

Expressive Language Disorder  
and  
how it connects with mood and behavior  
disorders;

A guide for parents

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Running Head: ELD and Behavioral correlates

Expressive Language Disorder

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how it connects with mood and behavior disorders;

A guide for parents

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November, 2009

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## **Introduction**

Hello, my name is Bessie Spiliotopoulou and you are reading the guide for Expressive Language Disorder and how it connects to behavioral disorders. This guide is designed to address the needs and concerns for parents that have children that are experiencing language difficulties or that have been diagnosed with Expressive Language Disorder.

I hope the information provided here will help you get a detailed overview of the disorder and help you and your family with the difficulties that you may be facing.

### Podcast Script

Hello! My name is Bessie Spiliotopoulou. Welcome to the podcast for parents whose children may have an Expressive Language Disorder. We have designed this broadcast to give you information about the definition of Expressive Language Disorder, or ELD, the symptoms, and the treatment of ELD. We will also present how Expressive Language Disorder can influence or be influenced by mood disorders.

There are two types of ELD; the developmental type and the acquired type (American Psychiatric Association, 2000). The developmental type typically appears when the child learns to speak; specialists and researchers of this particular field are still making efforts to understand what the causes of this type might be (Johnson & Beitchman, 2005). On the other hand, the acquired type is caused by an injury in the brain: for example after an accident or a stroke, or a seizure and it can happen at any age (American Psychiatric Association). However, in this podcast we will focus on the developmental type and how it affects children and their behavior.

*Lets start with "what is Expressive Language Disorder?"*

Expressive Language Disorder, or ELD, is mostly a childhood disorder that affects more boys than girls (American Psychiatric Association, 2000). It is a condition that is described as not having the ability to express thoughts and feelings with the use of words although the child's chronological age should allow him to do so (Johnson & Beitchman, 2005). A child with ELD is able to understand language to a great degree but is not able to communicate (Johnson & Beitchman). In other words, the child has a hard time remembering words and putting them together in a sentence to express

what he or she wants to say. In fact, the child's speech skills may be similar to those of a child of a younger age.

Probably you have caught yourself many times comparing your child's language skills to the other children during social occasions. And perhaps you have been wondering if it is normal that your child uses fewer words than other children of his age. Perhaps you are wondering why your 4-year old uses only two-word sentences or your 7-year old is having difficulty answering simple questions. Is your child lagging behind? Will he catch up or should you seek advice? What can you do? Is this a sign that something else is wrong?

*How can ELD be diagnosed?*

It is often challenging, even for specialists to diagnose ELD at a very young age. To tell if your child has ELD, a trained specialist will use verbal and non-verbal tests to evaluate his language skills and his perception of other people's language (Johnson & Beitchman, 2005). A doctor will also test the child's hearing to eliminate any medical conditions that reduce his hearing ability and create the language problems. (Johnson & Beitchman)

*So, the critical question for any parent is "How can I tell if my child has this kind of disorder?"*

Especially at such an early age as the toddler years, it is difficult to distinguish if your child is just a "late talker" and will catch up with his or her peers soon or that the shyness and "quietness" that you see is a sign of a communication disorder.

Although the symptoms usually vary among children, here is how children with ELD might appear: Children with ELD are able to understand what they are being told. However, they do not talk much, they cannot describe a picture that they see or tell the story of a movie they just watched. They may also have problems in making friends, because they are not able to follow their friends into cooperative or imaginary play or to connect with them (Carson, Klee, Lee, Williams, & Perry, 1998). The sentences that they may produce are most often simple, short and with limited vocabulary. If the child is in school, he or she may also face difficulties in subjects that involve oral participation, taking notes, spelling, and written compositions (Carson, Klee, Lee, Williams, & Perry). We must note that a child with ELD does not have problems with the pronunciation of the words or, articulation (Johnson & Beitchman, 2005). The child's words may come out clear but the sentences will not make sense.

*What is the prognosis of the disorder? Will my child get over it?*

An impressive 50 to 80 percent of the referred cases achieve normal language skills during their preschool years and are defined as just late talkers (Johnson & Beitchman, 2005). When the disorder continues after preschool and onto early childhood years, it may cause serious problems in social and school life. However, the developmental type of the disorder is most likely to disappear by high school, although some small problems with expressing complex ideas or thoughts may continue (Johnson & Beitchman).

*When should I seek treatment?*

The rate at which children acquire language skills varies greatly. Due to the large percentage of children who overcome their language difficulties during preschool years, many experts disagree on when is the right time to start an intervention for ELD. Some believe that a “wait and see” approach is most appropriate and that language intervention should be offered to those children who continue to experience delays after the age of 4 or 5 (Johnson & Beitchman, 2005).

However, if your child is referred for an intervention, a speech language pathologist is the specialist who can offer the most effective treatment for your child’s problem. The speech pathologist will work directly with your child to increase the number of words and phrases that he expresses (Johnson & Beitchman, 2005).

At the same time, you can play a significant and active role in your child’s treatment. With the help of the speech pathologist, you can include in your daily activities and routines with your child techniques that will give him opportunities to improve his skills in his natural environment (Johnson & Beitchman, 2005). You can also be the best person to advocate for your child and involve your child’s teachers, school counselors, and other professionals by letting them know what they need to do to help in the treatment process.

*My child is becoming very irritable? Does it have to do with ELD?*

Although the prognosis of the disorder is very good and most of the children overcome their language difficulties, some studies suggest that children with language disorders may be at risk for mood and behavior disorders. Some researchers report that half of children diagnosed with ELD and referred for speech



therapy may also be diagnosed with Depression, Anxiety Disorder, Attention Deficit/Hyperactivity Disorder (ADHD), Conduct Disorder (CD), or Oppositional Defiant Disorder (ODD) (Johnson & Beitchman, 2005, Baker & Cantwell, 1982, Caufield, Fischel, DeBarushe, & Whitehurst, 1989).

That is why we feel it is equally important to describe how a child with ELD may feel. Since spoken language is the key element that people use to communicate and relate to others, children diagnosed with this disorder may be unable to make friends and participate in group play and activities. They may like to be alone and not enjoy the company of others (Sundheim & Voeller, 2004). They may appear shy or even distant and guarded. Other children could even tease them for their language difficulties. It has also been observed that some children with language problems may also have learning and reading disabilities early in their school years (Carson, Klee, Lee, Williams, & Perry, 1998). This may result in repeated truancy, bad grades, low self-esteem, and the negative feeling of not being successful. They may also exhibit problem behavior as their own way of communicating with others. Furthermore, their difficulty in expressing themselves may make them aggressive, distracted and socially withdrawn. At home, they may have a hard time going to bed, falling asleep and staying asleep during the night because of their extreme anxiety and distress. Some parents report constant conflict with their child and non-compliance, which may be a result of the frustration that the child feels because of his inability to express himself (Carson, Klee, Lee, Williams, & Perry, Caufield, Fischel, DeBaryshe, & Whitehurst, 1989).

*So, how can a parent get help?*

What you should do is write a letter to the principal requesting an evaluation for your child. A team will meet and discuss your concerns. If further testing is needed the school will provide it at no cost for you, in the United States.

It is important for you as a parent to understand that language disorders can have a negative effect on your child's behavior. A common mistake made by parents, teachers, and other significant adults in a child's life is that they misunderstand the child's behavioral difficulties as bad attitude, misbehavior, or conflict (Carson, Klee, Lee, Williams, & Perry, 2004). When parents and teachers understand that those negative behaviors may be the result of language difficulties, they are likely to include in their schedule routines and techniques that can improve a child's performance at school, at home and with peers. Always keep in mind that the growth of your child's language development will affect greatly the development of your child's personality and his ability to face social situations and challenges (Carson, Klee, Lee, Williams, & Perry).

Experts have found and explained the relation between ELD and the other disorders but have not yet determined whether treatment for ELD alone will help to reduce the symptoms of the other disorders as well (Carson, Klee, Lee, Williams, & Perry, 2004). That is why it is very important that if another disorder follows your child's ELD to be identified early so that treatment will minimize the negative effects on the child's life. If not, it may result in continuous emotional and academic problems for the child (Carson, Klee, Lee, Williams, & Perry).

We understand that dealing with your child's language and behavioral difficulties can be frustrating for you as a parent, too. There may be times that negative feelings will overwhelm you and your distress may not allow you to function properly.

Although it is important to seek help for your child, it is also important to seek help and support for yourself if you find yourself in a situation like this. Remember that you cannot provide your child with the best treatment if you are not feeling 100% yourself. Always think positively and remember that numbers and statistics are on your child's favor. Most children are late talkers; if not, they develop to fully functioning and communicating adults with the help of trained professionals and targeted interventions.

Thank you for listening our podcast. Please continue browsing through our web site categories to find a lot of important helpful information about the challenges that your child may be facing.

## Glossary

**Anxiety Disorder:** a condition where the individual finds it difficult to control its worry and anxiety about a number of events or activities for more days than not, for a period of at least 6 months. The intensity, duration, or frequency of the experienced stress is by far out of proportion to the actual likelihood or impact of the feared event to such a degree that interferes with the individual's daily life (American Psychiatric Association, 2000).

**Attention Deficit/Hyperactivity Disorder:** a condition in which a child exhibits behaviors of hyperactivity, impulsivity, and inattention that are not developmentally appropriate. These characteristics are usually present before the age of 7 (American Psychiatric Association, 2000).

**Conduct Disorder:** a repetitive and persistent pattern of behaviors in which the individual does not respect and breaks societal rules and demonstrates aggressive conduct (American Psychiatric Association, 2000).

**Depression:** an emotional state characterized by persistent and pervasive sadness, despair, and loss of interest in usual activities that is functionally impairing every day life (Brent & Weersing, 2002).

**Oppositional Defiant Disorder:** a pattern of uncooperative, disobedient defiant, and hostile behaviors toward authority figures that seriously impair a child's day-to-day functioning (American Psychiatric Association, 2000).

### **What to do and what to avoid**

- ⊙ Talk to your child's teachers about your concerns
- ⊙ Seek professional advice and help
- ⊙ Do get involved in your child's treatment
- ⊙ Be patient, your child's treatment may seem long but will produce long lasting results
- ⊙ Use everyday situations to reinforce your child's speech and language; describe to your child what they are doing during the day
- ⊙ Read to your child
- ⊙ Listen to you child and give him time to respond
- ⊙ Do not force your child to speak
- ⊙ Praise your child for talking; always use accepting, encouraging words
- ⊙ Use clear speech when you talk to your child
- ⊙ Do not criticize your child's grammatical errors. Just be a good model!
- ⊙ Urge but NOT force your child to hang out with peers that have better language skills
- ⊙ Involve your child's teachers into the treatment process





## Web resources

In the following section, you can find links to common places that offer information on ELD.

© American Speech-Language-Hearing Association:

<http://www.asha.org/public/speech/disorders/>

© Encyclopedia of Mental Disorders:

<http://www.minddisorders.com/Del-Fi/Expressive-language-disorder.html>

© MedlinePlus:

<http://www.nlm.nih.gov/medlineplus/ency/article/001545.htm>

© Searching engines (e.g. Google) and online broadcasting services (e.g. YouTube) may be the source of valuable information. Here is an example of a posted video of Sariah, a 10 year-old girl diagnosed with Expressive Language Disorder.

<http://www.youtube.com/watch?v=BnRNeDtme0g>





## References

- American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders, fourth edition (text revision)*. Washington, DC: Author.
- Baker, L. & Cantwell, D. (1982). Developmental, social, and behavioral characteristics of speech and language disordered children. *Child Psychiatry and Human Development (12)*4, 195-206.
- Brent, D. A. & Weersing, V. R. (2002) Depressive disorders. In Lewis, M. (3 Ed.). *Child & Adolescent Psychiatry: A Comprehensive Textbook (pp. 419-438)*. Maryland: Lippincott Williams & Wilkins.
- Carson, D. K., Klee, T., Lee, S., Williams, K. C., & Perry, C. K. (1998). Children's language development at ages 2 and 3 as predictors of behavior problems, social and cognitive development at age 3. *Communication Disorders Quarterly, (19)*2, 21-30.
- Caufield, M. B., Fischel, J. E., DeBaryshe, B. D., & Whitehurst, G. J., (1989). Behavioral correlates of developmental expressive language disorder. *Journal of Abnormal Child Psychology, (17)*2, 187-201.
- Johnson, C. J. & Beitchman, J. H., (2005). Expressive language disorder. In Sadock, B. J. & Sadock, V. A. (Eds). *Kaplan & Sadock's Comprehensive Textbook of Psychiatry (8<sup>th</sup> ed.)*. Maryland: Lippincott Williams & Wilkins.
- Sundheim, S. T. P. V. & Voeller, K. K. S., (2004). Psychiatric implications of language disorders and learning disabilities: risk and management. *Journal of Child Neurology (19)*10, 814-826.

## Appendix

### Case Study

Emily is a 7-year-old girl with excellent physical health and normal intelligence. However, her parents were concerned because of her poor language skills and her increasing academic struggle. Emily did not speak much, and she was generally a quiet and shy child. The times that she spoke though, her sentences were too simple for her age, and did not make sense. She was constantly omitting functional words such as *is* and *the*, and she frequently used improper tenses and pronouns.

Emily's expressive problems, however, were also surfacing in her academic work. She could not adequately express herself in oral examinations although she understood the school subjects. On the other hand, her compositions were difficult to read and follow because her ideas were poorly explained. The vocabulary that she used was limited and she repeatedly used vague words such as *thing* and *stuff* instead of a specific word.

But these are not the only problems that Emily was facing. Her classmates were teasing her about the way she talked and her reactions were becoming very aggressive. She did not have close friends and she seemed unwilling to connect to other children and make friends.

Emily's teachers shared the concerns that her parents have and have been working together towards providing Emily the best treatment that she needs to overcome her difficulties. A speech pathologist tested Emily's language skills and developed a

treatment plan for her. Emily now visits the speech pathologist for one-to-one treatment and her parents were taught of ways that can help Emily with her difficulties at home.

After 9 months of treatment, her expressive language problems are no longer present in social, everyday situations and her school performance has significantly improved as well. It is also very important that Emily's self esteem has improved as well. She is gradually overcoming her shyness and she does not react aggressively anymore in the rare occasions that other children tease her. She even has a best friend, Natalie who lives down the street and they meet and play together regularly!

## Annotated Bibliography

American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders, fourth edition (text revision)*. Washington, DC: Author.

The DSM-IV-TR is a reference work for clinicians and researchers, published in 2000 that provides a classification of mental disorders, criteria sets, and numerical codes for each disorder. The stated purpose of the DSM is a threefold: to provide "a helpful guide to clinical practice"; "to facilitate research and improve communication among clinicians and researchers"; and to serve as "an educational tool for teaching psychopathology." The DSM-IV-TR uses a multi-axial system in order to provide a more comprehensive picture of complex or coexisting mental disorders. The DSM-IV-TR does not follow a specific school of thought regarding the diagnosis and categorization of mental disorders.

Baker, L. & Cantwell, D. (1982). Developmental, social, and behavioral characteristics of speech and language disordered children. *Child Psychiatry and Human Development (12)*4, 195-206.

To meet the purpose of their study the authors of this paper review the then current literature that suggests that children with speech or language problems face a number of social and behavioral difficulties. This study analyzes data on a large number of children between the ages of two and sixteen that attended the services of a speech clinic in the greater Los Angeles area and is particularly focused on the developmental, demographic, and linguistic elements that may explain aspects of communication disorders. The results of this paper confirm

earlier studies in the field, which report that children diagnosed with a communication disorder are at risk for emotional and behavioral problems and for developing a psychiatric disorder. The authors note that the emotional, behavioral, and developmental problems that these children face cannot be explained entirely by adverse family and social factors. They also propose that early language screening programs may be effective in identifying children that have an increased likelihood of suffering from psychiatric disorders.

Brent, D. A. & Weersing, V. R. (2007) Depressive disorders. In Martin, A. & Volkmar, F. *Lewi's Child & Adolescent Psychiatry: A Comprehensive Textbook* (4th Ed.). (pp. 419-438). Maryland: Lippincott Williams & Wilkins.

This book is recognized as classic text and provides a comprehensive overview of mental health of children and adolescents. It focuses on the relationship between basic science and clinical research and integrates new scientific developments in genetics and neuroscience. Its chapters cover diagnostic and treatment issues to ethics, policy, culture, genetics, and research methodology, and statistics.

Carson, D. K., Klee, T., Lee, S., Williams, K. C., & Perry, C. K. (1998). Children's language development at ages 2 and 3 as predictors of behavior problems, social and cognitive development at age 3. *Communication Disorders Quarterly*, (19)2, 21-30.

This study examined 36 children from 36 to 40 months and focused on the relationship between deficits in children's language development, behavioral difficulties, and other areas of development. The results of the study reveal a relation between language difficulties and behavioral problems including

problems in behavioral regulation, anxiety, depression, withdrawal, sleep problems, and more destructive behaviors. The authors discuss the need for early testing and identification of children with language delays to help reduce other developmental delays and/or behavior problems that might be linked to the language difficulties. Moreover, they propose that early intervention will help not only children's language problems but their socio-emotional well being as well.

Caufield, M. B., Fischel, J. E., DeBaryshe, B. D., & Whitehurst, G. J., (1989). Behavioral correlates of developmental expressive language disorder. *Journal of Abnormal Child Psychology*, (17)2, 187-201.

This study seeks to examine the connection between parent-child interactions and behavior problems within a clearly defined group of children diagnosed with developmental expressive language disorder (ELD). The 34 subjects of the study were 27 months of age in average, which is the earliest period the disorder can be assessed. A control group of the same sample size with matching age, sex and receptive language characteristics was used to derive contrasting results. For the parent-child interactions the authors used structured interviews, direct observations, the Parenting Stress Index, and the Eyberg Child Behavior Inventory. The results of the study support the general findings that children with language difficulties exhibit higher rates of problem behavior. The results from the parent child interactions revealed that their mothers rated children with ELD less acceptable in their physical, emotional, and intellectual characteristics. Finally, the authors suggest that future investigation should focus on how treatment for one of the problems will affect the other. They also suggest the

importance of examining whether language problems and behavior problems coincide in the future.

Johnson, C. J. & Beitchman, J. H., (2005). Expressive language disorder. In Sadock, B. J. & Sadock, V. A. (Eds). *Kaplan & Sadock's Comprehensive Textbook of Psychiatry* (8<sup>th</sup> ed.). Maryland: Lippincott Williams & Wilkins.

This book is a classic reference work for anyone with an interest in the field of psychiatry. It is carefully edited to include definitions and diagnostic criteria of mental disorders that are used in the DSM-IV-TR.

Sundheim, S. T. P. V. & Voeller, K. K. S., (2004). Psychiatric implications of language disorders and learning disabilities: risk and management. *Journal of Child Neurology* (19)10, 814-826.

This review article examines the relationship between learning disabilities – dyslexia, non-verbal learning disorder, dyscalculia- language disorders, and attention deficit/hyperactivity disorder (ADHD), anxiety disorder, depression and conduct disorder. The authors try to explain the complex relations between the language disorders, the learning disabilities, and the various psychiatric disorders. They provide helpful case illustrations to describe the nature of the disorders and the treatment as well. It is also emphasized that ADHD is a major risk factor and that early diagnosis of ADHD can also improve language problems.