#### **SEMESTER-IV**

## **SEC2: SPECIAL EDUCATION**

#### Prepared By

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## **Unit –II:**

## **Education of Children with -**

• Speech and Language Disorders and

# **SPEECH AND LANGUAGE DISORDERS:**

**Definition:** Children with language disorders may experience impairment and disabilities associated with reception (accepting information), and expression (giving out verbal information) of language. It may defined as any deviation from linguistic competence involving each of the five components of the language (phonology, morphology, syntax, semantics and pragmatics) separately or in combination may prove the potential source of language disorder.

'Specific language difficulties' is a term that might be used where the student poor language development is discrepant with that of peers but appears not to be related to other developmental difficulties such as learning difficulties or hearing impairment. (Adams et.al., 1997 as cited in Farrell, 2012).

Categories of Language Disorders: Language disabilities may be placed in some specific categories ranging from mild, moderate and severe language disabilities.

## Level-I (Mild-Moderate Language disabilities)

- A. Oral Language Delay
- B. Oral Language Disorders.
- C. Written Language Disorders.
  - 1. Reading Disorders/Disabilities
  - 2. Graphic Disorders/Disabilities.
  - 3. Expressive Disorders/Disabilities.

## Level-II (Severe Language Disorders/Disabilities)

- A. Absence of Language
- B. Non Spontaneous acquisition of Language

C. Severe language delay or distortion.

(Source:E.A.Polloway and Tom E.C. Smith, 2000,p.38)

## **Causes of Speech and Language Disorders:**

- 1. **Genetic Factors**: Some children inherit some biological maladaptive body structure or functioning that can precipitate speech and language disorder.
- 2. Organic or Biological Disorder: Dysfunction of the oral and nasal air passage may be causes by physical abnormalities of the oral cavity or damage to the brain or nerve controlling the oral cavity. Articulation disorder may be found to be the result of brain damage or damage to the nerves controlling the muscles used in speech. Many of the abnormalities and defects related with the facial structure may be found to be associated with speech disorders.
- **3.** Environmental Factors: A child's earlier experience at home and schools can influence his speaking behaviour and use of language (oral and written form). In case, a children learn a defective pattern of speaking behaviour and use of language (oral and written) from his earlier experiences and moreover gets reinforcement for such of his behaviour from social environment can causes speech and language disorder.

However, in view of the latest evidences, most communication disorders are not considered organic but are classified as functional.

**Identification and Assessment of Speech and Language disorder:** The deviant communication behaviour of these children are as follows:

- 1. Difficulty in hearing.
- 2. Difficulty in speaking, swallowing.
- 3. Inabilities to demonstrate pre-linguistic competencies like: pointing towards the object, responding etc.
- 4. Irregularities in demonstrating early non-verbal sound.
- 5. Delayed speech and language development.
- 6. Demonstrating problems and abnormalities in articulation, fluency and speech production.

Along with the above mentioned characteristics few test and techniques can be used like:

**Intervention:** Early intervention is mostly needed for helping the child suffering from speech and language difficulties. This starts with mostly the complaints from the parents, elders and other care givers about the abnormalities in the hearing, speech and language behaviours of the children. The suspected children can then be subjected to proper assessment through the measures like the followings:

• Developing a case history of the affected child- Creation and development of a case history is essential to understand the nature, cause, severity and variation of a communication problem.

- Physical examination of the affected child- A through physical examination can be carried out particularly the defects and impairments in hearing and speech organs.
- Observations in natural setting.
- Obtaining samples of language behaviours.
- making use of the standardized test like hearing and auditory discrimination test, articulation test, vocabulary and language development test.

#### **Education & Prevention:**

<u>Institutional provision:</u> Children with speech and language disorders should, as far as possible be provided education in the integrated set up along with their non -disabled peers.

<u>Curriculum</u>: Children with language disorders should be provided with the same curricular and co-curricular experiences as that of their non-disabled peers. However, there should be adequate provision for providing them enough opportunity of overcoming their deficiencies in communication skills through some well planned individualized and group oriented activities and experiences.

Methods and Techniques: Individualized care and attention should be provided. While interacting with the students in the classroom they should be given sufficient time for expression and reception of the spoken language. They should be helped in overcoming their deficiencies through a) trying the most effective way to facilitate the child's communication in the classroom b) providing needed drill and practice in communication skills after the class hours c) use of audio-visual aids and making use of as many senses as possible for providing curricular experiences.

Collaborative efforts of the teachers, parents, audiologist, psychologist, guidance personnel are needed desirable correction and treatment in the inappropriate communication behaviour of the children. A single approach is not enough in this direction. Bt adopting an eclectic approach therefore, we can use certain combinations of the commonly used measures and approaches like: a) medical or physical measures b) psychological measures c) use of modelling and imitation strategy d) modifying the environmental conditions e) applying behaviour modifications techniques f) using naturalistic intervention approach g) using augmentative and alternative communication approach h) employing technological advancement etc.

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Educating Special Children (An introduction to provision for pupils with disabilities and disorders) by Michael Farrell.

Educating Exceptional children ( An introduction to special education) by S.K.Mangal.