (SLP) is the uniquely qualified professional to provide service. S/he has a wide variety of educational training in the structure of language and its acquisition, has a minimum of 300 classroom hours in the assessment and treatment of language disorders and 320 hours of supervised experience in clinical management of communication disorders. The fact the profession is regulated by the government in most of Canada and the most of the Western world would suggest that the communicatively handicapped can be harmed by persons who do not have appropriate training in the field.

Summary:

The Speech-Language Pathologist (SLP) not only intervenes to improve the communication skills but also to facilitate access to others in their world, sometimes enhancing access to training and education and sometimes providing the social link so necessary to the psychological well-being of humans. One could argue that what the SLP provides is access to the quality of life we all enjoy.

The current trend to compress the services of SLP to school-age children and increase the demand on existing personnel is a short-term solution that will leave a legacy of harmful effects. How can teachers be expected to do their job well without support for the primary means of educating, language? How will teachers have time for the average child if the teacher is given no support for the integrated special needs child? The SLP provides not only direct work with children but also indirect work with significant others and the environment of the child to increase the potential for learning language all of the time and access to the verbal world. If the SLP is not a member of the school and can not concentrate efforts on the school curriculum and personnel, then the child is not being properly serviced.

Given the shrinking services in every sector of public service, the need for SLP is even greater than before. We serve the sometimes invisible and voiceless minority who can not always understand or speak for themselves yet they deserve to be treated as equitably as those with more obvious disabilities. One would not consider denying access to buildings via wheel-chair ramps so why would one consider denying access to the entire world due to an untreated communication disorder? Individuals with communication disorders should not be denied sheltered passage into the world the rest of us control. Better outcomes in education for children mean that these children become contributing and independent members of society thus saving our limited resources. We can provide what is needed now or we can provide support through the social system for lifetimes wasted.

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Communicative Disorders

"If all my possessions were taken from me with one exception, I would choose to keep the power of communication, for by it I would soon regain all the rest." Daniel Webster.

**Warr-Leeper, G. (1993) The case for management of language disorders in the schools:Indispensable or incidental? Communication Exchange,4(4), 1-5.

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