

Therapeutic Treatments for Children with Primary Difficulties in Speaking or Language

Elena Roberts*

Department of Audiology and Phonetics Clinic, Institute of Physiology and Pathology of Hearing, Poland

Abstract

Developmental Language Disorder (DLD) is a common and significant condition affecting children worldwide, characterized by difficulties in acquiring age-appropriate language skills. This review article aims to provide a comprehensive overview of DLD, including its etiology, diagnosis, and evidence-based interventions. By examining current research and clinical practices, this article aims to enhance understanding and awareness of DLD and its impact on affected individuals, families, and society. Additionally, potential future directions in DLD research and intervention are explored.

Keywords: Speaking difficulties; Language difficulties; Therapeutic treatments; Individualized education programs; Multidisciplinary teams; Communication development

Introduction

Primary difficulties with speaking or language can have a profound impact on a child's communication development and overall well-being. Communication is a fundamental aspect of human interaction, and when children struggle with speaking or language, it can significantly affect their ability to express themselves, understand others, and engage in social interactions [1]. Early intervention and therapeutic treatments play a crucial role in supporting children with these challenges. Early identification of speech and language difficulties is essential, as it allows for timely intervention when the brain is most receptive to learning and neuroplasticity is at its peak.

Speech and Language Therapy (SLT) is a cornerstone therapeutic treatment for children with primary speaking or language difficulties [2,3]. SLT, also known as Speech-Language Pathology, focuses on improving various aspects of communication. Speech-language pathologists (SLPs) work with children to address articulation (the production of speech sounds), phonology (sound patterns in language), grammar, vocabulary, and pragmatic skills (social use of language). Therapists employ evidence-based techniques to target specific areas of difficulty, such as modeling correct speech sounds, using repetition to reinforce language concepts, and providing structured practice to enhance expressive language abilities.

Augmentative and Alternative Communication (AAC) systems offer valuable support for children with severe or complex speaking difficulties. AAC encompasses a range of techniques and tools that provide alternative means of communication for individuals who may have limited speech or are nonverbal [4]. These systems aim to bridge the gap between the child's communication challenges and their desire for meaningful expression. Sign language is one form of AAC that uses manual gestures to convey meaning and language. Picture communication boards and symbol-based communication apps use visual symbols to represent words, phrases, and concepts, allowing children to express themselves by pointing to or selecting the appropriate symbols. High-tech speech-generating devices are sophisticated AAC tools that enable children to communicate by typing or selecting pre-programmed messages, which are then vocalized by the device. AAC systems empower children with primary speaking or language difficulties to interact and engage effectively with their environment, peers, and caregivers. They provide an avenue for

children to express their thoughts, emotions, and needs, fostering independence and reducing frustration in communication [5]. Multidisciplinary collaboration is crucial in the treatment of children with primary speaking or language difficulties. In addition to SLPs, other professionals, such as occupational therapists, educators, psychologists, and medical specialists, may be involved to address related challenges or co-occurring conditions. This holistic approach ensures that the child's needs are comprehensively addressed, and intervention strategies are tailored to their unique requirements. Early intervention and evidence-based therapeutic treatments, such as Speech and Language Therapy and Augmentative and Alternative Communication, are essential in supporting children with primary difficulties with speaking or language [6,7]. These interventions pave the way for improved communication skills, increased social interactions, and enhanced overall well-being for affected children. Multidisciplinary collaboration further strengthens the support system, ensuring that each child receives comprehensive and individualized care to maximize their potential for communication success.

Oral-motor and speech production therapy: Oral-motor and speech production therapy is a specialized intervention that targets the coordination and strength of the oral musculature required for clear speech production. Speech-language pathologists (SLPs) use various exercises and techniques to improve the functioning of the lips, tongue, jaw, and respiratory muscles [8]. These exercises are tailored to the specific needs of each child and are designed to enhance articulation and promote more intelligible speech. Therapists may use tongue exercises to improve tongue movement and control, lip movements to enhance speech sound precision, and breath control exercises to support proper breath control during speech. The therapy involves a combination of oral motor exercises and speech sound practice to help

***Corresponding author:** Elena Roberts, Department of Audiology and Phonetics Clinic, Institute of Physiology and Pathology of Hearing, Poland, E-mail: elenarob@yahoo.com

Received: 26-Jun-2023, Manuscript No. jspt-23-108048; **Editor assigned:** 28-Jun-2023, PreQC No. jspt-23-108048(PQ); **Reviewed:** 12-Jul-2023, QC No. jspt-23-108048; **Revised:** 18-Jul-2023, Manuscript No. jspt-23-108048(R); **Published:** 25-Jul-2023, DOI: 10.4172/2472-5005.1000193

Citation: Roberts E (2023) Therapeutic Treatments for Children with Primary Difficulties in Speaking or Language. J Speech Pathol Ther 8: 193.

Copyright: © 2023 Roberts E. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

children achieve accurate speech production.

Phonological awareness training: Phonological awareness training is an evidence-based therapeutic approach that focuses on developing a child's awareness and understanding of the sound structures of language. Phonological awareness is a critical skill for reading and writing development, as it involves the ability to recognize and manipulate sounds in words, syllables, and rhymes [9]. In phonological awareness training, SLPs use engaging activities and games to teach children to identify and manipulate different sound elements of language. These activities may include segmenting and blending sounds, recognizing rhyme and alliteration, and manipulating syllables within words. By improving phonological awareness, children enhance their ability to decode and encode words, supporting their overall language and literacy development.

Social skills training: For children with difficulties in pragmatic language skills, social skills training are essential. Pragmatic language refers to the appropriate use of language in social contexts and includes skills such as understanding social cues, engaging in conversations, taking turns, and using nonverbal communication effectively.

During social skills training, SLPs work with children to develop these essential social communication skills [10,11]. Role-playing, video modeling, and group activities are commonly used to provide opportunities for practice and generalization of skills in various social situations. Through interactive and engaging sessions, children learn how to navigate social interactions successfully, improving their overall social competence and confidence.

Parent and caregiver involvement: Involving parents and caregivers in therapeutic treatments is a crucial aspect of supporting a child's progress. SLPs recognize the importance of extending therapeutic efforts beyond the therapy room and into the child's daily life. Therapists collaborate with parents and caregivers, providing them with education, strategies, and resources to reinforce therapeutic goals at home and during everyday activities. This active involvement empowers parents and caregivers to become partners in their child's language development journey. Regular communication and collaboration between SLPs, parents, and caregivers ensure consistency in implementing strategies and maximizing the impact of therapeutic interventions. Therapeutic treatments for children with speech or language difficulties encompass a range of evidence-based interventions tailored to the specific needs of each child [12]. Oral-motor and speech production therapy focuses on enhancing speech articulation, phonological awareness training supports language and literacy development, social skills training enhances pragmatic language skills, and parent and caregiver involvement ensures continuity of progress outside of therapy sessions. These multidimensional approaches work together to improve communication skills, boost language development, and promote overall well-being for children facing speech and language challenges.

Individualized education programs (IEPs): Individualized Education Programs (IEPs) are critical components of therapeutic treatments for children with primary speaking or language difficulties, especially for those who receive educational support. An IEP is a legally mandated document that outlines a child's unique needs, goals, and accommodations to ensure that therapy is integrated into their educational setting seamlessly. IEPs are developed through a collaborative process involving various stakeholders, including therapists, teachers, parents, and other professionals who work with the child [13]. The team works together to assess the child's strengths,

challenges, and specific learning requirements related to speaking or language difficulties. Based on this assessment, individualized goals and objectives are established to address the child's communication needs effectively. The IEP also includes specific accommodations and modifications to support the child's participation in the classroom and access to the curriculum. These accommodations may include preferential seating, additional time for tests, access to speech-language therapy sessions within the school environment, and assistive technology, if needed. By integrating therapy goals and accommodations into the child's educational plan, IEPs ensure that therapeutic interventions are seamlessly incorporated into their daily learning experiences [14]. This collaborative and coordinated approach fosters the child's overall development and supports their progress in both academic and communication skills.

Collaborative approach and multidisciplinary teams: Effective therapeutic treatments for children with primary speaking or language difficulties often require a collaborative approach involving multidisciplinary teams. This approach brings together professionals from various fields, such as speech-language pathologists, educators, psychologists, occupational therapists, and others, to create a comprehensive and holistic intervention plan. Each member of the multidisciplinary team contributes their expertise to gain a thorough understanding of the child's needs and challenges. For example, speech-language pathologists provide insights into language and communication difficulties, educators offer information about the child's academic performance, psychologists assess cognitive and emotional aspects, and occupational therapists consider fine motor skills and sensory processing. Through this collaboration, the team can develop a well-rounded intervention plan that considers all aspects of the child's development, rather than focusing solely on the speech or language challenges [15]. The multidisciplinary team approach helps in identifying potential underlying factors that may impact the child's progress, allowing for a more tailored and effective therapeutic plan. Moreover, the collaborative approach ensures coordinated efforts among professionals, promoting consistent support and intervention across different environments and settings where the child interacts, such as home, school, and therapy sessions.

Conclusion

Individualized Education Programs (IEPs) play a crucial role in integrating therapeutic treatments for children with speaking or language difficulties into their educational settings. By involving a collaborative and multidisciplinary team approach, therapists, educators, and other professionals work together to develop comprehensive and tailored interventions that address the child's unique needs and support their overall development. This collaborative effort enhances the child's progress and outcomes, leading to improved communication skills and a more positive educational experience.

Acknowledgement

Not applicable.

Conflict of Interest

Author declares no conflict of interest.

References

1. Naz Hussain F, Wilby K (2019) A systematic review of audience response systems in pharmacy education. *Curr Pharm Teach Learn* 11:1196-1204.
2. Salzer R (2018) Smartphones as audience response system for lectures and seminars. *Anal Bioanal Chem* 410:1609-1613.

3. Naz Hussain F, Wilby K (2019) A systematic review of audience response systems in pharmacy education. *Curr Pharm Teach Learn* 11:1196-1204.
4. Collins J (2008) Audience response systems: technology to engage learners. *J Am Coll Radiol* 5:993-1000.
5. Merdivan E, Singh D, Hanke S, Kropf J, Holzinger A, et al. (2020) Human annotated dialogues dataset for natural conversational agents. *Appl Sci* 10:762.
6. Hoff E, Tulloch M, Core C (2021) Profiles of Minority-Majority Language Proficiency in 5-Year-Olds. *Child Dev* 92:1801-1816.
7. Boscardin C, Penuel W (2012) Exploring benefits of audience-response systems on learning: a review of the literature. *Acad Psychiatry* 36: 401-407.
8. Tsang HL, Lee T M (2003) The effect of ageing on confrontational naming ability. *Arch Clin Neuropsychol* 18: 81-89.
9. Beato M, Arndt J (2021) The effect of language proficiency and associative strength on false memory. *Psychol Res* 85:3134-3151.
10. Singh J P, Kar B (2018) Effect of language proficiency on proactive oculomotor control among bilinguals. *PLoS One* 12.
11. Hull M (2016) Medical language proficiency: A discussion of interprofessional language competencies and potential for patient risk. *Int J Nurs Stud* 54: 158-172.
12. Kheder S, Kaan E (2021) Cognitive control in bilinguals: Proficiency and code-switching both matter. *Cognition* 209:4575.
13. Boscardin C, Penuel W (2012) Exploring benefits of audience-response systems on learning: a review of the literature. *Acad Psychiatry* 36:401-407.
14. Riley E, Renteria F (2020) Are You Using EARS? Meaningful Application of Electronic Audience Response Systems. *Nurse Edu* 45:276.
15. Salzer R (2018) Smartphones as audience response system for lectures and seminars. *Anal Bioanal Chem* 410:1609-1613.